

Grenada Report NCPI

NCPI Header

COUNTRY

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

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Describe the process used for NCPI data gathering and validation:

A collaborative process was followed: information was sought from the principal source (key individual[s] involved was/were approached). The Ministry of Health took the lead, but valuable input was obtained from the Ministries of Education and Social Development, among others to complete Part A. Information for Part B came exclusively from civil society representatives, through GrenCHAP, Hope-pals, and others.

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

-

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

The main concern is the comprehensive nature and hence tedious work required to complete the NCPI

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

| Organization | Names/Positions | A.I | A.II | A.III | A.IV | A.V | A.VI |
|-----------------------|--|-----|------|-------|------|-----|------|
| Ministry of Health | Dr. Jessie Henry, Director, NIDCU | Yes | Yes | Yes | Yes | Yes | Yes |
| Ministry of Health | Dr. Gillian Benjamin, Medical Officer of Infectious Diseases | No | No | No | Yes | Yes | No |
| Ministry of Health | Ms. Myrna Hagley, Senior Planning Officer | Yes | No | Yes | Yes | Yes | Yes |
| Ministry of Education | Mr. Arthur Pierre, Focal Point official for HIV/AIDS | Yes | Yes | Yes | Yes | Yes | Yes |
| Ministry of Health | Dr. Alister Antoine, Epidemiologist | Yes | No | No | Yes | Yes | Yes |

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

| Organization | Names/Positions | B.I | B.II | B.III | B.IV | B.V |
|-------------------|--|-----|------|-------|------|-----|
| GrenCHAP | Mr. Nigel Mathlin, President | Yes | Yes | Yes | Yes | Yes |
| GrenCHAP | Ms. Kerlin Charles, Project Officer | Yes | Yes | Yes | Yes | Yes |
| Hope-pals Network | Ms. Rachel Charles, Founder & Administrative Officer | Yes | Yes | Yes | Yes | Yes |
| - | - | No | No | No | No | No |

A - I. STRATEGIC PLAN

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

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

Yes

IF YES, what was the period covered:

2012-2016

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

IF NO or NOT APPLICABLE, briefly explain why.:

Prior to this final draft that needs to be ratified by Government there were other drafts spanning 2007-2015.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
National AIDS Council, Ministry of Health

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

SECTORS

| Included in Strategy | Earmarked Budget |
|----------------------|------------------|
| Yes | Yes |
| Yes | Yes |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| - | No |

Other [write in]:

Ministries: Tourism, Social Development

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?:

Collaboration takes place between the Ministry of Health and the Private Sector Additional response (below) added 2012/05/22: The Ministry of Health is the only sector with a specific budget for HIV related activities, however other government ministries like Tourism, Social Development, and Education are public sector stakeholders. Private sector organizations collaborate actively (from their own budget) with the implementation of Grenada's multisectoral strategy.

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

- Men who have sex with men:**
Yes
- Migrants/mobile populations:**
-
- Orphans and other vulnerable children:**
Yes
- People with disabilities:**
Yes
- People who inject drugs:**
-
- Sex workers:**
Yes
- Transgendered people:**
-
- Women and girls:**
Yes
- Young women/young men:**
Yes
- Other specific vulnerable subpopulations:**
Yes
- Prisons:**
Yes
- Schools:**
Yes
- Workplace:**
Yes
- Addressing stigma and discrimination:**
Yes
- Gender empowerment and/or gender equality:**
Yes
- HIV and poverty:**
Yes
- Human rights protection:**

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

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

People living with HIV/AIDS, Sex workers, men who have sex with men, prisoners, children, youth

1.5. Does the multisectoral strategy include an operational plan?: No

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

No

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

No

e) A monitoring and evaluation framework?:

Yes

1.7

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

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

All stakeholders were invited and participated in the strategic plan development workshops

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

No

1.9

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

No

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

Strategic Plan yet to be ratified and then disseminated

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

Yes

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

Common Country Assessment/UN Development Assistance Framework:

-

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

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

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

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

Yes

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

Yes

Other[write in below]:

-

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

No

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

No

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

Yes

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

No

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

No

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

Yes

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

Yes

IF YES, for which population groups?:

By age categories (children, youth and adults), geographical locations and Prisons

Briefly explain how this information is used:

For targetted intervention, like VCT outreach

(c) Is coverage monitored by geographical area:

Yes

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

Parishes and villages

Briefly explain how this information is used:

For targetted intervention at community level (villages)

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

Yes

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

Allocation of more physical space for VCT and other services at the community level; capacity building of health care workers; also revitalisation and strengthening of primary health care system

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

4

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

A significant number of persons trained in testing and counselling; Involvement of leaders of faith-based organisations in HIV prevention activities; Significant increase in the number of persons accessing counselling and testing; Increased longevity of persons in care, as well as increase in numbers of persons receiving ART and other services; Reduction in the number of reported cases since 2007; Reduction in the transmission of HIV from mother to child.

What challenges remain in this area:

Financial and human resource constraints; Physical space constraints at the main treatment facility; Full compliance and adherence to treatment regime by some clients; Inability to determine the size and scope of MARP

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

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

Yes

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

Participation in World AIDS Day activities; delivery of national addresses on occasions

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

Yes

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

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

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

Mr. Terry Charles, Chairperson

Have a defined membership?:

Yes

IF YES, how many members?:

21

Include civil society representatives?:

Yes

IF YES, how many?:

11

Include people living with HIV?:

Yes

IF YES, how many?:

3

Include the private sector?:

Yes

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

Yes

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

Yes

IF YES, briefly describe the main achievements:

Collaboration and cooperation for HIV activities in country by the various stakeholders

What challenges remain in this area:

No full time employees at the National AIDS Council Stakeholders sometimes have difficulties allocating time for planned activities since most have full time jobs Funding for some activities

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

0.75%

5.

Capacity-building:

-

Coordination with other implementing partners:

Yes

Information on priority needs:

-

Procurement and distribution of medications or other supplies:

-

Technical guidance:

Yes

Other [write in below]:

-

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

No

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

-

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

4

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

A revised NAC with a wider cross-section of persons representing more sectors of the society; Authorization was given for the completion of the National Strategic Plan

What challenges remain in this area:

Stigma and discrimination Some laws need to be amended/updated

A - III. HUMAN RIGHTS

1.1

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

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

Yes

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

-

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

-

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

-

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

No

IF YES, for which subpopulations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs :

-

Prison inmates:

- **Sex workers:**
- **Transgendered people:**
- **Women and girls:**
- **Young women/young men:**
- **Other specific vulnerable subpopulations [write in below]:**
-

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

Briefly comment on how they pose barriers:

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

-

Avoid commercial sex:

-

Avoid inter-generational sex:

-

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

-

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

-

Use condoms consistently:

Yes

Other [write in below]:

-

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

No

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

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

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

Yes

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

-

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

Yes

Briefly describe the content of this policy or strategy:

Education, information, testing and counselling at the Prisons

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

| IDU | MSM | Sex workers | Customers of Sex Workers | Prison inmates | Other populations |
|------------|------------|--------------------|---------------------------------|-----------------------|--------------------------|
| No | Yes | Yes | Yes | No | - |
| No | No | No | No | No | - |
| No | Yes | Yes | Yes | Yes | Youth |
| No | No | No | No | No | - |
| No | Yes | Yes | Yes | No | - |
| No | Yes | Yes | Yes | Yes | PLHV |
| No | Yes | Yes | Yes | Yes | - |
| No | No | No | No | No | - |

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

5

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

Work towards reduction of stigma and reduction through education and information with schools, the media, public officers, and other groups; HIV awareness training for religious leaders aimed at stigma reduction; Ongoing training for health care workers

What challenges remain in this area:

Financial and human constraints; Continuing stigma and discrimination

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

Yes

IF YES, how were these specific needs determined?:

Areas were targetted following a KAPB survey that was done late in 2010

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

-

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

6

A - V. TREATMENT, CARE AND SUPPORT

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

Yes

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

Counselling; psycho-social support, social support, nutritional support, some financial support, referral for other medical services, ART, Treatment for OIs, Routine Laboratory services

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

Increased testing (PITC), plans to make rapid testing available and accessible at selected sites, promotion of available services

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

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

Agree

HIV testing and counselling for people with TB:

Strongly Agree

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

Agree

Nutritional care:

Strongly Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

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

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

Milk formula provided for the first 6 months for babies of HIV+ mothers

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

Yes

Please clarify which social and economic support is provided:

Free school books, bus fares and uniform for children; stipend for families; free health care, including all kinds of medication

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

-

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

Yes

IF YES, for which commodities?:

ART, condoms, and other medications

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

6

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

As a result, between 2010 and 2011 there has been no transmission of HIV from mother to child

What challenges remain in this area:

Ensuring there remains zero transmission of HIV from mother to child

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

Yes

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

Yes

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

No

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

Yes

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

100%

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

7

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

Provision of medical and various other forms of ancillary support from the Ministries of Health, Social Development, and Private Sector to all orphans and vulnerable children under our care

What challenges remain in this area:

Sustainability of the support that the growing number of these children need

A - VI. MONITORING AND EVALUATION

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

No

Briefly describe any challenges in development or implementation:

No trained M&E officer available Lack of equipment and office supplies

Briefly describe what the issues are:

Staff multi-tasking; no designated M&E officer(s) Insufficient capacity

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

-

A data analysis strategy:

-

A data dissemination and use strategy:

-

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

-

Guidelines on tools for data collection:

-

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

No

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

No

Briefly describe any obstacles:

-

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

In the Ministry of Health?:
-

In the National HIV Commission (or equivalent)?:
-

Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed] —

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

Temporary Staff [Add as many as needed] —

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

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

-

Briefly describe the data-sharing mechanisms:

-

What are the major challenges in this area:

-

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

-

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

Yes

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

Health Information Unit headed by an epidemiologist

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

Yes, but only some of the above

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

Basic demographics, including geographic distribution

6.2. Is there a functional Health Information System? —

At national level:
Yes

At subnational level:
No

IF YES, at what level(s)?:
-

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

No

8. How are M&E data used? —

For programme improvement?:
-

In developing / revising the national HIV response?:
-

For resource allocation?:
-

Other [write in]:
Relevant data from the Health Information Unit is published annually in the absence of an M&E report

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

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

At national level?:

No

At subnational level?:

No

At service delivery level including civil society?:

No

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

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

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

What challenges remain in this area:

B - I. CIVIL SOCIETY INVOLVEMENT

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

4

Comments and examples:

Domestic and Sexual Violence Policy Child Abuse Act Revision of National Strategic Plan Revision of Education Policy Revision of Workplace Policy Poverty Reduction Committee

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

3

Comments and examples:

Participation in stakeholder consultations Participation in the drafting of National Strategic Plan

3.

a. The national HIV strategy?:

3

b. The national HIV budget?:

1

c. The national HIV reports?:

3

Comments and examples:

In terms of prevention and support, civil society plays a major role in the implementation and monitoring of these programs; the Ministry of Health primarily undertakes the implementation and monitoring of treatment and care.

4.

a. Developing the national M&E plan?:

1

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

:

1

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

2

Comments and examples:

Civil society was involved in coordinating a National M&E Committee in 2008, under the World Bank Project. From 2009, a number of constraints prevented the continuation of the M&E Committee.

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

4

Comments and examples:

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

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

3

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

3

Comments and examples:

Civil society has been able to successfully access funding and technical support from Regional and International funding agencies.

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

People living with HIV:

25-50%

Men who have sex with men:

>75%

People who inject drugs:

<25%

Sex workers:

>75%

Transgendered people:

-

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

-

Home-based care:

25-50%

Programmes for OVC:**

25-50%

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

4

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

The involvement of civil society in revising the National Strategic Plan

What challenges remain in this area:

Lack of sustainability in projects Accessing financial support to implement programmes Lack of capacity building and technical support for civil society

B - II. POLITICAL SUPPORT AND LEADERSHIP

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

Yes

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

Being involved in the process for drafting the National Strategic Plan and the Education Policy

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

-

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

-

Prison inmates:

-

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

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

No

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

Grenada's law on non-discrimination is general; it deals broadly with the right of all citizens to the religion of their choice, access to health care, among others.

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

Any breach of this constitutional right can be dealt with in a court of law. For those who cannot afford to pay legal fees to a lawyer, there is the alternative of getting free representation from the Legal Aid and Counselling Clinic in Grenada's capital, St George's.

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

-

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

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

-

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

-

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

-

Women and girls:

No

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

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

For MSM: Our laws states in section 431 of the criminal code that "if any two persons are guilty of "unnatural connexion" ...each such person shall be liable to imprisonment for ten years". For Sex Workers: section 137 [29] makes prostitution illegal in certain circumstances. It states that any person who "loiters about or importunes any passengers for the purpose of prostitution ... shall be liable on summary conviction to a fine..." Young people: The age of sexual consent in Grenada is 16 years; therefore a person under the age of 16 cannot seek the medical services without a parent or guardian.

Briefly comment on how they pose barriers:

Persons listed above may be/are dissuaded from seeking medical attention or counselling for fear of criminalization, discrimination, lack of confidentiality, and no avenue for redress of violations in the system.

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

Yes

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

-

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

Yes

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

According to Human Rights addressed in the final draft of the current NSP (2012-2016): The new strategic orientation will tackle the human rights issues that impede progress towards universal access. A multi-faceted approach will be pursued hinged on the adoption of appropriate policies and enactment of modern legislation that decriminalizes sexual behaviour and sexual orientation and foster an environment that is tolerant of all MARP drawing on the Model CARICOM/PANCAP Anti-Discrimination Law. In this context, due regard will be paid to existing religious beliefs and socio-cultural norms and peer-led interventions and outreach programmes will be instituted to garner community input and support. Adequate technical and financial resources will be allocated to support the process.

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

Yes

IF YES, briefly describe this mechanism:

NGOs, such as GrenCHAP (MSM and SW), Grenada National Organisation of Women (GNOW), Legal Aid and Counselling Clinic (LACC) record and document violations reported by their clients.

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

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

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

Persons living with HIV and AIDS - ART Youth, prisoners, general adult population - HIV prevention

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

Yes

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

Yes

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

No

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

No

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

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

No

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

Yes

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

-

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

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

Yes

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

No

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

a. Legal aid systems for HIV casework:

No

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

Yes

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

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

No

Other [write in]:

-

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

2

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

A revised National Strategic Plan with the involvement of civil society

What challenges remain in this area:

-

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

7

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

Domestic Violence Act Child Abuse Act

What challenges remain in this area:

Laws and policies do need to be updated and implemented to improve and guarantee the treatment, care and support for PLHIV and other key populations.

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

Through KAPB survey carried out by the OECS HIV Project Unit in collaboration with the University of the West Indies
Feedback from VCT activities Monitoring and evaluation of programmes Poverty Assessment Surveys on Stigma and
Discrimination carried out by the Regional Stigma & Discrimination Unit, Barbados

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Strongly Disagree

Risk reduction for men who have sex with men:

Strongly Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

-

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

5

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

Programmes targeting different segments of the population were implemented Campaigns targeting 15-49 yr olds on Testing, S&D, and Prevention A committee was developed enabling civil society together with key Ministries dialogue, develop, implement and monitor preventative programmes and best practices Continued promotion of VCT Finalization of revised National Strategic Plan Advocacy on Human Rights issues

What challenges remain in this area:

Lack of technical and financial support Limited human resources Need for more research Lack of implementation and sustained delivery Capacity building

B - V. TREATMENT, CARE AND SUPPORT

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

Yes

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

The elements are wide-ranging: from provision of ARVs, conducting routine CD4 and Viral Load tests to providing adherence and psychosocial counselling, treatment of OIs and giving nutritional support

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

Great care is taken to make sure the best treatment is given to PLHIV - all necessary lab tests are carried out by the staff at the National Infectious Disease Control Unit Clinic, for example, the objective of which is to keep clients healthy for as long as possible.

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

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

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

Disagree

HIV testing and counselling for people with TB:

Agree

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

Disagree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

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

Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Disagree

TB infection control in HIV treatment and care facilities:

Disagree

TB preventive therapy for people living with HIV:

Disagree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

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

5

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

100% Prevention of Mother-to-Child Transmission of HIV

What challenges remain in this area:

-

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

No

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

2

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

-

What challenges remain in this area:

-

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