



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

Caribbean

Barbados

COUNTRY:

Barbados

Name of the National AIDS Committee Officer in charge:

Nicole Drakes

Postal address:

Warrens Office Complex, 2nd Floor East, Warrens, St. Michael BB12001, Barbados

Tel:

246-310-1007

Fax:

246-421-8499

E-mail:

ndrakes@hiv-aids.gov.bb

Date of submission:

2/29/2008

:	Organisation	NHAC
:	Name/Position	Miss Alies Jordan, Director, NHAC
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.V
:	Organisation	NHAC
:	Name/Position	Miss Nicole Drakes, Assistant Director, NHAC
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.V
:	Organisation	MH
:	Name/Position	Dr. Anton Best, Senior Medical Officer (Health)

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.IV
:	Organisation	CARE Barbados
:	Name/Position	Mr. Chorne Atkins, President
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
:	Organisation	CARE Barbados
:	Name/Position	Mrs. Patricia Phillips, Programme Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UGLAAB
:	Name/Position	Miss Patsy Grannum, Programme Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		Assistant Director
Position:	Full time/Part time	Full time
Position:	Since when?	2001
Position:		Data Analyst
Position:	Full time/Part time	Full time
Position:	Since when?	2007
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2008-2013

1.1 How long has the country had a multisectoral strategy/action framework?

6

1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Transportation:	Strategy/Action framework	Yes
Military/Police:	Strategy/Action framework	Yes
Women:	Strategy/Action framework	Yes
Young people:	Strategy/Action framework	Yes
Agriculture:	Strategy/Action framework	Yes
Finance:	Strategy/Action framework	Yes
Public Works:	Strategy/Action framework	Yes
Tourism:	Strategy/Action framework	Yes
Trade and Industry:	Strategy/Action framework	Yes

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations[3]:	Yes
d. Orphans and other vulnerable children:	Yes
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2007

1.5 What are the target populations in the country?

Persons living with HIV; Men who have sex with Men; Youth; Sex workers; Prisoners; Single Unemployed Dependent Women

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

- | | |
|--|-----|
| a. Formal programme goals? : | Yes |
| c. Detailed budget of costs per programmatic area? : | Yes |
| d. Indications of funding sources?: | No |
| e. Monitoring and Evaluation framework? : | Yes |

1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

Civil Society representatives are included in the 19-member National HIV/AIDS Commission (NHAC); periodic capacity building activities are conducted specifically for CSO; avenues are made available for funding to CSO programmes; CSOs are included in and input solicited for all major activities.

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, some partners

IF SOME or NO, briefly explain

Some external development partners consult with the NHAC regarding their programmes such as UNAIDS and USAID. Others either notify the NHAC about a particular activity or do not solicit NHAC involvement.

2. Has the country integrated HIV and AIDS into its general development plans such as:

- a) National Development Plans,**
- b) Common Country Assessments/United Nations Development Assistance Framework,**
- c) Poverty Reduction Strategy Papers,**
- d) Sector Wide Approach?**

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

- a) National Development Plans:
- b) Common Country Assessments/United Nations Development Assistance Framework:

2.2 IF YES, which policy areas below are included in these development plans?

- | | | |
|--------------------------|--------------------------|----|
| HIV Prevention: | Development Plans | a) |
| AIDS impact alleviation: | Development Plans | a) |

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes

3.1 IF YES, to what extent has it informed resource allocation decisions?

3

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

Voluntary as part of the HIV testing programme offered. It is not required for admission.

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?

No

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?

Estimates only

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

(a) IF YES, is coverage monitored by sex (male, female)?

Yes

(b) IF YES, is coverage monitored by population sub-groups?

No

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007: 7

2005: 5

Comments on progress made in strategy planning efforts since 2005:

There is a greater harmonization of efforts among partners, that is, government, private sector and civil society

1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?

President/Head of government : Yes

Other high officials : Yes

Other officials in regions and/or districts : Yes

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

2001

2.2 IF YES, who is the Chair?

Name: Dr. Carol Jacobs, BCH, GA

Title/Function: Special Envoy and Chairman of the National HIV/AIDS Commission

2.3 IF YES, does it:

have terms of reference? :	Yes
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	Yes
include the private sector?:	Yes
have an action plan?:	No
have a functional Secretariat? :	Yes
meet at least quarterly?:	Yes
review actions on policy decisions regularly?:	Yes
actively promote policy decisions?:	Yes
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	Yes

(* If it does include civil society representatives, what percentage?

63

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*If it does include regular meetings, what is the frequency of the meetings:

monthly

IF YES, What are the main achievements?

Development of a National HIV/AIDS policy document Greater CSO involvement Grater harmonization and collaboration among partners

IF YES, What are the main challenges for the work of this body?

Funding high-level support

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services : Yes

Technical guidance/materials: Yes

Coordination with other implementing partners : Yes

Capacity-building : Yes

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes

6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

No

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007: 7

2005: 6

Comments on progress made in political support since 2005:

Plans to have the National Strategic Plan on HIV/AIDS, 2007-2012 fully operational did not materialise due to lack of evidence. The National AIDS Programme has moved beyond the completion of a Nation Assessment on legislation. No amendments have occurred. Greater involvement of partners, that is, government, private sector and civil society partners.

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes

2.1 Is HIV education part of the curriculum in

primary schools? : Yes

secondary schools? : Yes

teacher training? : Yes

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

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 (IEC) and other preventive health interventions for vulnerable sub-populations?

Yes

3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?

Targeted information on risk reduction and HIV education: Other sub-populations (*)

Stigma & discrimination reduction: Other sub-populations (*)

Condom promotion: Other sub-populations (*)

HIV testing & counselling: Other sub-populations (*)

(*If Other sub-populations, indicate which sub-populations

PLHIV and Youth

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007: 5

2005: 5

Comments on progress made in policy efforts in support of HIV prevention since 2005:

Little movement

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	all districts* in need
IEC on risk reduction:	The activity is available in	all districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Risk reduction for men who have sex with men:	The activity is available in	some districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	all districts* in need
School-based AIDS education for young people:	The activity is available in	all districts* in need
Programmes for out-of-school young people:	The activity is available in	all districts* in need
HIV prevention in the workplace:	The activity is available in	all districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	6
2005:	5
2007:	7
2005:	4

Comments on progress made in the implementation of HIV prevention programmes since 2005:

Some movement since 2005 but not enough

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

No

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?

Scaling up will be done by decentralisation and institutional strengthening

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	all districts* in need
Paediatric AIDS treatment:	The service is available in	all districts* in need

Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	all districts* in need
Home-based care:	The service is available in	all districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	all districts* in need
HIV testing and counselling for TB patients:	The service is available in	all districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	N/A
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	N/A
Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	all districts* in need
Paediatric AIDS treatment:	The service is available in	all districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	all districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	all districts* in need
HIV testing and counselling for TB patients:	The service is available in	all districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	all districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	all districts* in need

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

No

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

No

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007: 8

2005: 5

5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

5.1 IF YES, is there an operational definition for OVC in the country?

No

5.2 IF YES, does the country have a national action plan specifically for OVC?

No

5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007: 5

2005: 4

Comments on progress made in efforts to meet the needs of OVC since 2005:

Greater and more strategic focus on youth through various interventions

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

Yes

IF YES, Years covered:

2008-2013

1.1. IF YES, was the M&E plan endorsed by key partners in M&E?

Yes

1.2. IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes

1.3. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, but only some partners

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy :	Yes
behavioural surveillance :	Yes
HIV surveillance :	Yes
a well-defined standardized set of indicators :	Yes
guidelines on tools for data collection :	Yes
a strategy for assessing quality and accuracy of data :	Yes
a data dissemination and use strategy :	Yes

3. Is there a budget for the M&E plan?

Yes

4. Is there a functional M&E Unit or Department?

No

IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?

Human resource capacity is lacking. Only one officer at the NHAC and one in MH's AIDS Unit

4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

Yes

IF YES, does this mechanism work? What are the major challenges?

To some extent, the major challenge is the absence of an M&E culture as epitomised by limited understanding of M&E and by sporadic reporting. Some partners do not use the standardized reporting formats.

4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?

1

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly

5.1 Does it include representation from civil society, including people living with HIV?

Yes

IF YES, describe the role of civil society representatives and people living with HIV in the working group

To ensure that the interests of PLHIV are represented and that M&E initiatives or programmes are relevant to or representative of PLHIV needs

6. Does the M&E Unit/Department manage a central national database?

No

6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

No

7. To what extent are M&E data used in planning and implementation?

3

What are examples of data use?

The Division of Youth Affairs, Ministry of Health, Ministry of Tourism and Ministry of Social Transformation use data to inform policy making and programme planning and implementation.

What are the main challenges to data use?

Absence of regular M&E of programme and activities; limited understanding of the value of M&E data; limited understanding of how to use data in programming & policy making activities.

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

At national level? : Yes

At national level? : IF YES, Number of individuals trained: 31

Including civil society? : Yes

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007: 6

2005: 2

Comments on progress made in M&E since 2005:

No Assistant Director in the post from October to December 2005 to coordinate the M&E of the NAP. Assignment of Assistant Director from January 2006 restarted the M&E programme. M&E Framework prepared, Operational Plan & detailed budget developed. National indicators and operational definitions selected and developed. Standardized reporting and work plan formats developed.

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

No

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

No

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes

3.1 IF YES, for which sub-populations?

Young people :	Yes
MSM:	Yes
Sex Workers:	Yes
Prison inmates :	Yes

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

1) Laws state that prostitution and buggery are illegal 2) Young people under the age of 16 years are unable to access health care without the consent of their parents 3) condoms in prisons are prohibited

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

Yes

IF YES, briefly describe this mechanism

The appointment of a project coordinator for a unit to investigate discrimination against PLHIV

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

1) Subvention is given twice a year by the NHAC 2) UGLAAB is represented on the HIV Prevention Committee; 3) UGLAAB is represented at all HIV Coordinators' Meeting 4) PLHIV were involved in the development of the NSP 2008-2013 5) PLHIV were part of the HIV sensitisation programme first in 2001

7. Does the country have a policy of free services for the following:

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

Yes

9.1 Are there differences in approaches for different most-at-risk populations?

No

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

No

11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

No

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

- 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: No

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: Yes

13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

No

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

Legal aid systems for HIV and AIDS casework: Yes

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

Programmes to educate, raise awareness among people living with HIV concerning their rights: Yes

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007:	2
2005:	2

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

No progress made beyond the conduct of a National Assessment on Legal and Ethical Issues

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007:	5
2005:	5

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

There is a half way mark but some policies are in place in various businesses prior to 2005-2007

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?

4

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)

5

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?:	5
b. in the national budget?:	4

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2006

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

5

List the types of organizations representing civil society in HIV and AIDS efforts:

United Gays and Lesbians Against AIDS Barbados (UGLAAB) Comfort Assist Reach Out (CARE) Barbados AIDS Foundation of Barbados AIDS Society of Barbados FBOs - Barbados Christian Council (BXC); Barbados Evangelical Association National HIV/AIDS Youth Committee International Labour Organization Small Business Association CBOs - Silver Sands HIV/AIDS Committee; Bush Hall HIV/AIDS Committee; St. John HIV/AIDS Committee

6. To what extent 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

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

- 2007: 8
- 2005: 5

Comments on progress made in increasing civil society participation since 2005:

During 2007, civil society has contributed to the collection of data and has been included in all discussion on national HIV awareness plans.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	The service is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	all districts* in need
IEC on risk reduction:	The service is available in	all districts* in need
Condom promotion:	The service is available in	all districts* in need
HIV testing & counselling:	The service is available in	all districts* in need
Harm reduction for injecting drug users:	The service is available in	N/A
Risk reduction for men who have sex with men:	The service is available in	all districts* in need
Risk reduction for sex workers:	The service is available in	all districts* in need
Programmes for other vulnerable sub-populations:	The service is available in	all districts* in need
Reproductive health services including STI prevention & treatment:	The service is available in	all districts* in need
School-based AIDS education for young people:	The service is available in	all districts* in need
HIV prevention in the workplace:	The service is available in	all districts* in need

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007: 8

2005: 5

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

Prevention for youth : 25-50%

Prevention for MSM : >75%

Prevention for sex workers : >75%

Counselling and Testing : >75%

Clinical services (OI/ART)* : >75%

Home-based care : <25%

Programmes for OVC** : 25-50%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

3.1 IF YES, is there an operational definition for OVC in the country?

No

3.2 IF YES, does the country have a national action plan specifically for OVC?

No

3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007: 5

2005: 3

Comments on progress made since 2005:

Greater and more strategic focus on youth through various interventions