



REPUBLIC OF
TRINIDAD & TOBAGO

HIV and AIDS



OPERATIONAL
PLAN 2013-2014

TO
THE NATIONAL
HIV AND AIDS
STRATEGIC
PLAN
2013 - 2018



4.0 THE OPERATIONAL PLAN 2013 - 2014 revised July 1, 2013

Ministry OFFICE OF THE PRIME MINISTER
Unit/Division/Agency Interim HIV Agency for HIV and AIDS
Development Pillar Pillar 1 - People Centered Development
Priority Area 1 ■ Prevention
Strategic Outcome Reduced susceptibility to HIV infection in both general and key populations

Programme NATIONAL HIV AND AIDS RESPONSE: PREVENTION COMBINING BEHAVIOURAL, BIOMEDICAL AND STRUCTURAL INTERVENTIONS

Strategic Objective 1 To improve sexual health knowledge, attitudes and behaviours of men and women aged 15-49
Expected Outcomes to 2014
 1.1 70% of women and 65% men both aged 15-49 years in general population and 75% of key populations correctly identify ways of preventing transmission of HIV and reject major misconceptions
 1.2 40% of women and 60% of men both 15 years and older report having sex with more than one partner in the last 12 months

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Consistently promote, using sound evidence, safe sexual behaviour and the importance of good sexual and reproductive health to the general population	A1. Design and implement a mass appeal media campaign to educate the public on ways to avoid infection. Communications on “Bag it up” will be designed for widest appeal among persons at risk of infection. The language will be tested prior to roll out (survey method) to ensure the message has the desired impact.	<u>Interim HIV Agency, THA/THARP, CSOs, HIV Coordinators</u> All Government Ministries, Private Sector	<ul style="list-style-type: none"> ⓧ Report of Pilot Test ⓧ Media Schedule ⓧ No. of IEC materials distributed (posters, brochures, information flyers/pamphlets, promotional giveaways) ⓧ No. of radio spots aired & Reach (No. of Listeners) ⓧ No. of TV spots aired & Reach (No. of Viewers) ⓧ No. of Newspaper spots & Reach (No. of Readers) ⓧ No. of outreach events & Reach (No. of Persons participating) ⓧ No. of outdoor Media spots – billboards, electronic billboards ⓧ No. of persons reached with evidenced-based mass media education programmes ⓧ % of population who know beneficial effects of male circumcision 	<ul style="list-style-type: none"> • Campaign Pilot Test • Campaign Media and Event Plan completed and approved • IEC materials developed • Launch of Campaign 	<ul style="list-style-type: none"> • Campaign fully implemented across Trinidad and Tobago 	12,000,000.00
	A2. Develop behaviour change and communication strategies to reach vulnerable groups,	<u>Interim HIV Agency, THA/THARP,</u>	<ul style="list-style-type: none"> ⓧ No. of interventions directly reaching each section of vulnerable populations 	<ul style="list-style-type: none"> • At least 12 sessions held for each group 	<ul style="list-style-type: none"> • At least 24 sessions held for 	1,325,000.00

	especially sex workers, MSM, youth aged 15 – 24, substance misusers and prisoners	HIV Coordinators, CSOs, UNJTA			each group	
	A3. Build alliances with, and increase sensitization of the media to promote safe sexual behaviour	<u>Interim HIV Agency, THA/THARP</u>	<ul style="list-style-type: none"> ⌘ Media representation on the IEC Working Group of the Interim HIV Agency ⌘ No. of prime spots – radio, television, newspaper – used for HIV prevention messages 	<ul style="list-style-type: none"> • Media representation on the IEC Working Group of the Interim HIV Agency secured • 2 Media sensitization sessions conducted in Trinidad • 1 Media sensitization session conducted in Tobago 	<ul style="list-style-type: none"> • 2 capacity building workshops for media personnel conducted in Trinidad • 1 capacity building workshop for media personnel conducted in Tobago 	100,000.00
B. Develop evidence-based prevention services and programmes for target populations	B1. Set coverage targets for prevention programmes and services based on survey findings at Priority Area 4, findings of the Report on the Mapping of HIV Prevention 2004 – 2010, and national and international benchmarks for coverage	<u>INTERIM HIV AGENCY, THA/THARP, MOH, CSOs, MGYCD, MPSD, MOE, MLSMED, ECA, NATUC</u>	<ul style="list-style-type: none"> ⌘ Coverage target for prevention programmes for: <ul style="list-style-type: none"> - Men who have sex with men - Sex workers - In School Youth Persons Using Narcotics 	<ul style="list-style-type: none"> • Coverage targets set for MSM in Trinidad and in Tobago¹ • Coverage Targets set for Sex Workers in Trinidad and in Tobago 		325,000.00
	B2. Develop combination programmes and relevant services based on findings of studies at A1 above and other relevant studies; in collaboration with partners, providers and beneficiary groups	<u>INTERIM HIV AGENCY, THA/THARP, MOH, CSOs, HIV Coordinators, MGYCD, MPSD, MOE, MLSMED, ECA, NATUC, UNJTA</u>	<ul style="list-style-type: none"> ⌘ Combination prevention programmes developed for: <ul style="list-style-type: none"> - Men who have sex with men - Sex workers - In School Youth ⌘ Persons Using Narcotics 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 1 new combination prevention programme targeting MSM in Trinidad and in Tobago • 1 new combination prevention programme targeting sex workers in Trinidad and in Tobago 	TBD












TOTAL – Strategic Objective 1

\$13,750,000.00

¹ Coverage targets for Tobago will also draw on the findings of the Baseline Risk and Needs Assessment of Men Who Have Sex With Men (MSM), MSM transactional sex workers and MSM sub-populations in Tobago by Kerwyn Jordan
Trinidad and Tobago HIV and AIDS National Strategic Plan 2013-2018

Strategic Objective 2 **To increase the % of the population who have had an HIV test and know their results**

Expected Outcomes to 2014 1.3 65% of women and 60% men in the general population and 70% of key populations have been tested for HIV and STIs in the last 12 months and know the results

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Scale up Provider Initiated Testing and Counselling (PITC)	A1. Integrate HIV/STI testing and counselling into all primary, secondary and tertiary services for all users	<u>MOH</u> , THA, RHAs	<ul style="list-style-type: none">  No. and % of sites providing HIV/STI CT  No. of rapid HIV tests done annually  No. of persons receiving HIV/STI CT and know their results 	<ul style="list-style-type: none"> • Assessment of resource requirements to integrate HIV/STI CT into all sites completed 	<ul style="list-style-type: none"> • HIV/STI available at all public sector primary care facilities and hospitals 	3,000,000.00
	A2. Train all front line healthcare workers in PITC	<u>MOH</u> , THA, RHAs, TTHTC	<ul style="list-style-type: none">  No. of training sessions held  No. of persons participating  No. of persons trained and certified to provide HIV/STI CT services  No. of persons receiving HIV/STI CT and know their results 	<ul style="list-style-type: none"> • Quarterly training sessions held for public sector health care professionals from 2nd Qtr. 2013 	<ul style="list-style-type: none"> • Quarterly training sessions held for public and private sector healthcare professionals 	
	A3. Increase the number of same day testing sites ² (including mobile sites) and hours of operation to expand reach to additional communities	<u>MOH</u> , THA, RHAs	<ul style="list-style-type: none">  No. and % of sites providing HIV/STI CT  Avg. hours of operation of same day testing sites  No. of rapid HIV tests done annually  No. of persons receiving HIV/STI CT and know their results 	<ul style="list-style-type: none"> • Supply chain management system strengthened to support increase in testing sites • Increase in the number of same day testing sites to 40³ 	<ul style="list-style-type: none"> • Increase in the number of same day testing sites to 45 	

(estimate for activity A1 – A5)

²All sites must include integrated support services for early access to treat, care and support

³ 31 sites offering HIV CT in 2010 - Global AIDS Response Progress Trinidad And Tobago Country Progress Report January 2010- December 2011, p. 4

Strategic Objective 2		To increase the % of the population who have had an HIV test and know their results				
Expected Outcomes to 2014		1.3 65% of women and 60% men in the general population and 70% of key populations have been tested for HIV and STIs in the last 12 months and know the results				
Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Scale up Provider Initiated Testing and Counselling (PITC)	A4. Routinely offer HIV test for all persons accessing STI, SRH and TB services	<u>MOH</u> , THA, RHAs, Private Sector	<ul style="list-style-type: none"> ⚡ No. of persons receiving HIV CT with STI/SRH services and know their results ⚡ No. of TB patients receiving HIV CT with result recorded in the TB register ⚡ No. and % of health facilities providing HIV CT with STI and SRH services ⚡ No. and % of health facilities providing HIV CT with TB services 	<ul style="list-style-type: none"> • HIV tests offered to all TB, STI patients at all public healthcare facilities • Discussions with private healthcare facilities held 	<ul style="list-style-type: none"> • HIV tests offered to all TB, STI patients at all public and private healthcare facilities 	<i>See above</i>
	A5. Support the private sector to consistently implement PITC, adhere to national testing protocols and routinely share data with MOH	<u>MOH</u> , THA	<ul style="list-style-type: none"> ⚡ PITC Policy guidelines disseminated to all health service providers ⚡ No. and % of sites providing HIV/STI CT ⚡ No of rapid HIV tests done annually ⚡ No. of persons receiving HIV/STI CT and know their results 	<ul style="list-style-type: none"> • Sensitization sessions held with management of private healthcare institutions • PITC guidelines disseminated to all private healthcare institutions 	<ul style="list-style-type: none"> • 3 PITC training sessions held for private health care facilities 	<i>See above</i>
B. Create additional opportunities for HIV testing among key populations	B1. Integrate rapid HIV testing and counseling into behavior change interventions for key populations	<u>CSOs</u> , MOH, THA, RHAs, relevant Government Ministries	<ul style="list-style-type: none"> ⚡ % of HIV behaviour change prevention interventions that included HIV rapid testing and counselling 	<ul style="list-style-type: none"> • Mapping of existing behaviour change interventions for MSM, SWs, Youth completed • All existing behaviour change interventions for MSM, SWs include rapid testing and counselling 	<ul style="list-style-type: none"> • All new behaviour change interventions for MSM, SWs include rapid testing and counselling 	N/A

Strategic Objective 2		To increase the % of the population who have had an HIV test and know their results				
Expected Outcomes to 2014		1.3 65% of women and 60% men in the general population and 70% of key populations have been tested for HIV and STIs in the last 12 months and know the results				
Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
B. Create additional opportunities for HIV testing among key populations (cont'd)	B2. Conduct outreach testing via CSOs at sites frequented by key populations for example youth centres	<u>CSOs</u> , MOH, THA, RHAs	<ul style="list-style-type: none"> ✘ No. and % of sites providing HIV/STI CT ✘ No of rapid HIV tests done annually ✘ No. of persons receiving HIV/STI CT and know their results 	<ul style="list-style-type: none"> • Mapping of CSOs providing services to MSM, SW, Youth, Persons Using Narcotics • Training sessions on HIV rapid testing conducted for CSOs MSM, SW, Youth, Persons Using Narcotics 	<ul style="list-style-type: none"> • Outreach testing at sites frequented by target populations 	750,000.00
	B3. Conduct formative research to identify real and perceived barriers to testing and perception of risk	<u>INTERIM HIV AGENCY</u> , THA/THARP, MOH, UNJTA, CSOs	<ul style="list-style-type: none"> ✘ Reports of formative research 	<ul style="list-style-type: none"> • Research protocols, TORs developed and approved • Research consultancy approved 	<ul style="list-style-type: none"> • One (1) research study conducted 	See Research Agenda
C. Enhance promotion of HIV/STI Testing	C1. Promote testing through multimedia campaign (integrated HIV prevention campaign – see Objective 2, A. 3 above)	<u>INTERIM HIV AGENCY</u> , THA/THARP, CSOs	<ul style="list-style-type: none"> • IEC programme Reports • No. of IEC materials distributed (posters, brochures, information flyers/pamphlets, promotional giveaways) • No. of radio spots aired & Reach • No. of TV spots aired & Reach • No. of Newspaper spots & Reach • No. of outreach events & Reach (No. of Persons participating) • No. of outdoor Media spots – billboards, electronic billboards • No. of persons reached with evidenced-based mass media education programmes • No. of persons receiving HIV/STI CT and know their results 	<ul style="list-style-type: none"> • Programme content of mass media IEC campaign, including CT, approved 		See Outcome 1.1 A. 3 above
TOTAL – Strategic Objective 2						\$3,750,000.00

Strategic Objective 3

To promote healthy sexual health attitudes and practices in youth aged 15 to 24 years

Expected Outcomes to 2014

- 1.4 40% of schools with teachers who have been trained in life skills based education and who taught it during the last academic year
- 1.5 75% of women and 70% of men both aged 15 -24 years correctly identify ways of preventing transmission of HIV and reject major misconceptions
- 1.6 a. 40% of young women and 30% of young men both aged 15-24 years who never had sex
b. 5 % of young men and 1% of young women both aged 15-24 years who have had sex before age 15 years
- 1.7 15% of young women aged 15-24 who have had sex in the last 12 months with a partner who is 10 or more years older than themselves
- 1.8 a. 5% of young men and 1% of women both aged 15-24 years who had more than one sexual partner in the last 12 months
b. 70% of young men and 65% of women both aged 15-24 years who had more than one sexual partner in the last 12 months used a condom during their last intercourse
c. 80% of young men and 75% of young women both aged 15-24 years who used a condom at last intercourse with other than main partner
- 1.9 75% of young men and 70% of women both aged 15-24 years who used a condom at last sexual intercourse with a non-marital, non-cohabiting partner

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Introduce in-school youth to sexuality education	A1. Scale up sensitization of School Principals and School Boards to encourage implementation of the HFLE Curriculum and risk avoidance education curricula in schools at all levels (ECCE to Tertiary)	MOE, INTERIM HIV AGENCY, THA/THARP UNJTA, CSOs (FBOs), NPTA, School Principals and School Boards, PTAs	<ul style="list-style-type: none"> ⚡ No. of sensitization sessions held ⚡ No. of persons attending sensitization sessions ⚡ No and % of schools that provided life skills based HFLE interventions in schools in the last academic year ⚡ No. and % of schools that provided HIV prevention education through abstinence/risk avoidance programmes in the last academic year 	<ul style="list-style-type: none"> • 1 sensitization sessions held for school principals, boards, PTAs (ECCE, Primary, Secondary) in <u>each</u> education district 	<ul style="list-style-type: none"> • 2 sensitization sessions held for school principals, boards, PTAs (ECCE, Primary, Secondary) in <u>each</u> education district 	250,000.00
	A2. Provide pre- and in-service training to teachers to deliver sexuality component of HFLE curriculum and technical HIV and AIDS information	MOE, INTERIM HIV AGENCY, THA/THARP, MOH UNJTA	<ul style="list-style-type: none"> ⚡ No. of training sessions held (pre-service, in-service) annually ⚡ No. and % of teachers trained to promote HIV prevention through use of the HFLE curriculum ⚡ No. and % of teachers trained to promote HIV prevention through abstinence/risk avoidance education 	<ul style="list-style-type: none"> • 1 training workshop (in-service) held for teachers on the HFLE curriculum 	<ul style="list-style-type: none"> • 1 training workshop (in-service) held for teachers on the HFLE curriculum • Sexuality education included in pre-service training at UTT • 	360,000.00 ⁴

⁴Support for consultants for facilitation of training (other costs supported by MOE), development of module for university programme

Strategic Objective 3

To promote healthy sexual health attitudes and practices in youth aged 15 to 24 years

Expected Outcomes to 2014

- 1.4 40% of schools with teachers who have been trained in life skills based education and who taught it during the last academic year
- 1.5 75% of women and 70% of men both aged 15 -24 years correctly identify ways of preventing transmission of HIV and reject major misconceptions
- 1.6 a. 40% of young women and 30% of young men both aged 15-24 years who never had sex
b. 5 % of young men and 1% of young women both aged 15-24 years who have had sex before age 15 years
- 1.7 15% of young women aged 15-24 who have had sex in the last 12 months with a partner who is 10 or more years older than themselves
- 1.8 a. 5% of young men and 1% of women both aged 15-24 years who had more than one sexual partner in the last 12 months
b. 70% of young men and 65% of women both aged 15-24 years who had more than one sexual partner in the last 12 months used a condom during their last intercourse
c. 80% of young men and 75% of young women both aged 15-24 years who used a condom at last intercourse with other than main partner
- 1.9 75% of young men and 70% of women both aged 15-24 years who used a condom at last sexual intercourse with a non-marital, non-cohabiting partner

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Introduce in-school youth to sexuality education (cont'd)	A3. Provide training for qualified stakeholders in the community (such as FBOs, CBOs, and parents ⁵) who are willing to volunteer to deliver sexuality component of HFLE curriculum and technical HIV and AIDS information	MOE, INTERIM HIV AGENCY, THA/THARP, CSOs	<ul style="list-style-type: none"> ✘ No. of training sessions held ✘ No. of persons trained to promote HIV prevention through use of the HFLE curriculum ✘ No. of person trained to promote HIV prevention through abstinence/risk avoidance education 	<ul style="list-style-type: none"> • 1 training workshop sessions held for stakeholders in <u>each</u> education district (8 districts). 	700,000.00	
	A4. Systematically implement the Health and Family Life Education (HFLE) curriculum at government secondary schools	MOE, INTERIM HIV AGENCY, THA/THARP UNJTA, CSOs (FBOs), NPTA, School Principals and School Boards, PTAs	<ul style="list-style-type: none"> ✘ No. and % of schools that provided life skills based HFLE interventions in schools in the last academic year ✘ No. and % of students reached through life skills based HFLE interventions in school 	<ul style="list-style-type: none"> • All components of HFLE curriculum are taught in government secondary schools 	300,000.00 ⁶	
	A5. Implement other proven options for sexuality education in government secondary schools including abstinence/risk avoidance programmes in collaboration with CSOs and FBOs	MOE, INTERIM HIV AGENCY, THA/THARP UNJTA, NYC, CSOs (FBOs), NPTA, School Principals and School Boards, PTAs	<ul style="list-style-type: none"> ✘ No. and % of schools that provided HIV prevention education through abstinence/risk avoidance programmes ✘ No. and % of students reached through abstinence/risk avoidance programmes in school in the last academic year 	<ul style="list-style-type: none"> • Review of abstinence/ risk avoidance programmes completed with two (2) model programmes selected for implementation • Resource requirements for pilot test of programmes assessed 	<ul style="list-style-type: none"> • Pilot test of abstinence/ risk avoidance programmes conducted at 3 secondary schools in each education district 	1,050,000.00

⁵Interim Agency and THA/THARP will compile a listing of service providers made available to schools - principals, boards

⁶Consultancy support for implementation

and approved

A6. Establish a Youth Good Health Champions Programme in primary and secondary schools to empower young people to manage their health, including sexual and reproductive health	MOE, INTERIM HIV AGENCY, THA/THARP UNJTA	<ul style="list-style-type: none"> ✘ Reports of stakeholder consultations ✘ Approved Programme Design ✘ Report of Pilot Test 	<ul style="list-style-type: none"> • Stakeholder consultants conducted • Programme design developed 	<ul style="list-style-type: none"> • Pilot test of programme in 2 schools in each education district – 1 primary, 1 secondary 	500,000.00
---	--	---	---	--	------------

Strategic Objective 3

To promote healthy sexual health attitudes and practices in youth aged 15 to 24 years

Expected Outcomes to 2014

- 1.4 40% of schools with teachers who have been trained in life skills based education and who taught it during the last academic year
- 1.5 75% of women and 70% of men both aged 15 -24 years correctly identify ways of preventing transmission of HIV and reject major misconceptions
- 1.6 a. 40% of young women and 30% of young men both aged 15-24 years who never had sex
- b. 5 % of young men and 1% of young women both aged 15-24 years who have had sex before age 15 years
- 1.7 15% of young women aged 15-24 who have had sex in the last 12 months with a partner who is 10 or more years older than themselves
- 1.8 a. 5% of young men and 1% of women both aged 15-24 years who had more than one sexual partner in the last 12 months
- b. 70% of young men and 65% of women both aged 15-24 years who had more than one sexual partner in the last 12 months used a condom during their last intercourse
- c. 80% of young men and 75% of young women both aged 15-24 years who used a condom at last intercourse with other than main partner
- 1.9 75% of young men and 70% of women both aged 15-24 years who used a condom at last sexual intercourse with a non-marital, non-cohabiting partner

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
B. Increase access to targeted, age-appropriate prevention services for out-of-school youth	B1. Conduct a research study to develop risk profile of vulnerable youth sub-groups e.g. disabled, homeless ⁷	<u>INTERIM HIV AGENCY, THA/THARP, MGYCD MPD, Children's Authority, CHRC, CSOs</u>	<ul style="list-style-type: none"> ✘ No. of studies conducted of the risk profile of vulnerable youth sub-groups ✘ Research reports 	<ul style="list-style-type: none"> • Research protocols, TORs developed and approved • Research consultancy approved 	<ul style="list-style-type: none"> • Research study conducted 	See Research Agenda
	B2. Integrate HFLE, risk avoidance education and HIV and AIDS behaviour change interventions in MILAT, MYPART, MIC/HYPE, YAPA and YTEPP, TTCF, Girl Guides, Scouts	<u>MNS, MSTTE, MGYCD, NYC, MPD, CSOs, INTERIM HIV AGENCY, THA/THARP</u>	<ul style="list-style-type: none"> ✘ No. of youth programmes that include HIV prevention interventions ✘ No. of adolescents and youth reached through prevention interventions in out of school settings 	<ul style="list-style-type: none"> • Design of HFLE , risk avoidance HIV module completed • Resource requirements for pilot test of programmes assessed and approved • Pilot test of HIV module 	<ul style="list-style-type: none"> • Implementation of HIV module in all programmes 	640,000.00

⁷Linked to Research Agenda Priority #4 Strategic Information

B3. Establish one youth friendly clinic per health region	<u>MOH</u> , THA, MGYCD, NYC, MNS, CSOs, FBOs	<ul style="list-style-type: none"> ⚠ No. of youth friendly clinics by region ⚠ No. of persons 15 – 19 years accessing services from youth friendly clinics ⚠ No. of persons 15 – 19 years that have received HIV/STI counselling and testing and know the results ⚠ 	<ul style="list-style-type: none"> • Resource requirements for transition to youth friendly clinics assessed and approved • Sites selected and readied for transition – physical space, processes and procedures, training of staff 	<ul style="list-style-type: none"> • One (1) youth friendly clinic in each health region 	2,500,000.00
---	---	---	---	---	--------------

TOTAL – Strategic Objective 3 **\$6,500,000.00**

Strategic Objective 4 **To improve the availability and acceptability of condoms as part of good sexual health practice**

Expected Outcomes to 2014

1.10 100% of men and 95% women both aged 15-49 years who know where to get a condom when they need them

1.11 60% of young men and 55% women both aged 15-24 years who report they could get condoms on their own

1.12 50% of men and 40% of women aged 15 – 49 years with more than one sexual partner using condoms with other than main partner

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Increase the availability, and accessibility of condoms	A1. Begin implementation the National Condom Strategy and Action Plan for Trinidad and Tobago <i>(supported by research on condom access and use, see Research Agenda at Priority 4, Objective 1)</i>	<u>INTERIM HIV AGENCY, THA/THARP</u> MOH, CSOs, UNJTA	<ul style="list-style-type: none"> ⚠ Programme plan for implementation of the Condom Strategy and Action Plan ⚠ Programme Implementation Reports 	<ul style="list-style-type: none"> • Programme implementation Plan developed and approved 	<ul style="list-style-type: none"> • Condom social marketing of male and female social condoms initiated 	2,200,000.00 <i>(estimate for activity A1 – A2)</i>
	A2. Narrow the gap between condom availability (including the female condom) and accessibility through placement at non-traditional yet convenient outlets	<u>INTERIM HIV AGENCY, THA/THARP</u> , CSOs, Private Sector	<ul style="list-style-type: none"> ⚠ No. of male and female condoms distributed by site ⚠ No. of sites receiving condoms ⚠ No. of site stock outs of condoms 	<ul style="list-style-type: none"> • Mapping of outlets completed • New outlets selected • Stock of condoms procured • Inventory management system strengthened 	<ul style="list-style-type: none"> • Existing and new outlets stocked with supply of male and female condoms 	
B. Encourage the consistent use	B1. Develop and implement gender-	<u>INTERIM HIV</u>	<ul style="list-style-type: none"> ⚠ No. of persons reached with evidenced- 	<ul style="list-style-type: none"> • Programme 		<i>see Priority 1,</i>

of condoms

based, life cycle based,
culturally relevant education
programmes for the general
public
(see Priority 1, Outcome 1, A3)

AGENCY,
THA/THARP, CSOs,
FBOs

based mass media education
programmes

- ⚡ No. of persons reached with evidenced-
based individual and/or small group
level prevention interventions
- ⚡ No. of gender sensitive HIV
programmes

content of mass
media IEC
campaign,
including condom
use, approved

Outcome 1.1, A3

Strategic Objective 4						
To improve the availability and acceptability of condoms as part of good sexual health practice						
Expected Outcomes to 2014						
1.10 100% of men and 95% women both aged 15-49 years who know where to get a condom when they need them						
1.11 60% of young men and 55% women both aged 15-24 years who report they could get condoms on their own						
1.12 50% of men and 40% of women aged 15 – 49 years with more than one sexual partner using condoms with other than main partner						
Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
B. Encourage the consistent use of condoms (cont'd)	B2. Develop peer education outreach programmes for MSM, SWs and migrant workers that include risk reduction counselling, condom negotiation and free supply of condoms and lubricants	<u>CSOs, FBOs, INTERIM HIV AGENCY, THA/THARP, MOH</u>	<ul style="list-style-type: none"> ⚡ Map of peer education outreach programmes for target populations ⚡ No. of persons reached with evidenced-based individual and/or small group level prevention interventions ⚡ No. of male and female condoms distributed by site ⚡ No. of lubricant sachets distributed by site 	<ul style="list-style-type: none"> • Mapping and strengthening of existing outreach programmes targeting MSM and SWs conducted 	<ul style="list-style-type: none"> • Peer education programmes targeting MSM and SWs in place • 2 train the trainer workshops, 4 peer educator workshops • Condoms, lubricants distributed 	320,000.00
	B3. Conduct formative research among MSM, SWs, Migrant workers, and Youth to determine knowledge, perception and behaviour in relation to condom use	<u>INTERIM HIV AGENCY, THA/THARP, CHRC, CSOs, UNJTA</u>	<ul style="list-style-type: none"> ⚡ Reports of Studies of Target Populations – MSM, SWs, Youth ⚡ Sustainability Plan for repeat surveys 	<p><i>Included in survey of MSM and SWs at Strategic Objective 1, A1</i></p>		<i>See Strategic Objective 1, A1</i>
TOTAL – Strategic Objective 4						\$2,520,000.00

Strategic Objective 5	To reduce high risk HIV behaviours and infection in key populations
Expected Outcomes to 2014	1.1360% of key population adopting HIV prevention behaviours <ol style="list-style-type: none"> 95% of MSM reporting using a condom at last anal sex with male partner 50% of sex workers report using a condom during last sex with a client 40% of substance abusers using a condom at last sexual intercourse 50% of prisoners abstaining from or practicing safe sex with partners 60% of PLHIV practicing safe sex with partners

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Support behaviour change programmes to key populations: Men who have Sex with Men (MSM)	A1. Increase access to condoms and lubricants at locations and events frequented by MSM	<u>Interim HIV Agency, THA/THARP, MOH, CSOs</u>	<ul style="list-style-type: none"> ⚡ No. of condoms distributed by site ⚡ No. of sites receiving condoms ⚡ No. of site stock outs of condoms ⚡ No. of lubricant sachets distributed 	10,000 units condoms, lubricants distributed	10,000 units condoms, lubricants distributed	1,350,000.00
	A2. Increase training opportunities for health care providers in prevention services to MSM, without stigma and discrimination	<u>MOH, TTHTC</u>	<ul style="list-style-type: none"> ⚡ No. of training workshops conducted ⚡ No. of health professionals participating 	<ul style="list-style-type: none"> • Curriculum developed • 5 workshops held (1 per RHA) 	<ul style="list-style-type: none"> • 5 workshops held (1 per RHA) 	500,000.00
	A3. Build capacity among CSOs currently providing prevention services to the MSM community	<u>INTERIM HIV AGENCY, THA/THARP, MOH, TTHTC</u>	<ul style="list-style-type: none"> ⚡ No. of training workshops conducted ⚡ No. of persons participating ⚡ No. of persons trained to promote HIV prevention to MSM 	<ul style="list-style-type: none"> • Needs assessment completed 	<ul style="list-style-type: none"> • 2 workshops held in Trinidad • 1 workshop held in Tobago 	1,000,000.00
	A4. Implement targeted Health Education/BCC and combination prevention programmes for MSM	<u>CSOs, HIV Coordinators, MOH, Interim HIV Agency, THA/THARP, MGYCD, MPSD, MOE, MLSMED, ECA, NATUC, UNJTA</u>	<ul style="list-style-type: none"> ⚡ No. of programmes conducted annually ⚡ No. of MSM reached with evidenced-based individual and/or small group level prevention interventions ⚡ No. of MSM reached through evidence based combination prevention programmes 	<ul style="list-style-type: none"> • Coverage targets for target populations set • Proposals from partners received and assessed • Programme schedule prepared (with budget) and approved • MOUs developed and approved between Interim HIV Agency and 	<ul style="list-style-type: none"> • At least one (1) combination HIV prevention programme implemented for MSM per health region 	2,500,000.00

Strategic Objective 5 To reduce high risk HIV behaviours and infection in key populations
Expected Outcomes to 2014

- 1.1360% of key population adopting HIV prevention behaviours
- f. 95% of MSM reporting using a condom at last anal sex with male partner
 - g. 50% of sex workers report using a condom during last sex with a client
 - h. 40% of substance abusers using a condom at last sexual intercourse
 - i. 50% of prisoners abstaining from or practicing safe sex with partners
 - j. 60% of PLHIV practicing safe sex with partners

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
B. Support behaviour change programmes to key populations: Sex Workers (SWs) and their clients	B1. Increase the capacity of CSOs to coordinate and conduct interventions that focus on the gender issues that drive sex work	<u>Interim HIV Agency, THA/THARP, UNJTA, MGYCD, CSOs</u>	<ul style="list-style-type: none"> ⚡ No. of gender training workshops conducted ⚡ No. of CSOs participating ⚡ No. of gender analysis resource materials disseminated ⚡ Usage of Web-based Support Forum ⚡ No. of gender sensitive HIV programmes 	<ul style="list-style-type: none"> • Training materials developed 	<ul style="list-style-type: none"> • 2 workshops held • Web forum in place 	700,000.00
	B2. Facilitate peer based initiatives to build capacity of CSOs to ensure that services are available to sex workers in different environments	<u>CSOs, Interim HIV Agency, THA/THARP, UNJTA</u>	<ul style="list-style-type: none"> ⚡ No. of capacity building interventions held ⚡ No. of persons trained to provide services to SWs ⚡ No. of CSOs providing services to SWs and their clients 	<ul style="list-style-type: none"> • List of peer trainers updated • Training material developed • Proposals from partners received and assessed • Programme schedule prepared (with budget) and approved • MOUs developed and approved between Interim HIV Agency and training providers 	<ul style="list-style-type: none"> • At least three (3) capacity building interventions conducted 	800,000.00
	B3. Train healthcare providers to provide prevention services, without stigma and discrimination sex workers	<u>MOH, TTHTC</u>	<ul style="list-style-type: none"> ⚡ No. of training workshops conducted ⚡ No. of health professionals participating 	<ul style="list-style-type: none"> • Curriculum reviewed/ developed • 1 training session 	<ul style="list-style-type: none"> • 1 training session for RHA 	900,000.00

Strategic Objective 5	To reduce high risk HIV behaviours and infection in key populations
Expected Outcomes to 2014	<p>1.13 60% of key population adopting HIV prevention behaviours</p> <p>a. 95% of MSM reporting using a condom at last anal sex with male partner</p> <p>b. 50% of sex workers report using a condom during last sex with a client</p> <p>c. 40% of substance abusers using a condom at last sexual intercourse</p> <p>d. 50% of prisoners abstaining from or practicing safe sex with partners</p> <p>e. 60% of PLHIV practicing safe sex with partners</p>

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
B. Support behaviour change programmes to key populations: Sex Workers (SWs) and their clients (cont'd)	B4. Facilitate collaboration among public, private and non-government stakeholders priority workplaces such as tourism, national security, health and oil and gas where sex work or sex workers are prevalent to develop and implement behaviour change interventions targeting sex workers and the clients of sex workers, especially migrant workers	<u>Interim HIV Agency, THA/THARP</u>	<ul style="list-style-type: none"> ⓧ No. of discussion fora held ⓧ No. of workplace-based HIV prevention interventions targeting SWs and their clients 	<ul style="list-style-type: none"> • Discussion fora with business in the tourism and oil and gas sectors (4 sector based fora) 	<ul style="list-style-type: none"> • Behaviour changes intervention developed and piloted in two sectors 	400,000.00
	B5. Implement targeted Health Education/BCC and combination prevention programmes for sex workers and their clients, especially migrant workers	<u>CSOs, HIV Coordinators, MGYCD, MPSD, MOE, MLSMED, ECA, NATUC, UNJTA MOH, Interim HIV Agency, THA/THARP</u>	<ul style="list-style-type: none"> ⓧ No. of programmes conducted annually ⓧ No. of sex workers reached with evidenced-based individual and/or small group level prevention interventions ⓧ No. of sex migrant workers reached with evidenced-based individual and/or small group level prevention interventions ⓧ No. of sex workers reached through evidence based combination prevention programmes ⓧ No. of migrant workers reached through evidence based combination prevention programmes 	<ul style="list-style-type: none"> • Coverage targets for target populations set • Proposals from partners received and assessed • Programme schedule prepared (with budget) and approved • MOUs developed and approved between Interim HIV Agency and partners 	<ul style="list-style-type: none"> • At least one (1) combination HIV prevention programme implemented for SWs and for migrant workers per health region 	4,000,000.00

Strategic Objective 5 To reduce high risk HIV behaviours and infection in key populations

- Expected Outcomes to 2014**
1. 1360% of key population adopting HIV prevention behaviours
 - a. 95% of MSM reporting using a condom at last anal sex with male partner
 - b. 50% of sex workers report using a condom during last sex with a client
 - c. 40% of substance abusers using a condom at last sexual intercourse
 - d. 50% of prisoners abstaining from or practicing safe sex with partners
 - e. 60% of PLHIV practicing safe sex with partners

Strategy	Activities	Responsible Agency <u>Lead/Support</u>	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
C. Support behaviour change programmes to key populations: Persons Using Narcotics	C1. Increase access to rehabilitation services for persons using narcotics that include HIV prevention and treatment, care and support services	<u>MPSD/NADAPP</u> , CSOs, INTERIM HIV AGENCY, THA/THARP	<ul style="list-style-type: none"> ⚡ No. of organizations providing HIV prevention services to persons using narcotics ⚡ No. of persons using narcotics reached with HIV prevention services 	<ul style="list-style-type: none"> • Mapping of organizations providing rehabilitation services to persons using narcotics completed • Capacity building interventions facilitated for service providers conducted for the provision of HIV prevention as well as care, treatment and support 	<ul style="list-style-type: none"> • Expanded services available to persons using narcotics 	500,000.00
	C2. Implement targeted Health Education/BCC and combination prevention programmes for substance abusers	<u>CSOs, HIV Coordinators</u> , MOH, Interim HIV Agency, THA/THARP, MGYCD, MPSD, MOE, MLSMED, ECA, NATUC, UNJTA	<ul style="list-style-type: none"> ⚡ No. of programmes conducted annually ⚡ No. of substance abusers reached with evidenced-based individual and/or small group level prevention interventions ⚡ No. of substance abusers reached through evidence based combination prevention programmes 	<ul style="list-style-type: none"> • Coverage targets for target populations set • Proposals from partners received and assessed • Programme schedule prepared (with budget) and approved • MOUs developed and approved between Interim HIV Agency and partners 	<ul style="list-style-type: none"> • At least one (1) combination HIV prevention programme implemented for substance abusers per health region 	3,500,000.00

Strategic Objective 5	To reduce high risk HIV behaviours and infection in key populations
Expected Outcomes to 2014	1.1360% of key population adopting HIV prevention behaviours <ol style="list-style-type: none"> 95% of MSM reporting using a condom at last anal sex with male partner 50% of sex workers report using a condom during last sex with a client 40% of substance abusers using a condom at last sexual intercourse 50% of prisoners abstaining from or practicing safe sex with partners 60% of PLHIV practicing safe sex with partners

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
D. Provide HIV and AIDS education support to prison inmates	D1. Establish working group with MOJ and Prisons Service to facilitate i) formative assessment and ii) the development short and long-term HIV-related interventions for prison inmates	<u>Interim HIV Agency, THA/THARP,</u> Prisons, MOJ HIV Coordinator, MNS HIV Coordinator, Prisons Service, CSOs	<ul style="list-style-type: none"> ⚡ Working Group established ⚡ No. of consultative fora held with Prison stakeholders on HIV prevention intervention at prisons ⚡ Package of short term interventions 	<ul style="list-style-type: none"> • Working Group established • Formative assessment of three prisons conducted • Short term package of programmes developed 	<ul style="list-style-type: none"> • Short term HIV-prevention education programme implement at three (3) prisons 	N/A
	D2. Develop and implement on-going HIV and AIDS education and combination prevention programmes for inmates while incarcerated in collaboration with the Prisons Service and other partners	<u>Interim HIV Agency, THA/THARP,</u> Prisons, MOJ, MOH, THA, CSOs	<ul style="list-style-type: none"> ⚡ No. of sensitization sessions held ⚡ No. of inmates, officers participating in sensitization sessions ⚡ No. of combination prevention session held 		<ul style="list-style-type: none"> • HIV Prevention education programmes implemented at three (3) prisons 	400,000.00

TOTAL – Strategic Objective 5 **\$16,200,000.00**

Strategic Objective 6	To eliminate mother to child transmission of HIV
Expected Outcome to 2014	1.14 1% of HIV Infected infants born to HIV infected mothers 1.15 98% of all pregnant women attending at least one Antenatal Clinic receive HIV and Syphilis counselling and testing and know the results 1.16 1% prevalence of HIV (and Syphilis) among women 1.17 50% of infants born to HIV positive women who receive virological test for HIV within the 2 months of birth 1.18 90% of HIV positive mothers known to be on ARV treatment 12 months after delivery 1.19 87% of HIV positive mothers who receive ARV to reduce mother to child transmission

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Prevent secondary infections among PLHIV mothers and reduce HIV transmission to their children in keeping with the Global Plan towards the Elimination of the New Infections among Children by 2015 and Keeping their Mothers Alive	A1. Continuous training and sensitization for health care personnel to support positive women (parents) in the antenatal setting	MOH, THA, RHAs, THTC	<ul style="list-style-type: none"> ⚡ No. of training session held ⚡ No. of health professionals, social workers who successfully completed in-service training programme in PMTCT ⚡ No. of health professionals, social workers who successfully completed in-service training programme on HIV related stigma and discrimination 	<ul style="list-style-type: none"> • 2 training workshops held for ANC healthcare professionals 	<ul style="list-style-type: none"> • 3 training workshops held for ANC healthcare professionals 	1,100,000.00
	A2. Facilitate the formation of support groups for HIV positive mothers in the PMTCT programme (to include support for adherence to treatment and follow up post-partum)	MOH, THA, RHAs CSOs, UNJTA	<ul style="list-style-type: none"> ⚡ ⚡ No. of support groups targeting HIV positive mothers ⚡ No. of support groups providing support for adherence to treatment ⚡ No. of HIV positive mothers newly enrolled into HIV care and support groups ⚡ No. of HIV positive mothers known to be on ARV treatment 12 months after delivery 	<ul style="list-style-type: none"> • Map existing support groups conducted to assess where gaps exist • Consultations held with stakeholders to facilitate formation of new groups where gaps exist • Capacity building of support groups 		400,000.00

Strategic Objective 6	To eliminate mother to child transmission of HIV
Expected Outcome to 2014	1.14 1% of HIV Infected infants born to HIV infected mothers 1.15 98% of all pregnant women attending at least one Antenatal Clinic receive HIV and Syphilis counselling and testing and know the results 1.16 1% prevalence of HIV (and Syphilis) among women 1.17 50% of infants born to HIV positive women who receive virological test for HIV within the 2 months of birth 1.18 90% of HIV positive mothers known to be on ARV treatment 12 months after delivery 1.19 87% of HIV positive mothers who receive ARV to reduce mother to child transmission

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Prevent secondary infections among PLHIV mothers and reduce HIV transmission to their children in keeping with the Global Plan towards the Elimination of the New Infections among Children by 2015 and Keeping their Mothers Alive	A3. Introduce joint mother and partner counselling programme to foster the maintenance of emotional intimacy and promote adherence	<u>MOH</u> , THA, RHAs CSOs	<ul style="list-style-type: none"> ⚡ No. of sites with mother-partner counselling ⚡ No. and % of couples accessing mother-partner counselling services 	<ul style="list-style-type: none"> • Resource assessment for programme implementation (human, technical, physical, financial, systems) completed and approved 	<ul style="list-style-type: none"> • 1 training workshop in each RHA • 50% of ANC clinics offer mother-partner counselling and support 	1,00,000.00
	A4. Develop and implement policy directives to expand PMTCT programme to the private health sector	<u>MOH</u> , THA, MATT	<ul style="list-style-type: none"> ⚡ PMTCT policy and protocols for the Private Sector ⚡ No. and % of private health care facilities with PMTCT services ⚡ Rate of compliance with PMTCT policy and protocols 	<ul style="list-style-type: none"> • Consultations held with private health care stakeholders • 3 sensitization/capacity building sessions held with private health care sector on policy and related protocols 	<ul style="list-style-type: none"> • 50% of private health care facilities adopt and implement policy 	500,000.00

TOTAL – Strategic Objective 6 **\$3,000,000.00**

Strategic Objective 7 **To improve accessibility and availability of sexual health and HIV services through integrated health services**
Expected Outcome to 2014 1.20 55% of health facilities offering integrated health services including HIV

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Increase capacity among public and private sector physicians to provide dual prevention and treatment services.	A1. Incorporate into the curricula of training institutions for healthcare providers, specific information on SRH, the management of STIs, HIV, TB, OIs and reducing stigma and discrimination of PLHIV and target populations	<u>UWI, UTT, COSTATT, TTHTC, MOH, THA, RHAs</u>	<ul style="list-style-type: none"> ⚠ No. and % of healthcare training institutions that include management of STIs, HIV, TB, OIs; SRH and reducing stigma and discrimination in curricula ⚠ No. of health care professionals trained and certified in the management of HIV 	<ul style="list-style-type: none"> • Review/development of HIV/STI/TB/OI management module (including stigma and discrimination) completed • Inclusion of module approved by University • Module included for 2013 academic term at COSTATT, UTT 	<ul style="list-style-type: none"> • Module included for 2014 academic term at UWI 	200,000.00 ⁸
	A2 Upscale HIV CT in RHAs (all community clinics, hospital institutions and RHA outreach within wellness programs)	<u>MOH, THA, RHAs, Interim HIV Agency, THA/THARP, CSOs</u>	<ul style="list-style-type: none"> ⚠ No. and % of sites providing HIV/STI CT ⚠ No. of HIV tests done annually ⚠ No. of persons receiving HIV/STI CT and know their results 	<ul style="list-style-type: none"> • IEC materials redesigned to integrate SRH/HIV with other wellness messages for NCDs, nutrition, oral health etc. • IEC materials disseminated to all facilities 	<ul style="list-style-type: none"> • HIV CT offered at least once per week at all community clinics and hospitals as part of overall wellness programmes 	<i>See Priority 1, Objective 3, A1 – A5 above</i>
	A3. Incorporate HIV CT into MOH Health and Wellness education programmes addressing NCDs	<u>MOH, Interim HIV Agency, THA/THARP</u>	<ul style="list-style-type: none"> ⚠ No. of persons reached with evidenced-based mass media education programmes 	<ul style="list-style-type: none"> • Consultations held with MOH to include HIV prevention in the T & T Wellness Revolution Campaign • IEC materials developed • HIV prevention integrated into program by 3rd Qtr. 2013 		500,000.00

⁸Consultancy support for the development of the module

Strategic Objective 7 **To improve accessibility and availability of sexual health and HIV services through integrated health services**
Expected Outcome to 2014 1.17 55% of health facilities offering integrated health services including HIV

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Increase capacity among public and private sector physicians to provide dual prevention and treatment services (cont'd)	A4 Conduct sensitization sessions for PEP Policy, Sexual Offences Act and the Infection Prevention and Control Manual for health care institutions and social and protective services	<u>MOH, TTHTC, THA, RHAs</u>	<ul style="list-style-type: none"> ⓧ No. of sensitization sessions held ⓧ No. of persons attending – healthcare, social services, protective services ⓧ No. of persons trained in the use of the Infection Prevention and Control Manual 	<ul style="list-style-type: none"> • 1 sensitization session held for health care professionals, social services professionals and protective services professionals 	<ul style="list-style-type: none"> • 2 sensitization sessions held for health care professionals, social services professionals and protective services professionals 	150,000.00
	A5. Conduct training for healthcare professionals on the PEP guidelines	<u>MOH, TTHTC, THA, RHAs</u>	<ul style="list-style-type: none"> ⓧ No. of training workshops held ⓧ No. of healthcare professionals attending ⓧ No. of healthcare professionals trained to implement PEP protocols ⓧ No. of healthcare facilities with healthcare professionals trained to implement PEP protocols 	<ul style="list-style-type: none"> • 1 Training workshop for healthcare professionals conducted on PEP guidelines and protocols • Sites selected and readied for provision of PEP treatment 	<ul style="list-style-type: none"> • 2 Training workshops for healthcare professionals conducted on PEP guidelines and protocols • PEP treatment available at all hospitals 	400,000.00
	A6. Identify and promote integrated health services that include HIV/STI testing and counselling targeting men in the general population, as well as the elderly	<u>MOH, MPSD (division of Ageing), MGYCD, CSOs, HIV Coordinators, MOH, Interim HIV Agency, THA/THARP</u>	<ul style="list-style-type: none"> ⓧ No. of sites where services are available (minimum package) ⓧ No. of persons accessing service – men, persons over 65 ⓧ No. of men and elderly persons (65 and older) tested at targeted sites with their results known ⓧ 	<ul style="list-style-type: none"> • At least 2 sites per health region targeting men and elderly persons 	<ul style="list-style-type: none"> • At least 3 sites per health region targeting men and elderly persons • Mobile Units providing 2 addition sites per region with services at least one day per week • 	500,000.00 ⁹

TOTAL – Strategic Objective 7	\$1,750,000.00
TOTAL: PREVENTION	\$47,070,000.00

⁹Contribution to Men’s Health Caravan of MGYCD, programmes led by the Division of Ageing, MPSD
Trinidad and Tobago HIV and AIDS National Strategic Plan 2013-2018

Ministry OFFICE OF THE PRIME MINISTER
Unit/Division/Agency Interim HIV Agency for HIV and AIDS
Development Pillar Pillar 1 - People Centered Development

Programme NATIONAL HIV AND AIDS RESPONSE: OPTIMIZING TREATMENT, CARE AND SUPPORT

- Priority Area 2**
- Treatment, Care and Support
- Strategic Outcome**
- Universal access to treatment, care and support services for all PLHIV in Trinidad and Tobago ensured

Strategic Objective 8 To increase the % of eligible adults and children receiving ART and care
Expected Outcomes to 2014
 2.1 75% of adults and 80% children with advanced HIV infection receiving ART
 2.2 75% of eligible adults and 80% children currently receiving ARV Therapy and Care

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Increase the capacity and quality of health services in the clinical management and treatment of HIV and AIDS	A1. Decentralize and increase the number of treatment sites for adults and children, including: an HIV adult site at NCRHA and a HIV paediatric site at NWRHA, rural communities	MOH, THA, RHAs, CSOs, Private Sector	<ul style="list-style-type: none"> ⚡ No. of RHAs with adult and pediatric sites ⚡ No. of adults and children with advanced HIV infection receiving ARV treatment ⚡ No. of adults and children with advanced HIV infection newly enrolled on ART ⚡ No. of facilities offering PEP ⚡ No. of health facilities that provide virological testing services for infant diagnosis for HIV exposed infants on site or through DBS 	<ul style="list-style-type: none"> • Programme plan for the development of treatment sites completed and approved • Assessment of resource requirements to establish new sites completed • Implementation plan for installation of new sites completed and approved 	<ul style="list-style-type: none"> • Treatment sites at MRF, EWSC, SFGH, PSGH and Scarborough operating optimally • Installation of adult site at NCRHA completed • Installation of paediatric site NWRHA completed 	90,000,000.00 ¹⁰ <i>(estimate for A1, A2, A4 below)</i>

¹⁰Includes cost of treatment and care of PLHIV

Strategic Objective 8	To increase the % of eligible adults and children receiving ART and care				
Expected Outcomes to 2014	2.1 75% of adults and 80% children with advanced HIV infection receiving ART				
	2.2 75% of eligible adults and 80% children currently receiving ARV Therapy and Care				

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Increase the capacity and quality of health services in the clinical management and treatment of HIV and AIDS (cont'd)	A2. Identify and ready support satellite ¹¹ clinic sites in health centres to support main pre-existing sites with decentralized services, in particular paying attention to a sharing of human and technological resources between <u>Lead</u> site and satellite clinics	<u>MOH</u> , THA, RHAs	<ul style="list-style-type: none"> ⚡ No. of satellite clinic sites by health region ⚡ No. of PLHIV accessing services at satellite clinics 	<ul style="list-style-type: none"> • Sites for satellite clinics identified and approved 	<ul style="list-style-type: none"> • Sites readied for delivery of services • At least 1 new satellite site in each health region operational 	<i>See above</i>
	A3. Strengthen the Inventory Management System to prevent stock outs of antiretroviral, anti-tuberculosis, STI and OI medication at sites and minimize wastage	<u>MOH</u> , THA, RHAs, CDC, UNJTA/PAHO	<ul style="list-style-type: none"> ⚡ No. of site level stock outs of ARVs ⚡ No. of site level stock outs of TB, STI and OI medications ⚡ No. of kits wasted (monthly) 	<ul style="list-style-type: none"> • Inventory management system assessed • Improvement plan for inventory system completed and approved 	<ul style="list-style-type: none"> • Improvement plan implemented 	245,000.00
	A4. Strengthen and expand pediatric HIV services (<i>existing and new proposed at NWRHA – see above</i>) based on a needs assessment to continually improve service delivery	<u>MOH</u> , THA, RHAs, UNJTA/PAHO	<ul style="list-style-type: none"> ⚡ No. of children with advanced HIV infection receiving ARV treatment ⚡ No. of children with advanced HIV infection newly enrolled on ART ⚡ No. of healthcare facilities offering adherence counseling for children ⚡ No. of health facilities that provide virological testing services for infant diagnosis for HIV exposed infants on site or through DBS ⚡ No. of eligible children provided with protection and legal aid services ⚡ No. of eligible children provided with psychosocial, social or spiritual support 	<ul style="list-style-type: none"> • Needs of paediatric sites assessed (EWSC, Cyril Ross, Scarborough) and improvement plan developed and approved • Improvement plan for inventory system completed and approved 		<i>See A1 above</i>

¹¹Including sites in non-traditional health facilities/NGOs/private sector that are accessible to PLHIV that associate with MARPS

Strategic Objective 8 **To increase the % of eligible adults and children receiving ART and care**
Expected Outcomes to 2014
 2.1 75% of adults and 80% children with advanced HIV infection receiving ART
 2.2 75% of eligible adults and 80% children currently receiving ARV Therapy and Care

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014	
				2013	2014		
A. Increase the capacity and quality of health services in the clinical management and treatment of HIV and AIDS (cont'd)	A6. Upscale health services, including HIV screening, counselling and support for migrants	MOH, THA, RHAs, CDC, UNJTA/PAHO	<p>✘ No. of migrants tested and treated with advanced HIV infection receiving ARV treatment, care and support services</p> <p>✘ No. of migrants accessing ARV treatment after 12 months in country</p>	Required HIV services for deportees assessed and streamlined	All deportees provided with support services in country	500,000.00	
	A7. Establish a Diploma in HIV Management at TTHTC for healthcare professionals	MOH, TTHTC, MATT	<p>✘ No. of healthcare professionals enrolled in Diploma programme</p> <p>✘ No. of healthcare professionals trained and certified in HIC clinical management (by facility, health region)</p>	Curriculum design and development completed	Programme piloted and formative assessment completed	TBD	
	A8. Provide training for all physicians prescribing ARVs	MOH, TTHTC, MATT	<p>✘ No. of training workshops held annually</p> <p>✘ No. of physicians attending</p>	2 training sessions held for physicians	2 training sessions held for physicians	520,000.00	
	A9. Assess the feasibility of access to ARV through pharmacies	MOH, THA, Interim HIV Agency, THA/THARP	<p>✘ Consultations held with stakeholders</p> <p>✘ Report of feasibility assessment</p>		Feasibility assessment completed with recommendations		TBD
	A10. Annually update the VEN list of medicines and the national HIV and AIDS Treatment and Care Guidelines and retrain multi-disciplinary treatment teams accordingly	MOH, MTII, THA	<p>✘ Update VEN list</p> <p>✘ No. of training sessions held for multidisciplinary teams</p>	<p>Review of VEN List</p> <p>Posting of VEN List</p> <p>1 sensitization session held</p>	<p>Review of VEN List</p> <p>Posting of VEN List</p> <p>1 sensitization session held</p>		125,000.00
TOTAL – Strategic Objective 8						\$91,395,000.00	

Strategic Objective 9 **To increase adherence to taking ARV medication**

Expected Outcome to 2014 2.2 90% of PLHIV known to be on treatment 12 months after initiation of anti-retroviral therapy

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Enhance the institutional systems and support for adherence to medication	A1. Develop and implement a National Treatment Adherence Counselling Programme that includes pre-initiation ARV treatment counselling and a referral system to include psychological/psychiatric counseling	MOH, RHAs, CSOs, UNJTA	<ul style="list-style-type: none"> ⚡ No. of treatment sites providing adherence counselling services ⚡ No. of PLHIV receiving ARV treatment known to be on treatment 12 months after initiation (by age, gender, region) 	<ul style="list-style-type: none"> • Adherence Counselling Programme and referral system developed and approved • Resource requirements for implementation assessed and approved 	<ul style="list-style-type: none"> • 3 Training workshops held for health care providers to support implementation of the Programme and referral system 	140,000.00
	A2. Provide ongoing training for a cadre of PLHIV peer educators and CSO serving PLHIV in prevention (e.g. re-infection) and medication adherence	MOH, THA, RHAs, CSOs, UNJTA	<ul style="list-style-type: none"> ⚡ No. of training workshops held annually for target groups ⚡ No. of participants attending training ⚡ No. of PLHIV peer support groups by region able to provide a full range of support services, including adherence counselling ⚡ No. of CSOs by region able to provide a full range of support services, including adherence counselling ⚡ No. and % of PLHIV accessing adherence services by region 	<ul style="list-style-type: none"> • Mapping of PLHIV advocacy groups and CSOs completed • 1 capacity building sessions for advocacy groups, CSOs conducted 	<ul style="list-style-type: none"> • 2 capacity building sessions for advocacy groups, CSOs conducted 	300,000.00

Strategic Objective 9		To increase adherence to taking ARV medication						
Expected Outcome to 2014		2.2 90% of PLHIV known to be on treatment 12 months after initiation of anti-retroviral therapy						
Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014		
				2013	2014			
A. Enhance the institutional systems and support for adherence to medication (cont'd)	A3. Provide ongoing training in adherence counselling to front line health care providers and multi-disciplinary treatment teams	<u>MOH</u> , TTHTC, THA, RHAs, UNJTA	<ul style="list-style-type: none"> ⓧ No. of training workshops held annually for target groups ⓧ No. of participants attending training ⓧ No. of treatment sites providing adherence counselling services ⓧ No. and % of PLHIV accessing adherence services by region ⓧ No. of PLHIV receiving ARV treatment known to be on treatment 12 months after initiation (by age, gender, region) 	<ul style="list-style-type: none"> • 2 training sessions held for front line health care providers and treatment teams 	<ul style="list-style-type: none"> • 2 training sessions held for front line health care providers and treatment teams 	450,000.00		
	A4. Develop a system for pharmacovigilance to record and report adverse events	<u>MOH</u> , THA, RHAs	<ul style="list-style-type: none"> ⓧ No. of reports of adverse reaction to treatment (<i>by age, gender, medication in use, socio-economic status, region</i>) 	<ul style="list-style-type: none"> • Consultants held with stakeholders • System requirements defined and procured • Treatment sites and labs readied for implementation 	<ul style="list-style-type: none"> • Pharmacovigilance system initiated • Monthly reporting and dissemination of findings to stakeholders for decision making 	550,000.00		
	A5. Continue the conduct of multi-drug resistance testing (adult, paediatric, adolescent) in accordance with national guidelines	<u>MOH</u> , THA, UNJTA	<ul style="list-style-type: none"> ⓧ No. of MDR tests conducted quarterly ⓧ No. of incidences of drug resistance (<i>by age, gender, medication in use, region</i>) 	<ul style="list-style-type: none"> • Monthly reporting and dissemination of findings to stakeholders for decision making 	<ul style="list-style-type: none"> • Monthly reporting and dissemination of findings to stakeholders for decision making 	250,000.00		
TOTAL – Strategic Objective 9						\$1,790,000.00		

Strategic Objective 10		To improve national and regional laboratory services				
Expected Outcomes to 2014		2.3 80% of laboratories comply with national HIV testing protocols in public and private health care institutions				
Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Improve diagnostic capacity of lab services	A1. In partnership with CDC, to develop a three year roadmap to assist in the implementation of the ISO 15189 Quality Management System (QMS) and accreditation of the National Reference Laboratory for HIV and AIDS services	MOH, THA, RHAs, CDC, PAHO	<ul style="list-style-type: none"> ⚠ National Reference Laboratory for HIV and AIDS services and on track to receive accreditation 	<ul style="list-style-type: none"> • 3 year 'roadmap' developed for ISO certification and accreditation and approved • Sensitization of the accreditation process to staff and stakeholders 	<ul style="list-style-type: none"> • Phases of the accreditation process completed successfully 	2,000,000.00 <i>(estimate for A1 – A2)</i>
	A2. Based on the laboratory strategic plan and Quality Management System, to develop an EQA proficiency-testing program, procure necessary equipment and technological resources, have a human resource training, recruitment and retention strategy.	MOH, THA, RHAs	<ul style="list-style-type: none"> ⚠ Results of EQA Proficiency tests (by RHA) ⚠ No. of laboratory training sessions held ⚠ No. of vacancies at laboratories ⚠ Turnover rate at laboratories ⚠ No. of service maintenance contracts for equipment 	<ul style="list-style-type: none"> • Annual laboratory training agenda developed 	<ul style="list-style-type: none"> • EQA Proficiency testing program operational in each RHA 	
	A3. Build capacity for CD4 and viral load testing in Tobago viz. <ul style="list-style-type: none"> a. Ensure that the CD4 machine is well maintained and utilized b. Consider cost effective options for viral load testing 	MOH, THA, TRHA	<ul style="list-style-type: none"> ⚠ No. of CD4 tests conducted annually in Tobago ⚠ Avg. time for results of CD4 tests in Tobago 	<ul style="list-style-type: none"> • 100% uptime and full utilization of CD4 testing machine 	<ul style="list-style-type: none"> • Feasibility assessment of viral load testing options for Tobago 	250,000
TOTAL Strategic Objective 10						\$2,250,000.00

Strategic Objective 11		To improve the care and treatment of people living with HIV who develop other infections					
Expected Outcomes to 2014		2.5 65% TB/HIV and HIV/OI co-infected patients offered ART and TB or OI medication					
Strategy	Activities	Lead/Support		Output Indicators	Milestones		Budget 2013/2014
					2013	2014	
A1. Integrate TB and OI services into HIV management	A1. Institute targeted HIV screening in patients with opportunistic infections including cancers and pneumonias; routine vaccination of PLHIV patients according to national immunization guidelines; Hepatitis B vaccination in all Hepatitis B negative PLHIV; Yearly Influenza vaccination and pnenmovax to all PLHIV	<u>MOH</u> , THA, RHAs	ⓧ	No. of patients with OIs with HIV co-infection ⓧ No. and % of PLHIV receiving all required vaccines	• Targeted HIV screening in all hospitals by 3 rd Qtr. 2013	Routine vaccinations for PLHIV at all treatment sites	650,000.00 ¹² <i>(estimate for A1-A4)</i>
	A2. Conduct HIV testing for all persons who are being treated for TB	<u>MOH</u> , THA, RHAs	ⓧ	No. of TB patients receiving HIV CT (by age, gender, site)	• All TB patients provided with HIV CT at all treatment sites		
	A3. Institute TB and OI treatment at all HIV treatment sites	<u>MOH</u> , THA, RHAs	ⓧ	No. and % of HIV sites providing TB and OI treatment ⓧ No. of PLHIV screened for TB and OIs ⓧ No. of PLHIV receiving ART and medication for TB or other infection	• All PLHIV routinely screened for TB and OIs at all treatment sites		
A1. Integrate TB and OI services into HIV management (cont'd)	A4. Provide continuous training of health care professionals in the identification of OIs in PLHIV	<u>MOH</u> , TTHTC, THA, RHAs	ⓧ	No. of training workshops held annually for health care professionals ⓧ No. of participants attending training ⓧ No. and % of treatment sites with health care professionals trained in identification of OIs in PLHIV	• 2 training sessions held for healthcare professions in identification of OIs in PLHIV	• 2 training sessions held for healthcare professions in identification of OIs in PLHIV	See above
	A5. Equity in access to specialized services for HIV related comorbidities especially cancer screening and treatment as well as renal dialysis services e.g. via mobile screening units or subsidized transportation service	<u>MOH</u> , THA, RHAs	ⓧ	No. of treatment sites offering specialized services for comorbidities ⓧ No. of PLHIV accessing treatment for comorbidities (by site)	• Requirements to expand access to specialized services assessed and plan of action developed and approved	• System(s) in place for PLHIV to access specialized services	500,000
TOTAL Strategic Objective 11							\$1,150,000.00

¹²Health products included in cost of treatment and care at Strategic Objective 1, A1. This includes cost for training, consultancy support, etc.

Strategic Objective 12 **To improve the quality of services provided to people living with HIV**

Expected Outcome to 2014

2.6 45% of women and 40% of men both aged 15-49 living with HIV satisfied with the quality of services provided from public health facilities and CSOs

2.7 40% of new PLHIV are in a peer support program

2.8 70% of orphans and non-orphans aged 10-14 attending school

2.9 40% the poorest households who received external economicsupport in the last 3 months

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Prevent secondary infections among PLHIV and reduce HIV transmission to their partners	A1. Train healthcare providers in age and gender-specific Positive Health, Dignity and Prevention techniques, including interviewing skills and partner disclosure	<u>THTC</u> , MOH, THA, RHAs	<ul style="list-style-type: none"> ⚡ No. of training sessions held ⚡ No. of health care professionals attending ⚡ No. of health professionals trained and certified with positive health, dignity and prevention skills ⚡ No. and % of health facilities with health professionals trained and certified with positive health, dignity and prevention skills 	<ul style="list-style-type: none"> • Programme design developed and approved 	<ul style="list-style-type: none"> • 2 training sessions conducted for health care providers 	150,000.00
	A2. Facilitate the strengthening of PLHIV peer support and advocacy groups (including youth PLHIV groups) to assist with stigma reduction, counselling, adherence, condom negotiation skills, HIV prevention etc.	<u>CSOs</u> , MOH, THA, RHAs INTERIM HIV AGENCY, THA/THARP	<ul style="list-style-type: none"> ⚡ No. of PLHIV peer support groups by region able to provide a full range of support services ⚡ No. and % of PLHIV accessing support services by region 	<ul style="list-style-type: none"> • Mapping of PLHIV advocacy groups completed • Consultants for advocacy groups held to assess needs • 1 capacity building sessions for advocacy groups conducted 	<ul style="list-style-type: none"> • 2 capacity building sessions for advocacy groups conducted 	200,000.00

Strategic Objective 12		To improve the quality of services provided to people living with HIV				
Expected Outcome to 2014		2.6 45% of women and 40% of men both aged 15-49 years living with HIV satisfied with the quality of services provided from public health facilities and CSOs				
Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
B. Provide appropriate economic and social support to PLHIV and those affected by HIV, especially orphans	B1. Enhance access of PLHIV to the social services of the MPSD such as TCCTP and social welfare grants; service of MOHE for housing, MSTE for work skills programmes and MLSMED for business development loans; and similar services provided by THA	<u>Interim HIV Agency, THA/THARE, MPSD, MOHE, MSTE, MLSMED, CSOs</u> serving PLHIV	<ul style="list-style-type: none"> No. of PLHIV accessing social services (by age, gender, type of service, geographic location) No. of orphans receiving social support Demand for social services by type No. of PLHIV accessing social services after first 12 months 	<ul style="list-style-type: none"> Services from ministries available with criteria for access promoted to PLHIV at all treatments sites and through support groups and CSOs PLHIV that qualify have access to TCCTP and social welfare grants 	<ul style="list-style-type: none"> Services from ministries available with criteria for access promoted to PLHIV at all treatments sites and through support groups and CSOs PLHIV that qualify have access to TCCTP, social welfare grants, housing and business loans 	N/A
	B2. Strengthen the referral system between government agencies and CSOs provide required social and economic support services	<u>MOH, THA, RHAs, MPSD, HIV Coordinators, CSOs</u>	<ul style="list-style-type: none"> No. of referrals for services for PLHIV (by government agency, type of service) No. of referrals to government agencies resulting in access to support services (evidenced by enrollment) No. of referrals from government agencies to CSOs serving PLHIV No. of referrals from government agencies to CSOs resulting in access to support services (evidenced by enrollment) 	<ul style="list-style-type: none"> Services with highest demand from PLHIV identified and prioritized Referral system mapped for MPSD, MOH, MLA, MNS, MOE, MLSMED and MOHE, CSOs serving PLHIV 		150,000.00

Strategic Objective 12		To improve the quality of services provided to people living with HIV					
Expected Outcome to 2014		2.6 45% of women and 40% of men both aged 15-49 years living with HIV satisfied with the quality of services provided from public health facilities and CSOs					
Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014	
				2013	2014		
	B3. Provide dedicated economic and psycho-social support to PLHIV. their families and orphans	<u>CSOs</u> , Interim HIV Agency, THA/THARP, HIV Coordinators	<ul style="list-style-type: none"> ⚡ No. of PLHIV accessing services (<i>by age, gender, type of service, geographic location</i>) ⚡ No. of orphans receiving social support by service type ⚡ Demand for services by type ⚡ No. of PLHIV accessing social services after first 12 months 	<ul style="list-style-type: none"> • Services available to PLHIV and their families through support groups and CSOs 	<ul style="list-style-type: none"> • Services available to PLHIV and their families through support groups and CSOs 	1,200,000.00	
	B4. Sensitize professionals at MPSD, MOHE, MSTE and their special purpose bodies such as NEDCO, to issues of PLHIV and vulnerable groups to avoid discrimination	<u>INTERIM HIV AGENCY</u> , THA/THARP, CSOs, MOH, UNJTA	<ul style="list-style-type: none"> ⚡ No. of sensitization sessions held ⚡ No. of persons attending sessions 	<ul style="list-style-type: none"> • 2 sensitization sessions held for staff of key ministries and agencies 	<ul style="list-style-type: none"> • 2 sensitization sessions held for staff of key ministries and agencies 	150,000.00	
	B5. Assure care and support to children orphaned due to HIV and AIDS	<u>CSOs, MPSD</u> , Interim HIV Agency, THA/THARP	<ul style="list-style-type: none"> ⚡ No. of orphans in school ⚡ No. of services and programmes targeting orphans 	<ul style="list-style-type: none"> • Services available to orphans through CSOs and MPSD 	<ul style="list-style-type: none"> • Services available to orphans through CSOs and MPSD 	250,000.00	
TOTAL – Strategic Objective 12						\$2,500,000.00	
TOTAL: TREATMENT, CARE & SUPPORT						\$98,785,000.00	

Ministry OFFICE OF THE PRIME MINISTER
Unit/Division/Agency Interim HIV Agency for HIV and AIDS




Development Pillar Pillar 1 - People Centered Development

Programme NATIONAL HIV AND AIDS RESPONSE: ADVOCACY AND HUMAN RIGHTS

Priority Area 3 ■ **Advocacy and Human Rights**

Strategic Objective ■ Recognition of, and respect for the human rights of PLHIV, their families and key populations ensured and national awareness of HIV issues heightened

Strategic Objective 13 To ensure the rights and dignity of people living with HIV and key populations
Expected Outcome to 2014 3.1 40% of men and 45% of women both aged 15-49 years living with HIV and 30% of key populations report that they feel less discriminated against
 3.2 a. 65% of men and 70% of women both aged 15-49 years express accepting attitudes towards PLHIV and
 b. 50% of men and 55% of women both aged 15-49 years express accepting attitudes towards key populations

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Creation of a legal framework that protects the rights of the PLHIV, Target Populations and other groups affected by HIV and AIDS	A1. Finalize and receive Cabinet approval for, and implement the <i>National HIV and AIDS Policy</i> ¹³	<u>INTERIM HIV AGENCY, THA/THARP, OPM, all sectors</u>	 Approved National HIV and AIDS Policy	<ul style="list-style-type: none"> • Consultation held on Draft Policy • Policy finalized and approved by Cabinet 	<ul style="list-style-type: none"> • Procedures and protocols developed to support policy implementations 	100,000.00
	A2. Promote existing package of policies and legislation e.g. CT Policy, PEP, NWPFA, MOH HIV Workplace Policy, MOE HIV Policy etc.	<u>INTERIM HIV AGENCY, THA/THARP, OPM, HIV Coordinators, UNJTA</u>	 No. of IEC materials disseminated (posters, brochures, information flyers/pamphlets, promotional giveaways)  Usage of informational website (by No. of Hits, No. of Visits, Length of Stay, Pages Visited, Data Downloads, Type of Visitor)	<ul style="list-style-type: none"> • Language of various policies simplified and summarized • IEC materials designed and developed • Informational website developed and launched 	<ul style="list-style-type: none"> • IEC materials disseminated to all treatment sites, government offices and appropriate community locations 	200,000.00

¹³Linked with Priority Area #5

Strategic Objective 13		To ensure the rights and dignity of people living with HIV and key populations				
Expected Outcome to 2014		3.1 40% of men and 45% of women both aged 15-49 years living with HIV and 30% of key populations report that they feel less discriminated against				
		3.2 a. 65% of men and 70% of women both aged 15-49 years express accepting attitudes towards PLHIV and				
		b. 50% of men and 55% of women both aged 15-49 years express accepting attitudes towards key populations				
Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
	A3. Advocate for review and amendment of existing legislation to address HIV and AIDS stigma and discrimination viz. a. Equal Opportunity Act b. Occupational safety and Health Act (strengthen the definition of HIV as an of occupational disease)	<u>INTERIM HIV AGENCY, THA/THARP, OPM, Office of the Attorney General</u>	<ul style="list-style-type: none"> ⊗ No. of pieces of legislation that address HIV related stigma and discrimination ⊗ No. of pieces of legislation that protect the rights of PLHIV 	<ul style="list-style-type: none"> • Consultations held with Office of the Attorney general • Recommended amendments collated and submitted 	<ul style="list-style-type: none"> • Amendments included in revised legislation 	N/A
B. Mainstream HIV and AIDS prevention and management in the public sector	B1. Appoint HIV and AIDS Coordinators in all Government Ministries and develop sector-based programmes (aligned with the NSP)	<u>OPM, INTERIM HIV AGENCY</u> HIV Coordinators	<ul style="list-style-type: none"> ⊗ HIV coordinators appointed in 32 ministries ⊗ No. of Government ministries with sector based HIV plans ⊗ No. of Government ministries with funds allocated for sector based HIV interventions 	<ul style="list-style-type: none"> • Terms of Reference and conditions of service for HIV Coordinators developed and approved by CPO 	<ul style="list-style-type: none"> • HIV Coordinators appointed in all ministries 	N/A
	B1. Implement the National <i>HIV and AIDS in the Workplace Policy</i> based on the <i>Sustainability Plan</i> that was developed for that purpose viz. a. Conduct sensitization for management, unions and workers b. Build capacity of CSOs to support policy c. Establish a web based HIV Workplace forum d. Maintain a tripartite programme advisory committee e. Include informal economy workers in the workplace education programme f. Include HIV awareness in organized training programmes e.g. as HYPE, CCC, MUST, CEPEP	<u>HASC/MLSMED, THA/THARP, PSBO, Trade Unions, ECA, UNJTA (ILO), CSOs</u>	<ul style="list-style-type: none"> ⊗ No. of sensitization sessions/No. of participants ⊗ No. of workers reached with workplace interventions ⊗ No. of Training/capacity building interventions held for HIV focal points in workplaces, CSOs ⊗ Usage of web forum (by No. of Hits, No. of Visits, Length of Stay, Pages Visited, Data Downloads, Type of Visitor) ⊗ No. of business with workplace policies ⊗ No. of workplaces with HIV prevention programmes ⊗ No. of cases of stigma, discrimination reported by PLHIV (by type of organization, relationship – worker, customer) ⊗ No. and % of PLHIV able to safely disclose their status with management, co-workers 	<ul style="list-style-type: none"> • Tripartite Programme Advisory Committee in place • Website developed and launched • Develop/Review HIV awareness module for work skills programme • 3 sensitization sessions held for management and unions 	<ul style="list-style-type: none"> • 2 Capacity building workshop for focal points conducted • 2 Capacity building workshop for CSOs conducted • All work skills programmes include HIV module 	7,000,000

Strategic Objective 13		To ensure the rights and dignity of people living with HIV and key populations				
Expected Outcome to 2014		3.1 40% of men and 45% of women both aged 15-49 years living with HIV and 30% of key populations report that they feel less discriminated against				
		3.2 a. 65% of men and 70% of women both aged 15-49 years express accepting attitudes towards PLHIV and				
		b. 50% of men and 55% of women both aged 15-49 years express accepting attitudes towards key populations				
Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
B. Mainstream HIV and AIDS prevention and management in the public sector	B3. Expand HIV mainstreaming activities in Divisions of the Tobago House of Assembly	<u>THA/THARP</u>	<ul style="list-style-type: none"> ⚡ HIV coordinators appointed in 9 THA Divisions ⚡ No. of THA Divisions with sector based HIV programmes 	<ul style="list-style-type: none"> • HIV Coordinators appointed in all THA Divisions • Sector based HIV plans developed for all THA Divisions 		420,000.00
	B4. Build capacity among HIV Coordinators in Government Ministries and THA to facilitate sector-based (gender and life cycle based) HIV initiatives and BCC interventions	<u>INTERIM HIV AGENCY, THA/THARP</u> , all Government Ministries, UNJTA	<ul style="list-style-type: none"> ⚡ No. of capacity building interventions conducted annually ⚡ No. of HIV Coordinators attending ⚡ No. of gender sensitive HIV programmes 	<ul style="list-style-type: none"> • 1 training session conducted for HIV Coordinators in ministries and THA 	<ul style="list-style-type: none"> • 2 training session conducted for HIV Coordinators in ministries and THA 	
C. Strengthen caring environment for PLHIV and specific sub-groups served by the public sector	C1. Integrate BCC interventions in service delivery to PLHIV, homeless and other dispossessed groups viz. programmes of MPSD's Social Welfare Division, Social Displacement Unit and Targeted Conditional Cash Transfer Programme and THA's Social Service Division	<u>MSPD</u> , INTERIM HIV AGENCY, THA/THARP, UNJTA	<ul style="list-style-type: none"> • Programme Reports • No. of persons (PLHIV, homeless persons, dispossessed persons) reached with evidenced-based individual and/or small group level prevention interventions 	<ul style="list-style-type: none"> • Consultations with MPSD, THA DHSS held • 1 capacity building workshops held for MPSD, THA officers to integrate BCC in delivery of services 	<ul style="list-style-type: none"> • 2 capacity building workshops held for MPSD, THA officers to integrate BCC in delivery of services 	400,000.00

Strategic Objective 13	To ensure the rights and dignity of people living with HIV and key populations
Expected Outcomes to 2014	3.1 40% of men and 45% of women both aged 15-49 years living with HIV and 30% of key populations report that they feel less discriminated against 3.2 a. 65% of men and 70% of women both aged 15-49 years express accepting attitudes towards PLHIV and b. 50% of men and 55% of women both aged 15-49 years express accepting attitudes towards key populations

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestone		Budget 2013/2014
				2013	2014	
D. Provide support for the private sector to implement HIV Workplace Policy and design and implement workplace interventions for staff	D1. Build capacity of HASC to implement the Sustainability Plan	<u>MLSMED</u>	<ul style="list-style-type: none"> ⚡ HASC fully staffed in keeping with the approved structure ⚡ Training interventions for HASC officers 	HASC fully staffed		MLSMED
	D2. Publicize National Workplace Policy on HIV and AIDS to increase the number of participating workplaces	<u>HASC/MLSMED, THA/THARP, PSBO, Trade Unions, UNJTA (ILO)</u>	<ul style="list-style-type: none"> ⚡ Support media radio and print programme developed and implemented ⚡ No. of IEC materials distributed (posters, brochures, information flyers/pamphlets, promotional giveaways) ⚡ No. of radio spots aired & Reach ⚡ No. of TV spots aired & Reach ⚡ No. of Newspaper spots & Reach ⚡ No. of sensitization sessions held ⚡ No. of persons reached through promotional campaign ⚡ No. of participating workplaces 	<ul style="list-style-type: none"> • Media programme developed and approved • IEC materials developed • 3 sensitization sessions held in Trinidad • 1 sensitization session held in Tobago 	<ul style="list-style-type: none"> • Media programme implemented 	100,000

Strategic Objective 13 To ensure the rights and dignity of people living with HIV and key populations						
Expected Outcomes to 2014						
3.1 40% of men and 45% of women both aged 15-49 years living with HIV and 30% of key populations report that they feel less discriminated against						
3.2 a. 65% of men and 70% of women both aged 15-49 years express accepting attitudes towards PLHIV and						
b. 50% of men and 55% of women both aged 15-49 years express accepting attitudes towards key populations						
Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
D. Provide support for the private sector to implement HIV Workplace Policy and design and implement workplace interventions for staff	D3. Support businesses in designing and implementing appropriate HIV and AIDS in the workplace policies:	<u>HASC/MLSMED, THA/THARP, PSBO, Trade Unions, ECA, UNJTA (ILO), CSOs</u>	<ul style="list-style-type: none"> ⚡ No. of sensitization sessions/No. of participants ⚡ No. of workers reached with workplace interventions ⚡ No. of Training/capacity building interventions held for HIV focal points in workplaces, CSOs ⚡ Usage of web forum (by No. of Hits, No. of Visits, Length of Stay, Pages Visited, Data Downloads, Type of Visitor) ⚡ No. of business with workplace policies ⚡ No. of workplaces with HIV prevention programmes ⚡ HIV awareness in incorporated in all state funded work skills programmes 	<ul style="list-style-type: none"> • Tripartite Programme Advisory Committee in place • Website developed and launched • Develop/Review HIV awareness module for work skills programme • 3 sensitization sessions held for management and unions 	<ul style="list-style-type: none"> • 2 Capacity building workshop for focal points conducted • 2 Capacity building workshop for CSOs conducted • All work skills programmes include HIV module 	<i>See B above</i>
	D4. Expand and update cohort of trainers and develop and maintain a database of resource personnel and organizations	<u>HASC</u>	<ul style="list-style-type: none"> ⚡ Programme MIS updated ⚡ 12 trainers added to cohort of trainers ⚡ 	<ul style="list-style-type: none"> • Database of trainers updated • Database of participating workplaces updated • 1 Train the Trainer Workshop 	<ul style="list-style-type: none"> • 1 Train the Trainer Workshop 	<i>See B above</i>

Strategic Objective 13 To ensure the rights and dignity of people living with HIV and key populations

Expected Outcomes to 2014

3.1 40% of men and 45% of women both aged 15-49 years living with HIV and 30% of key populations report that they feel less discriminated against

3.2 a. 65% of men and 70% of women both aged 15-49 years express accepting attitudes towards PLHIV and
 b. 50% of men and 55% of women both aged 15-49 years express accepting attitudes towards key populations

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestone		Budget 2013/2014
				2013	2014	
D. Provide support for the private sector to implement HIV Workplace Policy and design and implement workplace interventions for staff	C5. Continue to encourage the inclusion of provisions for HIV and AIDS in collective agreements	<u>HASC</u> , THARP, Unions, Employers, ILO	<ul style="list-style-type: none"> ⓧ No. of businesses with HIV in collective agreement 	<ul style="list-style-type: none"> • 50% of unions participating business include HIV in collective agreement 		<i>See B above</i>
	C6. Continue to encourage EAP providers to include counselling, care and support for PLHIV in the workplace.	<u>HASC</u> , THARP, Unions, Employers, ILO	<ul style="list-style-type: none"> ⓧ No. of EAP providers that offer HIV-related services ⓧ No. of EAP that include HIV-related services 	<ul style="list-style-type: none"> • 50% of participating businesses with EAP, include HIV related services in the Programme 	<ul style="list-style-type: none"> • 70% of participating businesses with EAP, include HIV related services in the Programme 	
E. Improve positive messages about PLHIV	E1. Develop and implement a behavior change based multi-media campaign to reduce stigma and discrimination and affirm the human rights of PLHIV	<u>INTERIM HIV AGENCY</u> , <u>THA/THARP</u> , HIV Coordinators, CSOs	<ul style="list-style-type: none"> ⓧ Programme message and content developed and approved ⓧ No. of IEC materials distributed (posters, brochures, information flyers/pamphlets, promotional giveaways) ⓧ No. of radio spots aired & Reach ⓧ No. of TV spots aired & Reach ⓧ No. of Newspaper spots & Reach ⓧ No. of outreach events & Reach (No. of Persons participating) ⓧ No. of persons reached with evidenced-based mass media education programmes ⓧ No. of cases of stigma, discrimination reported by PLHIV (by type of organization, relationship – worker, customer) 	<ul style="list-style-type: none"> • Programme content of mass media IEC campaign, including CT, approved • Campaign Pilot Test • Campaign Media and Event Plan completed and approved • IEC materials developed • Launch of Campaign 	<ul style="list-style-type: none"> • Campaign fully implemented across Trinidad and Tobago 	<i>see Priority 1, Outcome 1, A1</i>

Strategic Objective 13 **To ensure the rights and dignity of people living with HIV and key populations**

Expected Outcomes to 2014

3.1 40% of men and 45% of women both aged 15-49 years living with HIV and 30% of key populations report that they feel less discriminated against

3.2 a. 65% of men and 70% of women both aged 15-49 years express accepting attitudes towards PLHIV and
b. 50% of men and 55% of women both aged 15-49 years express accepting attitudes towards key populations

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
F. Provide support and training to health workers on anti-discriminatory practices and respect for confidentiality as regards PLHIV and key populations	F1 Develop materials for use in health worker training curriculum and continuing professional development	<u>MOH</u> , THARP, Professional Bodies, RHA	<ul style="list-style-type: none"> ⓧ Materials developed ⓧ No. of education sessions provided for health care workers on anti-discriminatory practices ⓧ No. of health care workers reached 	<ul style="list-style-type: none"> • Materials developed and tested 	<ul style="list-style-type: none"> • Pre-service curriculum integrates materials and messages • 9 CPD workshops held for health workers (1 in each region) 	800,000.00
G. Monitor human rights abuses and implement avenues for redress	G1. Strengthen the HIV and AIDS Human Rights Desk adopting the recommendations of the assessment of the Desk and establish a similar function in Tobago	<u>INTERIM HIV AGENCY</u> , <u>THA/THARP</u> , OPM, Office of the Attorney General, UNJTA	<ul style="list-style-type: none"> ⓧ No. of cases reported to the HRD ⓧ No. of cases resolved by HRD ⓧ No. of referrals from HRD to partners ⓧ No. of referrals to the HRD ⓧ Avg. time taken to resolve cases (days) 	<ul style="list-style-type: none"> • Development plan for the desk developed and approved • Referral network for case management mapped and MOUs signed with key partner 	<ul style="list-style-type: none"> • Development Plan fully implemented • HRD is acknowledge as an effective advocate for PLHIV 	580,000.00 ¹⁴
	G2. Expand points of contact to report incidents of stigma and discrimination to include the National AIDS hotline, HASC, MOH Customer Care Department, Internet	<u>Human Rights Desk</u> INTERIM HIV AGENCY, <u>THA/THARP</u> , HIV Coordinators	<ul style="list-style-type: none"> ⓧ No. of points of contacts for reports incidents of stigma and discrimination ⓧ No. of cases reported by point of contact 		<ul style="list-style-type: none"> • Points of contact for reporting stigma and discrimination expanded to include the National AIDS hotline, HASC, MOH Customer Care Department, Internet 	N/A

¹⁴Includes cost of personnel

Strategic Objective 13		To ensure the rights and dignity of people living with HIV and key populations				
Expected Outcomes to 2014		3.1 40% of men and 45% of women both aged 15-49 years living with HIV and 30% of key populations report that they feel less discriminated against				
		3.2 a. 65% of men and 70% of women both aged 15-49 years express accepting attitudes towards PLHIV and b. 50% of men and 55% of women both aged 15-49 years express accepting attitudes towards key populations				
Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
H. Mobilize PLHIV community and opinion <u>Leaders</u> on HIV and AIDS and related human rights issues	H1. Enhance the capacity of the PLHIV community to be advocates on their own behalf	<u>INTERIM HIV AGENCY, THA/THARP, CSOs, UNJTA, MPSD</u>	<ul style="list-style-type: none"> ⓧ No. of capacity building sessions held ⓧ No. of participants attending ⓧ No. of active PLHIV advocates (by issue) 	<ul style="list-style-type: none"> • 1 capacity building sessions for PLHIV conducted 	<ul style="list-style-type: none"> • 2 capacity building sessions for PLHIV conducted • 	400,000.00
	H2. Conduct update sessions with Cabinet Ministers, Members of Parliament, Judiciary, THA etc. to empower them to speak out on HIV and AIDS human rights issues	<u>INTERIM HIV AGENCY, THA/THARP, UNJTA Human Rights Desk</u>	<ul style="list-style-type: none"> ⓧ No. of sensitization sessions held ⓧ No. of policy makers attending sensitization workshops on HIV/STI 	<ul style="list-style-type: none"> • 2-4 ministers/ members of parliament/THA/ Judiciary advocate for HIV and AIDS issues, rights of PLHIV 	<ul style="list-style-type: none"> • 4-8 ministers/ members of parliament/THA/ Judiciary advocate for HIV and AIDS issues, rights of PLHIV 	250,000.00
TOTAL: ADVOCACY & HUMAN RIGHTS						\$10,500,000.00

Ministry OFFICE OF THE PRIME MINISTER
Unit/Division/Agency Interim HIV Agency for HIV and AIDS
Development Pillar Pillar 1 - People Centered Development
Priority Area 4 ■ **Strategic Information**
Strategic Objective ■ To ensure that the national HIV and AIDS response is driven by evidence-based decision making

Programme NATIONAL HIV AND AIDS RESPONSE: STRATEGIC INFORMATION

Strategic Objective 14 To improve the evidence related to the nature and causes of poor sexual health and HIV infection amongst the general and key populations

Expected Outcomes to 2014
 4.1 One study conducted in each key population group and in the general population to understand the scale and nature of the HIV epidemic and underlying causes in general and key populations
 4.2 30% HIV Research Agenda implemented

Strategy	Activities	Responsible Agency Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Identify populations and communities most at risk	A1. Conduct research to establish baseline data on general and targeted populations to determine size and characteristics (viz. knowledge ¹⁵ , attitudes, practices, HIV prevalence and behavior risk factors) viz. a. Survey of Vulnerable Populations – MSM (1), SW (1), Youth (cohort ranges to be determined); Persons using narcotics (1) b. Behavioral Risk Factor Surveillance for Trinidad and Tobago c. Cohort studies among in school youth	<u>Interim HIV Agency</u> , CSOs, CARPHA, MOH, PAHO, MOE	<ul style="list-style-type: none"> ⚠ Reports of Studies of Target Populations – MSM, SWs, Youth, Persons who Use Narcotics, PLHIV ⚠ Sustainability Plan for repeat surveys 	<ul style="list-style-type: none"> • Protocols for all surveys completed and approved • Survey of MSMs, SWs, PLHIV, prisoners completed 	<ul style="list-style-type: none"> • BRFSS Completed • Survey of Persons Who Use Narcotics Completed • Cohort Studies of In School Youth Completed • Sustainability Plan for Repeat Surveys 	\$1,175,000.00
B. Develop evidence-based prevention services and programmes for target populations	B1. Set coverage targets for prevention programmes and services based on survey findings at A1 above, findings of the Report on the Mapping of HIV Prevention 2004 – 2010, and national and international benchmarks for	<u>INTERIM HIV AGENCY</u> , THA/THARP, MOH, CSOs, MGYCD, MPSD, MOE, MLSMED,	<ul style="list-style-type: none"> ⚠ Coverage target for prevention programmes for: - Men who have sex with men - Sex workers - In School Youth ⚠ Persons Using Narcotics 	<ul style="list-style-type: none"> • Coverage targets set for MSM in Trinidad and in Tobago¹⁶ • Coverage Targets set for Sex 		325,000.00

¹⁵Knowledge about HIV - prevention, relative risk, risk reduction measures etc.

¹⁶Coverage targets for Tobago will also draw on the findings of the Baseline Risk and Needs Assessment of Men Who Have Sex With Men (MSM), MSM transactional sex workers and MSM sub-populations in Tobago by Kerwyn Jordan

coverage
(to feed into Prevention Work Plan

ECA, NATUC

Workers in
Trinidad and in
Tobago

Strategic Objective 14 **To improve the evidence related to the nature and causes of poor sexual health and HIV infection amongst the general and key populations**

Expected Outcomes to 2014

4.1 One study conducted in each key population group and in the general population to understand the scale and nature of the HIV epidemic and underlying causes in general and key populations

4.2 30% HIV Research Agenda implemented

Strategy	Activities	Responsible Agency <u>Lead/Support</u>	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
C. Produce evidence to influence decision making	CI. Finalize the national HIV and AIDS research agenda and implement the agenda for the period 2013 to 2014 (see Appendix 2)	<u>INTERIM HIV AGENCY, THA/THARP, CARPHA, MRF, UWI, MOH, RHAs, UNJTA, PANCAP, CSOs</u>	<ul style="list-style-type: none"> ⚠ Approved Research agenda ⚠ No. of research projects completed annually (by type, target population) ⚠ No. of research reports published and available for use 	<ul style="list-style-type: none"> • Research Working Group established with Interim HIV Agency • Existing research studies mapped • Proposals developed for research projects for 2013/2014 	<ul style="list-style-type: none"> • Research agenda initiated 	4,700,000.00
	C2. Allocate financial resources to support implementation of the national research agenda	<u>INTERIM HIV AGENCY, THA/THARP</u>	<ul style="list-style-type: none"> ⚠ Approval Funding Proposals 	<ul style="list-style-type: none"> • Funding proposal for implementation of Research for 2013/2014 prepared • Cabinet approval of Funding proposal 		20,000.00 ¹⁷
	C3. Equip the INTERIM HIV AGENCY to be a national clearinghouse and repository for all HIV and AIDS related research studies, working in collaboration with national and regional institutions charged with HIV/STI related research	<u>INTERIM HIV AGENCY, OPM, THA/THARP, MOH, CARPHA, UNJTA, UWI</u>	<ul style="list-style-type: none"> ⚠ No of research reports available from Interim HIV Agency ⚠ No. of requests for research facilitated annually 	<ul style="list-style-type: none"> • Database and catalogue system developed • Online access to database from HIV website in place • Access protocols developed to database developed 	<ul style="list-style-type: none"> • Database populated with existing research studies • Database Launched 	35,000.00

¹⁷Meetings with research organizations, donors

Strategic Objective 15 To strengthen the national HIV/AIDS surveillance system

Expected Outcomes to 2014 4.2. A comprehensive HIV information system in place comprising national surveillance, a laboratory information system and computerized HIV medical records (by 2016)

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Establish a comprehensive and integrated HIV surveillance system	<p>A1. Institute a comprehensive electronic information management system (including public and private sectors) in which HIV reporting is integrated, guided by the national information management policy framework. Elements of the system would include:</p> <ul style="list-style-type: none"> - Introduction of the national ID card (or similar) as a unique identifier when accessing HIV/STI/SRH related services - Strengthen surveillance system - Strengthened/expanded use of CELLMA - Strengthening of the laboratory information system - Strengthening of the medical records system 	<p><u>MOH, THA, RHAs,</u> <u>INTERIM HIV AGENCY,</u> <u>THA/THARP,</u> <u>CARPHA, CSOs,</u> <u>UNJTA</u></p>	<p>⌘ No. of implementing partners contributing data to surveillance system</p> <p>⌘ No. of organizations provided with technical assistance for strategic information activities</p> <p>⌘ Compliance with data management protocols</p> <p>⌘ Return of data from all testing and treatment sites with 48 hours</p> <p>⌘ Unique identifier used across all testing and treatment sites</p>	<ul style="list-style-type: none"> • Use of the National ID Card for testing and treatment approved • Reporting templates for contributing partners developed 	<ul style="list-style-type: none"> • Upgrades to the HIV surveillance system, laboratory, CELLMA information system and medical records system completed 	<p>3,700,000.00</p> <p><i>(estimate for A1 – A2)</i></p>

Strategic Objective 15		To strengthen the national HIV/AIDS surveillance system					
Expected Outcome to 2014		4.2 A comprehensive HIV information system in place comprising national surveillance, a laboratory information system and computerized HIV medical records					
Establish a comprehensive and integrated HIV surveillance system	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014	
				2013	2014		
	A3. Update public health legislation to make HIV and AIDS notifiable diseases by law	<u>MOH, INTERIM HIV AGENCY, THA/THARP, MLA, CSOs, UNJTA</u>	<ul style="list-style-type: none"> ⓧ HIV and AIDS notifiable diseases ⓧ No. of implementing partners contributing data to surveillance system ⓧ No. of organizations provided with technical assistance for strategic information activities ⓧ Compliance with data management protocols ⓧ Return of data from all testing and treatment sites with 48 hours 	<ul style="list-style-type: none"> • Consultations held with stakeholders • Recommendations for amendment to the Public Health Act completed 	<ul style="list-style-type: none"> • Amended legislation included on Parliamentary Agenda • Bill passed in Parliament 	350,000.00	
	A4. Advocate for inclusion of data sharing criteria of HIV related data in the MOH's accreditation system for public, private and non-government health sector facilities currently being developed (<i>linked with A3 above</i>)	<u>INTERIM HIV AGENCY, THA/THARP, MOH</u>	<ul style="list-style-type: none"> ⓧ No. of implementing partners contributing data to surveillance system ⓧ No. of organizations provided with technical assistance for strategic information activities ⓧ Compliance with data management protocols ⓧ Return of data from all testing and treatment sites with 48 hours 		<ul style="list-style-type: none"> • Consultations held with stakeholders • Recommendations for inclusion into Health Sector Accreditation Bill 	N/A	

TOTAL – Strategic Objective 15 **\$4,050,000.00**

Strategic Objective 16		To establish a comprehensive monitoring and evaluation system for the national HIV response that informs decision makers				
Expected Outcome to 2014		4.3 45% HIV policy and programme development uses routine monitoring data to inform decision making				
Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Develop a monitoring and evaluation (M&E) framework for the life of the NSP.	A1. Develop THE M & E Framework for the NSP (<i>Annex 2 of the NSP</i>) into an M &E Plan	<u>INTERIM HIV AGENCY, THA/THARP, CARPHA, MOH</u>	<ul style="list-style-type: none"> ✘ M & E Plan with budget % of M&E plan developed 	<ul style="list-style-type: none"> • M & E indicators reviewed and signed-off by partners • M & E Plan completed and approved • M & E system instituted and launched 	<ul style="list-style-type: none"> • M & E system reviewed and strengthened 	200,000.00
	A2. Develop reporting formats for collection of data –surveillance, programme progress reports, use of funds, service delivery statistics etc. – for contributing partners viz. CSOs, ministries etc.	<u>MOH/RHAs</u> INTERIM HIV AGENCY, MLSMED, HIV Coordinators, UNJTA, Private Sector	<ul style="list-style-type: none"> ✘ No. of implementing partners contributing data to surveillance system ✘ No. of organizations provided with technical assistance for strategic information activities ✘ No. of implementing partners that have incorporated M & E component in their work plans ✘ Compliance with reporting protocols ✘ No. of capacity building sessions held ✘ No. of persons attending ✘ No. persons trained in HIV strategic information 	<ul style="list-style-type: none"> • Reporting formats for M & E system developed and piloted • 2 capacity building sessions held for implementing partners contributing to the system 	<ul style="list-style-type: none"> • 2 capacity building sessions held for implementing partners contributing to the system 	650,000.00
	A3. Strengthen the capacity of the INTERIM HIV AGENCY and THA/THARP to perform M & E functions	<u>CHRC, INTERIM HIV AGENCY, THA/THARP, UNJTA</u>	<ul style="list-style-type: none"> ✘ Electronic Information Management system to support M & E ✘ No. persons trained in HIV strategic information 	<ul style="list-style-type: none"> • M & E systems designed and installed • Capacity Building session held for all staff of the Interim HIV Agency and THA/THARP 		100,000.00

Strategic Objective 16		To establish a comprehensive monitoring and evaluation system for the national HIV response that informs decision makers						
Expected Outcome to 2014		4.3 45% HIV policy and programme development uses routine monitoring data to inform decision making						
Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014		
				2013	2014			
A. Develop a monitoring and evaluation (M&E) framework for the life of the NSP (cont'd)	A4. Establish a Monitoring and Evaluation Working Group in the Interim HIV Agency to oversight of the development and management of the M & E system	<u>Interim HIV Agency, THA/THARP</u>	⚡ Working Group established	<ul style="list-style-type: none"> Working Group terms of Reference developed Working Group members selected and appointed 			N/A	
	A6. Re-activate the HIV website for dissemination of information to stakeholders and the general public	<u>OPM, INTERIM HIV AGENCY, THA/THARP</u>	⚡ Website Usage by: No. of Hits, No. of Visits, Length of Stay, Pages Visited, Data Downloads (by type), geographical location, Type of Visitor (partner, researcher, member of the public etc.)	<ul style="list-style-type: none"> Website design and implementation plan developed and approved Website built and tested Website launched 			75,000.00	
	A7. On an annual basis a monitoring and evaluation report should be submitted for: i) reporting to stakeholders and the general population; and 'rolling' forward the Operational Plan for the new fiscal year	<u>OPM, INTERIM HIV AGENCY, THA/THARP, HIV Coordinators, UNJTA, CHRC/CARPHA</u>	⚡ Annual M & E Reports		<ul style="list-style-type: none"> Initial Annual M & E Report submitted and published 			100,000.00
	A8. Build readiness for assessment of outcomes for over the period (2012 – 2014)		⚡ Evaluation Assessment Report	<ul style="list-style-type: none"> Agreement on targets and Output Indicators for the period Plan for tracking indicators developed and implemented Standardized Reporting formats developed TORs of reference for consultants developed and approved 				See above
TOTAL – Strategic Objective 16							\$1,125,000.00	
TOTAL: STRATEGIC INFORMATION							11,430,000.00	

Ministry OFFICE OF THE PRIME MINISTER
Unit/Division/Agency Interim HIV Agency for HIV and AIDS
Development Pillar Pillar 1 - People Centered Development
Priority Area 5 ■ Programme Policy and Management
Strategic Objective ■ To ensure successful implementation of the Trinidad and Tobago NSP and an effective national response to the HIV epidemic

Programme NATIONAL HIV AND AIDS RESPONSE: POLICY & PROGRAMME MANAGEMENT

Strategic Objective 17 To Establish a Policy Framework for Facilitating the National HIV Response, Reducing New Infections and Mitigating the Adverse Impact of HIV

Expected Outcome to 2014 5.1 All areas of the National Composite Policy Index covered by 2015

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Provide support to the national response through the implementation of appropriate policies	A1. Develop the <i>National HIV and AIDS Policy</i> through national consultation and implement the Policy	<u>INTERIM HIV AGENCY, THA/THARP</u> , OPM, all partners	<ul style="list-style-type: none"> Policy guidelines for the national response to HIV and AIDS No. of implementing partners adopt policy guidelines in their work plans and delivery of services 	<ul style="list-style-type: none"> Consultations held on Draft Policy Policy finalized and approved by Cabinet 	<ul style="list-style-type: none"> Procedures and protocols developed to support policy implementations 	65,000.00
	A2. Implement sectoral policies that are approved in order to address specific components of the national response	<u>INTERIM HIV AGENCY, THA/THARP</u> , HIV Coordinators in respective Government Ministries	<ul style="list-style-type: none"> Sector based policy guidelines for providing HIV related services and services for PLHIV No. of implementing partners adopt policy guidelines in their work plans and delivery of services 	<ul style="list-style-type: none"> IEC materials promoting the 'package' of HIV related polices developed and approved IEC materials disseminated to workplaces, treatment sites, community locations, government offices Policy information available on HIV website 	<ul style="list-style-type: none"> IEC materials disseminated to workplaces, treatment sites, community locations, government offices 	85,000.00
	A3. Develop a National Sexual and Reproductive Health Policy	<u>MOH, UNTJA/UNFPA</u> , Interim HIV Agency, THA/THARP	<ul style="list-style-type: none"> Policy guidelines for sexual and reproductive health services and interventions 	<ul style="list-style-type: none"> National consultations on the SRH Policy held Draft SRH Policy prepared and reviewed by stakeholders Finalized Policy approved the Minister of Health 	<ul style="list-style-type: none"> Approved SRH Policy promoted widely 	<i>Being developed by MOH 2012/2013</i>

TOTAL – Strategic Objective 17 **\$150,000.00**

Strategic Objective 18 **To improve the capacity of the Interim HIV Agency and implementing partners for an effective HIV response**
Expected Outcome to 2014 5.2 40% of annual targets in the NSP Operational Plan are met

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget 2013/2014
				2013	2014	
A. Transformation of the structure of the INTERIM HIV AGENCY to increase its autonomy and effectiveness	A1. Establish an inter-ministerial Work Team to facilitate the transition of the Interim HIV Agency to a Statutory Authority	<u>OPM</u> , Office of the Attorney General,SASC/MPA, CPO	<ul style="list-style-type: none"> ⓧ Work Team Terms of Reference ⓧ Work plan for transition to a Statutory Authority ⓧ Work Team Progress Reports 	<ul style="list-style-type: none"> • Terms of Reference for Work Team developed and approved • Transition Work Plan developed and approved 		200,000.00
B. Build capacity of the Interim HIV Agency and THA/THARP	B1. Adequately staff the new Interim HIV Agency	<u>OPM</u> , INTERIM HIV AGENCY, UNJTA, CSOs	<ul style="list-style-type: none"> ⓧ No. of filled and vacant positions in HIV Secretariat ⓧ No. of acting or temporary positions in a 12 month period ⓧ No. of outsourced functions in a twelve month period 	<ul style="list-style-type: none"> • Interviews held and persons selected • All vacancies filled • Interim HIV Agency launched 		18,930,000.00
	B2. Develop effective operating for high quality delivery of services	<u>Interim HIV Agency</u>	<ul style="list-style-type: none"> ⓧ Management and operating systems to support the national response viz. programme/project management, finance, human resource management and development, monitoring and evaluation, research, reporting, communications and information, MIS, procurement 	<ul style="list-style-type: none"> • Systems requirements assessed • Support systems developed, tested and installed • Protocols and SOPs developed 	<ul style="list-style-type: none"> • Protocols and SOPs developed 	650,000.00

Strategic Objective 18 **To improve the capacity of the Interim HIV Agency and implementing partners for an effective HIV response**
Expected Outcome to 2014 5.2 40% of annual targets in the NSP Operational Plan are met

Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget
				2013	2014	
B. Build capacity of the Interim HIV Agency and THA/THARP (cont'd)	B3. Conduct quarterly non-crisis meeting with international partners to exchange information, share progress reports and mobilize resources to support implementation of the 2013-2018 NSP	<u>Interim HIV Agency, THA/THARP</u>	<ul style="list-style-type: none"> ⚡ Quarterly meetings held with international partners ⚡ No. of collaborative projects approved annually 	<ul style="list-style-type: none"> • First meeting held by 2ndQtr 2013 		80,000.00
	B4. Strengthen the capacity of THA/THARP based on a needs assessment	<u>THA/THARP</u>	<ul style="list-style-type: none"> ⚡ No. of capacity building interventions conducted annually ⚡ No. of persons trained annually ⚡ No. of technical assistance interventions conducted annually 	<ul style="list-style-type: none"> • Capacity building programme plan completed and approved • Capacity building programme initiated 		2,390,000.00 ¹⁸
C. Solicit the support of the national community for the functioning of the INTERIM HIV AGENCY.	C1. Conduct biannual roundtable sessions with implementing partners to discuss strategy implementation, exchange information, share progress reports and mobilize resources to support implementation of the 2013-2018 NSP	<u>INTERIM HIV AGENCY, THA/THARP, UNJTA, CSOs (including NGOs, CBOs and FBOs), UWI, HIV Coordinators, MOH, MLSMED and other Partners</u>	<ul style="list-style-type: none"> ⚡ Bi-annual meetings held with implementing partners ⚡ No. of organizations provided with technical assistance ⚡ No. of organizations successfully applying for funding for projects ⚡ No. of implementing partners reporting on NSP indicators 	<ul style="list-style-type: none"> • First meeting held by 2ndQtr 2013 		300,000.00
	C2. Report annually to the national community	<u>INTERIM HIV AGENCY, THA/THARP</u>	<ul style="list-style-type: none"> ⚡ Annual report to the nation via television, radio, print, Internet media 	<ul style="list-style-type: none"> • First Report to the Nation in 1st Qtr. FY 2014 		<i>See Strategic Objective 3, A7</i>

Strategic Objective 18 **To improve the capacity of the Interim HIV Agency and implementing partners for an effective HIV response**

¹⁸Includes annual personnel costs

Expected Outcome to 2014 5.2 40% of annual targets in the NSP Operational Plan are met						
Strategy	Activities	Lead/Support	Output Indicators	Milestones		Budget
				2013	2014	
D. Build capacity of partners in the response to implement the NSP	D1. Develop and implement a Technical Support Plan to guide capacity building interventions for partners in the response	<u>INTERIM HIV AGENCY, THA/THARP</u>	<ul style="list-style-type: none"> ⚠ No. of capacity building interventions conducted annually ⚠ No. of persons trained annually ⚠ No. of organizations provided with technical assistance ⚠ No. of organizations successfully applying for funding for projects ⚠ No. of implementing partners reporting on NSP indicators 	<ul style="list-style-type: none"> • Consultations held with stakeholders to assess needs • Draft Plan developed and reviewed with stakeholders and budgeted • Plan is finalized and approved 	<ul style="list-style-type: none"> • Plan implementation initiated 	200,000 ¹⁹
TOTAL – Strategic Objective 18						\$22,750,000.00
TOTAL: POLICY & PROGRAMME MANAGEMENT						\$22,900,000.00

¹⁹Consultancy fees to develop the Technical Support Plan