

Suriname Report NCPI

NCPI Header

COUNTRY

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Describe the process used for NCPI data gathering and validation:

-

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):

-

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
NAP	Firoz Abdoel Wahid	Yes	Yes	Yes	Yes	Yes	No
NAP	Wendy Emanuelson-Telgt	No	No	No	Yes	No	No
MOH	Deborah Stijnberg	No	No	No	No	No	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
UNICEF	Claudine Eersteling-Hammen	Yes	Yes	Yes	Yes	Yes
UNFPA	Ingrid Caffé	Yes	Yes	Yes	Yes	Yes
PAHO/WHO	Rachel Eersel	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

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

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

Yes

IF YES, what was the period covered:

2004 till now

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

IF NO or NOT APPLICABLE, briefly explain why.:

There is strengthened coordination of the HIV-response in Suriname, through establishment of a national multi-sectoral HIV-board in 2009. The HIV-board consists of representatives of several ministries, the PAHO and of civil society. It has so-called Technical Working Groups on Prevention, Treatment and Care as well as Monitoring & Evaluation, as its working-arms.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

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	Yes
Yes	Yes
No	-
No	-
No	-

Other [write in]:

Social Affairs, Medical Association, Academic Hospital Paramaribo, sLands Hospitaal

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?:

-

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:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

No

People who inject drugs:

No

Sex workers:

Yes

Transgendered people:

Yes

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]?:

Men who have Sex with Men Sex Workers Women Youth

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

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

No

c) Detailed costs for each programmatic area?:

Yes

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

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

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

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

The National Strategic Plan for HIV 2009-2013 has been developed with broad and extensive consultation with all stakeholders, including civil society i.e. all NGO's involved with the provision of HIV-services.

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

Yes

1.9

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

Yes, all partners

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:

Yes

National Development Plan:

No

Poverty Reduction Strategy:

No

Sector-wide approach:

-

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:

-

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

-

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

-

Reduction of stigma and discrimination:

Yes

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

Yes

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

-

Other[write in below]:

-

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

No

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

Yes

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?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

Yes

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

No

(c) Is coverage monitored by geographical area:

No

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

Yes

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

The plan to strengthen the health systems has been developed recently and as is aimed at the further strengthening of the existing Primary Healthcare Approach. One of the pillars in this approach is the integration of ARV's in the essential medicine list. Just recently, the majority of the ARV's are now included in this list.

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

8

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

A key achievement is the costings exercise of the National Strategic Plan, that has been conducted for the projected costs of the year 2012. A tool has been developed for conducting the costing and the financial personnel of the National AIDS Program has been trained accordingly to project the costings of future years.

What challenges remain in this area:

It is expected that with the further integration of HIV-services in the existing health services, the challenges regarding monitoring & evaluation will increase. This may pose a challenge, as sound strategic information is inextricably linked to planning.

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:

Actively identifying and utilizing additional external financial resources Coordinating the integration of the HIV-response in existing health services Advocating and overseeing the establishment of a site for integrated services of HIV and other chronic diseases at the Academic Hospital Paramaribo

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?:

Martelise Eersel MD MPH

Have a defined membership?:

Yes

IF YES, how many members?:

12

Include civil society representatives?:

Yes

IF YES, how many?:

1

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

No

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:

The HIV-board is a forum for such interaction There is a platform for Treatment, Care and Support consisting of government and civil society organizations. This platform convenes regularly to discuss updates and arisen issues. The main achievement of this platform is the revision of treatment guidelines according to the revised WHO guidelines.

What challenges remain in this area:

-

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

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

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?:

9

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

The development of the National Strategic Plan for HIV 2009-2013 The establishment of the national HIV-board, under the board of ministries in Suriname The First Lady of Suriname as the patron of HIV

What challenges remain in this area:

-

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:

No

Young women/young men:

No

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:

The Constitution of Suriname was enacted in 1987. It recognizes and grants everyone fundamental rights and freedoms. Those entitlements and freedoms can be found in chapter V: articles 8 to 23 and in chapter VI: articles 24 to 39. The national legislation offers protection for human rights to all Surinamese citizens under the constitution Article 8.2 of which states that no one may be discriminated based on any status.

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

Ministry of Justice and Police: The Bureau Mensenrechten is the government's human rights agency that assists the State of Suriname in judicial processes relating to human rights violations brought before regional and international human rights tribunals. The Bureau Vrouwen- en Kinderbeleid: is the agency responsible for policy development on women and children. Some tasks of the agency are the formulation of policies on women and children; the development of an action plan for women's and children's policy for the Ministry of Justice and Police, the coordination of women's and children's policy to all relevant departments within the Ministry of Justice and Police; close cooperation with non-governmental organizations that provide women and children focused services. Ministry of Labor, Technological Development and Environment: Labor inspection Dismissal committee (The main task of the committee is to assess and permit or reject dismissal by employers on behalf of the Minister of Labor) Ministry of Social Affairs and Housing: Bureau Rechten van het Kind the agency for Children's Rights, which promotes the Convention on the Rights of the Child nationwide or acts as a contact point for child rights or monitors the implementation of the child right treaty

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

The degree to which they are implemented is good in general terms. To optimize the constitutional entitlements and freedoms for individuals who are infected or affected by HIV and AIDS there is a need to integrate Human Rights in the HIV-response. This consideration is the basis of the Project Integrating Human Rights. A proposal has been developed and follow-up will be given accordingly.

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:
No
Avoid commercial sex:
No
Avoid inter-generational sex:
No
Be faithful:
Yes
Be sexually abstinent:
No
Delay sexual debut:
Yes
Engage in safe(r) sex:
Yes
Fight against violence against women:
No
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:
No
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
Yes
Reduce the number of sexual partners:
No
Use clean needles and syringes:
No
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?:

Yes

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

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

No

Secondary schools?:

No

Teacher training?:

No

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?:

No

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:

Based on a broad consultation process with all relevant stakeholders, a program was developed for targeting the needs for Men who have Sex with Men and and for Sex Workers. Part of the programme is the promotion of tailored information, education and communication and other preventive health interventions.

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	No	No	-
No	No	No	No	No	-
No	Yes	Yes	No	No	-
No	No	No	No	No	-
No	Yes	No	No	No	-
No	Yes	Yes	No	No	-
No	Yes	Yes	No	No	-
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?:

7

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

The development of a condom policy.

What challenges remain in this area:

The challenge is the active involvement of all stakeholders in implementing this policy.

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

Yes

IF YES, how were these specific needs determined?:

These needs were determined by analyzing the available strategic information: A condom program (to increase access to and utilization of) A SDR (Stigma and Discrimination Reduction) Program for the interior A prevention program for MSM and Sex Workers

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Disagree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Disagree

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?:

8

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?:

No

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

The provision of treatment is already integrated in the primary health care of Suriname, where ARV's are given free of charge. Other than that scaling-up is done through: Integrating HIV with other chronic diseases and NCDs Scaling up HIV-testing; there are 10 VCT-sites and the provision of PITC is in its preliminary phase as well as the planning of HIV testing by the community Health promotion campaigns to motivate persons to utilize the existing health services Structuring the current psycho-social services Increasing the amount of deliverers of support services: e.g. peer-counselors

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):

Neutral

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:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

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

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Neutral

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

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

Yes

Please clarify which social and economic support is provided:

Persons with HIV are entitled to a sum of money per month provided by the Ministry of Social Affairs. Infants born from HIV infected mothers receive free infant formula.

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

No

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?:

No

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?:

9

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

The scaling-up of persons on HAART. The absence of stock-outs of ARV's. The capacity to perform early infant diagnosis. The establishment of the Center of Excellence (COE) for treatment, care and support; a center for expertise regarding the provision of high quality treatment, capacity building of the primary health care, operational research and policy formulation. Currently this COE is being integrated with a Diabetes Program in order to arrive at an integrated approach of services.

What challenges remain in this area:

-

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?:

No

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

-

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

7

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

The development and execution of a program to provide high quality services to OVC's who are already in orphan homes.

What challenges remain in this area:

The development of a national plan for OVC's remains to be executed.

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

Challenge in implementation remains human resources

1.1 IF YES, years covered:

2009-2013

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

-

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

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

Yes

Guidelines on tools for data collection:

Yes

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

No

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

Yes

Briefly describe any obstacles:

-

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

In the Ministry of Health?:

Yes

In the National HIV Commission (or equivalent)?:

No

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?:

Yes

Briefly describe the data-sharing mechanisms:

-

What are the major challenges in this area:

-

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

Yes

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

Yes

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

The National database is managed by the M&E Manager

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?:

-

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

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?:

Yes

8. How are M&E data used?

For programme improvement?:

-

In developing / revising the national HIV response?:

-

For resource allocation?:

-

Other [write in]:

-

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?:

-

At service delivery level including civil society?:

Yes

IF YES, how many?:

-

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

Yes

IF YES, describe what types of activities:

-

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

6

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

-intensified HIV related research done -increased data collected regarding PMTCT

What challenges remain in this area:

- Human resources for data collection and processing - Integration of different data sets - Enhance quality of collected data

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?:

2

Comments and examples:

SMU: - NGO targeting MSM with regard to service provision - Advocacy towards parliamentarians for eliminating stigma towards gay men and MSM

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:

Sexworkers and other CS representatives are member of CCM and HIV BOard

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

3

c. The national HIV reports?:

4

Comments and examples:

- NGO's are sub-recipients of the GF grants - Salaries of NGO personnel paid by MOH - NGO's report to GF through MOH

4.

a. Developing the national M&E plan?:

2

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

:

0

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

-

Comments and examples:

- Stakeholder meeting for M&E where CS representatives were present - Input in size estimation initiatives

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:

NGO's for SW, MSM and PLWHIV are represented

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:

Through UN agencies and other international donors

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

People living with HIV:

51-75%

Men who have sex with men:

>75%

People who inject drugs:

-

Sex workers:

51-75%

Transgendered people:

>75%

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

25-50%

Clinical services (ART/OI)*:

<25%

Home-based care:

51-75%

Programmes for OVC:**

>75%

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

6

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

Focal Points appointed by MOH for NGO social services

What challenges remain in this area:

Collaboration between CS organizations remains very weak

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:

HIV budget at the MOH includes involvement of various subpopulations

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

*This law does not specifically pertain children orphaned by AIDS

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

Yes

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

*The Constitution

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

The law has been published Implementation can be enforced through a legal procedure

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

Level of implementation is generally low

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:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

The law is not enforced in anyway and does not present any obstacles in practice

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

The law prohibits providing information regarding sexuality to children below the age of 14

Briefly comment on how they pose barriers:

-

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

Yes

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

Laws against domestic violence and violence against women. Age of consent for sexuality has been changed from age 13-16

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:

NSP for HIV 2009 - 2013 A principle in the policy (page 16)

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?:

No

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?:

-

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

Yes

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

Yes

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

Yes

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

NSP All vulnerable populations

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:
No

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

No

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

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:
No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
No

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

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

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

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

No

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:

No

Programmes in the work place:

Yes

Other [write in]:

Annual anti-discrimination walk of Youth

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?:

3

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

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?:

2

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

What challenges remain in this area:

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

-Surveys - National data on PMTCT - Surveillance data

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Disagree

IEC on stigma and discrimination reduction:

Disagree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Disagree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Disagree

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?:

6

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

PMTCT has been institutionalized/ integrated in PHC Coverage has expanded Production of information material for general and specific groups

What challenges remain in this area:

- NO coherent communication strategy - Difficulty to reach some target groups *SW in the interior *Partners of key populations

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?:

No

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

The individual components are in place

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:

Disagree

Early infant diagnosis:

Strongly Agree

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

Disagree

HIV testing and counselling for people with TB:

Agree

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

Disagree

Nutritional care:

Disagree

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:

Disagree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Disagree

TB screening for people living with HIV:

Disagree

Treatment of common HIV-related infections:

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?:

6

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

Treatment protocols are being implemented

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?:

6

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

Improvement in PMTCT data collection and analysis

What challenges remain in this area:

Too many persons "Lost to follow-up"

Source URL: <http://aidsreportingtool.unaids.org/178/suriname-report-ncpi>