Barbados Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:
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Describe the process used for NCPI data gathering and validation:
Both Parts A and B were administered to the respondents where possible or if requested. In cases where the respondent was not available for interviews or time constraints existed, the questionnaire was given to the prospective respondent to complete and reviewed along with the Assistant Director, National HIV/AIDS Commission to ensure clarity and completeness.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
The NCPI was presented to relevant stakeholders at a specially scheduled meeting and agreement sought on the answers to questions on an item-by-item basis
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
NCPI not relevant to the Barbadian context specifically the civil society section assumes that CSOs fill the gaps left by government when in Barbados this is not the case. • Codes not mutually exhaustive – does not allow for 'not sure' or 'don't know' or 'not applicable' response options • Confusion about some terms e.g. page 127 q4 Part A 'specific needs' – does this refer to the country's determination of what its prevention needs are or is it referring to how the country ranks in terms of international best practice • Some double barrelled questions • Some questions are leading The NCPI needs to be accompanied by guidelines on how to interpret and complete certain questions.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Dr. Dale Babb, Clinical Medical Officer	No	Yes	No	No	Yes	No
Ministry of Health	Dr. Anton Best, SMOH(CD)	Yes	Yes	Yes	Yes	Yes	Yes
National HIV/AIDS Commission	Ms Alexis Nurse, Behaviour Change Communication Specialist	Yes	Yes	Yes	Yes	Yes	No
National HIV/AIDS Commission	Miss Nicole Drakes	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Tourism	Miss Madge Dalrymple, HIV Coordinator	Yes	No	No	Yes	No	No
Ministry of Education and Human Resource Development	Rev. Hughson Innis, HIV Coordinator	Yes	No	No	Yes	No	No
Ministry of Housing and Lands	Miss Francia Best, HIV Coordinator, HIV Coordinator	Yes	No	No	Yes	No	No
Ministry of Labour and Social Security	Ms Rhona Boucher, HIV Coordinator	Yes	No	No	Yes	No	No
Ministry of Social Care, Constituency Empowerment and Community Development	Mrs Veronica Belle, HIV Coordinator	Yes	No	No	Yes	No	No
International Transport Division	Ms Angela Brandon-Hall, Deputy Chief Technical Officer (ag)	Yes	No	No	Yes	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Movement Against Discrimination Action Committee, (MOVADAC)	Patsy Grannum, member	Yes	Yes	Yes	Yes	Yes
Care Barbados	Ms. Ingrid Hope, president	Yes	Yes	Yes	Yes	Yes
Care Barbados	Mrs patricia phillips, member	Yes	Yes	Yes	Yes	Yes
AIDS Society of Barbados	Mr. Robert Best, President	Yes	Yes	Yes	Yes	Yes
St. John HIV Education Committee	Mr. Richard Harris, Chariman	Yes	Yes	Yes	Yes	Yes
Barbados Employers Confederation	Mr. Takaidza Chafota, Industrial Relations Officer	Yes	Yes	Yes	Yes	Yes
Caribbean HIV&AIDS Alliance	Mr. Teddy Leon, Senior Programme Officer - Barbados & Grenada	Yes	Yes	Yes	Yes	Yes
United Gays and Lesbians Against AIDS Barbados	Mr. Sylvester Shepherd, Financial Director	Yes	Yes	Yes	Yes	No

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was the period covered:
2008 - 2013
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
The National Strategy includes 1. Emphasis on HIV testing and Counselling 2. Behavioural Change Communication (BCC) Strategy 3. Monitoring and Evaluation (M&E) framework and plan 4. More agencies are engaging in BCC activiities as compared with the 2001 - 2006 strategy period. 5. There is also a greater emphasis on research and M&E as tools to inform HIV/AID programmes

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
National HIV/AIDS Commission, Ministry of Health

1.2. Which sectors are included in the multisectoral strategy with a specifc HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:
-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:
Yes
Migrants/mobile populations:

Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
No
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
Sex Workers, Men who have sex with men (MSM), prisoners, drug users, PLHIV
1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:
Yes
b) Clear targets or milestones?:
Yes
c) Detailed costs for each programmatic area?:
Yes
d) An indication of funding sources to support programme implementation?:
Yes
e) A monitoring and evaluation framework?:
Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Moderate involvement
IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case:
-

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:
Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:
Alignment/harmonization is minimal

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
Yes
National Development Plan:
Yes
Poverty Reduction Strategy:
Yes
Sector-wide approach:
Yes
Other [write in]:
-

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

HIV impact alleviation:
Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:
No
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:
No
Reduction of stigma and discrimination:
Yes
Treatment, care, and support (including social security or other schemes):
Yes
Women's economic empowerment (e.g. access to credit, access to land, training):
Yes
Other[write in below]:
-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
Yes
3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:
4
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
Yes
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
No
5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current Needs Only
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
No
(c) Is coverage monitored by geographical area:
No

5.4. Has the country developed a plan to strengthen health systems?:
No
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

No formal plan for health system strengthening

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

Key achievements include: Plan for expansion fo HIV services including decentralization Strenghening of strategic information capacity Improved access to HTC services A comprehensive prevention Plan, which was developed with the inclusion of all partners including CSOs; Reduction of Stigma and discrimination working more with PLHIV regarding the development of strategies. Inclusion and recognition of the the importance of housing. Weak leadership and governance Sensitization and BCC programmes with persons with disabilities.

What challenges remain in this area:

There needs to be national targets as well as organisational targets developed for the prevention plan so that all partners can work towards a national target for HIV/prevention. Need for buy-in from partners and a greater team effort. Lack of political support from leaders. Weak leadership and governance

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high offcials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

Bipartisan political committment on HIV/AIDS signed by the Prime Minister & Leader of the Opposition. HIV/AIDS related issues debated in Parliament and broadcasted nationwide; Individual Minister spoke about HIV on T.V. Active Participation in High Level Meeting on HIV/AIDS in June 2011.

2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Dr. Nigel Taylor, Chairman

Have a defined membership?:

Yes

IF YES, how many members?:

11

Include civil society representatives?:

Yes

IF YES, how many?:

3

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

No

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
Yes
IF YES, briefly describe the main achievements:
Monthly meeting of HIV Coordinators and focal points from government, private sector & Civil Society. Civil Society grant System, where organisations can apply for funding to undertake HIV- related work Formation of partnerships with new CSOs
What challenges remain in this area:
Poor and inconsistent reporting on HIV programmes Greater programme emphasis on information, education and communication (IEC), instead of BCC Partner emphasis primarily on youth and, to some extent, PLHIV. Other key populations are somewhat ignored e.g. MSMs and sex workers
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
-

5.

Capacity-building:
Yes
Coordination with other implementing partners:
Yes
Information on priority needs:
Yes
Procurement and distribution of medications or other supplies:
Yes
Technical guidance:
Yes
Other [write in below]:
Funding through the civil society grant system

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
Yes
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
No
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:
6
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:
Human Rights issues as it relates to most-at-risk populations (MARPs) need to be addressed, as well as, incorporation of right-based approaches in HIV programming. Advocacy needs to be increased.

A - III. HUMAN RIGHTS

1.1

People living with HIV:
No
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
No
Young women/young men:

No
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
No
IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:
-
Briefly explain what mechanisms are in place to ensure these laws are implemented:
-
Briefly comment on the degree to which they are currently implemented:
-
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

IF YES, for which subpopulations?

People living with HIV:
-
Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
-
People with disabilities:
-
People who inject drugs :
-
Prison inmates:
-
Sex workers:
Yes
Transgendered people:
-
Women and girls:
Yes
Young women/young men:
-
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
Anti-buggery laws; 16-18 disconnect where the legal age of consent is 16 but independent access by law to medical care is 18.; migrants/ immirants have to pay for ART, unless they reside in Barbados for a specified amount of time; soliciting is againt the law.
Briefly comment on how they pose barriers:
1. Anti-buggery law creates a stigmatizing environment for MSMs; 2. Soliciting law brands sex workers as offenders and may drive then underground thus making it difficult to reach them with prevention services etc.; 3. The 16-18 disconnect prohibits a small cross section of youth from accessing much needed care; 4. ART policy may place treatment out of reach for those migrant workers who cannot afford to pay.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:
Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
No
Avoid commercial sex:
No
Avoid inter-generational sex:
No
Be faithful:
Yes

Be sexually abstinent:
Yes
Delay sexual debut:
Yes
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:
Yes
Know your HIV status:
Yes
Males to get circumcised under medical supervision:
No
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
Yes
Reduce the number of sexual partners:
Yes
Use clean needles and syringes:
No
Use condoms consistently:
No
Other [write in below]:
Reduce stigma and discrimination towards PLHIV

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:
No
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:
No

2.1. Is HIV education part of the curriculum in

Primary schools?:
No
Secondary schools?:
No
Teacher training?:
Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:
Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:
Yes
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:
Yes
Briefly describe the content of this policy or strategy:
The NSP, BCC Strategy and HIV Prevention Plan together identify the priority population as well as various pevention, care, treatment and support programmes. The Civil Society Grant System is used to finance and support interventions that are relevant to the indentified MARPs. CSOs are encouraged to engage in prevention activitites with MARPS. MARPs are also covered through linkages with strategic partners. HIV Prevention programmes within the workplace that cater to out-of-school but working young people.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	No	Yes	-
No	No	No	No	No	-
No	Yes	Yes	No	Yes	-
No	No	No	No	No	-
No	Yes	Yes	No	Yes	-

No	No	No	No	No	-
No	Yes	Yes	No	Yes	-
No	Yes	No	No	Yes	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:
6
Since 2009, what have been key achievements in this area:
People living with disabilities have recently gained more prevention focus including the translation of HIV prevention information into braille for use in workshops. There are overall efforts to revise policy
What challenges remain in this area:
General unwillingness to work with some key populations - SW and (lesbian, gay, bisexual and transgendered) LGBT groups
No anti-discrimination legislation with employees being fired because of suspected HIV status.
4. Has the country identified specifc needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Done in an adhoc, poorly coordinated manner

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Disagree
Condom promotion:
Strongly Agree
Harm reduction for people who inject drugs:
N/A
HIV prevention for out-of-school young people:
Strongly Agree
HIV prevention in the workplace:
Agree
HIV testing and counseling:
Strongly Agree
IEC on risk reduction:
Strongly Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Strongly Agree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Strongly Agree
Risk reduction for intimate partners of key populations:
Agree
Risk reduction for men who have sex with men:
Strongly Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Agree
Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:
5

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
Yes
If YES, Briefly identify the elements and what has been prioritized:
1. Testing and counselling servies; 2. Clinical management of PLHIV; 3. Counselling & Psychological services; 5. Social/

Economic support services. 6. Laboratory/ Medical in & Out patient services; 7. STI Management.)

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Main focus of scale up testing through: 1. Rapid testing 2. Provider initiatied testing and counselling 3. Targeted Testing and counselling with NGO Caribbean HIV/AIDS Alliance 4. Referral System to allow greater access to care for MARPs

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Strongly Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
Strongly Agree
HIV care and support in the workplace (including alternative working arrangements):
Agree
HIV testing and counselling for people with TB:
Strongly Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Agree
Nutritional care:
Strongly Agree
Paediatric AIDS treatment:
Strongly Agree
Post-delivery ART provision to women:
Strongly Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Strongly Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Strongly Agree
Psychosocial support for people living with HIV and their families:
Strongly Agree
Sexually transmitted infection management:
Strongly Agree
TB infection control in HIV treatment and care facilities:
Strongly Agree
TB preventive therapy for people living with HIV:
Strongly Agree
TB screening for people living with HIV:
Strongly Agree
Treatment of common HIV-related infections:
Strongly Agree
Other [write in]:
-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

1. Social workers are assigned to the polyclinics and the Ladymeade Reference Unit. 2. There is a clinical psychologist to counsel PLHIV. 3. The Welfare Department provides assistance with food (Food Bank), rent, furniture, basic health care and educational assistance. 4. Referrals to social agencies able to be facilitated.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

No

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

1. Greater that 80% ART coverage; 2. Plans for decentralisation of care services has progressed since 2009 3. PITC 4. Scale up of HIV testng and counselling (HTC)

What challenges remain in this area:

1. Getting new persons to be tested instead of the same group of persons time and time again; 2. Further scale up of testing is needed, especially to reach these groups that are proving difficult to access; 3. More human resource capacity is needed to

track/locate defaulters and ensure retention in care; 4. Improved HTC; 5. Retention in care; 6. Slow implementation of decentralization of HIV services.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes

IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes

IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
No

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :
100%

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:
7

Since 2009, what have been key achievements in this area:
The CSO Family Care has made an effort to engage and work with identified young persons where possible.

What challenges remain in this area:
Most orphans are absorbed into their kinship family units and are supported through systems in the country. It is therefore difficult to track the investment specifically for this group and to establish if they require special interventions.

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:
Yes

Briefly describe any challenges in development or implementation:
M&E focal points not adequately trained M&E is poorly managed It can be time consuming, especially for persons that are not usually working on the project. Mostly monitoring done as not everyone has a research department Lack of capacity and lack of understanding as to what needs to be done. A lot of organisations do not have a culture of M&E

1.1 IF YES, years covered:
2008 - 2013

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:
Yes, some partners

Briefly describe what the issues are:
-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes

Behavioural surveys:
Yes

Evaluation / research studies:
No

HIV Drug resistance surveillance:
No

HIV surveillance:
No

Routine programme monitoring:
Yes

A data analysis strategy:
No

A data dissemination and use strategy:
No

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes

Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:
Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :
7.87%

4. Is there a functional national M&E Unit?:
Yes

Briefly describe any obstacles:
Staffing contraints - limited number of persons qualified in the M&E; spatial constraints - absence of office space to house additional staff; Economic crisis - crisis impact at national level precludes the hiring of additional staf.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
No
In the National HIV Commission (or equivalent)?:
No
Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Assistant Director	yes	-	2006

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:
Yes
Briefly describe the data-sharing mechanisms:
Periodic and routine reminders are issued to partners at the monthly Coordinators/ Focal Points meetings, via written correspondence mailed quarterly and also via M&E training workshops
What are the major challenges in this area:
Consistent reporting by partners in a timely manner; Getting partners to submit completed forms in the approved fromat; Limited appreciation for the importance of M&E; Rapid turnover of HIV Focal Points; Time; Human resource capacity; Absence of M&E culture; Limited research Skills Inability to capitalise on M&E training.
5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:
No
6. Is there a central national database with HIV- related data?:
No
6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:
-

6.2. Is there a functional Health Information System?

At national level:
No
At subnational level:
-
IF YES, at what level(s)?:
-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:
No

8. How are M&E data used?

For programme improvement?:
Yes
In developing / revising the national HIV response?:
Yes
For resource allocation?:
No
Other [write in]:
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
To develop programmes rtargeting youth To develop and refine NHAC's initiatives. For example BCC projects, capacity building activities To develop targeted HIV messages

9. In the last year, was training in M&E conducted

At national level?:

Yes
IF YES, what was the number trained:
75
At subnational level?:
Yes
IF YES, what was the number trained:
30
At service delivery level including civil society?:
Yes
IF YES, how many?:
27

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
Periodic updated at monthly Coordinator's meetings One-on-one mentoring in M&E regarding the provision of technical assistance to partners
10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:
-
Since 2009, what have been key achievements in this area:
Increase in the number of partners incorporating M&E in their HIV work plans; Development and implementation of an M&E monitoring programme Launch of Knowledge Attitudes Beliefs and Sexual Practices (KABP) studies among youth and police Increase in research and evaluation activities Increase in number of agencies submitting progress reports in the approved format Increase in the number of progress reports submitted in the approved format
What challenges remain in this area:
Rapid turnover of HIV focal points Human resource capacity and time Absence of an M&E culture Limited research skills Inability to capitalize on M&E training

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:
3
Comments and examples:
Civil Society has been the originator of best practices and, in that way, is influencing political leaders. Presence at high level meetings and conferences relating to policy amendments and proposals. Civil Society has not done anything to put pressure on government to push things forward. Parliamentarian HIV Project
2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:
-
Comments and examples:
Involvement in the development of the Barbados National HIV Prevention Plan, National Policy on HIV testing and Rapid Testing Protocols. Participated in the development of the Barbados Prevention Plan - review and comments Not all CSOs were present for budgeting meetings CSO may have a challenge with planning and mobilising persons to work on HIV issues. NHAC's coordinator's meeting includes CSOs

3.

a. The national HIV strategy?:
5
b. The national HIV budget?:
5
c. The national HIV reports?:
4
Comments and examples:
CSOs should be included in the HIV/AIDS budgeting exercise Some CSOs did not have financial challenges like others CSOs are mostly limited to providing awareness and prevention education; very little is happening in the form of advocacy, empowerment or peer social support. Progress reports submitted to NHAC quarterly.

4.

a. Developing the national M&E plan?:
3
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:
2

c. Participate in using data for decision-making?:
3
Comments and examples:
CHAA was not involved in the development of the M&E plan but have provided support in terms of training etc. A lot of the data coming out of the work done by CHAA is passed onto the NHAC & NAP. The plan was developed before some CSOs took a more active role in the NAP. CSOs had training in M&E with mixed levels of success in application of knowledge.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:
5
Comments and examples:
Monthly coordinators' meeting provides an opportunity for civil society to interact and engage the Commission and share their viewpoints. These monthly meetings need to have a change in format to become a work/ planning meeting to develop activitites. Coordinators' meeting and the Ministry of Labour HIV Core Group have a broad representation of civil society. Representation has been solicited from all levels and areas of the society.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:
3
b. Adequate technical support to implement its HIV activities?:
4
Comments and examples:
Smaller CSOs are able to access funds more easily through the CSO grant. There is a difference between the level of access/use of funding and technical coorporation for larger organisations versus smaller organisations. E.G. CHAA makes its own arrangements for obstaining the necessary technical support.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:
51-75%
Men who have sex with men:
51-75%
People who inject drugs:
<25%
Sex workers:
51-75%
Transgendered people:
51-75%
Testing and Counselling:
51-75%
Reduction of Stigma and Discrimination:
25-50%
Clinical services (ART/OI)*:
<25%
Home-based care:
<25%
Programmes for OVC:**
<25%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:
6
Since 2009, what have been key achievements in this area:
CHAA Move to build the capacity of CSOs, ensure that CSOs can track their work via M&E; Need for greater coordination of CSO activitites; BEC - Increased VCT and community outreach and promotion of evidence based interventions.; AIDS - Full officer post for BCC in NHAC prior to 2009. Consultant on TA for CSO to access new model of funding for activitites by CSO; CARE - Developing S&D Manual and poster with assistance rom DFID and PAHO.; There was an Increase in CSO owed to training in BCC and M&E.
What challenges remain in this area:
A lot of work has been done but the results re: civil society do not reflect the level of input that went into it. Probably need to revisit the approach; Funding is inadequate and there is HIV fatigue (getting people involved is difficult); legal framework; midset related to issues with young people listening to music played promoting unsafe sexual behaviours); Most CSOs (the Executives) are resistent to change.; CSO ability to advocate for services, treatment and legislative change.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes
IF YES, describe some examples of when and how this has happened:
Via the NHAC as the policy aim of the government, through which policy consultaton advice and development takes place. It also occurs through the MoH e.g. National HIV Testing Policy. Provision of financial support for interventions annually PLHIV participation in the National HIV Strategic Plan Steering Committee, the National HIV Testing Policy Steering Committee. KISS Campaign 2011 and HIV PRevention Initiatives 2009-2010

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
No
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
No
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
Constitution protects against discrimination based on race, colour, creed and age etc.)
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
The Court and judicial system
Briefly comment on the degree to which they are currently implemented:
Babrados has the obmudsman and law courts/ civil cases.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
Yes
Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
No
Prison inmates:
Yes
Sex workers:

Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:
Law prohibiting persons under age of 18 from accessing health care on their own. Law prohibiting distribution of condoms in prisons Anti-buggary law Soliciting is illegal
Briefly comment on how they pose barriers:
Promote stigma and discrimination Do not allow persons to make responsible decisions about their sexual and reproductive health; Youth under the age of 18 are sexually active and are at risk of contracting HIV and other STIs. These young people are legally able to have sex at 16 but cannot access health care. No distribution of condoms in prison can result in the spread of HIV.
3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:
No
Briefly describe the content of the policy, law or regulation and the populations included:
Sexual Offences Act prohibites anal sex acts between male/male and male/ female. Has been interpreted to link with LGBT and sex worker groups.
4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:
Yes
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:
Used in the PANCAP model, which is based on the ILO and UN Guiding Principles.; Provision of adequate treatment and support to PLHIV.
5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:
No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
-	Yes	-
-	Yes	-
-	Yes	-

If applicable, which populations have been identified as priority, and for which services?:
Sex workers, MSM, PLHIV, youth and prisoners- prevention, treatment and care Provided free to national citizens only. Non national have to pay.
7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:
Yes
7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:
Yes
8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:
Yes
IF YES, Briefly describe the content of this policy/strategy and the populations included:
National HIV testing policy strategy to working with marginalised populations to ensure they have access to testing services e.g. MSMs, SWs, PLHIV

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:
Yes
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:
Community access via targeted incentives to increase access. Decentralisation of health services.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

Yes

IF YES, briefly describe the content of the policy or law:

The Barbados Programme is guided by WHO principles, which stipulate that persons cannot be forced to take HIV tests. National HIV Testing Policy, ILO HIV in the Workplace Policy, Ministry of Labour HIV Workplace Policy.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

No

IF YES on any of the above questions, describe some examples:

-

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

general population

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

5

Since 2009, what have been key achievements in this area:

There have been movements towards the development of several policies e.g. HIV testing policy, which spoke about equal access for marginalised groups and MARPs BEC - C144 Committee works in human rights but it is linked to the ILO. AIDS Workplace policies for HIV Draft legislation on stigma and discrimination.

What challenges remain in this area:

Moving from policy to law amendment and constitutional change. Getting the anti-discrimination legislation passed in Cabinet. Political will, culture and religion)

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

6

Since 2009, what have been key achievements in this area:

Key Ministries have produced their own policies

What challenges remain in this area:

Making sure everyone is on the same page in terms of recognising the need for such policies, laws and regulations. Very little commitment to enact change in legislation to reflect policies. Political will, culture and religion.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Through national consultation. Through the Prevention Plan and continuous consultation at the national level with the commission. Likewise, submission of yearly work plans. AIDS - prevention needs were based on data collected from hiv education workshops and seminars. CARE VCT, condom education and awareness

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Strongly Agree
Harm reduction for people who inject drugs:
Strongly Agree
HIV prevention for out-of-school young people:
Agree
HIV prevention in the workplace:
Strongly Agree
HIV testing and counseling:
Strongly Agree
IEC on risk reduction:
Strongly Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Disagree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Strongly Agree
Risk reduction for intimate partners of key populations:
Agree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Strongly Agree
Other [write in]:
-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:
7
Since 2009, what have been key achievements in this area:
Reducing the levels of stigma and discrimination towards PLHIV; Increase condom availability, acceptance and use; Higher number of people coming forward for testing increased prevention efforts amongst key populations and schools.
What challenges remain in this area:
There still needs to be a lot of work done around persons of different sexual orientations. Research should be increased to properly plan interventions for key populations. Increased level of confidence in safe sex but practice still low; low acceptance of HIV as a chronic disease and not a death sentence (fuels stigma)

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
Treatment, care and prevention have been facilitated particularly PMTCT. primary care physicians; free ART as needed; Social services support at government level. Food bank and Drop in Centre, LRU
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Recognising the need for working with marginalised and MARPs but this has not resulting in concrete implementation of programmes. Decenralisation of HIV Services and increasing civil society participation. Through health fairs.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Strongly Agree
Cotrimoxazole prophylaxis in people living with HIV:
-
Early infant diagnosis:
Strongly Agree
HIV care and support in the workplace (including alternative working arrangements):
Agree
HIV testing and counselling for people with TB:
-
HIV treatment services in the workplace or treatment referral systems through the workplace:
Agree
Nutritional care:
Strongly Agree
Paediatric AIDS treatment:
Strongly Agree
Post-delivery ART provision to women:
Strongly Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Strongly Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Strongly Agree
Psychosocial support for people living with HIV and their families:
Strongly Agree
Sexually transmitted infection management:
Strongly Agree
TB infection control in HIV treatment and care facilities:
Strongly Agree
TB preventive therapy for people living with HIV:
Agree
TB screening for people living with HIV:
Strongly Agree
Treatment of common HIV-related infections:
Strongly Agree
Other [write in]:
-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:
-
Since 2009, what have been key achievements in this area:
Greater funding for activitites and introduction of new approaches for treatment, care and support. AIDS Zero (99%) in MTCT and Low death rate for AIDS. CHAA's work in night clubs and hot spots and collaboration between CHAA and the Ministry of Health
What challenges remain in this area:
reducing HIV infection rates
2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
No
3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":
9
Since 2009, what have been key achievements in this area:
BEC - Greater funding for activities; Introduction of new approaches to treatment, care and support. Zero (99%) MTCT and Lw AIDS death rate CHAA's testing in night clubs and hot spots and CHAA's collaboration with MoH
What challenges remain in this area:
Reducing HIV infection rates
