

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

**1) Country**

Saint Vincent and Grenadines (0)

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

Dr. Del Hamilton

**3) Postal address:**

National AIDS Secretariat Ministry of Health and the Environment Ministerial Building Kingstown St. Vincent and the Grenadines

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Please include country code

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hamiltodel@yahoo.com

**7) Date of submission:**

Please enter in DD/MM/YYYY format

15/03/2010

#### Page 3

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

The expertise of the Director and other stakeholders where applicable.

**9) Describe the process used for resolving disagreements, if any, with respect to the**

**responses to specific questions:**

Disagreement of responses was not an issue because the various aspects of the NCPI was filled out by personnel responsible for their respective areas. Past experience has shown us that stakeholders are not able to adequately evaluate specilaized programmes such as treatment and care, monitoring and evaluation etc.

10)

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

None

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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	NAS Director	A.I, A.II, A.III, A.IV

12)

Organization Names/Positions		Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	MOHE Epidemiologist	A.V
Respondent 3	MCMH/NAS Clinical care nurse	A.IV
Respondent 4	NAS Counsellor	A.III
Respondent 5		
Respondent 6		
Respondent 7		
Respondent 8		
Respondent 9		
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	NGO Kevin Ferara	B.II, B.III

14)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	SVG Employers Federation	Phyllis Harry Primus B.I, B.II
Respondent 3		
Respondent 4		
Respondent 5		
Respondent 6		
Respondent 7		
Respondent 8		
Respondent 9		
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

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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:**

2010-2014

17)

**1.1 How long has the country had a multisectoral strategy?**

**Number of Years**

9

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	Yes
Transportation	No	No
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

**Page 8****19) Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)**

**If "Other" sectors are included, please specify:**

Tourism

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20)

**Part A, Section I: STRATEGIC PLAN**

**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

<b>Target populations</b>	
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
<b>Settings</b>	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
<b>Cross-cutting issues</b>	
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

21)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

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22)

**Part A, Section I: STRATEGIC PLAN**

**1.5 What are the identified target populations for HIV programmes in the country?**

Youth 10 - 14 and 15 - 24 years of age: boys, girls, young men, young women. Women 25 - 55 years of age and men 40 - 60 years of age Uniformed Officers Prisoners Taxi and Minibus drivers Men who have sex with men Mental Health Patients Sex workers (most likely "transactional"), their clients.

23)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

24)

**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

25)

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

Active involvement (0)

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26)

**Part A, Section I: STRATEGIC PLAN**

**Question 1.8 (continued)**

**IF active involvement, briefly explain how this was organised:**

Technical sub-committee meetings Consultations Focus group discussions

27)

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

Yes (0)

28)

**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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29)

**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?**

Yes (0)

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30)

**Part A, Section I: STRATEGIC PLAN**

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	
e. Other: Please specify	

31)

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

<b>HIV-related area included in development plan(s)</b>	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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32)

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

Yes (0)

**Page 18**

33)

**Part A, Section I: STRATEGIC PLAN**

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

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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34)

**Part A, Section I: STRATEGIC PLAN****Question 4.1 (continued)**

**If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

HIV testing is voluntary

35)

**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**

36)

**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?**

No (0)

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37)

**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)

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38)

**Part A, Section I: STRATEGIC PLAN**

**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

39)

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

Yes (0)

**Page 25**

40)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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41)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (continued)**

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

Yes (0)

42)

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

Yes (0)

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43)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (b) (continued)**

**IF YES, for which population groups?**

Youth 10 - 14 and 15 - 24 years of age: boys, girls, young men, young women. Women 25 - 55

years of age and men 40 - 60 years of age. Uniformed Officers Prisoners Taxi and Minibus drivers  
Men who have sex with Men Mental Health patients Sex Workers (most likely "transactional"), their  
clients

44)

**Briefly explain how this information is used:**

Programme planning and forecasting for ARVs.

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45) **Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (continued)**

**(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

46)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (c) (continued)**

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

Health Districts

47)

**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**

48)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.5 (continued)**

**Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

9 (9)

49)

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

The strategic planning process was very inclusive Greater alignment with the Caribbean Regional Strategic Framework Development of operational plan and costing of the document completed at

the same time. Review and feedback from Partners including UN Partners. Socio-economic impact assessment study is currently being conducted.

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50)

**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

51)

**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**

52)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

2004

53)

**2.2 IF YES, who is the Chair?**

Name	Dr. The Hon. Ralph Gonsalves
Position/title	Prime Minister

54)

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

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes

review actions on policy decisions regularly?	Yes
actively promote policy decisions ?	No
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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55)

**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

15

56)

**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

8

57)

**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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58)

**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)

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59)

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

**IF YES, briefly describe the main achievements:**

Increased implementation of activities by non health ministries and civil society organizations.

60)

**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	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	Yes

61)

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

Yes (0)

**Page 36**

62)

**Part A, Section II: POLITICAL SUPPORT**

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

No (0)

**Page 38**

63)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

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

10 (10)

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64)

**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**

65)

**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)
- g. Avoid commercial sex (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

66)

**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)

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67)

**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?**

Yes (0)

68)

**2.1 Is HIV education part of the curriculum in:**

primary schools? Yes  
 secondary schools? Yes  
 teacher training? Yes

69)

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

Yes (0)

70)

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

Yes (0)

71)

**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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72)

**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	Men having sex with men
Stigma and discrimination reduction	Men having sex with men
Condom promotion	Men having sex with men
HIV testing and counselling	Men having sex with men
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	
Needle & syringe exchange	

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73)

**Part A, III. PREVENTION****Question 3.1 (continued)****Overall, how would you rate the policy efforts in support of HIV prevention in 2009?****8 (8)**

74)

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

Establishment of the Caribbean HIV/AIDS Alliance Country Office targeting three MARPs, MSM, Sex Workers and PLHIV. Conducted rapid assessment of HIV/AIDS and Reproductive Health linkages.

75)

**What are remaining challenges in this area:**

Strengthening of the sexual and reproductive health school programme.

**Page 45**

76)

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

Yes (0)

**Page 46**

77)

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

Consultations Stakeholder feedback

78)

**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	Agree
Risk reduction for sex workers	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	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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79)

**Part A, III. PREVENTION**

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

9 (9)

80)

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

Establishment of PLHIV Support Groups Greater involvement of FBOs

**Page 48**

81)

**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**

82)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

83)

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

Yes (0)

84)

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

Yes (0)

**Page 50**

85)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)**

**IF YES, how were these determined?**

Consultations Stakeholder feedback

86)

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

<b>The majority of people in need have access</b>	
<b>HIV treatment, care and support service</b>	
Antiretroviral therapy	Agree
Nutritional care	Don't 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	N/A
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	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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87)

**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)

88)

**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)

**Page 52**

89)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 4 (continued)****IF YES, for which commodities?:**

All of the above

**Page 53**

90)

**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)

91)

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

1. Increased access to viral load testing. 2. Early Infant Diagnosis - Dry Blood Spot 3. More Doctors providing HIV care 4. Development of Adherence Strategy 5. Partial implementation of Adherence Strategy

92)

**What are remaining challenges in this area:**

1. Frequent unavailability of CD4 tests due to machine malfunction 2. Inadequate space to provide multi-disciplinary care 3. Inadequate means or reaching out to clients lost to follow up.

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93)

**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**

94)

**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)

95)

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

Yes (0)

96)

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

Yes (0)

**Page 56**

97)

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

7 (7)

98)

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

Establishment of the mentoring programme for OVC Collaboration with stakeholders to implement activities targeting vulnerable children such as camps.

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99)

**Part A, Section V: MONITORING AND EVALUATION****1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

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100)

**1.1 IF YES, years covered:**

**Please enter the start year in yyyy format below**

2006

101)

**1.1 IF YES, years covered:**

**Please enter the end year in yyyy format below**

2009

102)

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

Yes (0)

103)

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

Yes (0)

104)

**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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105)

**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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106)

**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	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

107)

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

Yes (0)

**Page 64**

108)

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

No (0)

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109)

**IF NO, briefly describe how priorities for M&E are determined:**

Although M&E has been established within the National AIDS programme, there is dynamic movement of human resources that limits the effective functioning of M&E tasks. Therefore, consistent human resource is one of the major priorities. Priorities also change with the demand of national, international and regional programmes reporting requirements.

110)

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

Yes (0)

**Page 66**

111)

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

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

**112) Number of permanent staff:**

Please enter an integer greater than or equal to 0

3

**113) Number of temporary staff:**

Please enter an integer greater than or equal to 0

0

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114)

**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	Monitoring and evaluation advisor	Full time	2005
Permanent staff 2	Epidemiologist	Full time	2008
Permanent staff 3	Data entry clerk		2005
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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115)

**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**116) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

data is sent on a monthly basis from all public health institutions, some NGOs. The data is received via electronic copy and/or paper based format. Reports were reproduced for stakeholders through bi-annual reports.

117)

**What are the major challenges?**

1) the timeliness of the submission of data 2) completeness of M&E forms 3) dynamic movement of staff

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118)

**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, meets regularly (0)

119)

**6.1 Does it include representation from civil society?**

Yes (0)

**Page 71**120) **Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)****IF YES, briefly describe who the representatives from civil society are and what their role is:**

To state their perspective on various discussion topics and decision and offer suggestions for the

enhancement of the national HIV/AIDS programme.

121)

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

No (0)

**Page 73**

122)

**7.3 Is there a functional\* Health Information System?**

At national level	Yes
At subnational level	No

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123)

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

Yes (0)

124)

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

4 (4)

125)

**Provide a specific example:**

Development of National Strategic Plan 2010-2014

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

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

4 (4)

127)

**Provide a specific example:**

The M&E data was used for the development of the National Strategic Plan 2010-2014 which

identified priority areas for the implementation of activities that will require resource allocation.

128)

**What are the main challenges, if any?**

human capacity/expertise to cost budget

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129)

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

**9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

130)

**Provide a specific example:**

in the programme of treatment and care, the monitoring of early warning indicators which would enhance the diagnosis of drug resistance.

**Page 77**

131) **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)

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132) **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)

at service delivery level (0)

133)

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

At national level? Yes

At subnational level? Yes

At service delivery level including civil society?

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134)

**Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

**Page 81****135) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

capacity building at regional levels in the form of attending workshops

**Page 82****136) 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?**

8 (8)

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

- 1) the development of VCT database
- 2) development and installation of a patient tracking system
- 3) training in patient monitoring

**138)****What are remaining challenges in this area:**

- 1) human resource
- 2) close-out of externally funded projects

**Page 83****139)****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.)**

No (0)

**Page 84**

140)

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

No (0)

**Page 86**

141)

**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?**

No (0)

**Page 88**142) **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**

143)

**Part B, Section I. HUMAN RIGHTS****Question 4 (continued)**

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

In the 2004-2009 HIV National Strategic Plan, the issue of Human Rights is mentioned as part of a strategic objective that addresses care, support and treatment of people affected and infected with HIV/AIDS. The strategic activities to address human rights were to promote advocacy programmes against stigma and discrimination and to develop legislation and workplace policies to ensure the preservation of human rights in this sector of the population.

144)

**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**

145)

**Part B, Section I. HUMAN RIGHTS****Question 5 (continued)****IF YES, briefly describe this mechanism:**

Specially recruited staff, treatment advocates, were given the responsibility to record and document any referred case of discrimination.

146)

**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**

147)

**Part B, Section I. HUMAN RIGHTS****Question 6 (continued)****IF YES, describe some examples:**

By incorporating PLHIV and Caribbean HIV/AIDS alliance that work closely with the MSM and Sex worker community.

148)

**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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149)

**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:**

The General Health System in St. Vincent and the Grenadines allows for certain individuals in the

society such as PLHIV and other underprivileged nationals to access general health care services for free. Cases may also be referred through social services which then guarantees this free service to other clientel in the population.

150)

**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**

151)

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

**8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?**

Yes (0)

152)

**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**

153)

**Part B, Section I. HUMAN RIGHTS****Question 9 (continued)**

**IF YES, briefly describe the content of this policy:**

The National stratgy for HIV/AIDS ensures that all treatment and care support services are available to the above mentioned groups whether or not they directly or indirectly accessed the public system.

154)

**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?**

Yes (0)

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155)

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

**Question 9.1 (continued)**

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

In St. Vincent and the Grenadines, there are NGOs that exist that target most-at-risk populations. The system allows for direct referral to the public system in order to ensure treatment and care. Generally, the approach is the same for most-at-risk groups as currently our treatment and care services are centralized with only one existing HIV/AIDS/STI clinic.

156)

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

No (0)

157)

**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?**

Yes (0)

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158)

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

**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

Yes (0)

159)

**IF YES, describe the approach and effectiveness of this review committee:**

There are members from civil society but not PLHIV.

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160)

**– 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)

161)

**– 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)

162)

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

No (0)

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163)

**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?**

Yes (0)

164)

– **Legal aid systems for HIV casework**

Yes (0)

165)

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

No (0)

166)

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

Yes (0)

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167)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)**

**IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	

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168)

**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?**

4 (4)

**Page 102**

169)

**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?**

3 (3)

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170)

**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)

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171)

**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)

**Page 105**

172)

**a. the national AIDS strategy?**

3 (3)

173)

**b. the national AIDS budget?**

2 (2)

174)

**c. national AIDS reports?**

3 (3)

**Page 106**

175)

**a. developing the national M&E plan?**

3 (3)

176)

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

3 (3)

177)

**c. M&E efforts at local level?**

3 (3)

**Page 107**178) **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)?**

3 (3)

179)

**Comments and examples:**

Faith based organizataions Community based organizations PLHIV Private sector Non-Governmental Organizations

**Page 108**

180)

**a. adequate financial support to implement its HIV activities?**

3 (3)

181)

**b. adequate technical support to implement its HIV activities?**

3 (3)

182)

**Comments and examples:**

Financial support through the World Bank Project Civil Society Initiative; funding from UN partners; Caribbean HIV/AIDS Alliance received funding from USAID; Also through the recruitment of a civil society coordinator and a civil society field officer.

**Page 109****183) 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%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	25-50%
Programmes for OVC**	25-50%

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184)

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

8 (8)

**Page 111**

185)

**Part B, Section III: PREVENTION****1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

**Page 112**

186)

**Part B, Section III: PREVENTION****Question 1 (continued)****IF YES, how were these specific needs determined?**

Through stakeholders meetings reviewing the country specific HIV/AIDS epidemic and also through external agencies offering technical expertise.

187)

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

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188)

**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?**

6 (6)

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189)

**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)

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190)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 1 (continued)**

**IF YES, how were these specific needs determined?**

The needs were determined through national stakeholder meetings and external technical expertise.

191)

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

	The majority of people in need have access
<b>HIV treatment, care and support service</b>	
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	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	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	Agree

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192)

**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?**

7 (7)

**Page 117**

193)

**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?**

Yes (0)

**Page 118**

194)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

195)

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

Yes (0)

196)

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

No (0)

**Page 119**

197)

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

5 (5)

198)

**What are remaining challenges in this area:**

1)The lack of policy and guidelines for the support orphans and vulnerable children 2)Estimate of the number of orphans and vulnerable children