COMMONWEALTH OF DOMINICA

GLOBAL AIDS REPORT 2012

NARRATIVE REPORT

Prepared by National HIV and AIDS Response Programme Secretariat

ACKNOWLEDGEMENTS

The Ministry of Health wishes to acknowledge the support of all the stakeholders who made this report possible. The members of the Country Coordinating Mechanism (CCM), the Non-governmental and other Civil Society Organizations, who provided tremendous support.

The many heads of department of the various departments, the staff of the Princess Margaret Hospital Laboratory and La Falaise Medical Laboratory for providing the laboratory data.

The staff of the Health Information Unit, for your continued support and contribution. Special mention must be made of Dr. Shallaudin Ahmed, Communicable Disease Officer for his unwavering support despite his heavy workload.

The National HIV and AIDS Response Programme staff for your dedication and commitment to the process. Your effort was exemplary.

BACKGROUND

The Commonwealth of Dominica (herein referred to as Dominica) is situated between the two French islands of Guadeloupe and Martinique, in the middle of the Caribbean archipelago. Dominica is a lush green mountainous island of 754 square kilometres. Dominica has had a flourishing agricultural-based economy for several years. However, this has changed rapidly into a tourism-based economy over the last five years. The total population according to the Central Statistical Office stands at 72,293: 36,411 males and 34,882 females (2011 Census Preliminary Report).

Poverty and unemployment remain a major issue. Approximately 39 per cent of the population lives on roughly EC$10/day (US$4/day) and unemployment among young people is estimated at 75 per cent (IMF/World Bank Report). The official language is English. However, Kweyol (French patois) is widely spoken - a result of earlier French settlers on the island.

Of note in the 2011 census is the increase in migrant populations. The Haitian-born nationals have become the main migrant population in Dominica. According to the census head count, this population numbered 1,054 with 57.7% male and 42.3 % female accounting for 1.5 percent of the population.

Health Services in Dominica continues to be led by the government through the Ministry of Health and Urban Renewal. For the effective delivery of health care services, the country adopted the primary health care concept in 1982. Three levels of care exist – primary, secondary and tertiary care.

The primary care level consists of 52 health centres/clinics with a two tier level of service: Type I health centres, which provide a minimum care package by a district nurse and is supported by comprehensive services at a Type III health facility. There are two small district hospitals also providing primary care level services.

The main hospital, in the capital city of Roseau, is operated by the Government of Dominica, and provides secondary level of care. However there is one private hospital, also providing secondary care to citizens.

There are a number of private practitioners who provide medical and nursing services through their various practices for individuals not wishing to access service through the public system. Two medical laboratories provide diagnostic services; one is owned by the Government and is situated at the main hospital, whilst the other is privately owned.

Through the integrated approach to Health Care Services the National HIV and AIDS Response programme has found it very easy to use this mechanism for the decentralization and integration of HIV treatment care and support services. This approach will ensure sustainability of the HIV and AIDS Response, with the dwindling of funds from donor partners. The Ministry is moving towards one integrated programme to provide services for Infectious Diseases. As such, a concept paper for one TB/HIV/STI Programme is being finalized for presentation to the cabinet of ministers.

Since Dominica reported its first case of HIV and AIDS in 1987, the approach to the response has been a multi-sectoral one. The process used to inform this report was consultative.

The Country Coordinating Mechanism (CCM) conducted a consultation with the involvement of key stakeholders and partners. In addition, individual interviews and discussions were also held.

There was interesting and animated discussion with individuals respecting the views of each other. Special concern was raised over the number of men seeking testing services. Some persons thought it was “the way that men on a whole are socialized”, another commented on the cultural taboos surrounding transmission of HIV which includes homophobia, as well as the fact that historically, health care services have been geared towards women and children.

The consultation concluded that greater emphasis needs to be placed on improving health seeking behaviours among men.

Members of CCM, government, other civil society organizations and private sector in discussion during the stakeholder consultation.

SCALE UP OF NATIONAL RESPONSE TO THE AIDS EPIDEMIC

Dominica's initial steps to combat the HIV and AIDS epidemic dates back to 1987 after the first HIV and AIDS case was reported. 2001 saw the birth of the expanded response with the advent of the PMTCT Programme, then the establishment of the National HIV and AIDS Response Programme in 2003. The response to the epidemic is conducted through a multi-sectoral approach. The oversight is provided by the Country Coordinating Mechanism (CCM) which is inclusive of members of both civil society and government. The committee is commissioned by the Government of Dominica.

The principal responsibility of the National HIV and AIDS Response Programme (NHARP) secretariat is to coordinate HIV and AIDS related activities across the country and to ensure the implementation of the activities identified under the Strategic Components in the National Strategic Plan for HIV and AIDS.

The Response is continuing with the platform already established under the OECS Global Fund Grant to implement activities in keeping with the thrust to target the most at risk populations, to keep the incidence of new cases of HIV at a minimum and to continue to improve treatment, care and support for people living with HIV and AIDS.

In keeping with its efforts to monitor trends a Knowledge, Attitudes, Behaviours and Practices Survey was conducted among the 15-49 age group in 2010. This study assisted in the successfully completing some of the indicators for this report.

Despite the successes over the last year in areas of testing, the response has its challenges. Adequate human resource and funding remain key setbacks for the implementation of activities.

Over the next year the Ministry of Health together with the Ministry of Finance will have to put mechanisms in place to increase the drug budget for the continued provision of ARVs.

The OECS PPS, through the PANCAP Global Fund Round 9, is the mechanism through which ARVs are provided at present.

PREVENTION

Testing and Counselling

Since the last reporting period, the Ministry of Health continued to place emphasis on testing, recognizing that it provides the entry point to treatment and care services. The UNGASS 2010 reflected that three same day testing sites were established and have been fully functional. Two more sites have been established and now there are five sites providing onsite rapid tests. This has improved the turnaround time for results from weeks to approximately forty five (45) minutes. Under the new Strategic Information and Laboratory Strengthening (SILS) CDC Cooperative Agreement, it is hoped that an additional five sites will be established including an NGO to provide “youth friendly” testing services.

The number of persons accessing testing in the last year has increased by 1000 as a direct result of the onsite rapid testing. In addition to provide testing on a regular basis, targeted campaigns are conducted in an attempt to reach the most at risk populations.

Delayed testing continues to be provided at all the other health facilities not yet providing onsite rapid tests.

A testing provider during one of the many campaigns on onsite rapid testing techniques.

Regional Testing Day 2011

Regional Testing Day 2011 was held over a two day period beginning on June 24th with testing in the capital city Roseau, and continuing on June 25th at the Atkinson Health Centre. During the two day event 90 persons tested for HIV. In Roseau, 33 males and 21 females and in Atkinson 16 males and 20 females were tested.

HIV education sessions were held with participants. These sessions included basic HIV information, discussion on HIV transmission routes and prevention methods and male and female condom demonstrations.

Each participant received a packet which included 15 male condoms, 1 female condom and educational materials on how to properly use both prevention tools. Other HIV, STI and sexual health informational pamphlets were on display and available to participants.

Return demonstration by clients on male and female condoms while awaiting test on Regional Testing Day 2011

Prevention of Mother to child Transmission

Prevention of Mother to Child transmission (PMTCT) has been identified as a significant source of HIV infection in children below the age of ten years. Transmission of HIV can occur before, during and after delivery. The risk of transmission increases during the course of a pregnancy and is relatively frequent in late pregnancy and during delivery. Breastfeeding contributes substantially to this overall risk. With this in mind the Ministry of Health established the PMTCT programme in 2001 with the aim of reducing mother to child transmission of HIV in Dominica through the following methods:

- Primary prevention of HIV among prospective parents
- Prevention of unwanted pregnancies among HIV infected women
- Prevention of HIV transmission from HIV infected women to their infants.

Since its inception, there has been sixteen exposed infants. However, there has been no seroconversion. The country has documented 100% success in prevention of mother to child transmission rates and is well on its way to meeting the target of elimination of HIV transmission from mother to child.

In 2011, nine hundred and ninety (993) test performed pregnant through the maternal and child health services within the public sector with one new HIV mother testing. There were three exposed infants, two from mothers previously testing positive. HAART was provided for mother and infant as well as PCR testing and supplemental feeding/replacement feeding for infants.

MOST AT RISK POPULATIONS (MARPS)

The Most at Risk Populations for Dominica, as informed by a consultative process for the strategic planning process are, men who have sex with men (MSM), prison inmates, sex workers, young people(15-24) and the indigenous people (Kalinago people).

MSM

The National HIV Strategic Plan calls for targeted interventions among MSM groups. To meet these goals, the Ministry of Health (MoH) with funding from UNAIDS and in collaboration with the Public Health Agency of Canada (PHAC) and the Pan American Health Organization (PAHO) conducted a pilot behavioral and seroprevalence survey among the population. In addition, a size estimates exercise was conducted. The results of these will be used to inform programmes and policies for the populations.

The Survey was an anonymous cross-sectional study of MSM in Dominica. Participants were sampled through chain-referral sampling and when necessary, convenience sampling. The target survey sample size was 100 MSM and participants had to be 16 years or older and live or work in Dominica. Data on knowledge, beliefs, attitudes, and behaviours was collected using an interviewer-administered questionnaire. Interviewers were members of the local and/or regional MSM community who were provided with specialized training for this project. HIV serostatus was determined using locally available HIV screening methodology administered by the interviewer before and after the interview.

Participation was voluntary (with provision of informed consent) and the study protocol was approved by the research ethics boards of the implementation partner agencies i.e. the Ministry of Health (Dominica) and the Public Health Agency of Canada.

The survey revealed that the prevalence of HIV among the population studied was 26.7% which is in keeping with or lower than the prevalence rates in other Caribbean countries which have conducted studies of that nature.

Caribs(Kalinagos)

The Carib Council in conjunction with the Pan American Health Organisation (PAHO) conducted a five week Training of Trainers programme for community leaders in the Carib Territory. The training was dubbed ***"Prevention for Kalinago Preservation."***

Participants were trained to conduct educational sessions on topics addressing the various health issues affecting the Carib People such as Drug Abuse, Teenage pregnancy, HIV and AIDS and Chronic None Communicable Diseases, for their group members as well as for persons in the wider Carib community. Eleven persons completed the training and received their certificates.

It is hoped that this will help to make HIV prevention education in the Carib Territory sustainable, since there are now persons within the Territory who now have the skills to provide on-going HIV education to their fellow Carib brothers and sisters.

Graduation ceremony

Two testing campaigns were conducted in the territory during the reporting period. These were conducted with the support of the Carib Council recognizing the need to encourage persons that knowing their status is significant in the management of the HIV epidemic.

HIV Information being provided while persons wait for testing at a testing site.

Prison

A programme has been established with the prison authorities to provide peer education services for young offenders prior to release into the general population. Testing is available to inmates as well the provision of HAART for those living with HIV.

In order to monitor the trend of seroprevalence among inmates a repeat study will be conducted in April of 2012. The first one was conducted in 2005 which revealed a prevalence rate of 2.6 %.

Young People

The highlight of activities conducted for young people was a collaborative effort with the US Peace Corps which culminated in a triathlon in observance of World AIDS Day 2011.

Prior to race day young men and women were trained as Community Change Agents to raise general awareness about of HIV and AIDS in Dominica. These Community Change Agents as they were referred to will work on various community HIV/AIDS projects. The topics covered with the groups included Peer Education and Community Outreach, Stigma Reduction and Promotion of Testing, Female Centered Awareness Campaign, Safe-Sex and Abstinence, Healthy Lifestyles and Community Fitness.

After completing the training sessions, the Change Agents were required to plan and implement a community-wide awareness with their team members.

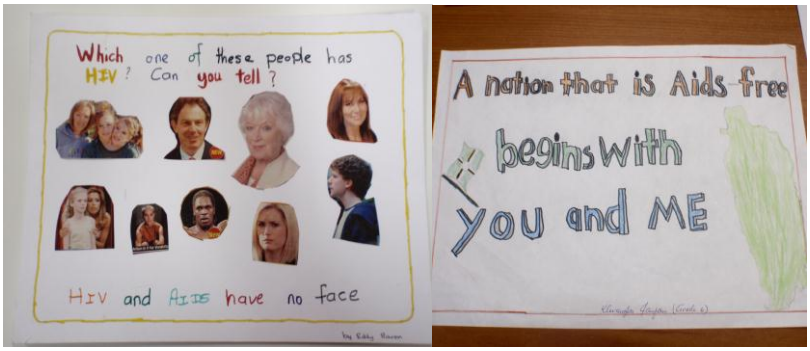

WORLD
AIDS
TRIATHLO

COMMUNITY OUTREACH

Community outreach remains a key aspect of the National Response as it provides an avenue for prevention education. Prevention education continues to be provided to all community based group, schools, churches, youth groups. Among the many community activities conducted, the following pictures give some insight into some of the outreach activities for the reporting period

The Laplaine Health Team seeks to promote the 2011 World AIDS Day theme by encouraging church leaders and as well community members to speak out.

A poster competition among primary school students in the Grand Bay Health District was conducted by the National HIV and AIDS Response Programme and the US Peace Corps. HIV Education sessions were conducted with students prior to the competition. The information received was used to produce posters. There was a high level of response by students.



Two of the winning posters.

Students from one of the schools participating in the poster competition

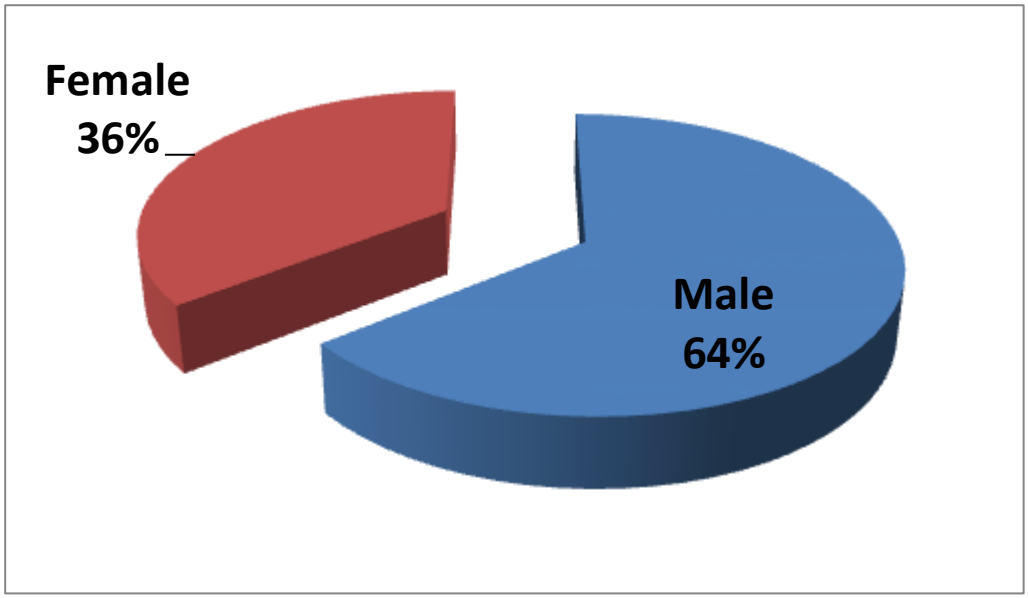
TREATMENT, CARE AND SUPPORT

Treatment, care and support remain an integral part of the HIV response. The Clinical care team continues to provide comprehensive quality services to the clients attending the Infectious Disease Clinic. At the end of the reporting period there were 70 active patients with 39 of them HAART. 64% of the client population are male and 36% female. Twenty were at Stage 1, seventeen Stage 2, eighteen Stage 3 and eight at Stage 4, according to the WHO staging.

With reference to hospitalisations during the period, four patients were hospitalised with various opportunistic infections. Appropriate referrals were made for those requiring additional services.

Case based reporting has been enforced over the last reporting period. Training was provided for the health care professionals on the use of the tool for reporting newly diagnosed HIV cases. The reporting system will assist in monitoring the incidence including AIDS, and HIV-related morbidity and mortality in the population, identify changes in trends of HIV transmission and identify populations at risk. The information collected will be used to inform interventions and monitor and evaluate the effectiveness of interventions.

Figure 1: Clients Attending IDC



Source: Health Information Unit

Policy Environment

The policy development though slow has seen some progress during the last reporting period. The Ministry of Education has developed a policy to address HIV and AIDS issues in the education sector. The policy is in draft form and waiting to be submitted to cabinet for approval.

The National HIV and AIDS Response Programme is keeping the momentum with plans to have a National Policy approved by the middle of 2013. This will be done with the assistance of the Health Policy Project and Futures Group under the PANCAP Global Fund Grant.

Indicator Table

Summary of the Global AIDS Indicators

TARGET	INDICATOR		DATA	COMMENTS
1. **Reduce sexual transmission of HIV by 50%**	1.1	Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.		These indicators reflect the results of the KAPB study among the 15-49 population conducted in 2010.
	1.2	Percentage of young women and men aged 15-24 who have had sexual intercourse before age of 15	15.4%	
	1.3	Percentage of adults aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months	16.5%	
	1.4	Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months and who report the use of a condom during their last intercourse.	63.6%	
	1.5	Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results.	89.65%	
	1.6	Percentage of young people aged 15—24 who are living with HIV	No data available	
	1.7	Percentage of sex-workers reached with HIV prevention programmes	No data available	

	1.8	Percentage of sex workers reporting the use of a condom with their most recent client.	No data available	
	1.9	Percentage of sex workers who have received an HIV test in the past 12 months and know their results	No data available	
	1.10	Percentage of sex workers who are living with HIV	No data available	
	1.11	Percentage of men who have sex with men reached with HIV prevention programmes	61.11%	
	1.12	Percentage of men reporting the use of a condom the last time they had sex with a male partner	63.16%	
	1.13	Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	36.11%	
	1.14	Percentage of men who have sex with men who are living with HIV	26.67%	
	1.15	Percentage of Health facilities that provide HIV testing and counselling services	100%	
	1.16	Number of women and men aged 15 and older who received HIV testing and counselling in the past 12 months and know their results	1256	There is high level of under reporting and efforts are being made to rectify this.
	1.17	No of women and children aged 15 and older who received testing and counselling in VCT sites in the past 12 months and know their results.	803	
	1.18	No of pregnant women aged 15 and older who received testing and counselling in the past 12 months and received their results	766	

2. Reduce the transmission of HIV among people who inject drugs by 50 per cent by 2015				Not applicable for Dominica There are no documented IV drug users on island.
3. Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths.	3.1 3.2 3.3 3.4	Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission. Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth Mother-to-child transmission of HIV(modelled) Percentage of child infections from HIV infected women delivering in the past 12 months.	100% 100% 0%	There were three HIV positive pregnant women in 2011 all received antiretrovirals.
4. Have 15 Million people living with HIV on antiretroviral treatment by 2015	4.1 4.2 4.2 b 4.2 c 4.3	Percentage of eligible adults and children currently receiving antiretroviral therapy Percentage of adults and children with HIV know to on treatment 12 months after initiation of antiretroviral therapy Percentage of adults and children with HIV still alive and known to be on treatment 24 months after initiation of antiretroviral therapy(among those who initiated antiretroviral therapy in 2009) Percentage of adults and children with HIV still alive and known to be on treatment 60 months after initiation of antiretroviral therapy(among those who initiated antiretroviral therapy in 2006) Health facilities that offer antiretroviral therapy	55.71% 87.5% 100% 95.7% 1	Antiretroviral therapy is provided at one site as clients are more comfortable with this set up. Efforts are being made to decentralize in the near future. Training is on-going to facilitate that process. Clients can access management of opportunistic infections at district health centres.

	4.4 4.6	Percentage of Health facilities dispensing antiretrovirals (ARVs) for antiretroviral therapy that have experienced a stock out of at least one required ARV in the last 12 months Percentage of adults and children enrolled in HIV care and eligible for CTX prophylaxis (according to National Guidelines) currently receiving CTX prophylaxis	0% 13%	
5. Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015	5.1 5.2 5.3 5.4	Percentage of estimated HIV-positive incident TB case that received treatment for both TB and HIV Health care facilities providing ART for PLHIV with demonstrable infection control practices that include TB control Percentage of adults and children newly enrolled in HIV care starting Isoniazid preventive therapy Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	0% 1 0	
6. Reach a significant level of annual global expenditure(US$22-24 billion) in low and middle income countries.		Domestic and international AIDS spending by categories and financing sources		
7 Critical enablers and synergies with development sectors		National Commitments and Policy instruments (NCPI)(prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)	100%	

		Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months		According to data received from Bureau of Gender Affairs the number of partnered women who experienced violence in 2011 was 44. The Bureau recognised that there is gross under reporting. Efforts are being made to improve the reporting mechanism especially from the health sector and the police.
		Current school attendance among orphans and non-orphans aged 10-14 years.		
		Proportion of the poorest households who received external economic support in the past 3 months.		Data received from the Welfare Department revealed that 2021 households were assisted nationally in 2011

OVERVIEW OF THE AIDS EPIDEMIC

The first case of HIV was reported in 1987. The cumulative figure from 1987-2011 stands at 376 reported cases. In 2011 there were fifteen (15) reported cases. However an additional four (4) were pending confirmation, at the end of the reporting period. Of those positive 64.2% were male, while 35.7% were female. The promotion of early treatment will be scaled up over the next period. The country continues to see more males testing positive for HIV, as well as the productive population. The 25 - 49 age group remains the most affected.

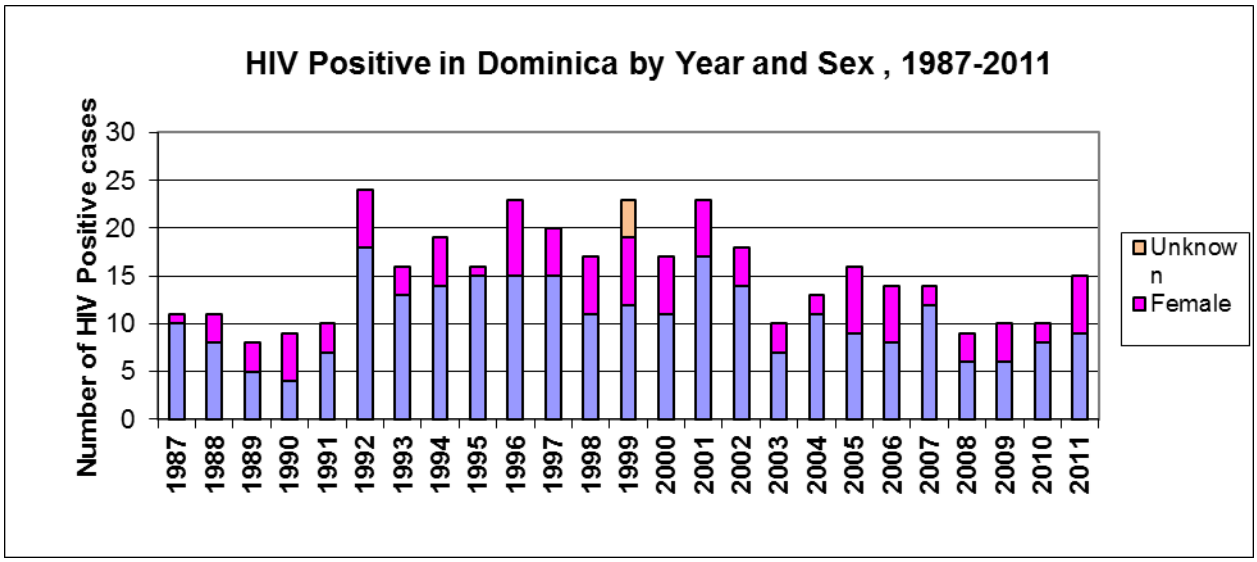
The Response in the coming months has plans to continue to target workplaces, more so those with large numbers of men in their employ given the ratio of men to women in the context of the Dominica epidemic. Additionally sports clubs and male dominated community groups will be targeted. A programme is being designed to reach these groups.

Testing and counselling services continues to be an integral part of the services offered to the general population and other most at risk populations. Last years' data reflects both private and public sector. A total 6257 HIV tests were performed nationally. Of those tested 3897 females and 2360 males.

Blood donors continue to be screened for HIV according to Caribbean Guidelines and National Guidelines. During 2011, one thousand and fifty-nine (1059) persons were screened at the Blood Bank and there were no HIV positive cases among donors.

The number persons testing positive has remained stable over the last few years. The table below reflects reported HIV cases from 1987 to 2011.

Figure 2: HIV positive cases from 1987-2011(HIU)

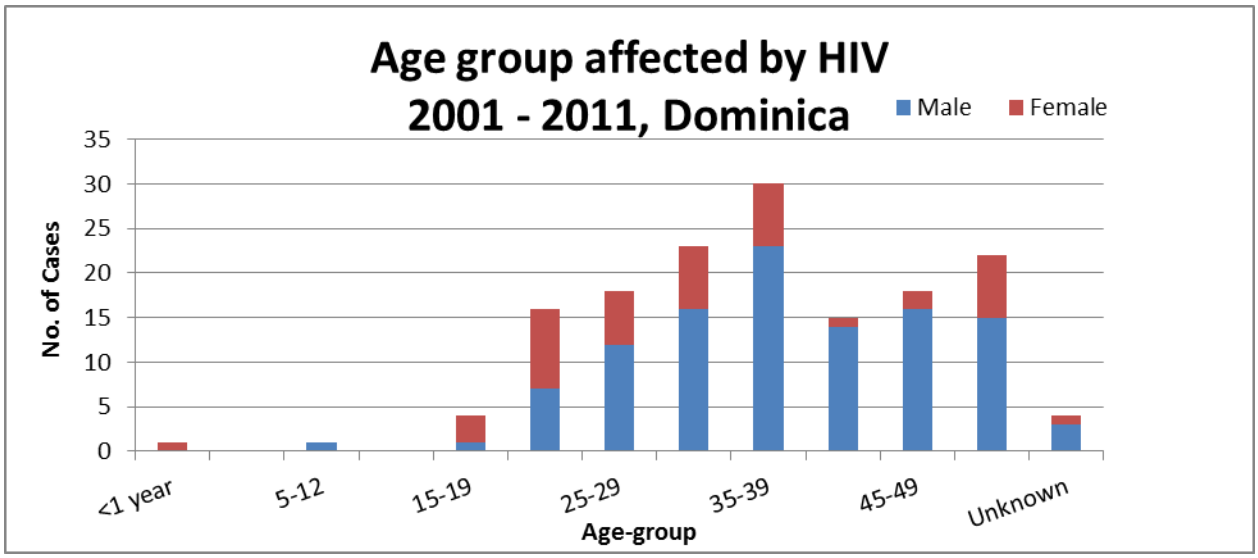


Source: Health Information Unit.

The productive population remains the most the affected group.

The table below gives the picture of the most affected age group.

Figure 3: Age group affected by HIV from 2001-2011



Source: Health Information Unit.

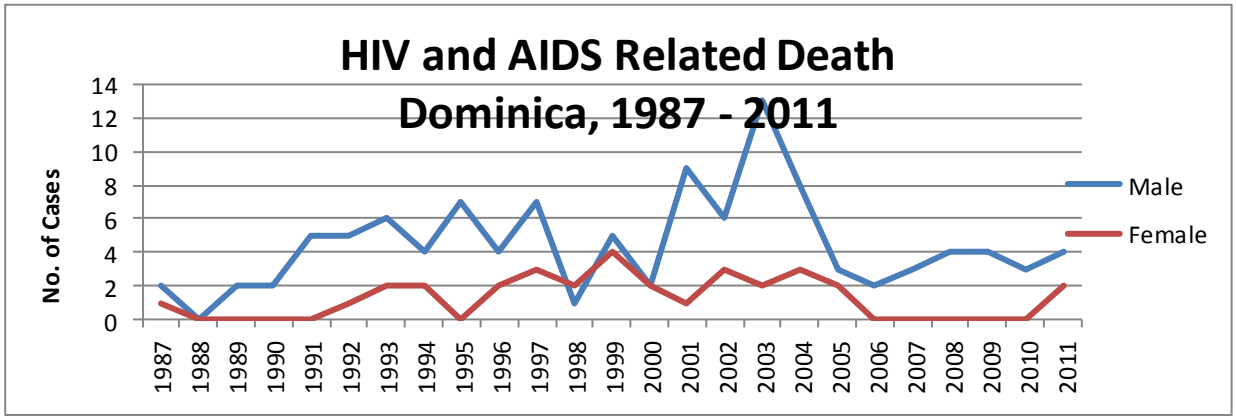
The Prevention of Mother-to-Child Transmission programme continues to ensure all pregnant are tested for HIV. This effort is through the maternal and child health services. Nine hundred and ninety-three (993) HIV tests were conducted for pregnant women at Government Laboratory.

All positive mothers are offered HAART and all exposed infants treated and followed up for first year and half of life by the PMTCT coordinator.

All exposed infants are given supplemental/replacement feeding.

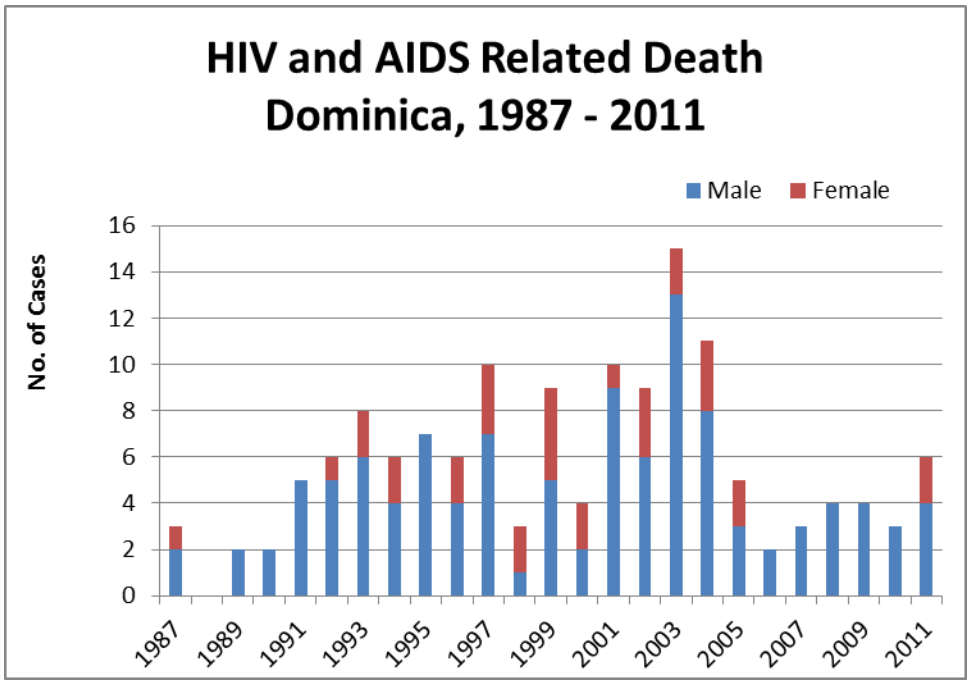
The Health Information Unit (HIU) has recorded a cumulative figure of one hundred and forty-three (143) certified HIV-related deaths from 1987 - 2011. There has been a decrease in the HIV-related mortality rate since 2005 as compared to previous years. Five of the deaths document in 2011 were persons who were had not accessed treatment, care and support services.

Figure 4: HIV and AIDS Related Deaths



Source: Health Information Unit

Figure 5: HIV and AIDS Related Deaths



Source: Health Information Unit

The support from development partners continues to be significant. The country benefits from the Pan-American Health Organization, President's Emergency Plan for AIDS Relief, The Global Fund to Fight AIDS, TB and Malaria through the provision of ARVs under the PANCAP Round 9 Grant.

In 20ll the Caribbean HIV and AIDS Alliance established its services in Dominica with the appointment a focal point. This will greatly assist the services offered to MARPS.

BEST PRACTICES

'Best Practice' is a completely new area of analysis for the National AIDS Response Programme (NARP). The NARP is considering the implementation of its onsite rapid testing programme a best practice. The Ministry of Health through the SILS CDC Cooperative Agreement recruited a Quality Assurance Coordinator to ensure the process was done through a quality assured environment.

The process began with the identification of rooms in the seven Health Districts for refurbishment suitable for providing testing services in a private and confidential manner. Along with this, Guidelines were developed and trainings conducted in both testing skills and techniques. The test kits to be used, Determine and UniGold were validated by the Quality Assurance Officer. After these mechanisms were in place and the green light was given, onsite rapid testing was launched on July 6th 2010. During the launching ceremony the Minister for Health delivered the feature address as well as handing out of the certificates to the first group of rapid testing graduates. Three sites were piloted in the initial phase with increased sensitization of the public.

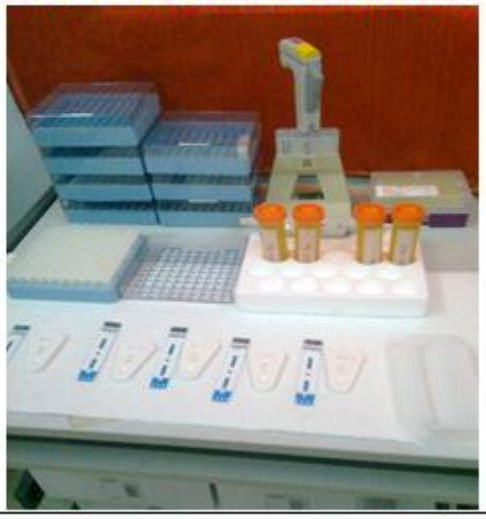
A quality assessment programme was introduced using Dried Tube Specimen. Four sites are now functional. Necessary adjustments were made from lessons learnt during the pilot in establishing the additional site. It is hoped that four more sites will be established in the new Cooperative Agreement, including an NGO. Monthly site visits are conducted by the QA Officer for monitoring quality as well as providing supportive supervision. During this visit it is ensured that proper inventory, reordering of stock is done in a timely and approved manner. The National Response is looking to sustain this effort.

Official Launching Ceremony

Minister of Health officially declaring health care providers "certified to perform HIV Rapid test in Dominica".

QUALITY MONITORING

Preparation of Quality Control and Proficiency testing material at National Laboratory



Tracking AIDS Spending has been very difficult. The table below represents funds received from some institutions to assist in the implementation of programme activities.

Funding Received in 2010-2011

Funding Agency	Amount (EC$)	Amount(US)
PAN American Health Organisation	76,405.74	**$28,122.40**
Centre for Disease Control	407,535.00	150,000.00
Dominica Social Security	30,000.00	11,235.95
Government Contribution	392,939.44	149,58.59
Other Private Sector and NGO	3,500.00	1310
Total	**880,380.74**	

MONITORING AND EVALUATION

Monitoring and evaluation remains a priority for the national response to HIV and AIDS. It has been recognized that data collection, analysis and interpretation is key in the improvement of HIV programming and policy development.

The NHARP does not have Monitoring and Evaluation officer. However, a member of the staff has been given the additional responsibility with support from other staff. HIV and AIDS related data is collected from various sources on a quarterly basis for preparation of reports. In addition, an annual programmatic report is prepared to provide feedback to the various national stakeholders involved in the response to HIV.

Considering this limitation, the NHARP recognised the need to enhance data collection through the implementation of an electronic database for the Infectious Disease Clinic, the implementation of the HIV Case Base Surveillance form and the inclusion of additional variables in existing forms. Data generated from this mechanism includes: early warning indicators, individual client progress reports and drug resistance information.

An assessment of the monitoring and evaluation systems was conducted by the Caribbean Health Research Council in 2010. Recommendations will be used to inform the way forward with M&E Systems in Dominica.

The ministry of Health has bought in to the monitoring and evaluation culture by providing training and seeking to put in a place a planning unit to provide monitoring and evaluation functions for the entire ministry.

The Ministry of Education is now looking to improve its monitoring and evaluation functions. An assessment of its monitoring and evaluation functions will be conducted in April of 2012.