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The Ministry of Education

The Ministry of Social Transformation, Youth and Sports

Saint Lucia Planned Parenthood

National Council for the Disabled

List of Abbreviations

AAF	:	Aids Action Foundation
ABC	:	Abstinence, Be Faithful and Condomise
ARV's	:	Anti Retro Viral Drugs
BNTF	:	Basic Needs Trust Fund
CAFRA	:	Caribbean Feminist Research Association
CAREC	:	Caribbean Epidemiology Centre
CDB	:	Caribbean Development Bank
CHRC	:	Caribbean Harm Reduction Coalition's
CIDA	:	Canadian International Development Agency
CPA	:	Country Poverty Assessment/
CWIQS	:	Core Welfare Indicator Questionnaire Survey
CYP	:	Commonwealth Youth Programme
GFATM	:	Global Fund to fight AIDS, TB and Malaria
GOSL	:	Government of Saint Lucia
HFLE	:	Health and Family Life Education
IEC	:	Information, Education and Information
IPPF	:	International Planned Parenthood Federation
MARP	:	Most at risk Populations
MOH	:	Ministry of Health, Wellness, Family Affairs, Gender Relations and National Mobilization
MSM	:	Men who have sex with men
NACCHA	:	National Coordinating Committee on HIV/AIDS
NAP	:	National Aids Programme
NGO	:	Non Governmental Organizations
NSP	:	National Strategic Plan
OECS	:	Organization of Eastern Caribbean States
PAHO	:	Pan American Health Organization
PEP	:	Post Exposure Prophylaxis
PLWHA	:	People Living with HIV/AIDS
PRF	:	Poverty Reduction Fund
PSI	:	Population Service International
PSO	:	Private Sector Organisations

SEDU	:	Small Enterprise Development Unit
SLPPA	:	St. Lucia Planned Parenthood Association
TB	:	Tuberculosis
USP	:	Universal Safety Precautions
VCT	:	Voluntary Counselling and Testing

INTRODUCTION

The economy of Saint Lucia is an economy in transition, primarily as a result of a changing global environment, and of the dramatic impacts that these changes have had on banana export earnings, tourism and manufacturing in recent years. The economy remains largely open and dependent on global trends, which generate increased uncertainty and growing pressure for competitiveness. Goods and services (both import and export) contribute significantly to the Gross Domestic Product (GDP). Foreign exchange earnings come primarily from agriculture and tourism, with a smaller contribution from manufacture. Most of the goods consumed locally are imported.

Although its per capita income of US \$4,721.7 is relatively high, Saint Lucia remains extremely vulnerable to external shocks, whether in the form of natural disasters (like hurricanes), changes in the international economic or political environment.

During 2008, the rapid deterioration of the global economy contributed to a slowdown in the pace of economic activity in St. Lucia, as was experienced by most CARICOM countries. Preliminary estimates indicate that real economic growth decelerated to 0.7 percent in 2008 from of 1.5 percent in 2007; and below average growth rate of 4.6 percent recorded between 2005 and 2006. This outturn also represented the lowest real GDP growth since 2002. Rising input costs stemming from high oil prices undermined the performance of many sectors over the review period. Notwithstanding, growth was spurred by increases in value-added of 2.2 percent in the hotel and restaurant sector, 20.5 percent in agriculture, 4.5 percent in banking and insurance and 5.4 percent in the real estate sector. However, these positive influences were tempered by the contractions of 14.4 percent in the construction sector, and to a lesser extent, by the declines of 3.3 percent and 5.4 percent in the distributive trades and manufacturing sectors respectively.

In spite of Saint Lucia's variable economic history, its social indicators are fairly reasonable. With a population growth rate of 1.24 percent, at the end of 2001, the population of stood at 160,986. There has been a steady decrease in fertility rates during the past five (5) years with 1.2 per woman recorded in 2002. Saint Lucia's social indicators compare favourably with upper middle-income countries and in some cases, higher. These social indicators reflect the investments made in human development over the years. Ninety-nine percent (99%) of the populace has access to potable water and net primary school enrolment at 94% reflecting

commitment to education. There is however room for improvement in other indicators, such as in the adult literacy and life expectancy rates.

Education

The Government of St. Lucia continues to place high priority in the education of its population, as the development of its human resource is seen as a key element for social transformation and sustained economic growth. The quality of education at all levels of the system has been the Government's main focus, which is manifested in the achievement universal secondary education. Skills training has also been given priority through the establishment of institutions such as the National Skills Development Centre (NSDC) and the Centre for Adolescent Renewal and Education (CARE).

There are concerns regarding the high investment in education is manifesting a diminishing rate of return to the country in terms of productivity, and that educational attainment is not translating into sustainable livelihoods, employment and perhaps self-sustaining capacity.

Health

The Government has undertaken Health Sector Reform as a high priority for the people of St. Lucia. The general objectives are the improvement of the administration and management of the health service, enhancement of health service delivery and equitable access to health care by the poor in conjunction with establishment of a system of sustainable financing for the health sector. Two important initiatives with regards to health care have been the completion of a Health Policy and Strategic Plan for the improvement of health system and the construction of a new national hospital to replace the existing Victoria Hospital.

Poverty Reduction

The 2006/07 Country Poverty Assessment conducted by the Caribbean Development Bank revealed that approximately 25.1% of individuals and 18.7% of households in St. Lucia could be classified as poor. Almost 36% the rural population lived in poverty as opposed to 16.0% of the urban population. In addition, a larger percentage of female headed households were poor (20.4%) when compared with households headed by males (17.4%). Poorer households (those in the lower quintiles) tend to have higher average number of children relative to households in the higher quintiles, thus making poverty also a youthful phenomenon. The relatively high levels of poverty are also impacted by and impacts the prevailing high levels of employment (15.7% overall). The public aspect to St Lucia's poverty problem is manifested in a general lack of

proper toilet facilities and potable water in most poor communities. Many poor families even while living in their own home were dependent on kerosene for lighting, as they did not have access to electricity.

2.0 Reproductive Health

2.1 Situational Analysis

The St. Lucia Planned Parenthood Association (SLPPA) is the only non-governmental organization that provides sexual and reproductive health services to men, women and young persons on the island. Founded in 1967, SLPPA remains an important agency for providing family planning and sex education services. It aims to promote family welfare and reduce the incidence of unwanted pregnancies, particularly among adolescents, through strengthening family life education programs and quality reproductive health care services to complement the national effort.

SLPPA's strategy consists of heightening the awareness of population and development issues and improving its own image and its financial and human resources. The agency promotes responsible parenthood, reduces poverty through educational programmes for young persons and adults, and provides quality contraceptive and reproductive health services in both clinical and non-clinical environments.

SLPPA supports an island wide programme of community services and community –based distribution through pharmacies, shops, restaurants and factories. Its industrial programme provides information and services in twelve industrial plants on the island. The Association also assist the government's health programme, through services and provision of family life education in and out of schools, sporting and community groups and institutionalized settings for the rehabilitation of young people.

To address the need of providing a holistic approach to Sexual and Reproductive Health SLPPA seeks assistance from donor agencies both in the form of long and short term grants and donations of equipment and supplies for the effective running of its programme. The main traditional donor has been the International Planned Parenthood Federation that supplies 60% of the annual working programme budget while the Government of St. Lucia provides a small subvention (approximately 4%). Income is generated through the sale of contraceptives and related services.

The following services are offered at the SLPPA's Clinic Mondays-Fridays

- Doctors clinics
- Contraceptives
- Clinical examinations such as pap smears
- Infertility testing
- Pregnancy testing and counselling
- Sexuality Education
- Family Life Education
- Parenting Education
- Education on Natural Family Planning
- Voluntary Sterilization
- A male only clinic on the last Wednesday of every month

Services available at SLPPA's clinic are provided to the public at a subsidized rate, less than half the price as the normal cost.

2.2 Success Stories/Accomplishments

Due to the high incidence of HIV infections on the island and the increase incidence of male reproductive health infections, together with the perception that transport service providers have multiple partners, SLPPA conducted a one year project in 2006 where taxi and minibus drivers were provided with an opportunity to increase their knowledge on the Sexual Reproductive Health issues and address their concerns.

The empowerment of transport service providers in relation to Sexual Reproductive Health (SRH) issues with an emphasis on increasing access to quality information and services on HIV/AIDS prevention included the following activities:

- Conduct two three day work-shops for 45 drivers on male Sexual Reproductive Health
- Hold small group discussions on STDs, HIV/AIDS, and other male reproductive problems on site
- The production of 5, 000 leaflets for distribution on 5 SRH issues including HIV/AIDS
- Production of two 30 second adds for use on radio for airing on local stations using influential male characters on the island as the main players in the production to promote safer sex practices
- Production and dissemination of bumper stickers.

This first phase was a major success and another phase is currently ongoing.

SLPPA enjoys the status of being the leading non-governmental agency in the areas of sexual reproductive health. There are a number of reasons for its success. With regards to leadership the organization has a competent Executive Director, highly committed to the intent and purpose

of sexual reproductive health; she is a qualified and experienced registered nurse/midwife and family planning practitioner. Its Board of Directors possess a wealth of experience coming from the medical, legal and finance fields.

One of the SLPPA's strengths is that it has one of the best teams of trained doctors in Sexual Reproductive Health. These individuals are highly committed to SLPPA's mandate of assisting persons in the planning of their family size, preventing unwanted pregnancies and ultimately assist in the alleviation of poverty. The organisation has an efficient and reliable health care network including public health practitioners.

The organisation attempts to provide services to everyone but most of its clients are persons within the low socio-economic bracket, most of these being young females. In an attempt to provide gender specific interventions SLPPA has embarked on a project to empower transport service providers mainly men in relation to sexual Reproductive Health and HIV/AIDS with special provisions for the youth.

The organisation has an excellent health service record not only in St. Lucia but within the region. As a result, it has been recognized as a leader in its field through a recent award by the International Planned Parenthood Federation (IPPF). Impact assessments carried out through exit surveys give favourable reviews of the organizations work and efforts.

With regard to monitoring and evaluation, a number of tools are utilized. A detailed work plan is normally submitted for the year. Bi-annual reports of activities, implementation issues encounter and results will be submitted to funding agency. Results and lessons learnt are collected and distributed for replication in other areas.

Other Accomplishments

- HFLE is currently taught at all primary and secondary schools
- AN HFLE curriculum guide is currently being developed and funded by CARICOM.
- An assessment of the impact of HFLE in schools was undertaken (pilot program involved six schools; 3 treatment and 3 control schools.
- Counsellors are trained up to the Masters level in school counselling by Lynchburg college in the U.S.(8 schools districts each has a counsellor
- Counsellors also receive training locally in dealing with drug abuse.

2.3 Challenges

There are still some challenges which hamper the effective implementation of SLPPA's mandate.

- The St. Lucian culture is one that still does not openly allow young persons to gain access to contraceptives. As such, individuals in need of the services provided, young girls in particular, are still discouraged in accessing SLPPA's services.
- There is also a challenge in getting males to access the services. As experienced with other health services providers men are less inclined than their female counterparts to take the initiative to see about their health. In order to encourage men the organisation has tabled in a male only clinic once a week with bus and taxi drivers targeted.
- One of the weaknesses of the organisations is the lack of its services being decentralized in rural communities . They services are mainly accessible in the city leaving most persons from the rural areas at a disadvantage as clinics are infrequent in their vicinity.
- Declining skilled human resource base, most skilled teachers are constantly leaving the workforce.
- Inadequate number of classes per week (only 2 periods per week) owing to the fact that other CXC courses take precedence during school week.

Conclusion

In an effort to curb on the incidences of HIV/ AIDS in St. Lucia SLPPA has embarked on an initiative to empower transport service providers (taxi and bus drivers) on issues relating to the disease as well as sexual reproductive health. The organisation is well placed to carry out such an initiative with a well qualified team of staff and board members as well as having a tradition of providing high quality service. A considerable challenge is getting men to be fully involved in sexual reproductive health issues. It is for this reason that the Public Relations for this sub-project will have to be effective.

2.4 Recommendations to improve the services offered by the SLPPA are as follows

- Capacity Building
- Training for HFLE facilitators at a community level
- Continued Public Awareness Programme
- Decentralisation of the services offered by the organisation
- Increase the level of priority attributed to the HFLE programmes in schools
- Recruit personnel with appropriate qualifications in HFLE

3.0 Legislation, Policies, and Programmes to address HIV/AIDS

3.1 Situational Analysis

The National Coordinating Committee on HIV/AIDS (NACCHA) was established in 2003 to advise and support the National AIDS Programme Secretariat (NAPS). Both the Secretariat and NACCHA are located within the Ministry of Health, Human Services and Family Affairs (MOH). However, their purview extends beyond that Ministry to encompass oversight of the full national HIV/AIDS response. The Secretariat is headed by Director. NAPS is the coordinating body for all HIV and AIDS efforts and works closely with other government ministries, and civil society to implement HIV/AIDS strategies and programmes. It also serves as the focal point for the collection and dissemination of information about HIV and AIDS, other sexually transmitted infections and related issues.

The National AIDS Programme (NAP) is the Ministry of Health's response to HIV/AIDS in the health sector and works closely with the NAPS to coordinate the response both within the Ministry and beyond.

In keeping with the Strategic Plan for the National Response to HIV/AIDS 2005 -2009, which was developed in 2004 and commenced in September 2005, NAPS has been successfully incorporated into the existing public health infrastructure. Several policies and procedural manuals have been developed to guide its operations. The Plan makes provision for the establishment of a line ministry and civil society programme officer to move the response from a health centred approach to one that is multi-sectoral.

An Information and Education Coordinator takes the HIV prevention message to the general public using various means for popular dissemination and a monitoring and evaluation Coordinator tracks the progress of the response and its impact.

National Strategic Plan

The current national response is largely funded through a World Bank loan, grant and credit agreement covering October 2004 to June 2009, worth a total of US\$6.4 million. As a result of the programme's success, , the World Bank has agreed to an extension of the programme till June 2010. The response also receives funds from a sub-regional grant covering six O.E.C.S. countries under an agreement with the Global Fund to fight AIDS, TB and Malaria (GFATM).

With the appointment of the Line Ministry and Civil Society Coordinator at NAPS, additional line ministries are becoming involved in the response. In 2005 the Ministry of Education established a dedicated focal point and a Health and Family Life Education (HFLE) specialist,

sponsored by the World Bank, and formed an AIDS Committee chaired by the Deputy Permanent Secretary. The Ministries of Commerce, Tourism, Finance, Youth and Sports, Social Transformation, Communication and Works, and Public Service all identified HIV focal points during 2007. These ministries are represented on coordinating committee of focal points.

The Saint Lucia National HIV/AIDS Strategic Plan 2005-2009

The national response is currently organised around four key strategies outlined in the National Strategic Plan (NSP) 2005-2009. The Strategic goal is to reduce HIV transmission and to mitigate the impact of HIV and AIDS on all levels of society. Strategies employed are as follows:

STRATEGY 1: Advocacy, Policy Development Including advocacy, policy and legislation, poverty reduction, human rights.

STRATEGY 2: Comprehensive HIV/AIDS care for all PLWHA Including treatment, care and support; guidelines and protocols; psychosocial care; stigma and discrimination; workplace interventions; community and health systems interventions.

STRATEGY 3: Preventing further transmission of HIV Including PMTCT, VCT and STI interventions among targeted and vulnerable groups.

STRATEGY 4: Strengthening national capacity to deliver an effective, coordinated and multi-sectoral response to the epidemic. Including research and surveillance; monitoring and evaluation; empowering the NACC; multi-sectoral coordination and collaboration.

Prevention

IEC/BCC:

- New focus on a communications strategy and development of HIV and AIDS terminology in Kweyól. While English is the official language of Saint Lucia, Kweyól is the 'cradle language for a majority of the population.
- NAPS Committee established to organize activities linked to special events (carnival, jazz and other festivals). Four soca singers developed awareness lyrics targeting youth.
- The winning song for the King Crown for Calypso Competition in 2006 featured AIDS educational lyrics.
- ABC (Abstinence, Be Faithful and Condomise) Approach has been emphasize in the National Strategic Plan and this behaviour change is key and has been proven to be the most effective and sustainable way of addressing the HIV/AIDS problem

Care and support

Implement decentralised access to services, more than 20 PLWHA and civil society workers were trained in home-based care in the south of the island during (2006). Allowances for school books, uniforms, transportation and food were provided to 62 orphans and vulnerable children

affected by HIV, under an inter-ministerial (Education and Health) support programme. Access to free medical care (specialty care included) and medication for persons suffering from the virus aimed at maintaining health. Nutritional support for families affected by HIV and who meet the financial

Treatment

National care and treatment protocols developed and disseminated in 2006. Treatment is centralised with the main STI and only HIV clinic based at Victoria Hospital run by a part-time Clinical Care Coordinator paid under the World Bank agreement. Antiretroviral treatment is provided free of charge to all patients at the Castries STI clinic. Individuals who select to be treated by a private physician must pay for their services but are provided free ARVs.

An assessment of the health systems infrastructure was conducted as part of a World Bank review during 2007, including Victoria Hospital and STI clinics – The Victoria Hospital STI clinic was declared inadequate for major refurbishing but received a facelift until a new facility can be indentified. STI/HIV patients continue to receive care under poor physical conditions.

Counselling and Testing for HIV

In the 4 STI sites noted above free ELISA HIV testing and counselling was provided during 2006-7. Counselling is carried out by community health nurses who have been trained in national VCT protocols/guidelines.

PMTCT

In 2007 99+%8 of pregnant women were reached with VCT services, and of these, only one opted out from having an HIV test. PMTCT has assisted in allowing us to diagnose females. They are more willing to access treatment as they care about the possibility of their unborn child contracting the disease.

The three patients who are all known to have had peri-natal transmission are female.

The Clinical staff is monitoring the PMTCT programme to see if there is any disproportionate tendency for transmission in one sex over the other. In 2007, 16 women received PMTCT services. Only one case was determined at the point of delivery. All relevant wards have protocols for the management of HIV positive mothers in hospital.

Post Exposure Prophylaxis

Post Exposure Prophylaxis (PEP) is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally or through sexual intercourse. Within the health sector, PEP is provided as part of a comprehensive universal precautions package that reduces staff exposure to infectious hazards at work. There were 41 incidents potentially requiring PEP were reported to the MoH during 2007. 29 of those cases received PEP and 11 did not. One person started PEP and stopped due to side effects. All but two persons worked in the health sector. Of those two, one was a tourist (child) who was injured with hollow bore needle on beach, the other a hotel guest services attendant, also injured with a hollow bore needle. Both of these cases are indicative of unsafe disposable of injecting equipment. While this

could be a simple case of the unsafe disposal of a syringe used in the administration of insulin, one would assume diabetics would be more schooled in proper syringe disposal.

Human rights

A legal assessment entitled St Lucia National Assessment on HIV/AIDS, Law, Ethics and Human Rights was conducted by the AIDS Action Foundation, with funds provided by PANCAP (CIDA). [Report title: Assessment of Laws and Policy related to HIV and AIDS in Saint Lucia published 2007] . Topics reported on included Disclosure, Testing and Confidentiality, Contact Tracing, Education, Universal Safety Precautions (USP), Condom Availability (including schools and prisons, Sex Education, Homosexuality, Advocacy, Stigma and Discrimination Law Enforcement, SRH services for Minors, Insurance, Economic and Social).

Issues for PLWHA, Political Leadership and Medical Management.

Civil Society

Civil Society received 36% of funding from the National AIDS Programmes during 2006-7, to carry out activities. NGOs also obtained funding independently from bilateral/multi-lateral donors and the private sector. But there was no central reporting mechanism to track independent donor support for civil society projects. Much work is undertaken by civil society especially in prevention of transmission with in MARP. Tender Loving Care represents CRN+ and is made up of PLWHA working with and for PLWHA, United and Strong works with MSM, CAFRA works with sex workers, AIDS Action Foundation works with at risk populations and PLWHA and the Caribbean Harm Reduction Coalition with crack cocaine users.

2.2 Successes of Current Programming

The following HIV programmatic successes in Saint Lucia were noted in a report on Out of School Youth. Topics covered under that report include:

- Widespread condom distribution
- Good anti-stigma messages
- Free anti-retroviral medication provision
- Some established, community-based condom distribution outlets (as well as spermicidal and oral contraceptives), including at bars, discos, some homes in the community, small retail shops sold at a low service charge
- Condom availability (for purchase) at grocery stores, pharmacies without age requirement
- VCT services provided and with referral/accompaniment to clinics when the counselling services are provided off-site from testing

Collaborative Efforts

In general there is a feeling among many of the organizations working in HIV that they worked well with at least one other group. Their collaborative efforts included:

- Planning together/sharing staff during World AIDS Day and other events

- Exchanging IEC materials
- Sharing volunteers
- Sharing counsellors for client services
- Exchanging trainers for educational events
- Sharing counsellors and staff for VCT services
- Cross referring clients, based on the needs of clients and the expertise of organizations.
- Some coordination work with legal, shelter, and social services (i.e., family court, women's centre, human services, Cornerstone, St. Lucy's Home, etc.)
- Joining efforts to advocate for the rights of clients

Caribbean Harm Reduction Coalition's (CHRC)

The Caribbean Harm Reduction Coalition's (CHRC) outreach work with crack cocaine users is unique in the Caribbean. A peer educator / outreach worker serves as an adherence counsellor visiting homeless PWAs, monitoring Out-of School Youth & HIV. A framework for programs medication, providing nutritional support and bringing clients to the clinic for check ups in addition to general prevention outreach. In addition CHRC conducts outreach to encourage homeless crack users to be tested for HIV and collects behavioural and other data in order to develop evidenced based prevention programming.

AIDS Action Foundation (AAF)

Public/Private sector partnership

Under the umbrella of AIDS Action Foundation private sector organisations including media, financial institutions, wholesale and retail traders, utility companies and the hotel sector have contributed significantly to the fight on HIV and AIDS in Saint Lucia. In return for HIV and AIDS prevention, education and training on the above mentioned institutions have assisted AAF with the following:

- Provision of ARVs
- Development of workplace policy
- Development and airing of HIV prevention messages
- Care and support of PLWHA
- Reduction in communication cost

Development of training tools

AAF with funds from the Poverty Reduction Fund developed a video "By Chance, by Choice". The video focuses on women as the primary audience and seeks to highlight personal risk triggers and personal responsibility. The evaluation of this video, over the last four years has proved that it is an effective teaching tool as it enables individuals to understand HIV transmission and prevention on a personal level.

Barber Shop program

Under this program barber shops are now institutionalized as condom distributing centres. Young persons, including young girls have admitted to being more comfortable accessing condoms from the barber shops. The above program was initiated by AAF with a grant from the Japanese government in 2003. The private sector has been involved in the national response,

AAF collaborated with Sandals Resorts (Jamaican owned tourist resort), Peter and Co, Renwick and Co and others which implemented HIV in the workplace programme. Media houses provided reduced and free placement of HIV public service announcements provided by AAF. Cimpex provided a donation of free ARVs prior to the provision of free ARVs through the World Bank Grant. DIGICEL provided US\$ 10,000 for to youth campaigns during carnival 2006

2.3 Major Challenges and Remedial Actions

Prevention

- Behavioural Surveillance needs to be improved, as the trends and drivers of the epidemic are still not fully understood. However, new data on zero prevalence levels among crack cocaine users (Day 2007) point towards the importance of expanding programmes among this highly vulnerable population. With the exception of the PSI TRaC-M survey of MSM there has been no BSS or other study on MSM or sex workers conducted in Saint Lucia. This knowledge gap needs to be filled if effective prevention programming is to be carried out.
- The national response would benefit from more strategically targeting initiatives based on an improved understanding of ‘*vulnerability*’ as opposed to simply identifying groups perceived to be ‘*most at risk*’ due to specific, individual behaviours. Most at risk populations in Saint Lucia include crack cocaine addicts and those engaged in activities linked to the tourist industry and exposed to opportunities to engage in high risk behaviours, such as drug taking and transactional sex.
- Radio and television should be used more often for behaviour change communication campaigns; interventions need to be tailored to the Kweyol speaking population.
- Prevention services implemented through the health sector should be further decentralized: only 4 out of 8 health districts have access to VCT in the public sector.
- The involvement of key line ministries in prevention efforts needs to commence.
- Perception of personal risk of becoming infected remains an abstract concept. Many people continue to believe “It cannot happen to me”.
- Anecdotal data suggests that stigma and discrimination in the health sector remains a big challenge with health care workers still treating HIV patients differently than other patients.
- The challenge of harmonising the assessed needs of a civil society project with the criteria of the NAPS and the restrictive nature of the donor focus.

Treatment, Care and Support

- HIV/STI services are still in the hands of very few overburdened specialists. Further integration of HIV related activities in the health system is required, especially between Sexual and Reproductive Health (SRH) services and the Primary Health Care (PHC) system.
- HIV/STI services are concentrated at the STI Clinic at Victoria Hospital in Castries requiring all HIV patients to travel to the City for treatment and medication.
- Treatment facilities do not adequately serve the needs of the entire population. Acute care services are primarily concentrated in Castries and difficult for rural based populations to access.
- Sexual and reproductive education equipment such as dildos and pelvic models are lacking.

- The current staff has the burden of implementing in treatment, care and support while also being involved in running training workshops, clinics, and outreach activities.
- Access to treatment, care and support services is limited due to stigma and discrimination: an effective national campaign could now be designed based on recently available BSS data which help to define the causes of stigma: e.g. continuing fear of contagion through food, and prejudice in the workplace.
- Clinics devoted to VCT and HIV treatment lack space to ensure confidentiality and urgent refurbishing should be considered, even if other locations have to be identified in the medium, long-term.
- Additional community based groups, NGOs, private sector organisations and PLWH support groups should be empowered to implement service delivery at national and sub-national levels, especially if 2010 Universal Access targets are to be reached. This could be achieved through targeted capacity building among civil society groups, and increased access to funds to deliver key services including mobile VCT outreach, prevention education, as well as treatment adherence, care and support.
- Clinical management should be integrated with social and community based support systems, through the development of a minimum package of care and support which builds on existing primary health care capacity; promotes condomization as a prevention strategy; and establishes drug regimens to deal with opportunistic infections.

Support from the Country's Development Partners

In addition to loan/grant agreements with the World Bank and GFATM/OECS Secretariat, Saint Lucia received technical support and financial assistance for its HIV response from several bilateral and multilateral agencies during 2006-7. Much of this assistance has gone to support and strengthen the health sector.

Measure Evaluation

Determining that information on the most-at-risk populations in Saint Lucia was needed to guide programs and policies for HIV/AIDS prevention measure.

Evaluation with financing from USAID supported a rapid assessment of places where people go to look for sexual contacts. "PLACE"¹² as this rapid assessment methodology is called relies on collecting data at venues where people most at risk of becoming infected with or of transmitting HIV are likely to socialize. Place was implement in 3 strategically-chosen areas, based on contextual factors in the district that suggested that the incidence of HIV infection is likely to be highest in these areas. In addition to being useful in completing some of the indicators for the UNGASS report, the results of PLACE will be used as the basis for local HIV/AIDS strategic plans and to guide prevention programming decisions. This project was valued at \$175,000 USD, \$50K of which was forwarded to the MoH for local disbursement.

During small group work sessions at the PLACE workshop in Castries (September 21 2007), the following gaps in Saint Lucia organizational efforts were reported by the organizations who attended the work sessions:

- Networking among organizations is limited

- Not enough men (male figures) involved in HIV work in general, and especially, with outreach/peer work
- No standardized information, messages or trainings
- Inefficient management of funding
- Need for more, ongoing VCT training to continuously supply qualified VCT's
- Scarcity of available peer educators
- Too many services are “Castries-based”
- Consultation sessions don't have follow-up work done
- Overlap of services by organizations
- No records of condoms distributed—i.e., to whom, how many, etc.
- No monitoring of ensuring that trainers have the “heart” for their work
- Not much communication or work going on with churches

Population Service International (PSI)

As part of a larger regional social marketing research Population Service International (PSI) conducted a TRaC-M survey (Tracking Results Continuously –Monitoring Survey) aimed at changing sexual behaviour that elevates the risk of HIV infection and transmission among, in the case of Saint Lucia, men who have sex with men (MSM). This was funded by the Canadian International Development Agency. This was the only data that was available on MSM in Saint Lucia and was used to partially report on the MSM indicators. This project which was funded by CIDA was valued at \$43,000 USD.

Government of France

The Government of France provided some financial support for the initial research which led to the conduct of the BSS for homeless drug users in 2007 which was funded by a grant from the Caribbean Health Research Council, the Caribbean Treatment Access Group and the internally by the Caribbean Drug Abuse Research Institute. Support promised in 2006 from CARICOM / PANCAP reached the stage of an approved tender and a draft contract but this contract was not executed by the close of 2007 and the funds earmarked for the project were returned to the European Union by PANCAP.

The French Government through **ESTHER** (Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau) supported two training programmes during the reporting period of which Saint Lucia participated in one. Entitled “Scaling up antiretroviral Therapy in Resource-limited settings: Introduction to HIV/AIDS Management for adults and adolescents, the train was a two week attachment in at the Centre Hospitalier et Universitaire (CHU) Fort de France. 5 individuals, a physician, nurse, pharmacist, social worker, and community member spent 2 weeks in Martinique on training.

Government of Japan

The Government of Japan sponsored a one month training course in Japan in July 2006 which was attended by the Clinical Surveillance Officer Caribbean Regional Network of Sero-Positives / GFATM As part of their Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) grant CRN+ in collaboration with CCNAPC implemented a project to establish a specialized system in to receive and respond to complaints pertaining to human rights violations to PLWHA through

the appropriate and relevant authorities in each country. A human rights coordinator was hired to carry out this function.

UNAIDS World AIDS Day activities UNAIDS – technical support provided in June 2007 on financial and institutional arrangements and related documentation for the development of a national proposal to GFATM, including concept development for mobilization of the tourist industry in HIV prevention and workplace policies. Support provided for data reporting at the global level (specifically UNGASS 2006 and 2008).

PAHO / CAREC PAHO / CAREC capacity building in the lab, Health Care workers training
The main objectives of this regional programme were the:

- Training of existing staff in Laboratory Management and Quality Assurance
- Inclusion of these principles within the curricula of training institutions
- Development of standards for laboratories and an accreditation system for monitoring of laboratory quality
- Development of information systems to support disease prevention and control initiatives
- Operational research to support policy development

Challenges of working with development partners

Sharing of information

- Many organizations are involved in data collection but not data sharing.

Data is collected and reports written but these are not always available to the stakeholders from whom the data was collected.

- National indicators are sometimes ignored in the data collection process.
- Even when reports are shared, data tables and SPSS (or other database) files are not. This makes doing secondary analysis of data impossible.

Where indicators were populated using data from external research, disaggregating data by age and or sex was impossible without the original data sets.

Collecting standardised indicators

- Because of the lack of research done nationally, this report was compiled using data collected by various external agencies.
- Part of the responsibility lies with the agency initiating the research but host countries must be aware of what data is needed to report to donors and require researchers to collect that data in addition to the project data being collected.
- As was stated in our 2006 report external agencies such as UNAIDS World Bank, Global Fund, USAID, need to harmonise their indicators to remove the excessive reporting burden of the National Aids Programme Secretariat.

The Monitoring and Evaluation Environment

- More primary research is required to get evidence related to vulnerabilities in Saint Lucia.
- Improved M&E systems require stronger collaboration between the NAPS and the epidemiology and statistics units of key line ministries.
- For some new HIV cases, the mode of transmission is still unknown, which points to gaps in the surveillance system, and a lack of trust in the system on the part of the patients and buy-in for improved understanding of the trends and drivers of the epidemic.

4.0 Programmes and Policies to address the Needs of Adolescents

4.1 Situational Analysis

The far-reaching impacts of the decline of the banana industry have also meant that there has been a threat to the country's social stability. The World Bank (2001) recognizes that social stability together with economic and human development is a pre-condition for sustained development. A major obstacle threatening social stability is the issue of crime which in many CARICOM states is becoming a phenomenon beyond the capacity of individual internal police forces. St. Lucia has witnessed an increase in crime particularly violent crime and even while macro economic statistics speak of growth in the economy for the past five years (with an estimated increase of 5.4 in 2006), crime remains a pervasive problem with gang and drug related violence increasing in recent years. In a *Nationwide Survey on the Fear of Crime and Community Policing in St. Lucia* by Professor Ramesh Deosaran (2004) all of the respondents were of the view that crime is a serious problem with 90% noting that it was a very serious problem. The United Nations Office on Drugs and Crime and the Latin America and the Caribbean Region of the World Bank (2007) it was noted that high crime rates are undermining growth, threatening human welfare and impeding social development.

This increase in crime has been explained partly due to the loss of preferential markets in the European Union for their major commodities. In St. Lucia, a major outcome of the banana restructuring process is the removal of up to approximately 2,200 farmers and their families from the banana sector which translates to the displacement of around 10, 000 individuals from the sphere of economic activity (Ministry of Agriculture, 1999). These banana dependent families now experience social problems such as alcoholism, involvement with drugs, partner and child abuse to name a few.

Youth are the most vulnerable of this type of crime and violence and they are disproportionately represented both as victims and perpetrators and therefore emphasis should be placed on this group in developing interventions in tackling the issues of crime. It is for this reason that a study conducted by the World Bank (2003) on Caribbean Youth Development notes that while young people can play an important role in national development leading the way in economic growth and poverty reduction, their youthful energy and vitality, if left unchecked or if marginalized can have a dramatic negative effect on social and economic stability.

The need for interventions targeting youth was highlighted by the results of the 2005 Country Poverty Assessment (CPA) which documented that poverty affects young people in a number of

ways: low self esteem, feelings of inadequacy, worthlessness, helplessness and disenchantment all leading the youth to become involved in illegal and criminal activities. The CPA revealed that youth admitted to using and selling drugs, and being involved in gangs and crime as they saw these activities as providing them with the money they needed to get the things they wanted. The absence of facilities, activities and programmes for youth was also noted as a reason why they got involved in illegal activities.

The St. Lucia Youth Policy based on the premise that *‘sport and recreation produces wholesome leisure time and can significantly reduce the incidence of crime, drug abuse, teenage pregnancy, vandalism and idleness’* makes the following recommendations:

- The upgrading of playing fields should meet the standards of having a changing room, seating arrangements, toilet/bath facilities, and pipe borne water. Such facilities encourage members of the community to lend more support to sporting activities and provide the proper environment for sportspersons to perform at higher levels.
- Establishment of playing fields and playing courts in all communities.
- Improved community relations with the Police Force will lead to an increase rate of apprehension.
- Greater use of members of the Police Force to give talks to students, youth groups and organizations that they will understand their role as citizens in promoting peace of the country.
- Establish a program of community service for minor offenders as a means of punishment.
- Conflict management has to be integrated into the school curriculum and other programs of youth groups as a major life skill for peaceful resolutions to confrontation.
- Upgrade the existing rehabilitation centres for young men and women who are socially deviant.

It must be noted that any intervention to deal with the crime scourge will have to take into consideration other risk factors that contribute to youth violence on an individual, interpersonal, community and societal level. These include poverty and inequality, youth unemployment, peer pressure, availability of guns, drugs and alcohol abuse to name a few. Therefore the policy and programmatic responses need to extend across a wide range of professional disciplines.

Programmes which have been developed to target youth at risk include:

1. Youth at Risk and Entrepreneurship Pilot Programme which is part of a collaborative effort with the Commonwealth Youth Programme (CYP), the Ministry Commerce, Consumer Affairs, Industry and Tourism, the BELFund, the Small Enterprise Development Unit (SEDU), the Poverty Reduction Fund (PRF) and other such national institutions collaborating with the CYP on entrepreneurial development for young people. It involves empowering and mobilizing young people who themselves are at risk and victims of social exclusion as agents of change in their communities.

Other programmes funded by the European Commission includes:

2. Education & Training

One of the strategies proposed to tackle the issue of crime is through education and training. On an individual level young persons will develop life skills through sports. On a community level other major stakeholders including parents, coaches and the police will be provided with appropriate information in order to effect positive change in the main target group.

3. Capacity building, awareness programmes (targeting youths, parents and other key stakeholders)

This activity includes community based parenting programmes focusing on developing and delivering appropriate parenting skills to parents. The programme includes support groups for parents with teenagers and children who may be seen as delinquent. These programmes are targeted particularly to low-income young mothers and families and those at increased risk of abusing their children with the objective of providing parenting training, and referrals to outside agencies for continued support, counselling and child development monitoring.

This activity also involves the provision of positive role models through a mentoring programme by providing training to peer counsellors within communities in order that they may be equipped to give support to peers who may be seen as vulnerable.

These counsellors will also be expected to promote healthy lifestyles and act as conflict mediators.

Support is also provided to the police force through training in conflict management and community policing. This will involve the strengthening of the existing police force by providing a core of officers with specific skills to deal with crime in communities and deal with gang violence and conflict. The training will promote a better understanding of communities and therefore a more intimate relationship and trust between the community and police.

It is expected that at least at least 200 parents, policemen and counselors will be trained and equipped to deal with troubled youth. This programme will be done in collaboration with the Ministry of Education and Culture, the Ministry of Social Transformation, Human Resource Development, Youth and Sports, and the Ministry of Health, Wellness, Family Affairs, Human Services and Gender Relations. This intervention will be directed at six communities namely Choiseul targeting areas such as Park Estate and Balca; Micoud targeting areas such as Praslin;

Dennery including areas such as Belmont; Anse La Raye targeting Roseau and Jacmel, Vieux-Fort such as the Mangue and Belle Vue and the community of Babonneau.

4 Rural Sports Coaching Development Programme

The activity will seek to help local rural cricket, soccer, netball and volleyball clubs with the game, by training local coaches and the members of local clubs in these sports. This will be done through a series of certified workshops, seminars and training camps. For this purpose, local regional and extra-regional sporting professionals will be targeted to provide this service to local sporting clubs all over the country. The service will also target the sporting programmes in primary and secondary schools on the island. This activity will complement the upgrade of facilities mentioned in activity 2.2 below. This activity will be implemented through four (4) service contracts. It is expected that at least 40 individuals island wide will be trained in the above mentioned sports and be equipped to impart the knowledge gained to youth within communities refereed to in 2.1.1.

5 Rehabilitation and Reintegration programmes for Bordelais Correctional Facility and Boys' Training Centre

This activity will attempt to strengthen the existing training and counseling programmes at the Bordelais Correctional Facility and Boys' Training Centre. With emphasis now on rehabilitation as appose to incarceration there is need to provide adequate re-integration programmes which will seek to reduce repeated offences. The services of a professional consultant will therefore be procured to examine the deficiencies in the current programme and assist with the implementation of recommended improvements. Besides the service contract this activity will also be implemented through Supplies and Works contracts.

6. Upgrade of community sports- Infrastructure and supporting amenities (in selected communities)

The construction and/or upgrading of community sporting infrastructure in six (6) selected rural communities mentioned in 2. It is expected that these newly built/upgrade facilities will provide the physical environment for young people to development their sporting skills and allowing greater access to social mobility and development. The facilities will also engage the attention of unemployed and idle youth providing avenues for the release of creative energies. These infrastructure will include communal playgrounds (basketball, volleyball, netball courts), and cricket and football pitches and associate wash room and changing room facilities. This activity will be carried out through a works contract.

5.0 Gender Equity, Equality and Empowerment

5.1 Introduction

Many variables are critical for poverty reduction but one of the key conclusions of recent research is that gender inequality retards both economic growth and poverty reduction.¹ Therefore, gender issues (third of the Millennium Development Goals) are highly relevant to achieving all the MDGs and vice versa. It is for this reason that many funding agencies have begun to incorporate aspects of gender into their work programme. The World Bank for instance adopted a gender and development mainstreaming strategy in 2001 and issued a revised Operational Policy and Bank Procedures statement in 2003. On a regional level, efforts have been made by the CARICOM secretariat through the preparation of a Plan of Action To 2005: Framework For Mainstreaming Gender Into Key Caricom Programmes. The Caribbean Development Bank (CDB) is also mainstreaming gender particularly within its poverty reduction programmes like the Basic Needs Trust Fund (BNTF).

5.2 Situational Analysis

The GOSL ratified the 1979 Convention on the Elimination of All Forms of Discrimination against Women and in 1994, the Women's Desk, in existence since 1986 became part of the joint Ministry of Legal Affairs and Women's Affairs. In 1991 an Inter-Ministerial Committee on Women was launched and later in the same year Cabinet adopted the National Policy on Women. The policy urges the recognition of women's contribution to national development, an improvement in the public image of womanhood, support for their productive roles and policies to enhance women's roles through the development of opportunities and dissemination of information. Projects dealing with gender related violence are being addressed under the social aspects of a health care programme financed through STABEX funds.²

The Division of Gender Relations under the auspices of Ministry of Health, Family Affairs, Wellness, Gender Relations and National Mobilisation has as its mission to:

“To create an environment to redress imbalances through policies and programmes geared towards maximizing women's participation in, and benefit from national socio-economic development initiatives and improve the relationship between women and men: the goal of which is to enhance the quality of women's lives and allow both women and men to meet their full potential.”

¹ Gender, Equality and the Millennium Development Goals, Gender and Development Group, World Bank, April 3, 2003

² St. Lucia European Community Country Strategy Paper and National Indicative programme, 2001-2001

The objectives of the division include:

- Establish and monitor structures and mechanisms designed to address gender imbalances in all sectors and fora.
- Coordinate programmes at the national, regional and community level aimed at influencing policy towards the achievement of gender equality and improving gender relations.
- Provide technical advisory services to government, and the private sector agencies as well as collaborating with these agencies in the implementation of programmes which address gender inequality and women's needs.
- Collect and disseminate data and information on gender issues and women's needs and concerns, to increase the awareness of planners and policy makers and the general public on the significant contributions of women to national development: as well as to inform changes in policy, plans, programmes and projects aimed at creating gender equity.
- Provide technical assistance to NGOs to strengthen their capacity to address gender issues that would respond to the needs and concerns of women in their communities.

There is at present, no policy document save for the speech made by delegations at international and regional gender meetings. A BNTF gender strategy will sadly so, pre-empt a national gender strategy

Women are particularly affected by poverty, with high levels of unemployment, childrearing responsibilities, and unequal access to work and benefits.³ The results on gender indicate that female-headed households exist often in less favourable circumstances. 25% of all female-headed households fall into the poorest quintile, compared to 18% of male-headed households. Half of female heads of households are reported as unemployed. Female headed households are less likely to own assets such as land, housing or vehicles (61% compared to 65% of male-headed, 76% compared to 80% and 14% compared to 34%). Nevertheless, in terms of education, females have higher attendance rates, lower drop out rates and higher literacy rates than males.⁴

Poverty and Gender

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National Gender Priorities

³ Interim Poverty Reduction Strategy and Action Plan for St. Lucia

⁴ Core Welfare Indicators Questionnaire Survey (CWIQS)

⁵ Interim Poverty Reduction Strategy and Action Plan for St. Lucia

⁶ Core Welfare Indicators Questionnaire Survey (CWIQS)

In 1995 St. Lucia's then Attorney General and Minister Of Women Affairs outlined the major social-economic ills which plagued St. Lucia's women including domestic violence, plight of domestic workers, and inequalities in access to power and decision making. Fourteen years after and these problems still persist. Some of these issues include the following:

Gender based violence

Gender based violence is of major concern in Saint Lucia. In 1994 the island signed and ratified the Belem Do Para Convention on the Prevention, Punishment and Eradication of violence against women while on a local level Parliament has passed laws on Domestic Violence. Further, in 2001 a shelter for abused women was erected and a Family Court was set up where women and families can resolve disputes in an atmosphere of respect for all parties concerned. The reports of incidence of domestic abuse are still high. Many more go unreported as victims are too scared and ashamed to go public.

Power and decision making

There still exists inequality of the sharing of power and decision making at all levels. Women's involvement in politics and top management positions in both the public and private sectors, although have improved over the past few years remain limited. Women perceive politics as dirty and dishonest and prefer not to be associated with it. In addition there is still a tremendous lack of confidence and reluctance on the part of St. Lucian women to face the electorate.⁷ Those women who have advanced politically, tend to possess superficial power.

Rural women face even greater challenges than their urban counterparts. As a banana producing country, St. Lucia has been adversely affected by W.T.O. ruling on the banana regime for ACP countries under the Lome Convention. Rural women, many of whom are employed in the banana industry, are particularly affected. They have limited access to services such as water and proper sanitation. They are less likely to rip the benefits of the tourism industry particularly as the linkages between tourism and agriculture has not yet developed.

Education

The Government of St Lucia has singled out education as the key ingredient to national prosperity. Expenditure on education as a percentage of total government expenditure had been rising and for the past five years has accounted for an average of 22 % (6.9% of GDP). The combined primary, secondary and tertiary gross enrolment ratio is 68%. Despite these improvements however, there still exist problems of quality of education at the primary and secondary level and inadequacy of access to secondary education. In an effort to address these problems, the GOSL has embarked on a programme of systematic reforms set down in a draft Educational Development Plan (EDP) designed to focus on expanded learning opportunities through the upgrading of school facilities, increasing access to higher levels of education, providing teacher training, and building institutional capacity.

⁷ Address by Sen. Lorrain Williams in Beijing

There however remains disparity. According to the CWIQ results, there exist some difference between the literacy rates of males and females. Women recorded a literacy rate of 90.1 percent that was 9 percent higher than the national literacy rate reported in 1990 and a percentage point higher than that reported by the CWIQ. On the other hand, the literacy rate of 87.2% that was estimated for men was only 6 points higher than the 1990 national literacy level and 2 points lower than the CWIQ national literacy level.

With regards to secondary school enrolment, 57% of students are girls. Females have also outnumbered males in tertiary education. Evidence also confirm that there are more boys drop outs than girls.

Health

St. Lucia has achieved a great deal in terms of health compared to the situation a quarter-of-a century ago. There are improvements in basic indicators such as life expectancy, infectious communicable diseases, immunization coverage, primary health care, access to pure water, sanitation and sewerage and, infant, child and maternal mortality. However chronic non-communicable diseases such as heart diseases, diabetes mellitus and cerebral-vascular disease continue to be the major causes of mortality as are some communicable diseases which are beginning to show a re-emergence. In response to changing patterns of mortality, largely characterised by an ageing population, the GOSL has embarked on a strategy geared towards strengthening preventative and primary, secondary and tertiary health care as well as the provision of facilities for special vulnerable groups. The Strategies for the period 2000/01 – 20002/3 comprise amongst others, the finalisation of the White Paper on Health Sector Reform and the adoption of an integrated approach to health care and related social issues.

Based on the philosophy that health care should be available to all, irrespective of income level, the government of St. Lucia has made available an allocation of \$110.5 million, of which \$64.3 million is for recurrent expenditure and \$46.2 million is for capital expenditure. Provisions have been made in the recurrent budget for the free medical drugs programme for persons who suffer from diabetes and diabetes with hypertension.⁸

HIV/AIDS

Saint Lucia's HIV prevalence rate is estimated at 0.12% which means that one in every 1,000 persons in St. Lucia is infected with HIV. However, these figures are estimated to represent only about 26% of the 'true' number of cases. The data reveal a steady increase in new cases of HIV and AIDS over the years. In 2005, 77 new cases of HIV were recorded compared to 45 in 2003 and 19 in 2000. Twenty-eight cases of AIDS were recorded in 2005 compared to 9 cases in 2000.

Males represent about 56% of all reported cases, 57% of all cases among adults (15-49 years) and 69% of cases among persons 50+ years. Females account for 69% of all cases among the youth (15-24 years) and 94% of cases among teenagers (15-19 years). An increasing number of

⁸ 2006 Budget

cases are seen in children 0-4 years, reflecting increasing incidence in women of childbearing age

Labour and Employment

Women's participation in the formal economy has increased over the years but the traditional male oriented jobs have still not been penetrated by women in any significant proportion. Further the customary female industries e.g. manufacturing, agriculture and domestic services in the rural areas are unstable.⁹

The 2000 Equality of Opportunity and Treatment in Employment and Occupation Act states that it is unlawful for an employer to discriminate against an employee on the grounds of race, sex, religion, color, ethnic or social origin, political opinion, disability, family responsibility, marital status and other such distinctions.

⁹ Ac

6.0 Policies and Programmes for the Elderly and Persons with Disabilities

6.1 Introduction

Saint Lucia has a population of 167,000. Statistics from HelpAge International, reveal that the Caribbean has 3.6 million persons 60 years and over. This represents 10% of the total population. According to Facts and Figures on Older Persons in Saint Lucia, 10% of the population is over 60 years old with a steady increase to 16.5% by the year 2025. According to the 2001 population census, the number of older persons aged 80 years and over had almost doubled since 1991, where the numbers grew from 1,738 in 1991 to 3,189 in 2001. This implies that the older population will continue to grow significantly in the future. It is imperative therefore that ageing be placed on the national agenda especially within the context of Home Based Care, Residential Care, Day Care facilities and the establishment of policy guidelines and regulatory frameworks to promote best practice.

6.2 Situational Analysis

According to the National Council of and for Persons with Disabilities, 6.6% of the population has some form of disability. Of that percentage, 47.3% are male and 52.7% are female and 14.1% are below the age of 15 years. 31.9% of the disabled population are older persons. The Country Poverty Assessment, 2006 indicated that there is a grave concern about the plight of the elderly and about persons with disabilities. The Report, 2006 cited a lack of a regular and steady income and that the small amount of money that a few receive from the government, their inability to eat balanced meals and regularly, their poor health, isolation and social exclusion are issues seen to need urgent attention.

➤ *Current State of Affairs in the Relevant Sector*

The Division of Human Services and Family Affairs within the Ministry of Health, Wellness, Family Affairs, National Mobilisation, Human Services and Gender Relations is the main government agency with responsibility for the care of older persons and persons with disabilities.

The Division manages the Public Assistance Programme, which provides monthly cash assistance to older persons, persons with disabilities, children and other vulnerable groups. Recipients of Public Assistance also receive burial and eye spectacle assistance as well as free medical assistance from public health facilities. Other Public Assistance services include; disaster relief and housing assistance.

The Welfare Division has the responsibility for the investigation, assessment, approval and review of applications for Public Assistance throughout the island. The Division also monitors the day to day operations of the seven homes and all agencies promoting the rights of older persons and other vulnerable groups such as the National Council for and of Older Persons and the National Council for Persons with Disabilities which receives financial assistance from Government. It is also engaged in developing and promoting community and public education programmes on ageing issues such as elder abuse and the care of older persons. They also have responsibility for preparing older persons, families and care givers for death and dying and also provide grief counselling. However, given staffing constraints within the Division, service delivery has been severely compromised in all of the communities. This is further compounded by an absence of operations manuals and minimum standards of care.

The Division manages the Senior Citizens' Home located at Malgretoute, Soufriere. One hundred and seven (107) years ago, in 1902, the Senior Citizens' Home was built to accommodate persons with ailments, e.g., leprosy that the society needed to treat in isolation. But, while the ailments were successfully treated, the staffing structure and the physical conditions remained in isolation. It is believed that the lone Government institution for older persons must be the flagship for similar private homes to emulate. Against this background the Government of Saint Lucia has plans to construct a new facility for older persons, which will provide residential care for the residents now housed at Senior Citizens' Home in Soufriere as well as other older persons. The proposed facility is intended to accommodate one hundred and twenty (120) residents. It is necessary to conduct an assessment of the operations of all existing homes for older persons in order to incorporate best practice procedures into the structure and operations of the new facility, which will result in a better quality of care, health and safety for older persons in residential care.

6.3 Gaps and Challenges

Conducting a situational analysis of residential care for older persons will assist in identifying weaknesses and gaps which compromise the care given to older persons and identify best practices which should be promoted in order to provide quality care and adequately meet their needs. A situational analysis will also help identify human resource needs in the care of older persons. The challenge in light of this proposal is to ensure that commitments made in Madrid in April 2002 at the Second World Assembly on Ageing is materialized. The Madrid Plan of Action urges Governments to commit themselves to eliminate all forms of discriminations, including age discrimination, that the aged should enjoy a life of fulfilment, health and security, to enhance the dignity of older persons and to eliminate all forms of neglect, abuse and violence. The realization of this commitment lies in the Government's readiness to embrace a new cadre of individuals both trained and with many years of experience to man its establishment and to be a role model for Homes within the region.

The findings of the Care of the Elderly Study conducted by HelpAge International in 1999 revealed that isolation, loneliness, neglect, rejection and inactivity were the major social issues affecting older persons. These findings were again highlighted in the Saint Lucia Rapid Assessment Study on Population and Development, 2004, older persons experience loneliness,

social isolation, dependency, feelings of rejection and uselessness, hopelessness, despair, fear of death and dying, grief and regrets over past life events and generally struggle to find meaning in their lives. HelpAge declares that the extended family is on the decline while the economic hardship of households has increased. Change in family structure and social relations have been affected by changes in the demographic structure of the population. The upsurge of individuals migrating overseas and internal migration has led to many older persons being abandoned by their relatives and caregivers. Thus, the introduction of a Home Based Care Programme has been recommended for some time geared towards the provision of quality care, and enhancement of living conditions for older persons and persons with disabilities who do not have any family support. This type of programme currently exists in Martinique, Dominica, St Vincent & the Grenadines and Belize.

The National Council of and for Older Persons is advancing plans to construct a Day Care facility for older persons to be located at La Clery. The Council has requested the assistance of the Division in developing a policy and operations manual for the day care facility. However, due to staff constraints, the Division does not have the capacity to assist the Council.

The EC is presently funded a study with the objective of promoting efficiency and quality of care in the delivery of services to older persons and persons with disabilities.

➤ **Specific Objective**

The specific objective is to develop a programme of care delivery for older persons and persons with disabilities, including identification of needs, training for caregivers, development of operation manuals and formulation of appropriate policy and action plan.

➤ *Requested services, including suggested methodology*

The consultant will provide the following services:

- Conduct a situational analysis of residential care for older persons and identify the human resource needs has been made;
- Assess the impact of the Public Assistance Programme as a poverty alleviation strategy for older persons and persons with disabilities
- Develop a ten (10) Year Plan of Action for older persons and persons with disabilities to include activities and projects, with an indication of priorities and cost estimations.
- Development of a Home Based Care Programme with cost estimation;
- minimum standards regulatory framework for the inspection, registration and licensing of homes and day care centers for older persons established;

- Develop an Operations manual for Senior Citizens' Home in Soufriere;
- Develop an Operations manual for a Day Care Centre for older persons;
- Develop a training module for certification and training of caregivers who work with persons with disabilities through the Sir Arthur Lewis Community College, Continuing Education Programme;
- Conduct a training programme for trainers and care givers.

➤ *Required outputs*

The expected results/outcomes of the programmes are:

- A situational analysis of residential care for older persons and identification of human resource needs has been made;
- The impact of the Public Assistance Programme as a poverty alleviation strategy for older persons has been assessed.
- A ten (10) Year Plan of Action for older persons and persons with disabilities developed; the action plan includes activities and projects, with an indication of priorities and cost estimations.
- A Home Based Care Programme has been developed, including a cost estimation;
- Minimum standards regulatory framework for the inspection, registration and licensing of homes and day care centers for older persons established;
- An Operations manual for Senior Citizens' Home in Soufriere developed;
- An Operations manual for a Day Care Centre for older persons developed;
- A training module for certification and training of caregivers who work with persons with disabilities through the Sir Arthur Lewis Community College, Continuing Education Programme developed;
- A training programme for trainers and care givers conducted

SAINT LUCIA

TABLE 1 – REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS

COUNTRY	Government measures to enforce reproductive rights	Monitoring and reporting on reproductive rights	Reproductive health recognised as priority in health sector reform	Reproductive health integrated into primary health care system
<p>Saint Lucia</p>	<p>Establishment of a Bureau of Health Education; to educate and sensitise on reproductive health;</p> <p>National Youth and National Health and Family Life programmes with specific focus on reproductive health .</p>	<p>No National Convention on Human Rights; however, a rights based approach is the underlying philosophy and framework against which services are measured;</p> <p>Periodically reporting to CEDAW.</p>	<p>RH is now explicitly stated in the National Health Strategic Plan and a number of activities are currently being implemented.</p>	<p>RH services have been largely incorporated into the primary health care system prior to ICPD.</p>

TABLE 1.2 – REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS

COUNTRY	Increased access to quality reproductive health services	Reduce maternal morbidity and mortality	Expanded contraceptive choice, including female condom and emergency contraception	Steps to achieve reproductive health commodities security
<p>Saint Lucia</p>	<p>Services have improved:- Health services are now available in all Health Centers around the island;</p> <p>Improvement in human resource capacity.</p>	<p>Expansion of education programmes in communities;</p> <p>Promotion of good parenting skills;</p> <p>Increasing numbers of birth attended by qualified personnel;</p> <p>Improved diagnostic equipment available in hospitals;</p> <p>Provision of anti-retrovirals to infected pregnant women;</p> <p>Development and use of Family and Reproductive Health Procedures manual.</p>	<p>Method mix not available at all health centres;</p> <p>Emergency contraception and female condoms available with positive feedback being received from most users.</p>	<p>Saint Lucia PPA leading provider of contraception; formal, informal and cultural barriers to expanding access.</p>

TABLE 1.3 – REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS

COUNTRY	Programmes to address gender-based violence and sexual abuse	Measures to prevent and manage unsafe abortion	Measures to reduce and manage STIs, including HIV/AIDS	Measures to involve the beneficiaries of reproductive health services
<p>Saint Lucia</p>	<p>Establishment of Foster Care Programme for Children (1997);</p> <p>Establishment of Women's Support Centre (2001);</p> <p>IEC to children and youth at schools;</p> <p>Round table on gender based violence established but not fully functional;</p> <p>Government and NGOs collaborate on IEC programs.</p> <p>Availability of free counselling to victims of sexual abuse</p>	<p>Criminal Code amended to legalize abortion when: the mother's life is endangered or a victim of rape or incest</p>	<p>HIV/AIDS prevention incorporated in RH and FP services;</p> <p>Voluntary testing and counselling;</p> <p>Antiretroviral drugs available to prevent PMTCT and also to manage HIV/AIDS positive cases.</p> <p>STI clinics have been established at main hospitals and there are also STI physicians visiting health centers on a regular basis.</p>	<p>Partnerships with NGOs critical to ensure service provision.</p>

TABLE 2- LEGISLATION, POLICIES AND PROGRAMMES TO ADDRESS HIV/AIDS

COUNTRY	Legislation, policies and programmes	HIV/AIDS prevention strategies	Measures to address prevention and treatment of HIV/AIDS in special groups
<p>Saint Lucia</p>	<p>VCT; PMCTC programme; IEC programmes; surveillance, monitoring and registration of HIV positive cases; monitoring of safe blood supplies; advocacy activities to address 'sugar daddy' syndrome.</p>	<p>A to G; D: targeted at: Youth and taxi-drivers. Additional measures to prevent substance abuse and discrimination.</p>	<p>Targeted at taxi-drivers and mini-bus drivers;</p> <p>The Ambassadors for a Healthy Lifestyle Project;</p> <p>AIDS Action Foundation: Outreach programmes to vulnerable groups;</p> <p>Exchange labour programmes: IEC for future migrants.</p> <p>Provision of free AVR to HIV/AIDS infected persons;</p> <p>Established a treatment and care programme</p> <p>Support NGO's who work with MSM and commercial sex workers.</p> <p>Supports proposal from society and organizations working with vulnerable groups.</p>

A) voluntary counselling; B) voluntary testing;

C) Condom availability and use D) targeted interventions to vulnerable groups,

E) Prevention in pregnant women, F) behaviour change communication and IEC,

G) Strengthening capacity of civil society and non-health ministries to be able to respond to prevention measures; H) Others

Abbreviations:

ARV = Anti- Retroviral drugs

FPA = Family Planning Association

HAART = Highly Active Anti-retroviral Therapy

IEC = Information, Education and Communication

MSM = Men who have Sex with Men

PPA = Planned Parenthood Association

PMTCT = Preventing Mother to Child Transmission

VCT = Voluntary Counselling and Testing

TABLE 3 – PROGRAMMES AND POLICIES TO ADDRESS THE NEEDS OF ADOLESCENTS

COUNTRY	Government measures to address reproductive rights and reproductive health needs	Introduction of reproductive health education in and out of school	Access to information on reproductive health	Access to reproductive health services	Progress in supporting young people in life skills	Participation in policy and programme development
<p>Saint Lucia</p>	<p>Rights-based programming initiative and National Youth Policy and HFLE policy.</p> <p>National Youth Policy adopted by Cabinet</p>	<p>HFLE is currently taught at all primary and secondary schools;</p> <p>An HFLE curriculum guide is currently being developed and funded by Caricom</p> <p>Counselors are trained up to the Masters levels in school counseling;</p> <p>Counselors also receive training locally to deal with drug abuse</p> <p>HFLE programme;</p> <p>Parenting education.</p>	<p>Training for Family Life Educators (peer educators); HFLE.</p>	<p>Health centres changed to include adolescent services; NGO supported 'Youth Drop-in Information Centres': youth friendly and gender sensitive.</p>	<p>National Skills Development Centre, offers courses in Information Technology, bookkeeping, etc.</p> <p>National Enrichment and Learning Unit which provides different levels of training in a variety of skills courses</p> <p>Centre for Adolescent Renewal and Education (CARE) offers garment construction, woodwork, etc.</p> <p>The appointment of a "Uniformed Group Coordinator" who coordinates and provides technical assistance to unformed groups at the</p>	<p>National Youth Council actively involved in drafting new national Youth Policy; youth ambassadors.</p>

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TABLE 4 – GENDER EQUITY, EQUALITY AND EMPOWERMENT

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men’s support for women’s rights	Male Responsibility for reproductive health
Saint Lucia	<p>In 2004, Saint Lucia amended its laws regarding sexual offences to include marital rape and rape committed against men and boys.</p> <p>Allowing young girls to return to schools after a pregnancy</p> <p>Critical changes have been made to the existing Domestic Violence Act (1995) but this remains in draft form.</p>	<p>School attendance is mandatory until 16 years of age.</p> <p>Universal Secondary Education (USE) established in 2006</p> <p>Assess books currently available in libraries with the view to improving the technical and innovative content.</p> <p>Introduction of Common Entrance Math and</p>	<p>Order materials which boys can better relate to (car magazines, basketball, sporting literature which would motivate boys to read)</p> <p>Infusion of new technology which might draw the attention of boys, for eg. Whiteboard pilot project.</p>	<p>The National AIDS Coordinating Council has provided workshops on violence against women and HIV/AIDS.</p> <p>HFLE adopted; ‘1000 Men March’ to promote importance of male involvement in family life; Men resource Centre planned.</p>	<p>National Cancer Society in collaboration with Community Health Services: Adoption of special programmes for men; Saint Lucia FPA : Weekly clinics for men.</p>

		<p>Comprehension Software</p> <p>Expansion of school feeding programme at primary schools</p> <p>Provision of transportation subsidies to secondary school students.</p> <p>Book rental programme established at secondary school.</p> <p>Special Education United established.</p> <p>School attendance Counselor/Officer appointed.</p> <p>Books Bursary Programme</p>	<p>Allowing young girls to return to schools after a pregnancy</p>		
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TABLE 5 – POLICIES AND PROGRAMMES FOR THE ELDERLY

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
<p>Saint Lucia</p>	<p>Policy and Operations</p> <p>Manual for the Assessment and Payment of Public Assistance, Aging and Welfare Services have been revised in March 2008.</p> <p>Revision of the Social Assistance Programme</p>	<p>National Community Foundation has administered workshops on geriatric care for care givers of older persons.</p> <p>Introduction of home-based care services is planned.</p> <p>Government financial support to homes for the elderly.</p>	<p>School adopt an older person programme is ongoing, coordinated by the Department of Human Services and Helpage.</p>	<p>Housing Repairs and Enhancement Programme initiated in 2000 by the government to improve the housing stock of some of the poorer and most vulnerable older persons.</p> <p>Day Care Center for the Elderly has been established in one community and another is being constructed.</p> <p>Arts and Crafts workshop designed for the elderly</p>	<p>The Council of and for Older Persons hosted a series of activities addressing the abuse and neglect of the elderly.</p> <p>Hosting of the Senior Citizen Games annually.</p> <p>The Month of October has been designated as “Month of the “Elderly” in St Lucia. This time is used to sensitize the public on the treatment of the older persons by hosting of workshops and a number of other activities.</p>

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TABLE 6 – INTERNATIONAL MIGRATION

COUNTRY	Reintegration policies for returning migrants	Regulations regarding facilitating remittances	Measures to protect migrant workers and their families	Measures to promote social and economic Integration of documented migrants	Regulations/sanctions against organizers of human trafficking
Saint Lucia	UPDATES/CHANGES:	UPDATES/CHANGES:	UPDATES/CHANGES:	Amnesty programme for immigrants.	UPDATES/CHANGES:

TABLE 7 – POLICIES AND PROGRAMMES FOR PERSONS WITH DISABILITIES

COUNTRY	Development of infrastructure to address the needs of persons with disabilities, in particular with regard to education, training and rehabilitation	Measures to ensure dignity and to promote self-reliance of persons with disabilities	Measures to eliminate discrimination faced by persons with disabilities and to ensure equal opportunities for persons with disabilities
<p>Saint Lucia</p>	<p>New Building Code which makes it mandatory that ramps and parking lots must be made available to persons with disability.</p> <p>Government Support for Special Education Schools and training of staff for those schools.</p>	<p>Bi-monthly health program with physiotherapist.</p> <p>Donation of mobility aids to needy persons with disability (wheel chair, crutches, etc.)</p> <p>Assistance to Council members on housing and accessibility</p> <p>Computer training and practice for young adults with disabilities</p> <p>Support system through field and community officers.</p> <p>Inclusion of people with disability in mainstream education</p>	<p>Training of caregivers through workshops</p> <p>Public awareness program in elementary and infant schools. Use of a disability awareness kit.</p> <p>Yearly camps for disabled children, which provides an opportunity for socialization.</p> <p>Periodic delivery of food parcels to needy persons with disability</p> <p>Advocacy initiatives for NGO's and Government Agencies.</p>