

Survey Response Details

Response Information

Started: 3/22/2010 10:39:17 AM

Completed: 3/29/2010 11:43:04 AM

Last Edited: 4/23/2010 9:54:33 AM

Total Time: 7.01:03:46.7130000

User Information

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Response Details

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1) Country

Saint Lucia (0)

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

Erma Jules

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Sir Stanislaus James Building, Waterfront, Castries

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Please enter in DD/MM/YYYY format

22/03/2010

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8) Describe the process used for NCPI data gathering and validation:

Part A Government officials were first emailed regarding the UNGASS Report and the need for completing the NCPI. A schedule for interviews was developed with the intention of having one on one interviews. However due to conflicting schedules, most participants completed questionnaires individually. Part B: Relevant individuals were emailed regarding procedure for data collection for

NCPI. They were invited to a meeting where the NCPI tool was reviewed and questions clarified. It was the intention to have the questionnaire completed as a group. However, due to time constraints, some individuals completed individually, while others completed in small groups.

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

The team was available for clarification and resolving disagreements among participants, which were done mainly via email and telephone. In addition, the team utilized relevant records/documents in ascertaining valid responses. The previous UNGASS Report was also used as a guide.

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

No major concerns/issues since questions were clarified and guidance provided as required.

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	National AIDS Programme Secretariat	Mr. Nahum Jn Baptiste / Director	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	National AIDS Programme Secretariat	Mrs. Natasha Lloyd- Felix / LMCSC Coordinator	A.I, A.II
Respondent 3	National AIDS Programme Secretariat	Mrs. Dawn Hazel Gills / M & E Officer	A.I, A.V
Respondent 4	Ministry of Health	Mr. Felix St Hill / PS Health	A.II
Respondent 5	National AIDS Programme	Dr Sonia Alexander /Director National AIDS Programme (Retired)	A.I, A.II
Respondent 6	Legal Office	Ms Veronica Cenac / Attorney	A.I, A.II
Respondent 7	National AIDS Programme Secretariat	Ms. Anette Jn Charles / PMTCT/VCT Coordinator	A.III
Respondent 8	National AIDS Programme Secretariat	Dr d'Auverge / Clinical Care Coordinator	A.IV
Respondent n	National AIDS Programme	Ms Erma Jules / M & E Coordinator	A.I, A.V

- 7 Secretariat
- Respondent 10
- Respondent 11
- Respondent 12
- Respondent 13
- Respondent 14
- Respondent 15
- Respondent 16
- Respondent 17
- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

13)

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

Organization Names/Positions			Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Education	Mrs. Sophia Edwards-Gabriel Ministry of Education HIV/AIDS Focal Point	B.I, B.II, B.III, B.IV

14)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]	
Respondent 2	Division of Human Services	Ms. Tara Leonard Social Worker	B.I, B.II, B.III, B.IV
Respondent 3	Ministry of Justice -Bordelais Correctional Facility	Ms. Magdalene Eugene HIV/AIDS Focal Point-Prisons	B. I, B. II, B. III, B. IV
Respondent	United and Strong (MSM)		

Respondent 4	United and Strong (individual group)	Ms. Kenita Placide	B.I, B.II, B.III, B.IV
Respondent 5	Tender Loving Care (PLHIV support group)	Ms. Lisa Albert	B. I, B. II, B. III, B. IV
Respondent 6	AIDS Action Foundation	Ms. Joan Didier Director	B.I, B.II, B.III, B.IV
Respondent 7	Caribbean Drug and Alcohol Research Institute	Dr. Marcus Day	B. I, B. II, B. III
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
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Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

Part A, Section 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 (0)

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16) Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

Period covered:

2005-2009

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

5

18)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	No
Transportation	Yes	Yes
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	Yes
Other*	Yes	Yes

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19) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Tourism, Prisons, Civil Societys, Private Sector

20)

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?

A collaborative approach was taken. Activities within the sectors with a budget were utilized also for other sectors. Funds were available from international partners

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21)

Part A, Section I: STRATEGIC PLAN**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2004

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24)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

Parents of youth; TB Patients; Taxi and minibus workers; Public servants; Prisoners; Employers; Parliamentarians; Youth in and out of school; Crack cocaine users; CSW; MSM; Pregnant women; OVC's; STI Patients; Women; PLHIV in the general population; Line Ministries

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

1.7 Does the multisectoral strategy or operational plan include:

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

27)

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

Moderate involvement (0)

Page 12

28)

IF NO or MODERATE involvement, briefly explain why this was the case:

Efforts were made to actively engage a wide cross section of civil societies to be a part of the process. However, a significant number of the representatives were not in attendance and to date has not actively engaged in the process. This has limited the representation of their involvement. Consideration is currently being approved to individual meetings to ensure input.

29)

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

Yes (0)

30)

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

Yes, all partners (0)

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31)

Part A, Section I: STRATEGIC PLAN

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?

No (0)

Page 16

32)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

33)

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 (0)

Page 19

34)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 21

35)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 22

36)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	No

37)

IF YES, briefly describe the content of these laws, regulations or policies:

1. Burgery Law; criminalizing MSM 2. Knowingly transmitting the HIV Virus 3. Laws criminalizing sex work 3. Laws criminalizing the possession of controlled drugs 4. Consent age of 16 years, where an individual can access care and treatment without the permission of any other.

38)

Briefly comment on how they pose barriers:

Since these laws criminalize the activities of the sub populations identified above, they would be hesitant and/or may not access public service for fear of being stigmatized and discriminated against. They force people to operate underground. For example, Individuals less than 16 years are not able to access information and services relating to reproductive health.

Page 23

39)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

40)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

41)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

42)

Part A, Section I: STRATEGIC PLAN**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

43)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

44)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

45)

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

Yes (0)

Page 27

46)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

All are highlighted in previous page

47)

Briefly explain how this information is used:

Used to plan (NSP), Procurement, Program development

Page 2848) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)**(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

49)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?****Geographical and health regions**

50)

Briefly explain how this information is used:

Used to inform Programmes

51)

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

Yes (0)

Page 30

52)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?****6 (6)**

53)

Since 2007, what have been key achievements in this area:

1. Access to ARV's and treatment in general 2. Greater focus on empirical data 3. Activities and programmes aligned with the NSP 4. Multisectoral Approach (involvement of non health partners)

54)

What are remaining challenges in this area:

1. Resources 2. Human capacity and financial resources for strategic planning 3. Equipment 4. Infrastructure 5. Many of the programmes conducted in a projectized environment instead of being mainstreamed into a national programme 6. Adopting culture of strategic planning every five years

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55)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

56)

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

Yes (0)

Page 32

57)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2005

58)

2.2 IF YES, who is the Chair?

Name	Dr Keith Mondesir
Position/title	Minister of Health

59)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	No
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	No
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes

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

Yes

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60)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)**

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

18

61)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

10

62)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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63)

Part A, Section II: POLITICAL SUPPORT

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 (0)**Page 35**

64)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)**

IF YES, briefly describe the main achievements:

1. Alignment of activities to objectives of the NSP
2. Increased number of HIV/AIDS initiatives implemented by civil society organizations
3. Establishment of partnerships with National AIDS

Programme

65)

Briefly describe the main challenges:

1. Sustainable funding of civil society initiatives 2. Non participation by non health Ministeries of Government

66)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	Yes

67)

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

Yes (0)

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68)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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69)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

IF YES, name and describe how the policies / laws were amended:

1. Health Practitioners Act; took into account assessments made in Criminal Act 2. Education sector policy; (It's a draft)

70)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

We do not have a National AIDS Control Policy.but instead a strategic plan and HIV/STI protocol. - The laws are not sufficient - Public Health Act should address reporting, blood safety transmission of HIV,workplace policy. (these are addressed in the protocols but not policy)

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71)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

6 (6)

72)

Since 2007, what have been key achievements in this area:

1. The Minister of Health is cheering the NACC 2.Non health Ministers speaking favourably about the program 3. Increased resource mobilization efforts (PEPFAR, Global Fund, World Bank)

73)

What are remaining challenges in this area:

1. Discriminatory laws 2. Structure of program need to be reviewed 3. NACC should expand and made more operational 4. HIV/AIDS being included in the political agenda 5. Government should have a facilitating role and allow experts with the knowledge to implement 6. Government needs to ensure appropriate policies are in place for the achievement of objectives 7. Mainstreaming HIV/AIDS into development plans and agenda

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74)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

75)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

76)

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

Yes (0)

Page 41

77)

Part A, Section III: PREVENTION

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

No (0)

78)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes

secondary schools? Yes

teacher training? No

79)

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

Yes (0)

80)

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

No (0)

81)

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

Yes (0)

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82)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education

Stigma and discrimination reduction

Condom promotion

Other populations

HIV testing and counselling

Other populations

Reproductive health, including sexually transmitted infections prevention and treatment

Vulnerability reduction (e.g. income generation)

Drug substitution therapy

Needle & syringe exchange

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83) Part A, III. PREVENTION

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

General Population

Page 44

84)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

5 (5)

85)

Since 2007, what have been key achievements in this area:

Communication Strategy developed

86)

What are remaining challenges in this area:

Stakeholder utilization of strategy

Page 45

87)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

Page 46

88)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

Research, consultations and face to face meetings

89)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree

HIV prevention in the workplace

Agree

Other: Risk reduction for prisoners, taxi drivers, minibus operators and public sector workers

Agree

Page 47

90)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

6 (6)

91)

Since 2007, what have been key achievements in this area:

1. Free HIV testing/VCT 2. Increased PMTCT 3. Increased condom promotion/distribution 4. Increased HIV/AIDS awareness

92)

What are remaining challenges in this area:

1. Scaling up risk reduction for MSM & CSW 2. Scaling up HIV prevention in the workplace 3. Increased testing among pregnant women (Stipulated 3 tests)

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93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 49

94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

95)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

96)

2. Has the country identified the specific needs for HIV treatment, care and support services?

No (0)

Page 50

97)

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

Scale up plan developed and currently being implemenetd fro rapid testing. Alo there is teh decentralization of services . Outreach services are being conducted for MARPS (SWs, MSMs, substance users. There is also the strenghtening of services for the PLHIV support group which includes education and adherence counseling.

98)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

100)

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

Yes (0)

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101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

- Antiretroviral therapy drugs - Condoms - Substitution drugs - O.I. drugs

Page 53

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

103)

Since 2007, what have been key achievements in this area:

The provision of ARVs for pediatric and PMTCT clients
The decentralization of services and clinics
Reduction in the levels of mortality and morbidity

104)

What are remaining challenges in this area:

Inadequate clinical staff
The mainstreaming of care into the existing health system
Continuity of the contact tracing programme
Community and home based care as well as palliative care
Research to inform the programming for MARPS.

Page 54

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 55

106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

107)

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

Yes (0)

108)

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

Yes (0)

Page 56

109)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

7 (7)

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110)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

111)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2006

112)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2009

113)

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

Yes (0)

114)

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

Yes (0)

115)

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

Yes, most partners (0)

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116)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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117)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	No
HIV surveillance	Yes
Evaluation / research studies	No

118)

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

Yes (0)

Page 62

119)

3.2 IF YES, has full funding been secured?

Yes (0)

120)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

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121)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

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122)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)**

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

An assessment of the national M&E system was conducted by a team of experts headed by CHRC in June 2008. A series of questions were outlined under each of the 12 components of a functional M&E system. Interviews were conducted with key stakeholders which included the NAPS, NAP, CSOs, NGOs, Ministry of Health and Line Ministries to assess the functionality of the system as and to identify any existing gaps.

123)

5. Is there a functional national M&E Unit?

Yes (0)

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124)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? Yes
 in the Ministry of Health? Yes
 Elsewhere? (please specify)

125) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

3

126) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

0

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127)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	M&E Coordinator	Full time	2005
Permanent staff 2	M&E officer	Full time	2006
Permanent staff 3	Data Entry Clerk	Full time	2009
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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128)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

129) Part A, Section V: MONITORING AND EVALUATION

Question 5.3 (continued)

IF YES, briefly describe the data-sharing mechanisms:

Databases and reporting forms are provided to all stakeholders (relevant to their programmatic area) for submission of reports on a monthly basis to the M&E unit. In addition, quarterly reports are disseminated from the M & E unit

130)

What are the major challenges?

1.No surveillance officer 2.Data analysis skills 3.Lack of an M & E culture in the health sector
4.Data quality

Page 70

131)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, but meets irregularly (0)

132)

6.1 Does it include representation from civil society?

No (0)

Page 71

133)

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

Yes (0)

Page 72

134)

Part A, Section V: MONITORING AND EVALUATION

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

The national database comprises of all reported HIV+ cases. Data entered in this database is extracted from the lab, report forms and case notification forms as well as update forms submitted by the physicians

135)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

136)

7.3 Is there a functional* Health Information System?

At national level	No
At subnational level	

Page 74

137)

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

Yes (0)

138)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

139)

Provide a specific example:

Fostering evidence based decision making in support of the new initiative for the next five years.

140)

What are the main challenges, if any?

Actively engaging relevant stakeholders; Many are invited to consultations but do not come

Page 75

141) Part A, Section V: MONITORING AND EVALUATION

9.2 To what extent are M&E data used for resource allocation?

4 (4)

142)

Provide a specific example:

With an increase over the years in the number of HIV tests done. A recommendation was made to increase the human capacity of the laboratory at Victoria Hospital. Two phlebotomists were hired to meet the demand.

143)

What are the main challenges, if any?

Financial resource. For example, we may not be able to implement a new initiative based on areas highlighted by the data due to lack of finance.

Page 76

144)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

145)

Provide a specific example:

Focus group sessions were conducted with inmates at the Boredelais Correctional Facility (prison) in an effort to establish programmes to respond to the needs of the inmates. These focus groups were used to inform the development of the HIV response for the facility.

146)

What are the main challenges, if any?

-Human capacity -Support from relevant stakeholders -Limited finance

Page 77**147) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, but only addressing some levels (0)

Page 78**148) Part A, Section V: MONITORING AND EVALUATION**

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at national level (0)

149)

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

At national level?	Yes
At subnational level?	
At service delivery level including civil society?	

Page 79

150) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

36

Page 80

151)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

152) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)

IF YES, describe what types of activities:

A workshop on communicable disease surveillance for health care workers. This was conducted in collaboration with the Epidemiology Unit

Page 82

153) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)

Overall, how would you rate the M&E efforts of the HIV programme in 2009?

6 (6)

154)

Since 2007, what have been key achievements in this area:

The Patient Monitoring System is operational with a data entry clerk assigned to populate data. All public and private labs have been trained and currently are completing and submitting prescribed reporting forms

155)

What are remaining challenges in this area:

No surveillance officer

Page 83

156)

Part B, Section I: HUMAN RIGHTS

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

Yes (0)

Page 84

157)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

HIV is not specifically mentioned

158)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

159)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	No

160)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Within the constitution women are protected from discrimination on the basis of sex. There is also the Domestic Violence (Summary Proceedings) Act.

161)

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

These are loosely enforced as breaches of the above tend not to be challenged at the constitutional level. On the other hand the Domestic Violence Act tends to be enforced more frequently as it is not necessary to have legal protection for the granting of Protection or Tenancy Orders.

Page 86

162)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 87

163)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes

g. Migrants/mobile populations Yes

Other: Please specify

164)

IF YES, briefly describe the content of these laws, regulations or policies:

For young persons an age of consent is stipulated by law. For drug use there exists Drug Prevention of Misuse Act. Within the Criminal Code exists the Burgery Law in section 133

Page 88

165) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

166)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

The national Strategic Plan

167)

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

Yes (0)

Page 90

168)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

The Human Rights desk currently being managed through the AIDS Action Foundation and funded through the Ministry of Health

169)

6. Has the Government, through political and financial support, involved people living

with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

170)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

To a very limited extent. To date most of their participation appears to be tokenized. However, their participation on key committees including the National AIDS Coordinating Committee is notable. Also two PLHIVs have been employed in the national VCT programme.. PLHIVs are also involved in the conduct of community outreach educational programmes.

171)

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

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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172)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

There is not documented policy but there is a precedent established through protocols and practice. Consequently, all these services are free within the public health care system. However it should be noted that the MARPS tend not to access these services with the public health system due to their fear of existing social stigma related to their sexual behaviours.

173)

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

Yes (0)

Page 93

174)

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

Yes (0)

Page 94

175)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

Though there is no stated policy existing practices and protocols do support the delivery of a packages of services to women during the antenatal stage and delivery. All pregnant women are tested for HIV and those testing positive are placed a treatment regimen to prevent transmission to the child.

176)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

No (0)

Page 95

177)

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

No (0)

178)

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

No (0)

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179)

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

Yes (0)

180)

– **Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

181)

– **Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

Yes (0)

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182)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

183)

– **Legal aid systems for HIV casework**

No (0)

184)

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

Yes (0)

185)

– **Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

186)

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

Yes (0)

Page 100

187)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: please specify	

Page 101

188)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

1 (1)

189)

Since 2007, what have been key achievements in this area:

There has been an amendment to the Criminal Code for Health Care Workers to report offences to minors i.e. the Health Practitioners Act

190)

What are remaining challenges in this area:

Currently there are deficiencies in the law. There still continues to be discriminatory laws. The age of consent is sixteen years so this means that persons below this age cannot access information or services relating to sexual and reproductive health (ref: section 126 and 127 of the Criminal Code of 2004. Section 143 of the Criminal Code speaks to the criminality of knowingly transmitting HIV which further adds to the issue of stigma and discrimination.

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191)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

1 (1)

Page 103

192)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

3 (3)

193)

Comments and examples:

Civil society has become increasingly engaged in the national HIV response not only in terms of numbers but also in terms of strategic alliances and programme development and implementation. Though there is still room for greater advocacy by key civil society partners, this segment has strongly partnered with the Ministry of Health for the informing of policy and programme. A gap which needs to be addressed at the soonest is the limitations of financial capacity which limits the extent to which civil society can sustain an up scaled involvement to respond to the epidemic.

Page 104

194)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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)?

3 (3)

195)

Comments and examples:

stakeholders consultations to review the NSP included CSO, therefore they had the opportunity to provide their input and make contributions

Page 105

196)

a. the national AIDS strategy?

4 (4)

197)

b. the national AIDS budget?

2 (2)

198)

c. national AIDS reports?

1 (1)

199)

Comments and examples:

A coordinated civil society response was a component of the St. Lucia HIV & AIDS Prevention and Control Project implemented from 2005 to date (scheduled to end in June 2010). Apart from responses within the project, there are civil society organizations which have included HIV programming as a core area of their mandate; these include St. Lucia Red Cross and Planned Parenthood Association. There is reason for concern that at the end of the project in June 2010 there will be a significant drop in the level of involvement of CSOs in implementing in the national HIV agenda due to the unavailability of the funds dedicated specifically for CSOs (as existed within this project).

Page 106

200)

a. developing the national M&E plan?

1 (1)

201)

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

0

202)

c. M&E efforts at local level?

2 (2)

Page 107**203) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

204)

Comments and examples:

Over the past five years a cross section of civil society has been engaged in the national HIV programme. These include not only organizations functioning in the interest of the above mentioned groups, but also youth, professional organizations, community based groups, etc.

Page 108

205)

a. adequate financial support to implement its HIV activities?

2 (2)

206)

b. adequate technical support to implement its HIV activities?

3 (3)

207)

Comments and examples:

The National AIDS Programme Secretariat has been able to offer technical support to CSOs when required. In addition, CSO's have been part of training sessions to assist them in building capacity especially in the area of project management.

Page 109**208) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

Page 110

209)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

5 (5)

210)

Since 2007, what have been key achievements in this area:

Civil society has been able to reach critical populations which do not interface directly with the public health system; these include MSMs, SWs and substance users. There has been a significant increase in HIV testing part of which can be attributed to community outreach

programmes implemented by these organizations along with the conduct of testing drives. A significant number of MSMs and substance abusers (crack-cocaine) have recently been tested and those presenting as HIV+ have been taken into care, a population which the public health system has found difficult to engage. Key focal persons within the civil society community have assumed responsibility to for distributing condoms (though ad hoc in nature) to SWs and MSMs.

211)

What are remaining challenges in this area:

There is critical need for a more coordinated, sustained approach to the implementation of programmes by civil society partners. There continues to be programmes which are implemented parallel to each other despite opportunities for resource sharing and partnership. Monitoring and reporting by civil society continues to be a challenge.

Page 111

212)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

213)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

Based on monitoring & Evaluation data

214)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree

Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

Page 113

215)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

216)

Since 2007, what have been key achievements in this area:

This is evidenced by increases in the numbers accessing testing. All pregnant women are tested for HIV as part of their pre-natal care with those testing positive being taken into care as part of the PMTCT programme. This has demonstrated 100% success in the past two years with no incidence of mother to child transmission. Strategic efforts have been implemented to increase levels of awareness and education among critical populations which include youth, pregnant women and communities.

217)

What are remaining challenges in this area:

Cost limits the continued scaling up of this programme to reach greater number and a cross section of persons nationally. There is need for continued development and implementation of targeted campaigns specific to the needs to specific segments of the population.

Page 114

218)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

219)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)**

IF YES, how were these specific needs determined?

Based on increasing numbers of persons enrolling into care, and the the fact that data have been indicating that over 25% of individuals are enrolling late, when they have progressed from stage I /II. In addition, data on OI's, hospitalization of patients will determine needs, and also the fact that more males are infected with HIV in St Lucia, but more females are accessing care.

220)

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

The majority of people in need have access	
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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221)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

222)

Since 2007, what have been key achievements in this area:

Reduction in the levels of mother to child transmission Psychosocial support for OVCs and PLHIVs. Introduction of the food bank into the PLHIV clinic

223)

What are remaining challenges in this area:

1. Stigma associated with Clinics
2. Integrating HIV care into mainstream health system
3. Assisting clients who are capable of earning a living to recognize the need to be less dependant on the programme for basic survival

Page 117

224)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

No (0)