Survey Response Details

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Response Details

Page 1

1) Country

Dominica (0)

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

Julie Frampton (National AIDS Programme Coordinator Curvelle David (Officer Responsible for Monitoring and Evaluation)

3) Postal address:

National HIV and AIDS Response Programme 21 Hanover Street, Roseau. Commonwealth of Dominica.

4) Telephone:

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6) E-mail:

nationalaidscoordinator@cwdom.dm

Page 3

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

A consultative process was used with both civil society and government officials to complete the NCPI. One-on- one interviews were also used as well, for persons who were unable to attend the consultation.In addition to the Survey feedback from the participants were recorded at each encounter.

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

There were no major disagreements however there were disscussions to arrive at a concesus. If the participants needed clarification on aspects of the questionnaire, the NHARP provided information.

9)

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

Some persons thought that the questionaire was too lengthy, some questions not properly phrased and repetitive and some did not think that they were qualified to answer the questionaire.

Page 4

10)

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	Health Information Unit	National Epidemilogist	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Health	Chief Medical Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Central Medical Stores	Chief Pharmacist	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Medical Laboratory	Laboratory Director	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Primary Health Care Services	Senior Community Health Nurse	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Health Promotion Department	Nutritionist	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Drug Prevention Unit	Research Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Envrionmental Health Department	Senior Enviromental Health Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Ministry of Education	Pastoral Care Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Ministry of Community Developement	Social Worker	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Gender Bureau	Communications Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Ministry of Health	coordianator National Health Coverage	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Health Promotion Department	Health Educator	A.I, A.II, A.III, A.IV, A.V
Respondent 14	Medical Laboratory	Quality Assurance Officer	A.I, A.II, A.III, A.IV, A.V

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

12)

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	Dominica Employers Federation	Director	B.I, B.II, B.III, B.IV

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Dominica Trade Union	General Secretary	B.I, B.II, B.III, B.IV
Respondent 3	Roseau Care Givers	Director	B.I, B.II, B.III, B.IV
Respondent 4	Life Goes On	Secretary	B.I, B.II, B.IV
Respondent 5	Dominica Planned ParentHood Association	Family Life Educator	B.I, B.II, B.III, B.IV
Respondent 6	Dominica Red Cross	Director	B.I, B.II, B.III, B.IV
Respondent 7	National Youth council	President	B.I, B.II, B.III, B.IV
Respondent 8	Fouche La Vie	Member	B.I, B.II, B.III, B.IV
Respondent 9	Dominica National Council of Women	President	B.I, B.II, B.III, B.IV

Respondent 10	Waterfront and Allied Workers Union	General Secretary	B.I, B.II, B.III, B.IV
Respondent 11	Dominica Christian Council	Member	B.I, B.II, B.III, B.IV
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

14)

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

15)

1.1 How long has the country had a multisectoral strategy?

Number of Years

09

16)

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

Page 8

17)

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?

The multisectoral strategy makes mentions of a activities for various stakeholders, however a general prevention budget is used. If there is an activity geared towards HIV and AIDS in any of the sectors, donor funding is mobilized.

Page 9

18)

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	
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

19)

1.4 Were target populations identified through a needs assessment?

No (0)

Page 10

20)

IF NO, explain how were target populations identified?

Through consultations with stakeholders and mapping exercise and clinic data

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Page 11

21)

Part A, Section I: STRATEGIC PLAN

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

Youth, MSM, Sex Workers, prison inmates, and the indigenious population.

22)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

23)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	
e. A monitoring and evaluation framework?	Yes

24)

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

Active involvement (0)

Page 12

25)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

The stake holders were brought together through consultations and they are represented on the steering committee and they also sit on the national committee.

26)

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

Yes (0)

27)

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

Yes, some partners (0)

Page 13

28)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)
IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

The new plan needs to be costed and aligned to donor partners.

Page 14

29)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 15

30)

Part A, Section I: STRATEGIC PLAN

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

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	No, N/A
c. Poverty Reduction Strategy	Yes, No
d. Sector-wide approach	No
National Health Plan	Yes, No

31)

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, No
Treatment for opportunistic infections	No
Antiretroviral treatment	Yes, No
Care and support (including social security or other schemes)	Yes, No
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	
Other: Please specify	

Page 16

32)

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

33)

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

Yes (0)

Page 18

34)

Part A, Section I: STRATEGIC PLAN

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

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Universal precautions	Yes

Page 19

35)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

The uniformed officers through outreach and educational sessions on HIV and AIDS are encouraged to get tested for HIV. Testing and Counselling for HIV in Dominica is voluntary.

36)

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

Yes (0)

Page 20

37)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES,* for which subpopulations?

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

38)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

The constitution of Dominica speaks to the protection of Human Rights, irrespective class, creed.

39)

Briefly comment on the degree to which these laws are currently implemented:

There is a legal system and courts make provision for redress.

Page 21

40)

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

41)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No
sexually active minors	Yes

42)

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

Dominica still have buggery laws and laws against sex work which may prevent persons within the MSM and Sex Work population from coming forward to access care and treatment and other prevention services. The age of consent is 16 therefore young persons under 16th need parents permission for accessing testing services.

43)

Briefly comment on how they pose barriers:

Barriers to treatment and testing for fear that sexual preference will be used against them. The age of consent is 16, therefore this poses a problem for sexually active minors who would like to seek health services without parental consent.

Page 23

44)

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

45)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

46)

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

No (0)

Page 25

47)

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 and future needs (0)

48)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

49)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

50)

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

Yes (0)

Page 27

51)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

youth,MSM,Sex Wokers, Prison inmates.

52)

Briefly explain how this information is used:

Surveillance systems are in place to monitor the groups which are most affected by HIV and AIDS and to develop intervention programmes to target the populations most affected. The information is also being used to develop policies which would assist in achieving the goals of the National Response.

Page 28

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

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

54)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

District level

55)

Briefly explain how this information is used:

The information is used for targeted IEC and contact investigation interventions.

56)

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

57)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

  5 (5)

58)

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

- Development of the new strategic plan. - Strengthening of the Stakeholder involvement in the implementation of HIV prevention activities. -Capacity building in strategy planning.

Page 31

59)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

60)

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

  Yes (0)

Page 32

61)

2.1 IF YES, when was it created?

Please enter the year in yyyy format
  2004

62)

2.2 IF YES, who is the Chair?

Name	Dr. David Johnson
Position/title	Chief Medical OFficer

63)

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

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	No
have a functional Secretariat?	No
meet at least quarterly?	Yes
review actions on policy decisions regularly?	No
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	No

Page 33

64)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

   15

65)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

   12

66)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

   1

Page 34

67)

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

68)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

Thge National Steering committee which has oversight for the implementation of the National Response to HIV includes persons from the Civil Society Organisations. In addition, the civil society partners also play an active role in revision of key policies on HIV and AIDS related issue and also in the development of the workplan under the Global Fund Project to Fight TB, Malaria and AIDS.

69)

Briefly describe the main challenges:

Human and financial capacity

70)

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

71)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Provision of condoms and educational material	Yes

72)

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

73)

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

74)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

6 (6)

75)

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

Budget to assist in HIV programming, polititians are more aware of HIV as a health and social issue.

76)

What are remaining challenges in this area:

Human Resource, sustainability of the National Response.

Page 39

77)

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

78)

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)

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)

m. Males to get circumcised under medical supervision (0)

n. Know your HIV status (0)

o. Prevent mother-to-child transmission of HIV (0)

79)

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

80)

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)

81)

2.1 Is HIV education part of the curriculum in:

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

82)

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

Yes (0)

83)

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

Yes (0)

84)

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

Yes (0)

Page 42

85)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Men having sex with men, Sex workers, Clients of sex workers, Other populations
HIV testing and counselling	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	
Needle & syringe exchange	

Page 43

86) **Part A, III. PREVENTION**

Question 3.1 (continued)
You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

youth (in and out of school) and the Indegenous people and also the General working population.

Page 44

87)

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)

88)

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

Over 27 organisations including the Public sector have adopted HIV and AIDS workplace policies of which HIV prevention is an important aspect.

89)

What are remaining challenges in this area:

Active implemenation of the workplace policies and also an expanded monitoring and evaluation system to facilitate reporting of the NGO's and civil society.

Page 45

90)

Part A, III. PREVENTION

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

Yes (0)

Page 46

91)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

The needs were determined through numerous consultations with stakeholders and also assessments done in country.

92)

4.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
Blood safety	Agree
Universal precautions in health care settings	Agree

Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

Page 47

93)

Part A, III. PREVENTION

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

9 (9)

94)

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

Intervention programmes (drama, literature, promotional campaigns) targeting youth (in and out of school), Men who have sex with other men, Indegenous people and sex workers. In addition the HIV Workplace programme targeted 27 organisations who have since then adopted HIV and AIDS workplace policy, identified a focal point and included HIV and AIDS into the activity plan.

95)

What are remaining challenges in this area:

Human and financial resources

Page 48

96)

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

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

98)

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

Yes (0)

99)

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

Yes (0)

Page 50

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

In Dominica, everyone (national and non-national) has access to care and treatment. There is a mechanism to address stigma and discrimnation among persons living with HIV who access care and treatment.

101)

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

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

Page 51

102)

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?

   No (0)

103)

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

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)
IF YES, for which commodities?:
   ARV's

Page 53

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?
   8 (8)

106)

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

Introduction of a patient monitoring system to evlauate patients progress. Strengthening of Laboratory testing by providing CD4, PCR and viral load testing for persons accessing care and

treatment. Drug resistance monitoring has also been strenghened and early warning indicator reports are generated from the PM1.3 programme.

107)

What are remaining challenges in this area:

capacity in infectious disease management and financial resources

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Page 54

108)

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?

No (0)

Page 57

109)

Part A, Section V: MONITORING AND EVALUATION

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

In progress (0)

Page 64

110)

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

No (0)

Page 65

111)

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

Donor demands and programmatic concerns

112)

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

No (0)

Page 66

113)

Part A, Section V: MONITORING AND EVALUATION

Question 5 (continued)
IF NO, what are the main obstacles to establishing a functional M&E Unit?

There is an officer with the responsibility for M&E, however there is The National HIV and AIDS Response Programme does not have a functional M&E Unit. The main obstacles in establishing a functional M&E Unit is the lack of appreciation for the usefullness of an M&E culture, Human capacity and financial resources.

Page 69

114)

What are the major challenges?

Skills and capacity development and lack of understanding of an M&E Culture.

Page 70

115)

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)

116)

6.1 Does it include representation from civil society?

No   (0)

Page 71

117)

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

Yes   (0)

Page 72

118)

Part A, Section V: MONITORING AND EVALUATION

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

The National Database includes information of all the persons diagnosed from 1987 according to geographical area, age and year of diagnosis and also HIV and AIDS related deaths.

119)

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

120) **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.

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

121)

7.3 Is there a functional* Health Information System?

At national level   Yes
At subnational level

Page 74

122)

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

Yes   (0)

123)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4   (4)

124)

Provide a specific example:

Ensuring men are addressed as a result of the high incidence of males testing positive for HIV compared to that of females. Over 71% of all HIV infection in the country are males.

125)

What are the main challenges, if any?

We do monitoring but impact evaluations are not done to assess the progress of the various programmes and activities.

Page 75

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

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

3 (3)

127)

Provide a specific example:

Forcasting of antiretrovirals for persons living with HIV and AIDS and supplemental feeds for exposed infants up to six months.

128)

What are the main challenges, if any?

Limitted resources.

Page 76

129)

Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

130)

Provide a specific example:

In terms of Testing services, M&E data provided information on turn around time of results and as such mechanisms have been put in place to improve an reduce the turn around time. This includes the introduction of rapid testing. In addition, the data also provides information on the sites with high uptake of testing and so programmes are now put in place to target the low uptake areas.

131)

What are the main challenges, if any?

HUMAN AND fINANCIAL RESOURCES.

Page 77

132) **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 78

133) **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)

134)

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

At national level?	Yes
At subnational level?	
At service delivery level including civil society?	Yes

Page 79

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

Question 10.1 (continued)
Please enter the number of people trained <u>at national level.</u>

Please enter an integer greater than 0

21

136) **Please enter the number of people trained <u>at service delivery level including civil society.</u>**

Please enter an integer greater than 0

20

Page 80

137)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81

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

Question 10.2 (continued)
IF YES, describe what types of activities:

Study Tour for officer responsible for Monitoring and Evaluation. Development of a Case Base Surveillance Manual. Introduction of a patient tracking system. Development of database to store HIV related information. Preparing timely reports to donor agencies and stakeholders. Reporting of M&E data at Sureillance team meetings (HIV drug resistance, Clinical care team meeting).

Page 82

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

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

    8 (8)

140)

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

The NHARP is now making the transition from a paper-based monitoring and evaluation system to an electronic version. At the service delivery level, reporting has improved.

141)

What are remaining challenges in this area:

The necessary equipment to facilitate reporting at the district leven as well as a national network to facilitate sharing of information from the various sites.

Page 83

142)

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 specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

    Yes (0)

Page 84

143)

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:

Though the country does not have specific laws to address HIV, the constitution speaks to rights of all individuals including children, men and women.

144)
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

145)

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

146)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES*, for which subpopulations?

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

147)

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

The buggery laws still exist and laws criminalizing sex work which prevents them from accessing prevention care and treatment services. the age of consent is 16, therefor sexually active minors need parental consent to access certain services.

148)

Briefly comment on how they pose barriers:

Everyone understands that health care is available to the general population, however the existancde of the burggery laws and the laws criminalising sex work impedes persons from this group from accessing care because they do not want to be openly identified.

Page 88

149)   **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

150)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

In the National Strategic plan, an entire priority area is dedicated to human rights and stigma and discrimination. In the new HIV and AIDS Workplace policy for the public sector, human rights and stigma and discrimination are also addressed.

151)

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

152)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

The Clinical Care team, through counselling sessions allow PLHIV's to express any form of discrimination experienced. This is then recorded by the clinical care nurse who speaks to the client on redress mechanisms. There are members of the legal fraternity through the legal AID Clinic who have been trained to provide redress on these issues.

153)

6. Has the Government, through political and fi nancial 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

154)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

The most-at risk populations, vulnerable populations and persons living with HIV are invited to all consultations addressing HIV and AIDS programming. The Government has also given financial support to PLHIV to attend regional meetings.

155)

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

156)

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:

It is national policy, that at primary care level all health services are free of cost to the clients however Stigma and discrimination continues to pose a barrier to treatment.

157)

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

Yes (0)

Page 93

158)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

159)

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

Yes (0)

Page 94

160)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

Every one has free access to primary health care services irrespective of sexual orientation and nationality.

161)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

No (0)

Page 95

162)

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

No (0)

163)

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

Yes (0)

Page 96

164)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 97

165)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs,

and ombudspersons which consider HIV-related issues within their work

Yes (0)

166)

– 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)

167)

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

No (0)

Page 98

168)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

There are no administrative tribunals or commissions to scrutinize or enforce human rights, however the constitution is the hightest law of the land which enshrines the fundamental human rights and makes provision for these to be enforced by the court system.

Page 99

169)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

170)

– Legal aid systems for HIV casework

Yes (0)

171)

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

No (0)

172)

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

Yes (0)

173)

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

Yes (0)

Page 100

174)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: community Outreach	**Yes**

Page 101

175)

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?

5 (5)

176)

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

Sensitization for the goverment sector workforce conducted with the aim of developing a Work place policy for the public sector. The policy is in its its final draft and awaiting approval by cabinet.

177)

What are remaining challenges in this area:

Recommendations made in the Law, Ethics and Human Rights Assessment is pending review by policy makers.

Page 102

178)

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?

   4 (4)

Page 103

179)

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)

180)

Comments and examples:

Civil society has contributed in strenghening the political committment of top leaders through their active involvement in consultations and committees to address the response to HIV and AIDS in Dominica.

Page 104

181)

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)?

   4 (4)

182)

Comments and examples:

Civil society is represented on the steering committee and they have also been involved in the consultations to develop the workplan and activities to be implemented under the Global Fund Grant.

Page 105

183)

a. the national AIDS strategy?

4 (4)

184)

b. the national AIDS budget?

3 (3)

185)

c. national AIDS reports?

3 (3)

186)

Comments and examples:

The response to HIV and AIDS in Dominica is a multisectoral response. The turn out from civilsociety was exemplary during the consultation to address the National Strategic Plan for HIV. Persons showed interest during the administration of the questionaire for the NCPI. There is much room for improvement.

Page 106

187)

a. developing the national M&E plan?

2 (2)

188)

c. M&E efforts at local level?

3 (3)

189)

Comments and examples:

The M&E culture is relatively new and efforts are being made to expand the M&E to civil society in a more organized manner There is civil society representation on the National HIV Committee however there is no seperate M&E committee.

Page 107

190) **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)

191)

Comments and examples:

There is a multisectoral National AIDS committee. Attempts are being made to ensure that the more marginalized populations i.e sex workers are brought on board. It is very difficult for persons to openinly admit sex work or MSM as it is an offence under the Sexual Offencies Act.

Page 108

192)

a. adequate financial support to implement its HIV activities?

3 (3)

193)

b. adequate technical support to implement its HIV activities?

4 (4)

194)

Comments and examples:

In the present nationla HIV and AIDS Response Programmes workplan under the OECS Global Fund Project there were consultations with civil society organizations to include activities and submit a budget. The Dominca RedCross, Diocaesan Pastoral Youth Programme benefited for their prevention programmes.

Page 109

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

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

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

Page 110

196)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

8 (8)

197)

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

Involvement in the consultation for the development in the new strategic plan for HIV and AIDS 2010-2014. Meeting with faithbased organization to contribute to homebased care. Training for a trade union to improve understanding of HIV in the workplace. Continuous invitations for community outreach activities. Traing for caregivers in homebased care

198)

What are remaining challenges in this area:

Resources to maintained sustained activities.

Page 111

199)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

200)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

In consultation with stakeholders. Use of data. During review of data for the development of the new strategic plan.

201)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree

Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

Page 113

202)

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?

9 (9)

203)

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

Introduction of onsite testing (upgrade of sites, training of providers. Workplace programme, training of health and education sector on mainstreaming gender into services.

204)

What are remaining challenges in this area:

Limited human capacity interms health educators and behaviour change specialist.

Page 114

205)

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

206)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

consultation and programmatic objectives.

207)

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	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

Page 116

208)

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?

9 (9)

209)

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

Introduction of the Patient tracking system. Contact Investigation Programme Assessmenmt. Availability of Viral load and CD4 and drug resistance testing.

210)

What are remaining challenges in this area:

Adequate resources for salvage therapy

Page 117

211)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 118

212)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

213)

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

No (0)

214)

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

No (0)

Page 119

215)

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

7 (7)

216)

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

A Support group was formed to include Orphans and Vulnerable children.

217)

What are remaining challenges in this area:

Orphans and vulnerable children have not been targeted as a vulnerable group and therefore this area is lacking in the response to PLHIV needs. It is also challenge to access funding to address Orphans and vulnerable children. Usually Programmes for children would include consent from parents because they are considered minors and this also poses a challenge for programing in that aspect.