

Dominica Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

Stake holder consultation(various heads of departments, NGO and other civil society organizations. Focus Group discussions as well as individual interviews were conducted so as to inform this report.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

During the consultation persons agreed to respect others opinions. There was much animated discussion to arrive at a consensus on some areas. These included government support and political will and resource mobilization

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

Some participants needed clarification on some question and in this regard the staff of the National AIDS Programme provided clarification.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Dominica State College	Denise Edwards	Yes	Yes	Yes	Yes	Yes	Yes
Health Information Unit	Communicable Disease Officer	Yes	Yes	Yes	Yes	Yes	Yes
Roseau Health District	District Nurse	Yes	Yes	Yes	Yes	Yes	Yes
Roseau Health District	District Nurse	Yes	Yes	Yes	Yes	Yes	Yes
Central Medical Stores	Chief Pharmacist	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Projects Officer	Yes	Yes	Yes	Yes	Yes	Yes
Health Promotion Department	Health Educator	Yes	Yes	Yes	Yes	Yes	Yes
Drug Prevention Unit	Research Officer	Yes	Yes	Yes	Yes	Yes	Yes
Dental Unit	Chief Dental Surgeon	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Dominica Association of Industry and Commerce	Executive Director	Yes	Yes	Yes	Yes	Yes
Caribbean HIV and AIDS Alliance	Country Focal Point	Yes	Yes	Yes	Yes	Yes
PAHO	Country Programme Officer	Yes	Yes	Yes	Yes	Yes
Fouche La Vie	PLHIV Support Group	Yes	Yes	Yes	Yes	Yes
Dominica Public Service Union	General Secretary	Yes	Yes	Yes	Yes	Yes
Dominica Red Cross	Member	Yes	Yes	Yes	Yes	Yes
Dominica Christian Council	member	Yes	Yes	Yes	Yes	Yes

Dominica Association for Persons With Disabilities	member	Yes	Yes	Yes	Yes	Yes
Dominica Bar Association	Member	Yes	Yes	Yes	Yes	Yes
Dominica Red Cross	member	Yes	Yes	Yes	Yes	Yes
UWI Open Campus	Principal	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2010 - 2014

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

In consultation with stakeholders it was agreed that the Goal of the previous strategy be kept. There was modification with the Priority Areas. The Goal: To reduce the incidence of HIV in the Commonwealth of Dominica; and To alleviate the negative impacts of HIV and AIDS on persons infected and affected. It is now apparent that there is a need for a revision of the approach to be taken to the national response. The 2010-2014 NSP will focus on: (i) What is driving the epidemic in Dominica. (ii) Determining the depth and breadth of the epidemic in Dominica. (iii) Scaling up capacity to be able to effectively manage anticipated problems. (iv) Treating and supporting infected and affected people. The plan still needs to be finalized and costed

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

The process is a multisectoral approach. There is a National Committee comprising of government and civil society partners who are responsible for the implementation of the Plan.

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

SECTORS

Included in Strategy Earmarked Budget

Yes	-
Yes	Yes
Yes	-
Yes	-
-	-
-	-
-	-

Other [write in]:

-

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

Most of the funding for activities come from the ministry of Health HIV budget. Multilateral and bilateral partners provide support for implementation

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

Men who have sex with men:

Yes

Migrants/mobile populations:

-

Orphans and other vulnerable children:

Yes

People with disabilities:

-

People who inject drugs:

No

Sex workers:

Yes

Transgendered people:

-

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

As a result of consultation with stake holders the key populations for Dominica are Men who have sex with men, sex workers, prisoners, young people and the indigenous population the Kalinago people.

1.5. Does the multisectoral strategy include an operational plan?: Yes

- 1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

No

d) An indication of funding sources to support programme implementation?:

No

e) A monitoring and evaluation framework?:

Yes

- 1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

The national committee/CCM is made up of government, NGO and other civil society partners including Faith Based organizations. The committee conducted consultations and focus group discussions with the stake holders.

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

Yes

- 1.9

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

Yes, some partners

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

PEPFAR workplan, PAHO BWP and the Global Fund.

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

(d) sector-wide approach?:

Yes

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

Common Country Assessment/UN Development Assistance Framework:

-

National Development Plan:

-

Poverty Reduction Strategy:

-

Sector-wide approach:

-

Other [write in]:

National Budget

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

HIV impact alleviation:

-

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

-

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

-

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

-

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

No

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

No

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

-

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current Needs Only

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

Yes

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

No

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

District.

Briefly explain how this information is used:

For targeted training and interventions, as well as setting up of testing sites.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

The country has a cooperative agreement with the CDC this is used for strengthening information systems and laboratory procedures.

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

8

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

Most persons gave rates ranging from 7-9. Some of the key achievements listed were expansion of services, training in VC, availability of ARVs and support or net works of people living with HIV. Programmes targeting MARPS

What challenges remain in this area:

Proper costing of the strategic plan. Stigma and discrimination Limited Resources Slow behaviour change partterns Political support

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

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

Yes

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

Approval of HIV budget and salaries of staff of the National HIV and AIDS Response programme post Global Funds.

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

Yes

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

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

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

Mr. Jeffrey Baptiste Chair CCM

Have a defined membership?:

Yes

IF YES, how many members?:

-

Include civil society representatives?:

Yes

IF YES, how many?:

-

Include people living with HIV?:

Yes

IF YES, how many?:

-

Include the private sector?:

Yes

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

-

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

The Country Coordinating Mechanism (CCM) a multisectorial committee that provides oversight for the National HIV and AIDS Response Programme. It consists of both government and civil society organizations including the private sector. One achievement in this collaborative effort is the conduct of the Sero prevalence study and size estimates among men who have sex with men. Triathlon and Health Fair main activity for World AIDS Day 2011 (done in collaboration with US Peace Corp and a many private partners and youth groups from various communities.

What challenges remain in this area:

Commitment from more organizations and individuals to be part of the process. Financial Resources.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

-

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

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

6

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

Development of Policies to address HIV in the Education Sector

What challenges remain in this area:

-

A - III. HUMAN RIGHTS

1.1

People living with HIV:

No

Men who have sex with men:

-

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

The laws have not been amended to include HIV. However the Constitution does address rights of individuals.

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

Enshrined in The Constitution is the section on Fundamental Rights.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

The judicial system and the office of the attorney general within the Ministry of Legal Affairs ensures that Human rights are

upheld.

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

-

Prison inmates:

-

Sex workers:

Yes

Transgendered people:

-

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

There is the

Briefly comment on how they pose barriers:

-

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

-

Avoid commercial sex:

-

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

-

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

-

Use condoms consistently:

Yes

Other [write in below]:

The Strategic Plan for HIV and AIDS addresses programmes for all most at risk populations.

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

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

-

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

The National Strategic Plan recognizes Five populations as most at risk (msm, sex workers, young people, prisoners and the Kalinago people) with specific activities for each sub-population.

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	No	No	-
No	No	No	No	No	-
No	Yes	Yes	No	Yes	General Population
No	No	No	No	No	-
No	Yes	Yes	No	Yes	General Population
No	Yes	Yes	No	Yes	General Population
No	Yes	Yes	No	Yes	General Population and young People
No	No	No	No	No	Kalinago and Young People

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

5

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

The Education Sector has in place a draft policy to address HIV and AIDS in schools.

What challenges remain in this area:

National Policy still needs to be developed as well as ratification of the workplace of the for the public sector by cabinet. Some participants felt that greater political will was needed.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Strongly Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

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

7

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

Provision of ARVs(Criteria for Starting, Staging, Prevention for Positives Adherence counselling Support services(Nutritional Support,) Management of HIV/TB co-infection Mangement of Pregnant women with HIV Management of Exposed Infants Home based Care Testing and Couselling Treatment of Opportunistic Infections, including prophylaxis Followup and referral

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

The treatment care and support services have been consistent. The provision An electronic data base is in place for tracking patients progress. Resistance testing as required by clients. Partnering with support groups and Ministry of Social services.

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

N/A

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

N/A

Nutritional care:

Strongly Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

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

No

Please clarify which social and economic support is provided:

-

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

N/A

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

Yes

IF YES, for which commodities?:

The Central Medical Stores through the OECS Procurement Services(OECS/PPS) procures, medicines and other commodities.

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

8

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

In country availability of CD4 testing Country confirmation for positive results

What challenges remain in this area:

Adequate space for providing comprehensive services on followup. Treatment of Opportunistic Infections.

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

Yes

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

Yes

IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

No

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

Yes

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

-

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

8

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

-

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

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

In Progress

Briefly describe any challenges in development or implementation:

Limited capacity of some stakeholders M & E Officer has other responsibilities Development of appropriate tools for data collection Establishment of a planning Unit

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

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

Yes

Guidelines on tools for data collection:

Yes

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

No

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

No

Briefly describe any obstacles:

There is no designated M&E Unit. There is the Health Information Unit that collects data on disease surveillance. There is an officer assigned to M&E for the HIV Response but has other responsibilities. Most data collection is paper based. There needs to be an electronic Information System.

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

In the Ministry of Health?:

-

In the National HIV Commission (or equivalent)?:

-

Elsewhere [write in]?:

There is not M&E Unit.

Permanent Staff [Add as many as needed]

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

-

-

-

-

Temporary Staff [Add as many as needed]

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

-

-

-

-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

-

Briefly describe the data-sharing mechanisms:

-
What are the major challenges in this area:

-
5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes

6. Is there a central national database with HIV- related data?:

Yes

IF YES, briefly describe the national database and who manages it.:

The Health Information Unit under the supervision of the National Epidemiologist collates all national data. The Public Health Surveillance and Response Team which consists of Heads of departments as well as key head from other ministries(Chief Veterinary Officer, Office of Disaster Managements), meets weekly to discuss all reports from various disease and department. This includes HIV related issues and other diseases of national importance.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?:

-
6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

There is a paper based Health Information System. The country has conducted an assessment and is looking to move towards an electronic Health Information System.

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

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

IN the development of targeted interventions and justification of budgetary allocations. To advocate for policy development.

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

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

At national level?:

Yes

IF YES, what was the number trained:

-

At subnational level?:

-

At service delivery level including civil society?:

Yes

IF YES, how many?:

-

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

Three officers from the National AIDS Programme were trained in Advanced M&E. The Health Information Unit together with the National HIV and AIDS Response Programme and the Quality Assurance Officer organized a symposium where district teams showcased in the form of presentations data collected on HIV.

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

6

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

Development and implementation of the Testing and Counselling Form and the case reporting form. Training for staff of Ministry of Health, Ministry of Education and NGO on the Basics of M&E.

What challenges remain in this area:

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

"Interest is shown by willingness to serve on CCM. However influence is not visible. There appears to be lack of ownership by civil society. There appears to be difficulty in reaching political leaders." "There needs to be more involvement of civil society".
" We have financial constraints"

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

4

Comments and examples:

"We are represented on the CCM." "Involvement is through the CCM. The power to influence is not there."

3.

a. The national HIV strategy?:

3

b. The national HIV budget?:

1

c. The national HIV reports?:

2

Comments and examples:

"While we do not have emperical evident to support our belief, by our involvement in such discussions we are contributing."

4.

a. Developing the national M&E plan?:

4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?

:

1

c. Participate in using data for decision-making?:

1

Comments and examples:

The responses ranged from 0-4. It depended on what sector of civil society the participant belonged to. The members of the CCM gave high ratings. One comment:"This is done primarily by the health sector."

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

5

Comments and examples:

"The CCM is all encompassing in its composition."

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

a. Adequate financial support to implement its HIV activities?:

1

b. Adequate technical support to implement its HIV activities?:

2

Comments and examples:

The respondents gave a range of 0-2. "Global financial crunch negatively affects ability to source funds."

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

People living with HIV:

<25%

Men who have sex with men:

<25%

People who inject drugs:

-

Sex workers:

<25%

Transgendered people:

-

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

25-50%

Clinical services (ART/OI)*:

<25%

Home-based care:

<25%

Programmes for OVC:**

<25%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

6

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

"Civil society accomodates request by health sector to address." "Decentralization" PMTCT. "100% negative children of HIV positive mothers.

What challenges remain in this area:

Stigma and discrimination

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

"Through the provision of government subvention for one support group of PLHIV.' Support to another support group. Others persons thought yes but very low.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

-

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

There are not specific laws addressing some these areas however the contitution speaks to protection and rights of individuals.

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

The constitution of the country provides for it. "Non-discrimination is enshrined in our constitution in what is referred to as fundamental rights and freedom. It is actually specified in the fundamental rights and freedom which protects againts discrimination. Protection of employment Act also protects against discrimination."

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Tribunal and high court mechanisms

Briefly comment on the degree to which they are currently implemented:

This is difficult to assess. These may be difficult to access, whether real or perceived.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

-

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

-

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

Persons felt that even the fact that buggary laws as well criminalization of sex work is on the books that does hinder the provision of services to these populations,

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

Protection against domestic violence Act

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

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

There is a draft workplace policy for the public sector as well as the ministry of education policy both speak to the protection of human rights. The national Strategic Plan speaks to "Upgrade Dominica's legal framework to meet international human rights standards."

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

Most of the participants were not aware of any mechanism to document cases of dicrimination. For people living with HIV report is made during attendance at the Infectious Disease Clinic and support is provided by the Legal AID Clinic. Most persons do not seek redress for fear of disclosure of their status.

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

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

If applicable, which populations have been identified as priority, and for which services?:

People living with HIV, sex workers, men who have sex with men, young people and by extension the general population

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

Every citizen is entitled to care regardless of colour, creed, ethnicity etc.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

No

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

No

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

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

No

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

No

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

-

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

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

Yes

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

Yes

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

a. Legal aid systems for HIV casework:

Yes

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

Yes

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

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

Key most at risk populations faith based organizations and the general population.

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

4

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

The work place policy for the public sector. The development of the policy for the education sector.

What challenges remain in this area:

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

-

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

-

What challenges remain in this area:

-

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

By briefing key stakeholders together in forum,

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

-

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

7

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

-

What challenges remain in this area:

-

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

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

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Disagree

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

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

8

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

Provision of HAART continues at no cost to clients Prevention of mother to child transmission Electronic data base for monitoring of clients

What challenges remain in this area:

-

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

No

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

-

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

-

What challenges remain in this area:

-