UNGASS Country Progress Report
Commonwealth of Dominica

Data Reporting period:
January 2006 - December 2007

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LIST OF ACRONYMS

ART	Antiretroviral Therapy
ARV	Antiretroviral drugs
BSS	Behavioural Surveillance Survey
CAREC	Caribbean Epidemiology Centre
CBO	Community Based Organisation
CCC	Clinical Care Coordinator
COIN	
CMO	Chief Medical Officer
CSS	
CSW	Commercial Sex Worker
DFC	Dominica Festival Commission
DPPA	Dominica Planned Parenthood Association
FBO	Faith Based Organisation
FHI	Family Health International
FLV	Fouche La Vie
FCSW	Female Commercial Sex Worker
GFATM	Global Fund for AIDS Tuberculosis and Malaria
HAPU	HIV/AIDS Programme Unit
HCS	Home-based Care Services
HIU	Health Information Unit
HSPA	HIV/AIDS Service Provision Assessment
IEC	Information, Education, Communication
ILO	International Labour Organisation
KAPB	Knowledge, Attitude, Practice and Behaviour
LGO	Life Goes On
M&E	Monitoring and Evaluation
MOF	Ministry of Finance
MOH	Ministry of Health
MTCT	Mother-to-child transmission
NAC	National AIDS Committee
NAP	National AIDS Programme
NCH	National Children's Home
NHRP	National HIV/AIDS Response Programme
NGO	Non-Governmental Organization
NSP	National Strategic Plan for HIV/AIDS
OECS	Organisation of Eastern Caribbean States
PCG	Philips Counselling Group
PEP	Post Exposure Prophylaxis

PITC	Provider Initiated Testing and Counselling
PMH	Princess Margaret Hospital
PLWHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
SAT	Self Assessment Tool
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counseling and Testing
WB	World Bank

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II. Status at a glance

Background – Country Data

The Commonwealth of Dominica, the largest and most northerly of the Windward Islands, is situated between the French islands of Martinique and Guadeloupe. The total population emanating from the 2001 census stands at 69,625. The island covers an area of 754 sq km and is the most mountainous of the Eastern Caribbean islands. The official language is English, however Kweyol (French patois), is widely spoken - a result of French occupation of the past. According to the 2001 census, the majority of the Dominican population is black, representing 86.8%. This is followed by 8.9% of the population mixed, 2.9% of Carib descent, 0.8% white and 0.7% other.

The Ministry of Health is the sole provider of health services in the public sector

In 1982 the health services were reorganised to provide a decentralised approach to health care. For the effective delivery of health care services, three levels of care exist – primary, secondary and tertiary care. The primary care level consists of 52 health centres/clinics or type 1 health centers where a comprehensive range of services are provided. There are two small district hospitals in Marigot and Portsmouth also providing primary care level services.

The main hospital in the capital Roseau, is operated by the Government of Dominica, and provides secondary level of care. However there is one private hospital operating on the west coast of the island also providing secondary care to citizens. In addition to this, private medical practitioners provide medical services through their various practices. In support of the services provided by the health system, two medical laboratories provide diagnostic services; one owned by the Government and is situated at the main hospital, whilst the other is privately owned.

Dominica's initial steps to combat the HIV/AIDS problem dates back to 1987 after the first HIV/AIDS case was diagnosed. This was followed by the establishment of the HIV/AIDS Central Office, as part of the Health Education Unit within the ministry of health, which engaged in implementing mainly education, prevention and awareness programmes around the island. Later, in 2003, the National HIV/AIDS Response Programme was formed with the mandate to coordinate efforts and activities related to implementation of the National Strategic Plan (NSP) and other HIV-related programming.

Currently, a new National Strategic Plan (NSP) for the period 2008 to 2013 is being developed with participation from a wide cross section of civil society. The NSP incorporates a multi sectoral approach and fosters cooperation and collaboration at the national level to combat the

HIV problem in a holistic manner. The NHIV/AIDS Response Programme is charged with the responsibility of ensuring that the HIV situation remains under control.

Stakeholder Involvement in the Reporting Process

The National HIV/AIDS Response Unit adopts a multi sectoral approach in the implementation of its activities. It includes a wide range of stake holders in its decision making processes as well as in the implementation phases. Notably amongst them are, Union Leaders, Non Governmental organizations, Faith Based Organizations, Youth Organizations, private sector and civil society organizations.

They play a major role in supplementing activities geared towards the National Response in the areas of prevention education and support services. These stakeholders contributed significantly to the self assessment process, and formed part of the consultative process, which saw the discussion of and eventual decision on the indicators and priority areas.

Status of the Epidemic

The first documented case of HIV/AIDS in Dominica was in 1987. Over the last 20 years, Dominica has since documented a cumulative figure of 327 cases. Dominica's HIV/AIDS prevalence rate stands at 0.75%, with males representing 72% of all diagnosed HIV cases in Dominica. Close to 70% of all HIV/AIDS cases occur in the 25-44 age groups.

In 2006, a total of 2,414 persons were tested at the Government Laboratory at the Princess Margaret Hospital. From this total, 1899 females (78.7%) and 490 males were tested for HIV (Table 1). Sex was not recorded for 25 persons. Among the females testing for HIV in 2006, 1244 (65.5%) were pregnant women. Data from the Government Laboratory suggests that more females were tested for HIV than males.

In spite of the greater number of women than men who tested for HIV in 2006, of those who tested positive in that year, 57% were men. However in terms of the number of men who tested for HIV, 1.6% of them tested positive, as compared to 0.3% of women testing positive of all women who tested for HIV in 2006.

Table 1: *Total number of persons testing for HIV within the Government Laboratory for 2006 and 2007*

SEX	NUMBER (%) OF PERSONS TESTING FOR HIV 2006	# testing positive 2006	NUMBER (%) OF PERSONS TESTING FOR HIV 2007	# testing positive 2007
Males	490 (**20.3%)**	8	372	12
Females	1899 (**78.7%)**	6	1575	2
Unknown	25 (**1%)**	0	241	0
Total	2414 (100%)	14	1974	14

Source – Princess Margaret Hospital Laboratory

With assistance from CAREC in 2004, the country was able to achieve Universal Access for HIV testing among pregnant women. During this time free HIV tests to antenatal mothers was introduced.

Table 2: *HIV Testing Amongst Pregnant Women*

Year	No. of Births	No. (%) of Antenatal Tests[1]	No. (%) of Women Testing Positive
2001	1233	750 (60.8%)	2 (0.3%)
2002	1096	824 (75.2%)	2 (0.2%)
2003	1072	807 (75.3%)	0 (0%)
2004	1077	957 (88.9%)	0 (0%)
2005	1022	1160 (113.5%)	3 (0.26%)
2006	1054	1224 (116%)	1 (0.08%)

Source – National HIV/AIDS Response Programme, PMTCT

[1] Figures in Table include those women who tested more than once during pregnancy

Policy and Programmatic Response

The current National Strategic Plan (NSP) for HIV/AIDS covers the period 2002-2007. A revised NSP is being developed and is due to be finalized in 2008, with financial and technical support from WB/ASAP, UNAIDS. During 2007, the UNAIDS/World Bank Self Assessment Tool (SAT) was completed by national stakeholders to evaluate the current NSP; the key findings are summarized below.

Key Findings – NSP Self Assessment

The main findings emanating from the NSP self assessment indicated the need to consider and improve the following, when finalizing the NSP for 2008-2013:

- Analysis of HIV vulnerability, and strategic targeting of programmes to reach most vulnerable communities – current programme targeting is based on reaching individuals with high risk behaviours.
- Include planning and costing based on anticipation of a major increase in financial resources for programme expansion during 2009. Dominica will be in a strong position to apply for a country specific grant from GFATM, Round 9, once the NSP is fully revised and costed.
- The revised NSP should demonstrate current absorptive capacity. Scaling up towards Universal Access in Dominica's case depends upon financial inputs, as other more common bottlenecks, such as lack of human resources is not a limiting facto. Dominica has been able to consistently demonstrate excellent programme results with relatively few financial resources.
- Development of annual action plans linked to the NSP, and re-alignment of the national M&E plan, taking into account programme expansion to reach Universal Access targets by 2010.

- **UNGASS Indicator Data – Overview Table**

The following represents the performance of the country as it pertains to the UNGASS indicators it is able to report on.

Table 3: *UNGASS Indicator Data- Overview Table*

Indictor Reported	**Data reported**		**Universal Access Targets 2010***	**Comments/data caveats**
	2006	**2007 (up to Month …)**		
National Indicator # 1				
3	765 (100%)	716 (100)		All donated blood is screened using the standard operating procedures and external quality assurance.
4	51 (76%)			Out of the 51 persons accessing care and treatment in 2006, 39 are currently receiving ART
5	100%	100%		There was only one HIV infected pregnant woman for 2006 and 2007. Both receiving ARVs to reduce the risk of MTCT
6	100%	100%		There was only one HIV positive related TB case for 2006 and 2007. Both cases received treatment.
11	100%	100%		HIV and AIDS is part of the Ministry Education's Health and Family Life Education Curriculum. There is a focal point

				within the Ministry of Education who liaises with the National AIDS Response Programme.
13	84% and 87%			From a total of 988 young persons (532 female, 456 male) surveyed, 84% correctly identified ways of preventing transmission and 87% rejecting myths and misconceptions.
15	23%			BSS (23% of population surveyed 988 between 15-24)
22				Given the method of measurement of this indicator there are none. However there are five persons within the 15-24 age group accessing care in 2006.
24	95%			Out of the 37 persons on ARV 2 have died.
Global Indicator 4				Four of the major international organinzations in Dominica.

Universal Access targets

After consultation with stakeholders and the National Committee, the following universal access targets were agreed upon:

Indicator # 22 – Percentage of young women and men aged 15-24 who are HIV infected.

To achieve this indicator it was suggested that a baseline survey should be conducted (To be effected over the next six months).

Indicator # 23 – Percentage of most at risk populations who are HIV infected.

To achieve this indicator, it was agreed that it would be necessary to conduct two sero prevalence surveys amongst two of the most at risk populations over the next six months with a view of setting the baselines.

Number and Percentage of partners of pregnant women who tested for HIV.

To encourage more men to get tested for HIV, partners of pregnant women accessing antenatal services will be targeted. The target set is 50% of all partners of pregnant women accessing antenatal care services to have an HIV test done.

Percentage of adults and children with HIV who are on treatment 12 months after initiation of antiretroviral therapy.

Target: 75% of all persons accessing antiretroviral will be alive and remain on treatment 12 months after initiation of treatment.

III. Overview of the AIDS Epidemic

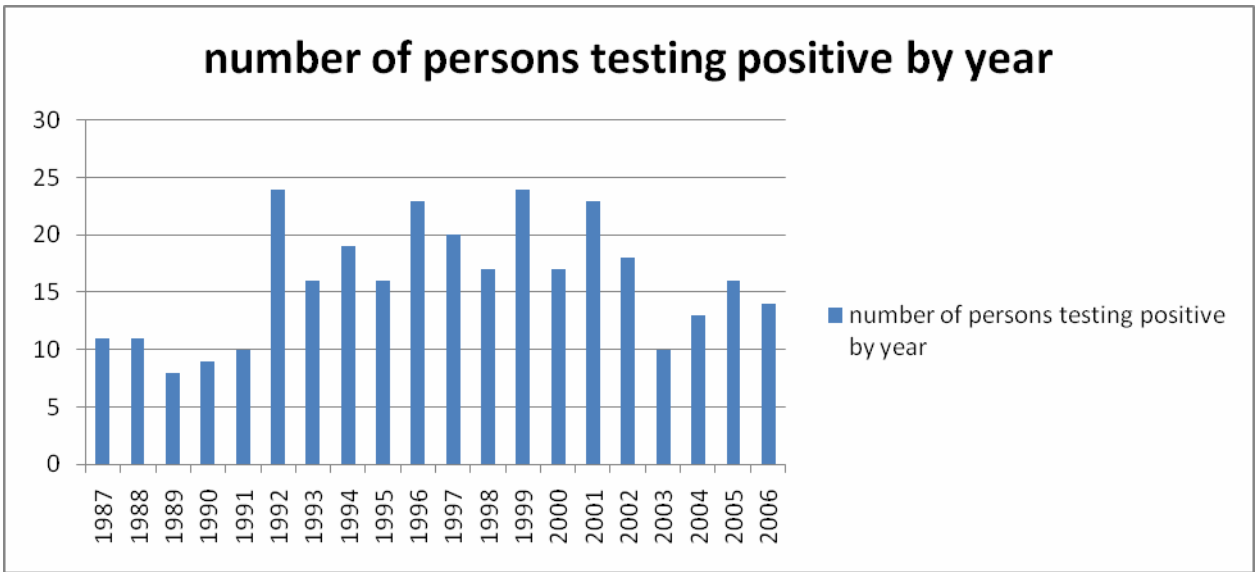
The first documented case of HIV/AIDS was recorded in 1987 in Dominica. Since then the country has been able to document cases on an annual basis of those being tested mainly at the Government Hospital Laboratory. The most number of cases recorded in any given year was 24 in 1992 and 1999. Table 4 below highlights the total number of HIV positive cases recorded to date by year.

Table 4: *Recorded cases of HIV 1987 - 2006*

	Male	Female	Unknown	Total	Cum.	Ratio
1987	10	1	0	11	11	10.0
1988	8	3	0	11	22	2.7
1989	5	3	0	8	30	1.7
1990	4	5	0	9	39	0.8
1991	7	3	0	10	49	2.3
1992	18	6	0	24	73	3.0
1993	13	3	0	16	89	4.3
1994	14	5	0	19	108	2.8
1995	15	1	0	16	124	15.0
1996	15	8	0	23	147	1.9
1997	15	5	0	20	167	3.0
1998	11	6	0	17	184	1.8
1999	13	7	4	24	208	1.9
2000	11	6	0	17	225	1.8
2001	17	6	0	23	248	2.8
2002	14	4	0	18	266	3.5
2003	7	3	0	10	276	2.3
2004	11	2	0	13	289	5.5
2005	9	7	0	16	305	1.3
2006	8	6	0	14	319	1.3

Source – Records from the Government Laboratory/ Princess Margaret Hospital

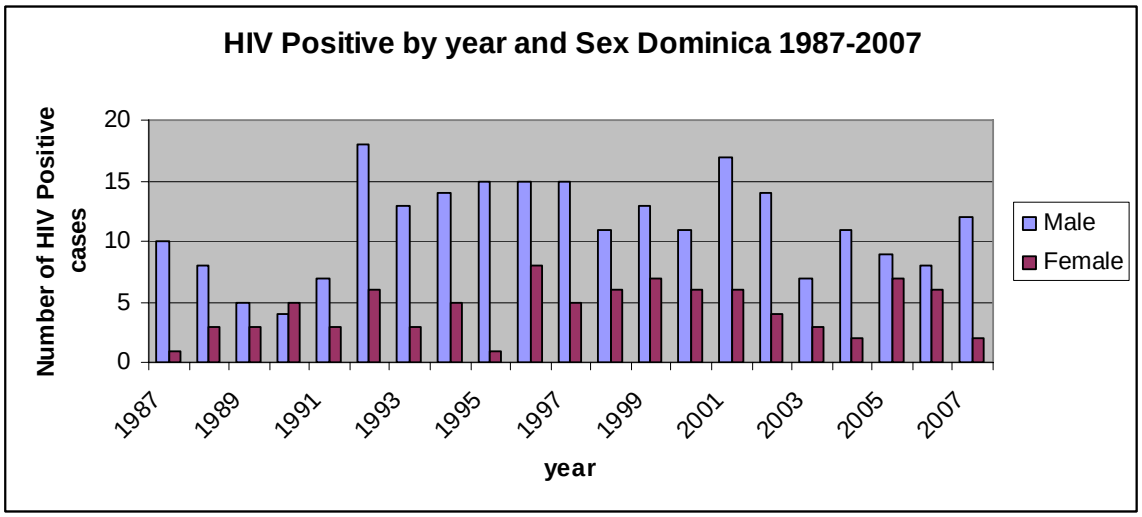
Figure1: Number of persons testing positive by year



Source – Health Information Unit – Princess Margaret Hospital

The epidemic was largely seen among men in the earlier years, but more recently there have been an increasing proportion of women testing positive. However the number of men testing positive still outnumbers that of women in any given year (Figure 2).

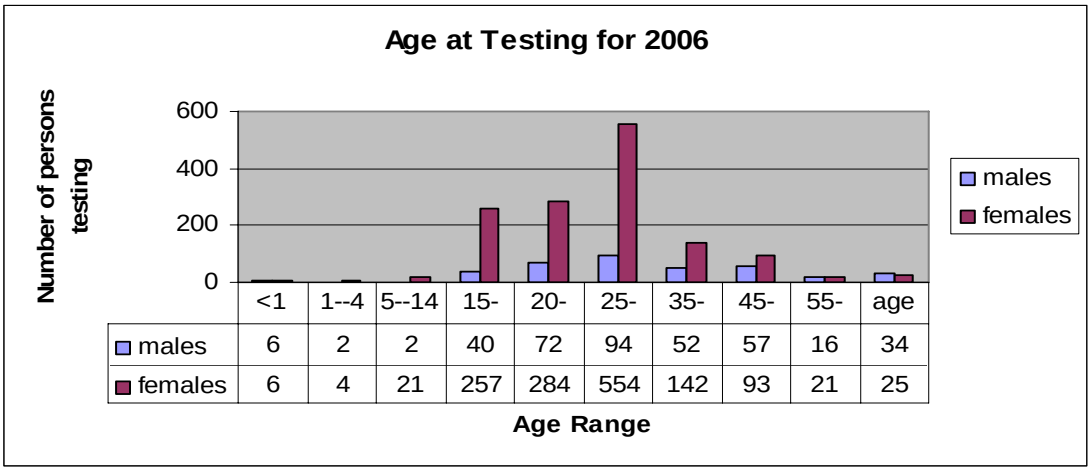
Figure 2: HIV Positive cases by year and Sex 1987- 2006



Source- Health Information Unit, Princess Margaret Hospital

Testing for HIV is free at the Laboratory once it has been accessed through the government system. As is shown in figure 3 testing for HIV is more prevalent among the 15 – 54 age groups. The data reveals that persons from all age groups are accessing HIV testing at the various sampling sites (within the seven Health Districts). However testing is much higher within the female population in the respective age categories 15-19, 20-24 and 25-34 age groups.

Figure 3: Number of Persons testing by age for 2006



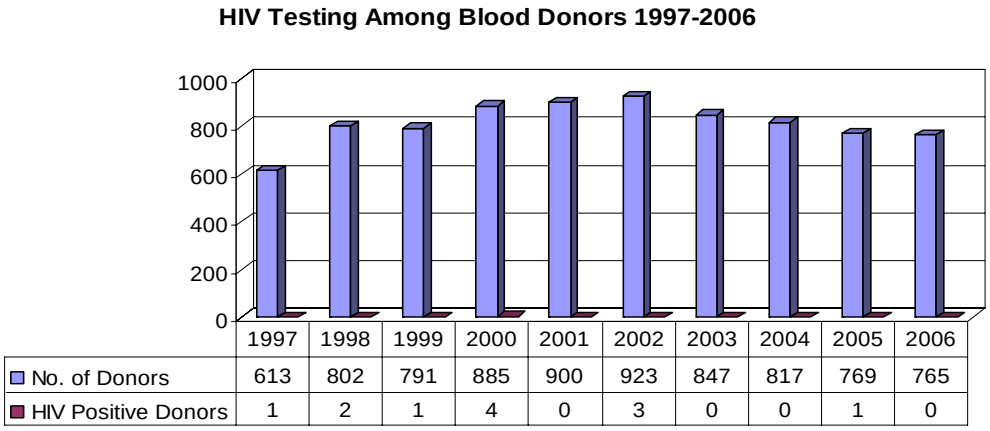
	<1	1--4	5--14	15-	20-	25-	35-	45-	55-	age
males	6	2	2	40	72	94	52	57	16	34
females	6	4	21	257	284	554	142	93	21	25

Source – Records from government Laboratory

HIV Testing among Blood Donors 1997 – 2006

The Blood Donor Programme located at the Princess Margaret Hospital screens all blood donors for HIV and other diseases. Not all potential donors are screened, since unsuitable potential donors are identified and withdrawn by the initial interview. In 2002, 923 blood donors were screened out of which three tested positive (Fig. 4). This represents the highest number of individuals testing positive through this medium for HIV in the past six years. Out of the 765 persons who donated blood in 2006, no HIV positive cases were identified.

Figure 4: HIV testing among blood donors 1997-2006

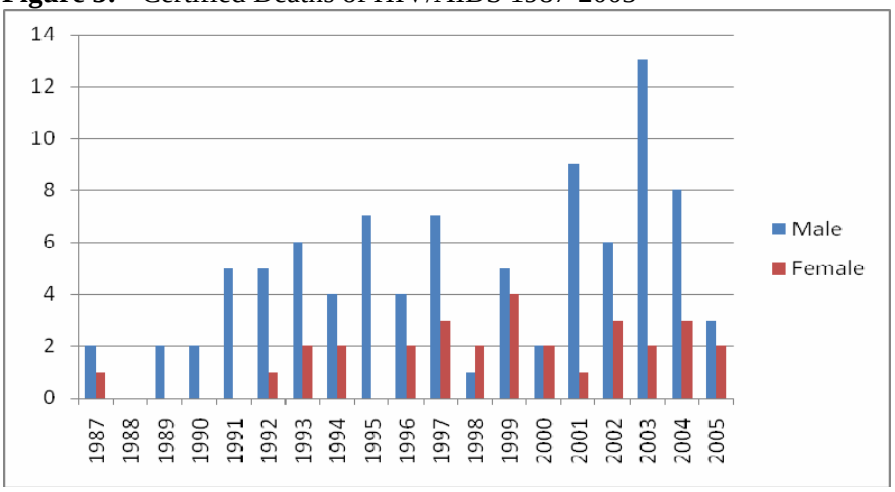


	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
No. of Donors	613	802	791	885	900	923	847	817	769	765
HIV Positive Donors	1	2	1	4	0	3	0	0	1	0

Source – Records at the Government Laboratory, Princess Margaret Hospital

From 1987 – 2005 the Health Information Unit of the Princess Margaret Hospital has recorded a total of 121 deaths due to AIDS. Over the past three years there has been a reduction in the number of deaths. As seen in figure 5, the most deaths (15), were recorded in 2003, with males accounting for 80% of the total deaths. However, in the ensuing years 2004 and 2005, deaths stood at 11 and 5 respectively. The significant decrease in deaths in 2005 may be attributed to the availability of free antiretroviral drugs to Persons Living with HIV and AIDS in Dominica as it implemented the OECS/Global Fund Project.

Figure 5: - Certified Deaths of HIV/AIDS 1987-2005



Source - Health Information Unit/ Princess Margaret Hospital

IV. National response to the AIDS epidemic

National Strategic Plan

The National Response to the HIV/AIDS Epidemic in Dominica is sub-titled 'Expanding the Response, Reaping the Benefits'. This expanded response is clearly outlined in the National Strategic Plan 2003-2007. Though the Strategic Plan is currently under review (using global tools and technical assistance provided by World Bank and UNAIDS) the guiding principles, goals and purpose have provided the basis for programming over the past five years. This plan consists of six (6) priority areas:

1. Programme Design, Implementation and Evaluation.
2. Advocacy, Human Rights, Policy Development and Legislation.
3. Provision of treatment and care for PLWHA.
4. Prevention of HIV Transmission among the General Population.
5. Prevention of HIV transmission especially among vulnerable groups.
6. Prevention of Mother to Child Transmission.

Guiding Principles

The life of every individual is precious and valuable. All attempts will be made to preserve the well-being of the individual regardless of his/her health status, sexual persuasion or other personal characteristics. A greater sense of self-esteem and self-respect will be fostered among all Dominicans at all times during the expanded response to HIV/AIDS. The scope and intensity of the response to HIV/AIDS will be maintained in keeping with the requirements of the problem.

Priority Area I: Programme Design, Implementation and Evaluation

The National HIV/AIDS Response Program (NHRP)

The Country's initial response to the first reported AIDS case was the establishment of an AIDS Central Office within the Ministry of Health (MoH), which was responsible for implementation of HIV awareness programmes. In 2001, a PMTCT Programme was established and in 2003 the National HIV/AIDS Response Programme (NHRP) was put in place with the appointment of a National AIDS Coordinator. Organizationally, the NHRP falls within the structure of the Ministry of Health. The main responsibility of the NHRP is to coordinate efforts and activities related to implementation of the National Strategic Plan (NSP) and other HIV-related programming. It is the NHRP's responsibility to report progress on National and Global Fund for AIDS Tuberculosis and Malaria (GFTAM) performance indicators. To that end, the Unit has developed specific data collection tools to facilitate its reporting schedule.

A multisectoral team was responsible for the development of the NSP, and as part of its mandate, set the framework for the recruitment of staff. As a result of this the current staff of the NHRP is as follows:

- National AIDS Programme Coordinator.
- Counsellor/Voluntary Counselling and Testing (VCT) Coordinator.
- M&E Officer/ Social Worker.
- HIV/STI Surveillance Officer /Programme Support Assistant.
- PMTCT Coordinator /Health Educator.
- Clerical Officer.
- Office Attendant.
- Japanese Volunteer.

National AIDS Committee (NAC)

A NAC was created as a multi-sectoral advisory board to provide technical support and oversight to the NHRP. The NAC is comprised of representatives from: leading private

sector organizations, the Medical Association, the University of the West Indies (UWI) School of Continuing Studies, Nurses Association, Union Representatives, Faith-Based Organizations, relevant government ministries, PLWHA, National Youth Council, NGOs, the NHRP coordinator as an ex-officio member and the Chief Medical Officer as the chairperson.

Priority Area II: Advocacy, human rights, policy development and legislation

Legislation

An HIV manual, ***"HIV Policy and Procedure Manual – A Guide for Health Care Professional in the Commonwealth of Dominica"*** was developed in February of 2006 to serve as a guide for Health Care professionals on the island. It is envisaged that the care of PLHIV will be fully integrated into the health care system, and will serve as a guide in improving the quality of life of PLHIV. The Policy and procedures manual incorporates comprehensive care and management of PLHIV, PMTCT, VCT and Home Based Care. A copy is available at all health care facilities around the island and at the National HIV and AIDS Programme Office.

Contact Tracing Protocol.

A contact tracing protocol was developed in 2006 by NHRP. The contact tracing protocol serves as a guide for Health Care professionals in their duties of tracing new contacts of PLWH on the island

Law, Ethics and Human Rights.

A Law Ethics and Human Rights Assessment was conducted in Dominica in 2006, by a local Magistrate. The consultations on the Law, Ethics and Human Rights assessment

aimed at focusing on key areas of law and policy which impact on HIV/AIDS related issues. It sought to inform on best practices and situations in other countries, and made recommendations for a programme of legislative and policy reform to address the issues of stigma, discrimination and human rights in an effort to bolster treatment and care and to reduce the spread of HIV/AIDS.

One-on-one sessions for lawyers were conducted for all legal professionals. In this forum the findings of the Law Ethics and human rights assessment was disseminated and other HIV/AIDS related information as it related to the law. Although the Laws of Dominica do not specifically cater for PLWH, PLWH can access legal redress and advice through some members of the legal system, especially those who have been trained in HIV/AIDS. PLWH are provided with information on registration at the Infectious Disease clinic.

PLWH Support Groups

The established support groups in Dominica provide their membership with a relaxed and informal atmosphere to share their experiences and build new friendships, as well as to help care givers to renew their faith and confidence in the face of uncertainties. In Dominica there are currently three support groups namely: Life Goes On, Fouche La Vie and Dominica Network Inc.

Life Goes On (LGO) Support Group

*"The mission of **Life Goes On** is to create hope and opportunity for persons affected by or infected with HIV/AIDS in Dominica by advocating for their rights and implementing programmes of education and support."*

Life Goes On (Dominica) Inc. is a non-profit organization geared towards advocating for people infected and affected by HIV and AIDS, thereby improving their quality of life. In 2004, six (6) persons living with HIV and AIDS came together to support each other

with the help of the National HIV Response Programme and the National Children's Home (NCH) who provided the venue for the first year.

According to Life Goes on Annual Report for 2006, the membership of the organization stood at 32 which includes persons who are infected and their family members or caregivers. The Board of Directors of the organization meets on a quarterly basis, and includes ex officio representatives from the Partner Lifeline Ministries and the National AIDS Programme. The Executive Committee meets monthly and manages the day to day running of the organization. The organization has developed its own programmes and can now boast of a Dial – a - Ride service and an Integrated Care Centre geared at improving the quality of life of people both infected and affected. Life Goes On (Dominica) Inc. can be contacted through the National HIV/AIDS response Programme

Fouche La Vie (FLV)

Fouche La Vie is a newly formed support group which aims to support women/mothers and their families of the Prevention of Mother-to Child Transmission (PMTCT) programme. The membership now stands at seven and is inclusive of persons who are both infected and affected by HIV. Fouche La Vie meets on a quarterly basis with the aim of providing psycho-social support to its membership, as well as to include emotional and spiritual support. Fouche La Vie can be contacted at the National HIV/AIDS Response Programme – PMTCT Coordinator.

Dominica Network Inc.

Dominica Network Inc. is a newly formed support group for persons infected with and affected by HIV. It was officially registered on 22nd August 2007 with a membership of 17. The main objectives of this group are:

- To assist PLHIV feel that they are not isolated and alone with their problem,
- To provide a way to meet people and make new friends and
- To work closely with the National HIV/AIDS Response programme.

Their mission is to serve as the voice of people living with HIV with an expressed commitment to improving the quality of life for PLHIV by advocating for human and financial resources.

Capacity Building – PLWH

The National HIV/AIDS Programme aims to build capacity among its support groups and People living with HIV and AIDS. Seven workshops to increase knowledge of PLWH's in care about effective prevention techniques were undertaken in 2006, out of which 43 persons benefited. This indicator formed part of the Global Fund's programme in which a target of two workshops was set. The results indicate the country over achieving their target.

Table 5: *Capacity Building Workshops for PLWH*

Specialized Areas /Topics	**Number of Attendants 2006**
Scaling up – HIV treatment, Prevention and Care- Annual AIDS Conference, Canada	4
Antiretroviral and Adherence	12
Nutrition – Healthy Living with HIV/AIDS	20
Clinical Management of HIV/AIDS	1
Prevention of HIV/AIDS among Women and Girls	1
"Hands ON" Caregivers course for those caring for PLWHAs	4
Caribbean Tripartite Council on HIV/AIDS	1
Total	**43**

Compiled by the Monitoring and Evaluation Officer, NARP

Priority Area III: Provision of Care and Treatment for PLWH

Clinical Care Programme

In an effort to provide access to a high quality of care for all PLWH, the Ministry of Health and Social Security initiated the Infectious disease clinic in August 2004. The clinic began with the aim of ensuring that all People living with HIV and AIDS have a formalized system of care and treatment, offered antiretroviral therapy, and appropriate medical care, to include home care, supportive and palliative care. A multidisciplinary team (the Clinical Care Team) has been charged with the responsibility of providing quality care to persons living with HIV/AIDS through the following terms of reference:

- Acting as a resource for other practitioners.
- Providing care and treatment if requested by a patient or other health care providers.
- Monitoring the delivery of health services to this patient population.
- Monitoring the supplies in the laboratory and pharmacy.
- Monitoring the prescribing patterns of physicians and use of Antiretroviral (ARV) drugs,
- Monitoring side-effects and drug resistance patterns (this is currently done by clinical presentations, as laboratory testing is not available in country. Discussions have been held with a laboratory in Martinique to facilitate drug resistance testing for Dominica.) to ensure an un-interrupted supply of drugs and effective treatment regimes.
- Monitor and evaluate provision of care and
- Provision of the necessary support to ensure effective and high quality of care to the patients.

The Clinical Care Team consists of persons from the following disciplines:
Internal Medicine, Obstetrics and Gynaecology, Paediatrics, Infection Control, Epidemiologist, Social Worker, Nutrition, Pharmacy, Laboratory, Counsellor/Psychologist, Clinical Care Coordinator, Patient Advocates (preferably PLWH),

Patients may have direct access to members of the Clinical Care Team, or may be referred by their physician or nurse, upon their request to any of the persons represented on the team.

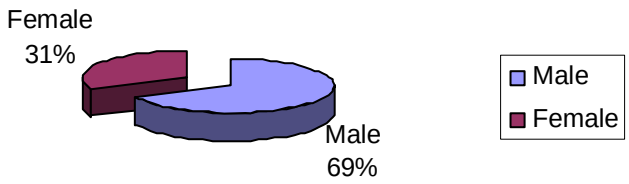
Infectious Disease Clinic

Clients are enrolled in the lone comprehensive Infectious disease clinic that operates centrally from the Princess Margaret Hospital (PMH). Clients are referred from various entry points including the Prevention of mother-to-child transmission programme, testing and counselling programmes - to include voluntary counselling and testing and Provider Initiated Testing and Counselling (PITC), prison system, health centres, hospitals and private physicians.

Care and treatment clinics are conducted once per week for both adults and children, and offers services as psychological counselling, nutritional assessment and counselling, adherence assessment and counselling, social support, clinical management and referrals to other services. At present, treatment and care is only available within the public system and is being offered free of cost to clients. A patient can choose to access private care if he/she desires.

Figure 6 below indicates that more males are accessing care and treatment than females at the infectious disease clinic, 69% males as compared to 31% females.

Figure 6: PLWH accessing care and treatment by sex



Source: Infectious Disease Clinic

The majority of persons who access care and treatment are from the age group 25 to 54 as shown in table 6, with the age group 35 to 44 contributing the most individuals.

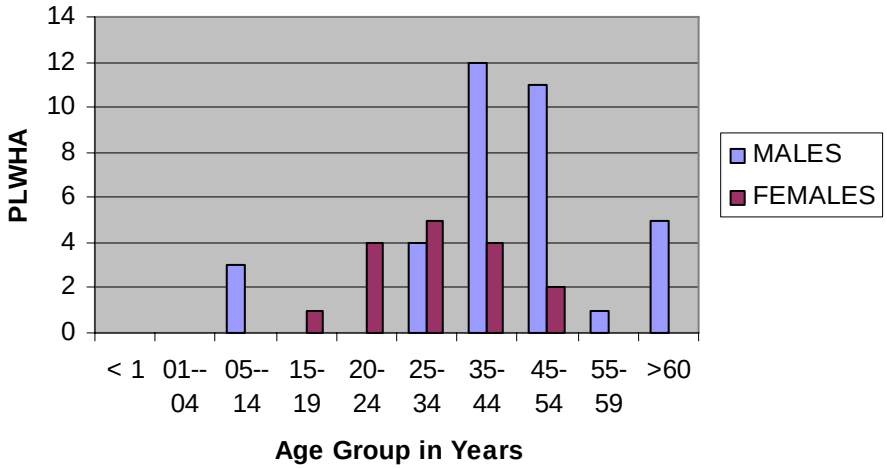
Table 6 - *PLWH accessing Care and Treatment by Age*

	< 1	01--04	05—14	15-19	20-24	25-34	35-44	45-54	55-59	>60	Total
MALES	0	0	2	0	0	4	12	11	1	5	35
FEMALES	0	0	0	1	4	5	4	2	0	0	16
Total	**0**	**0**	**2**	**1**	**4**	**9**	**16**	**13**	**1**	**5**	**51**

Source: Infectious Disease Clinic, Princess Margaret Hospital

Based on the national data presented, more males are affected by the epidemic. It is no surprise therefore, that more males access care and treatment since they make up more than half of the infected population. The majority of males accessing Care and Treatment services are mainly between the 35-54 age groups. It is also interesting to note as well that of the number of persons accessing care and treatment 55 years and over, 100% are males.

Figure 7: PLWH accessing Care and Treatment by age and sex

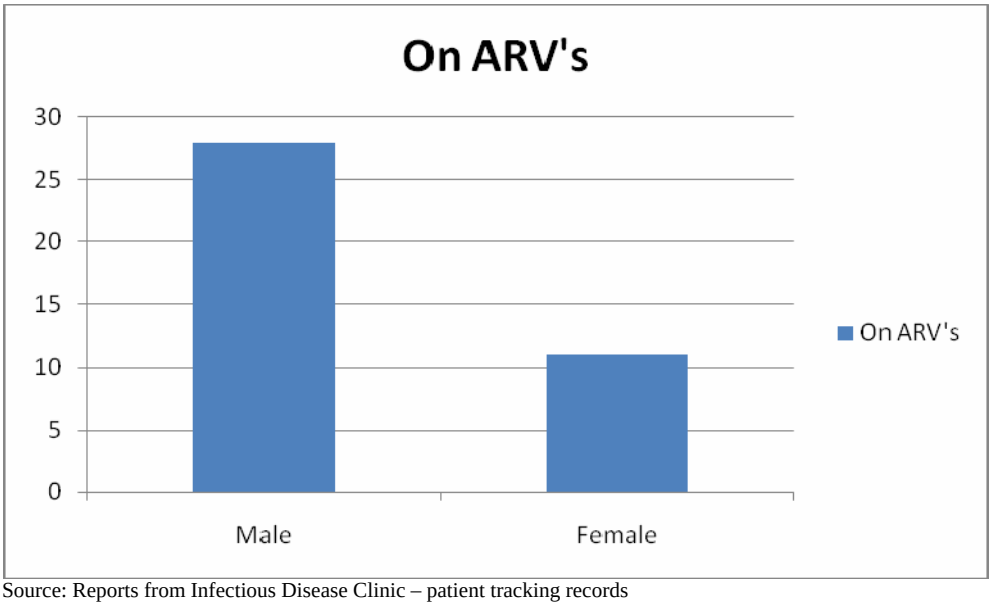


Antiretroviral Therapy (ART)

The number of PLWH accessing care and treatment is increasing. A total of thirty-nine persons are accessing free antiretroviral treatment out of which twenty-eight are males and 11 females. Prescriptions for antiretroviral therapy are only available from the Clinical Care Coordinator (CCC) in the public health care system.

Clients commence antiretroviral therapy based on their CD4 counts and clinical presentation. CD4 count of <350 in an adult and clinical presentation and CD4 count of <24 in a child are the accepted values used to initiate antiretroviral therapy. The Clinical Care team as part of the services being offered provide education and support to patients and or caregivers in order to maintain, and or improve adherence to medication regimens.

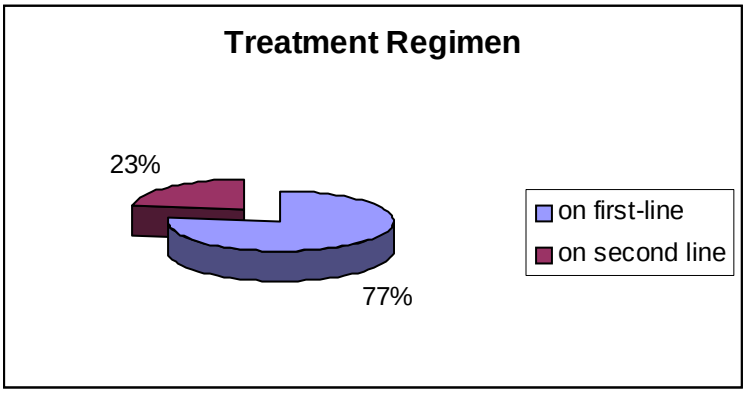
Figure 8: – Persons accessing antiretroviral treatment at the clinic



Source: Reports from Infectious Disease Clinic – patient tracking records

A variety of antiretroviral drugs are available locally, and drugs are prescribed in various combinations to clients. As a result clients who are infected are able to benefit from both first line and second line medication. These drugs include: Stavudine, Combivir, Neverapine, Efavirenz, Lamudivine Nevirapine, Zidovudine, Kaletra (became available 2005), and in 2006 DDI, Abcavir, and Indinavir became available.

Figure 9: – Percentage of HIV infected persons accessing different treatment regimens



Source: Reports from Infectious Disease Clinic

Table seven below outlines the treatment and care services that are available to HIV infected individuals at the main hospital.

Table 7: *HIV Care and Treatment Services at the Princess Margaret Hospital*

Service	**Access on-site**	**Can be accessed by referral from other sites**
Prevention of Mother-to-child transmission (PMTCT)	Current	YES
HIV primary care	Current	YES
Opportunistic Infection (OI) prophylaxis	Current	YES
Antiretroviral (ARV) treatment	Current	YES
Management of acute illness/OIs	Current	YES
Inpatient care	Current	YES
Tuberculosis (TB) management	Current	YES
STI management	Integrated into Services	YES
Occupational Post Exposure Prophylaxis (PEP	Planned – Care and Treatment guidelines in draft format	YES
Adherence counselling	Current	YES
Nutrition	Limited	YES – Nutritionist; Ministry of Health
PLWHA support groups	Current	YES

Adapted from "Dominica National AIDS Program Assessment: Final Version 29 March 2005

Training and Workshops in HIV/AIDS

In 2006, Training in HIV/AIDS was conducted nationally and regionally. Two hundred and ninety six (296) persons, mostly health care providers benefited from some form of HIV training. Table six below highlights the types of training that were conducted and the number of persons who participated in these training sessions during this period..

Table 8: *HIV/AIDS Training for Health Care Providers*

Specialized Areas/Topics	**No. of Public Health Practitioners trained**
Prevention to Mother to Child Transmission (PMTCT)	17
HIV/AIDS management in ARV's	8
"Hands ON" Caregivers course for those caring for PLWHAs	4
Voluntary Counseling and Testing (VCT)	52
Voluntary Counseling and Testing /Training of Trainers	3
Adherence Counseling	36
Management of Opportunistic Infections	2
Comprehensive Skills Training for Community Health workers/aides	6
Clinical Management	5
Behavior Change Communication	4
Protocol Development – Treatment and Care	11
District Team Educational Sessions (Roles and Responsibilities)	76
Scale Up of HIV counseling & testing (Intro. To Caribbean Guidelines)	2
Revision of Care and Treatment Protocol	51
Service Provision Workshop (Assessment of services)	13
Clinical Mentorship Workshop/CHART/I-TECH workshop	2
Regional Rapid HIV Test Workshop	4
Total	**296**

Compiled by the Monitoring and Evaluation Officer, NARP

Priority Area IV: Prevention of HIV Transmission among the General Population

World Creole Festival, 2006

The National HIV/AIDS Response Programme of the Commonwealth of Dominica, in collaboration with the Dominica Festival Commission (DFC) and various non-Governmental Organizations (NGOs) embarked on an HIV/AIDS Prevention Campaign during three nights of the World Creole Music Festival. (The World Creole Music Festival is a national festival that brings together thousands of patrons from Dominica, the region and the international community to Dominica annually for three nights of festivities) The activities were organised and planned with the principal objective of providing the patrons of the World Creole Festival, (foreigners as well as nationals), with sufficient prevention education on HIV/AIDS as well as to provide information on testing and where it can be accessed. The activities were designed to provide patrons with the opportunity to ask questions about the possibilities of testing and other HIV/AIDS related issues.

World Creole Music Festival patrons at education session

A Contingent of twenty-two (22) volunteers including staff of the National AIDS Response Programme alongside the management and staff of the Dominica Festivals Commission were involved in the planning and execution of the activities organized for these three days. The volunteers originated from the National HIV/AIDS Technical Committee as well as various Service Clubs around the island.

The HIV/AIDS Prevention campaign during this festival enhanced national results on prevention coverage including other services such as VCT.

In an effort to provide widespread education coverage to the festival's population, over ten thousand (10, 000) educational brochures were printed and distributed. These brochures, pouches (with condoms) and T- Shirts bore HIV/AIDS messages on abstinence, effective condom use, mutual fidelity, self education, indications of how to put on a condom and levels of risk of HIV transmission The testing process was also explained and clients were given information on Voluntary Counselling and Testing sites, which are available to them throughout the country. Table nine gives an indication as to the age range and number of individuals that were interviewed at the festival.

Findings from the World Creole Music Festival

Table 9: *Age Range of Patrons Interviewed*

Under 24	25 - 34	35 - 44	45 - 54	55 - 64	65 and over
121	219	167	78	11	2

Since the scheduling of these activities at the festival, the National AIDS Response Programme has been receiving positive feedback from visitors from the French neighbouring islands who attended the World Creole Music Festival. Many of whom commended the National AIDS Response Programme and the Dominica Festivals Commission for making HIV/AIDS more visible.

World AIDS Day 2006

The World AIDS Day "Know your status Campaign" attracted over 700 persons nationwide. Blood samples were collected by Health Care Professionals in the seven Health Districts. Of this number, three (3) Persons tested positive for HIV. The

Portsmouth Health District tested more persons in all the Health Districts with over 300 samples being sent to the Government Laboratory for testing. Meanwhile, the Roseau Health District (National HIV/AIDS Response Programme) sent over 200 samples to the Laboratory for testing

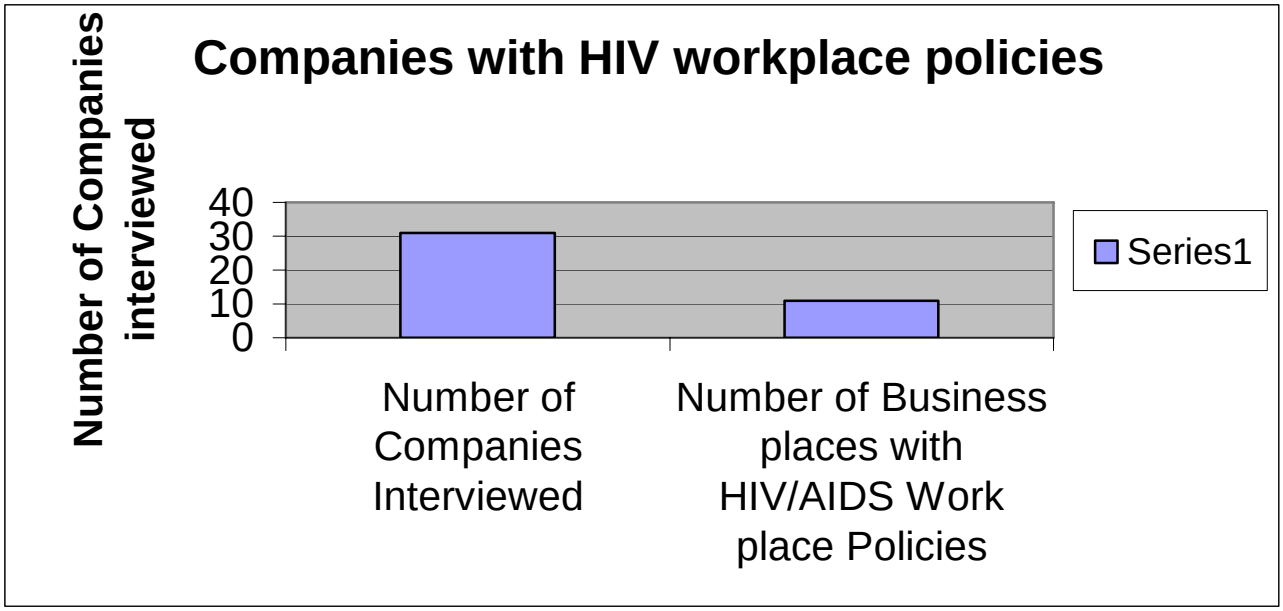
Workplace Educational Sessions

An ILO Caribbean Sub-regional Meeting on HIV/AIDS and the world of work was held in Barbados in 2002 in which Dominica was represented. The purpose of this training was to provide participants with information on HIV prevention programmes in the workplace as it relates to their respective Islands (Commonwealth of Dominica Country Report, 2002). As a result of this training the participants in collaboration with the Dominica Employers Federation mobilized other trade unionist and various stake holders in the development of an HIV/AIDS Workplace Policy. Since then nine companies have adopted the HIV/AIDS workplace policy of the Dominica Employer Federation and two (2) other companies have developed their own Policy on HIV/AIDS in the Work place.

A mapping exercise was done with thirty-one (31) companies and organizations around Dominica over a period of two weeks. A list of the companies, Trade Unions and Organizations registered with the Dominica Employers Federation was used to facilitate the process. Individual interviews conducted with Human Resource Officers/Personnel Officers of the various organisations, coupled with the provision of supporting materials as existing policies and legislation, employee's handbooks and collective agreements were very beneficial to the process and the eventual success of the exercise.

This activity did not only serve to obtain the relevant and available information from the organisations, but also sensitized them on the need to develop and implement an HIV/AIDS Work Place Policy. Out of the 31 companies that were interviewed, eleven (11) of them developed and implemented an HIV/AIDS Workplace Policy. The other companies have pledged their willingness to collaborate to ensure that they developed their own.

Figure 10: Work Place Polices on HIV/AIDS



Source – ILO Mapping Exercise in Dominica conducted by NHRP

The NHRP in collaboration with the Dominica Employers Federation, conducted seven educational sessions on HIV/AIDS in the workplace with four different organizations. Educational sessions with these groups are ongoing.

Street Theatre and Carnival 2007

Perusal of the HIV data revealed that males between the ages of 25 and 34 were presenting to clinicians with AIDS related diseases. The National Response programme in partnership with the National Youth Council, the Dominica Youth Environment Organization and the Ministry o f Education, planned and prepared a Behaviour Change Communication Project using edutainment. This was in an effort to reach youth, more particularly males between the ages of 16-25, to provide much needed sensitization on HIV and AIDS issues as risk factors, transmission, testing and prevention. The activity was dubbed, “Talk on the Block, Latex for Sex”.

A group of young persons involved in drama were introduced to the script. They further developed and performed the play, after receiving additional sessions to provide them

with the requisite information to raise their awareness level on the subject matter. The drama presentations were done at street corners where young men gathered, and also on basket ball courts. The activity is now undergoing an evaluation process.

"Talk on the Block" Drama presentation addressing correct and consistent use of condoms as a barrier to prevent the transmission of HIV/AIDS.

Carnival is one of these festive activities where hundreds of persons line the streets and participate in street dancing and other social activities. To this end, the National HIV Response Programme using its multisectoral approach met with stake holders, and together organised a carnival band called The ABCs of Prevention. The band consisted of five (5) sections: Abstinence Works, the Best Choice; Be Faithful to One Partner; Condomize against HIV, STI and Pregnancy; Don't Abuse Drugs, Your Partner; Education the Key to the right choice. All along the carnival route, condoms and promotional material in the form of T-Shirts and bandanas were distributed.

National HIV/AIDS Response Programme's 2007 Carnival Band. The Red Clang represented the "Don't Abuse Drugs, Alcohol and your partner".

Voluntary Counselling and Testing

The general public has access to VCT services at the seven health districts in Dominica, as well as two of the NGO's who collaborate with the National HIV/AIDS Response Programme (Life Goes On and Dominica Planned Parenthood Association (DPPA). A total of 52 professionals have been trained in providing VCT services throughout the island. VCT services are being advertised through Information, Education, and Communication (IEC) channels mainly through the "Know your status campaign", television and radio programmes, Public Service announcements and other World AIDS Day activities.

In 2006, one thousand eight hundred and eighteen (1,818) persons participated in VCT services as reported to the National Office. 765 persons underwent Pre-test counselling, out of which 659 went on to have a test (86%), whilst 394 persons (52%) proceeded to have their post-test counselling. It should be noted that although Post-test counselling is an important component of VCT, it has been observed that persons are still not fully accessing this service.

Table 10: *VCT DATA for 2006*

	Pre-test		Test		Post Test		
Age Range	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Total**
0-4	0	1	0	0	0	0	**1**
5—14	1	2	1	2	0	1	**7**
15-19	12	88	12	76	9	43	**240**
20-24	34	110	30	91	19	50	**334**
25-34	43	193	39	166	30	94	**565**
35-44	43	148	40	120	22	72	**445**
45-54	24	37	22	34	13	29	**159**
>55	9	11	8	9	4	5	**46**
Unknown	1	8	1	8	0	3	**21**
Total	**167**	**598**	**153**	**506**	**97**	**297**	**1818**

Sources, Report from VCT Coordinator, NARP

Condom distribution and availability

Condoms are available at all the hospitals and health centres on the island. The Central Medical stores provide condoms to the district health centres and the hospitals as requested by the pharmacist in that area. According to the "Spot Check" registry of the NHRP, there were no stock outs of condoms recorded in 2006.

Priority Area V - Prevention of HIV Transmission among especially vulnerable groups

The National Strategic Plan (NSP) defines Dominica's vulnerable groups as men who have unprotected sex with other men, sex workers, youth 15 – 24 and prisoners.

Sex Workers

The NAP in collaboration with COIN conducted a mapping exercise in January 2006 in Dominica to identify the areas in the island where CSWs were concentrated. The findings provided the NAP and the Dominica Planned Parenthood (DPPA) with a baseline to work with this target population.

In that same year two professionals attended a training workshop in St. Maarten on HIV/STI prevention strategies for Sex Workers. In 2006, the DPPA in collaboration with the NAP embarked on a series of educational sessions targeting Female Sex Workers (FSWs), which resulted in eleven (11) FSW voluntarily tested for HIV.

Men who have sex with men

The National HIV/AIDS Programme was able to work with this population with the help of a focal point within the group. As a result, in 2004 the NHRP was able to conduct a KAPB study with this group of men who have sex with men. The Findings suggest that men who have sex with men are aware of the means by which HIV is transmitted and the methods and strategies of prevention, however there is a gap between the information they have acquired through educational sessions and what they actually practice.

Prisoners

In May 2005, an HIV Sero-prevalence survey among male inmates was conducted at the National Prison in collaboration with CAREC and the Ministry of Health. The objective of the survey was to determine the HIV prevalence among male inmates, to provide evidence to support the development of expanded voluntary counselling and testing, prevention education, care and treatment for HIV infected and affected persons in the prison.

Of the 251 inmates at the time of the study, 191 participated in the survey giving a participation rate of 76 %. The mean age of the participants was 33 years, the youngest being 15 years and the eldest 67 years.

The survey revealed that five (5) inmates tested positive for HIV, giving a prevalence of 2.6%. The survey report highlighted the importance of information on the health of prison populations for the following reasons:

- Movement in and out of general population
- Inmates may not access health care outside
- Opportunity to provide health education (inmates and staff)
- Opportunity to identify persons for VCT
- Opportunity to identify persons for care and treatment
- Provides information for other surveys

Behavioural Surveillance Survey (BSS)

Behavioural Surveillance Surveys (BSS) were conducted in six countries of the Organization of Eastern Caribbean States (OECS) namely; Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia and St. Vincent and the Grenadines during the period 2005 to 2006. The surveys were financed by USAID with technical assistance from Caribbean Epidemiology Centre (CAREC), Family Health International (FHI), and Philips Consulting Group (PCG) based in Barbados.

The BSS Survey indicators were designed to collect information on knowledge of HIV, stigma and discrimination, general risk behaviour, sexual behaviour, condom use and HIV testing. The BSS survey was conducted in Dominica in 2005 among the following populations:

- General Population: 15-24 years
- General Population: 25-49 years
- In school Youth: 10-14 years
- Youth on the Block: 10-19 years

The following are some of the findings of the BSS survey as they relate to Dominica:

INDICATOR	15-24 years	25-49 years
Percent of respondents who had heard of HIV/AIDS	100%	100%
% of Respondents with comprehensive knowledge of "A,B,C" HIV Prevention Strategies	67%	77%
% of respondents who knew of abstinence as an HIV prevention strategy (Denominator: All people surveyed)	87%	97%
% of respondents who knew of faithfulness to one uninfected partner as an HIV prevention strategy (Denominator: All people surveyed)	87%	90%
% of respondents who knew of consistent condom use as an HIV prevention strategy (Denominator: All people surveyed)	80%	83%
Percent of respondents who have had sex with a non-marital non-cohabiting partner in the last 12 months (Denominator: People who had sex in the last 12 months)	99%	44%
Percent of respondents with multiple non-marital non-cohabiting sexual partners in the last 12 months (Denominator: People who had sex in the last 12 months)	31%	10%
Percent of respondents reporting the use of a condom the last time they had sex with a non-marital non-cohabiting sexual partner (Denominator: People with non-regular non-commercial partners in the last 12 months)	73%	66%
Percent of respondents reporting consistent condom use with non-marital non-cohabiting sexual partner (Denominator: People with non-regular non-commercial partners in the last 12 months)	44%	47%
Percent of respondents who ever had an HIV test (Denominator: All people surveyed)	18%	42%
% of respondents who received HIV testing in the last 12 months and know the results (Denominator: All people surveyed)	9%	14%
Percent of respondents who think it is possible to get a confidential HIV test in their community (Denominator: All people surveyed)	72%	74%
% of respondents reporting an STI in the last 12 months (Denominator: People who had sex in the last 12 months)	1%	2%

HIV/AIDS Service Provision Assessment (HSPA) – Dominica 2005

An HIV/AIDS Service Provision Assessment was conducted in Dominica in 2005 comprising of a sample of 18 facilities (16 of which were public facilities), including hospitals, health centres, specialized clinics and laboratories. The HIV/AIDS related services that were assessed included counselling and testing capability, care and support services, ART, Post Exposure Prophylaxis (PEP), PMTCT and youth friendly services.

Apart from documenting what HIV and AIDS services that were being offered, a few systematic issues were also identified:

- Fifty-four percent of health workers surveyed had a positive attitude towards PLWH
- Facilities are available to migrants seeking testing, counselling and treatment for HIV/AIDS.

HIV testing system

- Almost all of the public facilities (15 of 16 surveyed) have an HIV testing system.
- Availability of advance care and support services
- Good infrastructure for in-patient HIV/AIDS services
- There is need for care and treatment services to be scaled-up.
- Strong presence of a referral system of home-based care services (HCS) among facilities providing CSS.

Priority VI - Prevention of Mother to Child Transmission

The purpose of the PMTCT programme is to reduce mother to child transmission of HIV in Dominica through:

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

The principles that are being used in the provision of Mother to child transmission in Dominica are based on the following:

- The most effective approach to preventing vertically acquired infection in children is through primary prevention among women of childbearing age.
- High quality and accessible voluntary counselling and testing services are necessary prerequisites for a successful PMTCT Programme. All testing are accompanied by pre and post-test counselling conducted under conditions that ensure privacy and confidentiality of information.
- All HIV infected pregnant women are given access to high quality PMTCT care and services.

Once a pregnant woman is found to be HIV positive, care is provided to preserve and improve the health of the woman, as well as to decrease the risk of transmission to the infant.

V. Best practices

A). Development of a patient tracking system

The patient tracking system that is being developed seeks to enable the health care providers to better monitor and provide treatment and care for their patients once they enter the health care system.

B). Stakeholder involvement in programme implementation

Involvement of civil society in the designing, implementation and monitoring of prevention and education activities enables the programmes to have wider coverage at the national level. Given the limited human and financial resources, implementation of such programmes is affected by these resource constraints.

C). Creative expressions to programme implementation

The use of edutainment to bring across prevention and education messages to the youth is far more effective than the traditional didactic method in HIV/AIDS education. Youth needs activities that are stimulating, innovative and participatory to keep them interested. The Dominica experience of the use of this medium was very instructive and rewarding as to the number of persons reached.

D) Workplace policy on HIV/AIDS

Partnering with the trade unions and employers federation has resulted in a number of business places developing work place policies on HIV and AIDS. This has further encouraged education programmes for employees on HIV and AIDS thereby expanding the national coverage on these issues.

E) Stigma and discrimination

Assessment of the national laws on law, ethics and human rights sought to inform on best practices, and to generate interest in the area of legislative and policy reform to address issues of stigma and discrimination and human rights, geared at reducing the

spread of HIV/AIDS. This triggered forums for legal professionals on the topic and general HIV education as it relates to the law.

VI. Major challenges and remedial actions

Some of the challenges faced by the National HIV/AIDS Response Programme in addressing their goals and targets are highlighted below:

- Office space and inadequate staffing
- Access to funding. Stringent donor demands limits spending
- Limitations in human resources impinges on the expansion of prevention and education programmes to schools and communities
- Development of M&E system. Activities are being rolled out without adequate M&E system in place, hence true impact of programmes may be understated due to incomplete data collection
- Reporting on indicators to donors and partners often require the conducting of special surveys which are not part of the national routine data collection process. These demands imposes both financial and human resource strains on the NHRP

Remedial actions to address challenges

The M&E plan that has been developed addresses the M&E needs. The setting up of the patient tracking system will enhance the data collection process, coupled with training of key stakeholders to ensure a “buy in” to M&E activities. To ensure the achievement of UNGASS targets, the NHRP has targeted the next six months to conduct the necessary surveys that are required to enable them to capture baseline data to facilitate their reporting on these indicators.

VII. Support from the country's development partners

To enable it to continue its programmes and strategies to address the HIV/AIDS epidemic more effectively, Dominica will require sustained support from its development partners. These support activities should facilitate the achievement of its national goals, and must be consistent with what obtains in the country's national strategic plan and its priorities. The areas for support include but are not limited to the following:

- Setting up of a coordinated M&E system to function at the national level
- Facilitate technical and financial support when needed for the implementation of expanded programmes of the NHRP, and conducting surveys
- Finalization of M&E plan and framework to streamline indicators from multiple organisation and donors
- Provision of opportunities for training of staff
- Sustaining the activities of key stakeholders working with the NHRP in the areas of HIV/AIDS education and prevention

VIII. Monitoring and evaluation environment

Current Situation/Environment

The National HIV/AIDS Response Programme and the Health Information Unit (HIU) are the key agencies responsible for the functioning of the M&E system. A social worker at the NHRP serves as the Monitoring and Evaluation officer and is responsible for collecting, collating and managing information. This officer works closely with district health teams, private practitioners, the laboratory, the clinical care team, pharmacies, and stakeholders outside the public health system to collect programme monitoring data. Dominica collects information on both national level indicators and donor-based indicators. In recent times, the focus has been on data collection for reporting on the Global Fund indicators for the OECS/GFATM phase I and II funds.

The HIU is the Management and Information Systems and Surveillance branch of the Ministry of Health (MoH). The Unit has functional monitoring systems in place that monitors and records vital statistics, infectious and communicable diseases and, as such,

serves as a critical partner in the development and implementation of the M&E system for HIV/AIDS.

Paper-based data collection tools have been developed for use at the primary health care setting, Non-Governmental Organisations and Community Based Organisation to capture information on programmes being implemented. Different types of programme data e.g. VCT and PMTCT are collected on a quarterly basis and stored at the NHRP. This data is then analysed and developed into reports that are distributed to the MoH and relevant donors. Quarterly meetings are held to discuss/share best practices and challenges that are encountered. Information emanating from these reports guides decision making to help improve the services that are being offered.

Overall, data collection is currently reported as both a passive process (sent in by the providers) and an active process (when the M&E officer needs to visit sites to abstract data from sources and records). Periodicity of data collection is largely dependent on the reporting schedules of external donors - for example that of the Global Fund.

A Patient Monitoring and Tracking System have been developed to simplify the data collection processes and analysis of key clinical indicators. This system seeks to monitor individual patients from the point of entry into the health care system throughout their lifetime, enabling health care providers to monitor their progress.

Dominica has a draft M&E plan that clearly outlines what data needs to be collected, how best to collect it, and how to disseminate and use the results for programme implementation and improvement.

Challenges

Dominica has a committed community driven response in addressing HIV/AIDS in its environment; however it is not devoid of challenges as it seeks to implement its programmes and activities to fulfil its national goals and obligations.

Staffing requirements

Currently, the M&E functions are carried out by a full time social worker at the NHRP who also functions as the M&E Officer and VCT provider. All staff at the NHRP

contributes to the M&E functions as well as being supported by the HIU. The current M&E functioning of the NHRP needs to be expanded and fully staffed.

Infrastructure and Equipment Requirements

There is inadequate office space to effectively and efficiently implement the activities of the NHRP. The current site of the NHRP houses both the administrative and service provision activities. This is one of the greatest challenges being experienced to executing the national response to HIV/AIDS. Adequate space to accommodate the programme is urgently required. Similarly, there is inadequate equipment and software to facilitate data collection and analysis both at the health information unit and the national HIV response programme.

Strengthening of M&E system

Capacity building support for the strengthening of the M&E function is needed in a number of areas namely, monitoring form development, data base development, managing data and using tracking software, data quality and quality control procedure, data sharing and confidentiality procedures,

Stakeholder Feedback

There is the need for fostering a more consistent and systematic way of collecting data from key stakeholders and health care providers for the generation of reports, and more particularly, to use the information collected to inform programme planning and management. A plan also needs to be put in place for the dissemination of the analysed data to the key stakeholders to ensure a two way flow of information

Financing

Financing for the upgrading of the M&E system remains a major concern. As is customary within the government system, activities within the health sector has to compete with all other sectors in securing funds from the government's budget. More often than not the priorities of government may not necessarily fall in sync with that of

the ministry of health, thereby resulting in the ministry's inability to satisfactorily provide adequately for all its needs and services.

Remedial actions to overcome challenges

The M&E plan that has been developed has recommendations for addressing most of the challenges identified. It is so designed to provide a long term plan to sustain and strengthen the M&E function. As such it addresses the issue of staffing, equipment, infrastructure and training. This plan needs to be approved by the Ministry of health so that activities therein can be implemented with assistance from development partners. Training for key stakeholders and health care providers has been earmarked to generate a buy in approach to M&E, so as to improve on the effectiveness and efficiency of data collection and reporting on a national basis.

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