

Survey Response Details

Response Information

Started: 3/8/2010 12:21:47 PM

Completed: 3/12/2010 2:28:57 PM

Last Edited: 5/14/2010 1:53:19 PM

Total Time: 4.02:07:09.7940000

User Information

Username: ce_GD

Email:

Response Details

Page 1

1) Country

Grenada (0)

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

Ronnie I. MARRYSHOW

3) Postal address:

National Infectious Disease Control Unit Ministry of Health Botanical Gardens St. George's
GRENADA

4) Telephone:

Please include country code

1-473-435-7151 1-473-435-5337 1-473-440-3485 1-473-417-7292

5) Fax:

Please include country code

1-473-440-4127

6) E-mail:

irmarryshow@hotmail.com

7) Date of submission:

Please enter in DD/MM/YYYY format

30/03/2010

Page 3

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

Meetings were held with relevant stakeholders NCPI questionnaire was distributed, and responses received

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

Frank, open discussions took place in an atmosphere of mutual respect

10)

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

No concerns to be highlighted at present

Page 4

11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health	Dr. Jessie Henry/Director	A.I, A.III, A.IV

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Health	Dr. Alister Antoine/Epidemiologist	A.I, A.III, A.IV
Respondent 3	Ministry of Health	Cornice Marquez/Surveillance Nurse	A. III, A. IV
Respondent 4	Ministry of Health	Dave Duncan/Senior Health Planner	A.I, A.II, A.V
Respondent 5	Ministry of Education	Arthur Pierre/Asst. Drug Control Officer	A. I, A. III, A. V
Respondent 6	Ministry of Education	Hermione Babtiste/HFLE Officer	A.III
Respondent 7	Ministry of Health	Clement Gabriel/ Senior Planning Officer	A. I, A. II, A. V
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			

- Respondent 15
- Respondent 16
- Respondent 17
- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

13)

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

	Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	GRENCap Nigel Mathlin/President	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	GRENCap	Dr. Marcus Sinclair/Director	B.I, B.II, B.III, B.IV
Respondent 3	Agency for Rural Transformation	Sandra Ferguson/Director	B.I, B. II, B. III, B. IV
Respondent 4	Conference of Churches	Jacqueline Cornwall/Executive Secretary	B.I, B.II, B.III
Respondent 5	HOPE-Pals	Rachel Charles/ Founding member	
Respondent 6	GBN Network	Ruel Edwards/ General Manager	
Respondent 7			
Respondent 8			
Respondent 9			

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

Page 5

15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

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

Yes (0)**Page 7**16) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2009-2015

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

7

18)

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

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

Page 8

19) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Tourism; Finance

20)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

Funds were made available through the World Bank loan until the middle of 2009 when that Project ended

Page 9

21)

Part A, Section I: STRATEGIC PLAN

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

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes

c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes

Settings

h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes

Cross-cutting issues

k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

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

Please enter the year in yyyy format

2008

Page 11

24)

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

Women, Adolescents, Young men, vulnerable groups Age range: 15-44

25)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

26)

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

Moderate involvement (0)

Page 12

27)

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

These include: Apparent lack of interest; Limited resources - human and financial

28)

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

Yes (0)

29)

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

Yes, all partners (0)

Page 14

30)

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

Yes (0)

Page 15

31)

Part A, Section I: STRATEGIC PLAN**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

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

32)

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

HIV-related area included in development plan(s)

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

Page 16

33)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

34)

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

No (0)

Page 19

35)

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

No (0)

Page 21

36)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 22

37)

Part A, Section I: STRATEGIC PLAN**6.1 IF YES, for which subpopulations?**

- a. Women
- b. Young people
- c. Injecting drug users
- d. Men who have sex with men Yes
- e. Sex Workers Yes
- f. Prison inmates Yes
- g. Migrants/mobile populations
- Other: Please specify

38)

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

Laws against buggery and prostitution Policy prohibiting condom distribution in prison

39)

Briefly comment on how they pose barriers:

Sex workers would naturally keep underground thus contributing more to the further spread of HIV
Prisoners who engage in sex would continue to do so riskily

Page 23

40)

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

Yes (0)

Page 24

41)

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

Yes (0)

42)

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

Yes (0)

Page 25

43)

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

Estimates of current needs only (0)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

45)

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

Yes (0)

46)

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

No (0)

Page 28**47) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

48)

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

At parish level

49)

Briefly explain how this information is used:

To inform re implementation

50)

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

Yes (0)

Page 30

51)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

6 (6)

52)

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

More persons tested and treated

53)

What are remaining challenges in this area:

Stigma & Discrimination - still a challenge People most in need of getting tested do not access it
Inadequate financing Lack of commitment from other Ministries and Departments

Page 31

54)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	No

55)

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

No (0)

Page 32

56)

Part A, Section II: POLITICAL SUPPORT

Question 2 (continued)

IF NO, briefly explain why not and how AIDS programmes are being managed:

The National AIDS Council (NAC) existed for several years while the World Bank funded project existed. However, with the project coming to an end in mid 2009, the NAC has yet to be replaced. AIDS programmes have since been managed from the Ministry of Health, with the National Infectious Disease Control Unit taking the lead.

Page 34

57)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

58)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Greater commitment and involvement by civil society organizations; Better collaboration between government and civil society

59)

Briefly describe the main challenges:

The human factor: most of the work falls on the few who tend to be overworked in general; others talk a lot with little or no action to show

60)

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

Please enter the rounded percentage (0-100)

10

61)

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

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

62)

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

Yes (0)

Page 36

63)

Part A, Section II: POLITICAL SUPPORT

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

No (0)

Page 38

64)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

5 (5)

65)

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

The decision to expand the programme to include all infectious diseases, resulting in an increase in NIDCU staff

66)

What are remaining challenges in this area:

Need for better participation of key policy personnel with decision-making influence in their various Ministries/Departments

Page 39

67)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

68)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

69) In addition to the above mentioned, please specify other key messages explicitly promoted:

How you playing? Always play safe

70)

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

Yes (0)

Page 41

71)

Part A, Section III: PREVENTION

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

Yes (0)

72)

2.1 Is HIV education part of the curriculum in:

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

73)

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

Yes (0)

74)

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

No (0)

75)

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

No (0)

Page 42

76)

Part A, Section III: PREVENTION

Question 3 (continued)

IF NO, briefly explain:

Never focussed upon - they continue to be hard-to-reach populations

Page 44

77)

Part A, III. PREVENTION**Question 3.1 (continued)**

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

6 (6)

78)

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

Workplace and Education policies were drafted Much done in the area of prevention

79)

What are remaining challenges in this area:

Policies re vulnerable groups and out-of-school youth needed

Page 45

80)

Part A, III. PREVENTION

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

Yes (0)

Page 46

81)

Part A, III. PREVENTION**Question 4 (continued)**

IF YES, how were these specific needs determined?

A needs assessment was done

82)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

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

Page 47

83)

Part A, III. PREVENTION

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

7 (7)

84)

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

High blood safety standards consistently achieved; Significant increase in testing and counselling

85)

What are remaining challenges in this area:

Finance and staffing

Page 48

86)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 49

87)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

88)

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

No (0)

89)

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

Yes (0)

Page 50

90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

After careful assessment and screening by the multidisciplinary team at the NIDCU clinic

91)

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

The majority of people in need have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree

Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

Page 51

92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

93)

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

Yes (0)

Page 52

94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

All

Page 53

95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

7 (7)

96)

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

Improved working collaboration between the Clinic and General Hospital Viral load testing was made available to most of our clients for the first time Clients benefitted from monthly supplies of groceries during the first part of 2009

97)

What are remaining challenges in this area:

Difficulty and/or reluctance of many clients to access clinic; the clinic had to be relocated from the last week of May 2009 to February 2010 because of the H1N1 outbreak Increase in the number of clients with poor drug adherence

Page 54

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

Yes (0)

Page 55

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

100)

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

No (0)

101)

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

No (0)

Page 56

102)

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

5 (5)

103)

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

Some level of ancillary support is available to these children Legislation to protect children in

general, including orphans and other vulnerable children is in place

104)

What are remaining challenges in this area:

The human resource factor; also financial constraints Insufficient protected shelter for these children

Page 57

105)

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

No (0)

Page 58

106)

Part A, Section V: MONITORING AND EVALUATION**Question 1 (continued)****IF NO, briefly describe the challenges:**

M & E officer left when his contract ended in April, 2009; One is urgently needed

Page 64

107)

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

No (0)

Page 65

108)

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

M & E priorities are still to be determined

109)

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

No (0)

Page 66

110)

Part A, Section V: MONITORING AND EVALUATION**Question 5 (continued)**

IF NO, what are the main obstacles to establishing a functional M&E Unit?

Not sure, probably has to do with funds to establish the Unit and personnel to man it

Page 69

111)

What are the major challenges?

See comment on page 50

Page 70

112)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

No (0)

Page 71

113)

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

Yes (0)

Page 72

114)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

National Epidemiologist

115)

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

Yes, but only some of the above (0)

Page 73**116) Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

the content of the HIV services (0)
 target populations (0)
 geographical coverage of HIV services (0)

117)

7.3 Is there a functional* Health Information System?

At national level Yes
 At subnational level

Page 74

118)

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

Yes (0)

119)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

2 (2)

120)

Provide a specific example:

Data is used for policy decision making

121)

What are the main challenges, if any?

Recurring need for staffing and training

Page 75

122) Part A, Section V: MONITORING AND EVALUATION

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

2 (2)

123)

What are the main challenges, if any?

Lack of trained personnel

Page 76

124)

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

2 (2)

125)

Provide a specific example:

To support Prevention programmes, like VCT For periodic reviews

126)

What are the main challenges, if any?

Lack of trained personnel Problem with retention of trained staff

Page 77127) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, but only addressing some levels (0)

Page 78128) **Part A, Section V: MONITORING AND EVALUATION****For Question 10, you have checked "Yes, but only addressing some levels", please specify**

at national level (0)

at service delivery level (0)

129)

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

At national level? Yes

At subnational level? No

At service delivery level including civil society? Yes

Page 80

130)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 82**131) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

4 (4)

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

Though no formal training has been done, staff continued to function to the best of their abilities

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

No one has yet been assigned to the post of Monitoring and Evaluation Officer

Page 83**134)****Part B, Section I: HUMAN RIGHTS****1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes (0)

Page 84**135)****Part B, Section I. HUMAN RIGHTS****1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

These laws are not specific to HIV

136)

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

No (0)

Page 86

137)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 87

138)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

139)

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

Young people: The age of consent in Grenada is 16 years, therefore a person under the age of 16 cannot seek the above services without a parent or guardian. Drug users: The use of drugs outside of being prescribed by a medical doctor is illegal. Men who have sex with men: Our law 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". Sex workers: Section 137 (29) makes prostitution illegal in certain circumstances. It states that any person who "loiters about or importunes any passenger for the purpose of prostitution...shall be liable on summary conviction to a fine..." Prison inmates: Section 26 of the Prison Act (Cap.254) gives to the Commissioner the authority over the prisoner medical certificate if that prisoner is suffering from a communicable disease. Section 51(2) gives the Minister the power to make regulations governing "the medical examination, measuring, photographing, taking of fingerprints and other records of prisoners".

140)

Briefly comment on how they pose barriers:

Persons in the above categories may be 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.

Page 88**141) Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89**142)****Part B, Section I. HUMAN RIGHTS****Question 4 (continued)**

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

The Grenada Constitution Order, 1973 (Chapter 1): "Protection of Fundamental Rights and Freedoms, Rights to life, Freedom from Discrimination" - Although not HIV specific, is Human Rights specific. A National HIV/AIDS Policy was drafted in 2006 and last revised in 2007. It is still being reviewed and therefore not yet implemented.

143)

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

Yes (0)

Page 90**144)****Part B, Section I. HUMAN RIGHTS****Question 5 (continued)**

IF YES, briefly describe this mechanism:

A Human Rights Desk was set up to record, document and address cases of discrimination experienced by PLHIV in 2007-8. Negotiations are underway to re-establish and broaden the scope and violations handled by the Desk. Other agencies such as Grenada National Organisation of Women (GNOW), Legal Aid and Counselling Clinic (LACC), and Ministry of Social Development record and document other violations experienced by their clients. A decision was taken at the highest Ministerial level to have the Desk reopened at LACC.

145)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

146)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

- PLHIV & NGO multisectoral representation on the National AIDS Council - The involvement of NGOs in the creation of a draft policy and National Strategic Plan - Disaster Preparedness - Access to ARVs, PMTCT and VCT

147)

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

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

Page 92

148)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

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

Steps in Place: Free HIV testing and counselling available at NIDCU and all Health Centres daily Monthly outreach programmes and annual National Testing Day Free condoms available from the Public Health Sector and education provided widely Care and Support is also provided to all PLHIV Political will for support off PLHIV Private and Media partnerships Restrictions: Limited resources - Financial and human Fear of discrimination and lack of confidentiality Lack of strong political leadership in relation to HIV prevention and related Human Rights issues

149)

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

No (0)

Page 93

150)

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

No (0)

Page 95

151)

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

No (0)

152)

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

No (0)

Page 97

153)

– 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 (0)

154)

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

No (0)

155)

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

No (0)

Page 99

156)

Part B, Section I. HUMAN RIGHTS

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

No (0)

157)

– Legal aid systems for HIV casework

No (0)

158)

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

No (0)

159)

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

Yes (0)

160)

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

Yes (0)

Page 100

161)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: Outreach programmes in the communities by NGOs. Programmes are conducted in schools on occasions, especially in association with World AIDS Day activities.	Yes

Page 101

162)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and

protect human rights in relation to HIV in 2009?**3 (3)**

163)

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

A draft policy along with a strategic plan was written by all relevant stakeholders within the country. Assessment of Human Rights Desk (soon to be reopened) Assessment of Law, Ethics and Human Rights, 2008

164)

What are remaining challenges in this area:

*Strategic and structural changes are under way with regards to policies regarding Health, Human Rights, and other related issues * Much work relating to HIV/Human Rights is supported by international donors such as World Bank and Global Fund, and many times do not translate easily to projects on a local level * In the absence of aid by foreign donors, there have been challenges of sustainability * Inadequate legislation, lack of strong IEC strategy and materials * Need for comprehensive referral system

Page 102

165)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?****2 (2)**

166)

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

Though law reform has not formally been addressed to become contemporary policies, care, treatment and support for PLHIV has been maintained through the efforts of health care providers.

167)

What are remaining challenges 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 most-at-risk populations

Page 103

168)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

3 (3)

169)

Comments and examples:

The National AIDS Council whose formation coincided with the World Bank Project included civil society representation across many sectors. Through this mechanism, CSOs played a key part in the formulation of national policies relating to HIV/AIDS. Unfortunately, many of these policies are yet to be implemented/ratified.

Page 104

170)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

3 (3)

171)

Comments and examples:

CSOs were very involved in the planning and budgeting process for the NSP on HIV. However, currently there is no active plan involving civil society representatives.

Page 105

172)

a. the national AIDS strategy?

3 (3)

173)

b. the national AIDS budget?

2 (2)

174)

c. national AIDS reports?

3 (3)

175)

Comments and examples:

1. There is a draft copy of the National AIDS Strategic Plan that was developed with the assistance of Civil Society. In terms of prevention and support, civil society plays a major role in the implementation and monitoring of these programmes making sure it reaches a wide cross-section

of our population. Treatment and Care are implemented by the Ministry of Health. 2.Civil Society took part in the National Budget Consultation. 3.Reports submitted by CSOs are included in national surveillance and reporting.

Page 106

176)

a. developing the national M&E plan?

1 (1)

177)

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

2 (2)

178)

c. M&E efforts at local level?

2 (2)

179)

Comments and examples:

One fundamental aspect of the World Bank Project was dealing with M&E of the HIV response. Civil Society was involved in the planning and implementing the National M&E plan and the coordinating a National M&E committee in collaboration with the National AIDS Directorate. The committee had a number of responsibilities, one of which was creating an M&E toolkit. With regard to b and c, one stakeholder noted that different strategies need to be used to demonstrate inclusiveness, even reaching the "man on the street".

Page 107

180) Part B, Section II. CIVIL SOCIETY PARTICIPATION

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

4 (4)

181)

Comments and examples:

CSOs involvement has been supported by the National AIDS Council. Technical and financial support to existing CSOs was facilitated by the National AIDS Directorate who assisted in building the capacity of organizations working with marginalized groups, namely: 1. Hope-pals - Network for persons infected and affected by HIV/AIDS 2. GrenCHAP - Advocates for most-at-risk populations re human rights and HIV/AIDS. 3.GNOW - Grenada Organization for Women 4. Faith-Based Organizations, inclusive of different religious groups whose members are sensitized to

HIV/AIDS issues. Overall, representation still needs to be more broad based, inclusive and meaningful.

Page 108

182)

a. adequate financial support to implement its HIV activities?

3 (3)

183)

b. adequate technical support to implement its HIV activities?

3 (3)

184)

Comments and examples:

Civil society has been able to successfully access funding and technical support from the Regional and International funding agencies to implement HIV activities. In 2005-2009 the National AIDS Directorate (NAD) provided technical and financial support for Civil Societies through the World Bank Project.

Page 109

185) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	>75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	51-75%
- Sex workers	51-75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	25-50%
Programmes for OVC**	25-50%

Page 110

186)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

3 (3)

187)

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

The World Bank Project, which ended in June 2009, was one of the major funding agencies from which Civil Society finance and technical support was derived.

188)

What are remaining challenges in this area:

Sourcing of funding and technical support following the end of the World Bank Project remains a major challenge as there is less collaboration between government and CSOs. Lack of sustainability in projects which were undertaken with previously available support. Challenges to access financial support to implement national programmes.

Page 111

189)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

190)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

Through a poverty assessment survey and other surveys carried out by health care providers at the community level and much valued work done by NGOs, CBOs, and FBOs Feedback from VCT Programmes Monitoring and evaluation of programmes

191)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Agree

Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

Page 113

192)

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

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

4 (4)

193)

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

1. Campaigns targeting different segments of the population were implemented 2. Local and regional media campaigns sensitizing persons to HIV/AIDs and Human Rights issues. 3. A system was developed enabling civil society dialogue on their different issues, preventative programmes and best practices. 4. Promotion of VCT 5. Advocacy on Human Rights issues 6. Creation of a draft policy for HIV education 7. Monitoring and evaluation 8. Consistent effort at screening all donated blood to ensure 100% blood safety

194)

What are remaining challenges in this area:

- Need for continuous education and information on secondary transmission, infections and co-infections - Adequate and timely allocation of funds for programmes - Inclusion of peer support teams, peer and adherence counsellors, human rights advocates in the primary health care facilities - Free, safe and conducive environment or youth-friendly centers for youth programmes

Page 114

195)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 115

196)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

Through consultations and dialogues with key stakeholders, including PLWHA community;
Through focus groups with the PLWHA Network and feedback by outreach officers from the support group.

197)

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

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

Page 116

198)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)****Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

4 (4)

199)

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

1.Continuation of the provision of free ARVs 2.Locally done CD4 testing 3.Viral Load and resistance testing available 4.Continuous funding for key programmes

200)

What are remaining challenges in this area:

1.Limited availability of reagents required for lab tests 2.Limited efficiency of partner notification (contact tracing) 3.Severely constrained human resources of NIDCU/Ministry of Health 4.Lack of adequate facilities.

Page 117

201)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)