

Survey Response Details

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Response Details

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1) Country

Bahrain (0)

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

Dr. Somaya Al Jowder, Head of National AIDS Prevention Committee, Director of the National STD/AIDS Program in the Kingdom of Bahrain

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6) E-mail:

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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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

Prior to the administration of the NCPI Questionnaires, a one day meeting took place to introduce stakeholders to UNGASS Progress reporting, and indicators. Administration of the NCPI took place over the course of one week and took into consideration/placed more focus on soliciting input from

civil society and persons living with HIV, given their absence from the on-day open meeting.

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

None

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

The NCPI questionnaire is too detailed and not applicable to all sectors. Language is an obvious barrier in its administration and s/he who is responsible for administering questionnaires is required to have a very thorough knowledge of all aspects of HIV programming in the country.

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

Organization Names/Positions			Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ibn Sina Health center	Dr. Mariam El Shetti, Director and Head of the Information Sub-Committee at the NAC	A.I, A.II, A.III, A.IV, A.V

12)

Organization Names/Positions			Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	School Health Department	Dr. Mariam Harmas, Director of School Health and Member of the Guidance and Counseling Sub-Committee at the NAC	A.I, A.II, A.III, A.IV, A.V
Respondent 3	School Health Department	Dr. Nayera Sarhan, School Health Department, Ministry of Health	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Health Education Department	Dr. Amal Al Jowder, Health Education Department	A.I, A.II, A.III, A.IV, A.V
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			

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Respondent
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13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	PLHIV Peer Support Group	Anonymous	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Madinet Hamad Women's Association	Ms. Amel Al Ansary	B.I, B.II, B.III, B.IV
Respondent 3	UNDP	Mr. Ali Salman Saleh, Programme Analyst	B. I, B. II
Respondent 4	Bahrain Reproductive Health society	Dr. Tawfeeq Naseeb, Director	B.I, B.II, B.III, B.IV
Respondent 5			

Respondent
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15)

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

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

Yes (0)

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

2008-2010

17)

1.1 How long has the country had a multisectoral strategy?**Number of Years**

3

18)

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

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

Page 8**19) Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Ministry of Interior, Ministry of Social Development, Ministry of Awkaf/Religious Islamic Affairs and Justice and general organization of sport and youth, ministry of information and toursit, ministry of education and ministry of defence.

20)

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

Funding is made available by the Ministry of Health on a needs basis.

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21)

Part A, Section I: STRATEGIC PLAN

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

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	
Settings	
h. Workplace	No
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)

IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2006

Page 11

24)

Part A, Section I: STRATEGIC PLAN

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

Target populations include the general population, women, youth and injecting drug users.

25)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

26)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	No
e. A monitoring and evaluation framework?	No

27)

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

Moderate involvement (0)

Page 12

28)

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

There are a few active NGOs operating in the Kingdom of Bahrain that are involved in HIV and AIDS related work. The most prominent is the Red Crescent Society and other Youth NGOs who were adequately involved. Civil society are also currently members of the NAC sub-committees on information, research, guidance and epidemiology.

29)

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

Yes (0)

30)

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

Yes, some partners (0)

Page 13

31)

Part A, Section I: STRATEGIC PLAN**Question 1.10 (continued)**

IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

The capacity and engagement of CSOs on HIV programs remains limited.

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32)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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33)

Part A, Section I: STRATEGIC PLAN

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

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	No
c. Poverty Reduction Strategy	No
d. Sector-wide approach	No
e. Other: Education, Youth Strategies	Yes

34)

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

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

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35)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

36)

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

Yes (0)

Page 18

37)

Part A, Section I: STRATEGIC PLAN

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

Behavioural change communication	Yes
Condom provision	No
HIV testing and counselling	Yes
Sexually transmitted infection services	No
Antiretroviral treatment	Yes
Care and support	No
Other: Please specify	

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38)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)

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

HIV testing is mandatory for uniformed services, treatment and care is free for all Bahraini nationals.

39)

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

No (0)

Page 21

40)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 23

41)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

42)

Part A, Section I: STRATEGIC PLAN

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

No (0)

43)

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

No (0)

Page 25

44)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

45)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

46)

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

Yes (0)

47)

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

No (0)

Page 2848) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

49)

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

50)

Briefly explain how this information is used:

This information is used to ensure availability of ART and appropriate coverage.

51)

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

Yes (0)

Page 30

52)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

6 (6)

53)

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

Launching of a multi-sectoral strategy with broad input from a variety of stakeholders, increased stakeholder commitment and gradual engagement of civil society PLHIV in strategic planning and implementation. Supportive policies for free medication for all Bahraini nationals.

54)

What are remaining challenges in this area:

Implementation of the Strategic Plan the responsibility of one person, the NAP is not staffed. Varied levels of involvement and commitment of stakeholders engaged in the response effort. Constraints in human and financial resources to implement the Strategic Plan, as well as full buy-in from stakeholders involved in the national response.

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55)

Part A, Section II: POLITICAL SUPPORT

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

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

56)

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

Yes (0)

Page 32

57)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2005

58)

2.2 IF YES, who is the Chair?

Name Dr Somaya Al Jowder
 Position/title Director of the National AIDS Program

59)

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

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

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60)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

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

Please enter an integer greater than or equal to 1

10

61)

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

Please enter an integer greater than or equal to 1

5

62)

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

Please enter an integer greater than or equal to 1

1

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63)

Part A, Section II: POLITICAL SUPPORT

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

No (0)

Page 35

64)

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

Please enter the rounded percentage (0-100)

0

65)

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

Information on priority needs	Yes
Technical guidance	No
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	No
Capacity-building	Yes
Other: Please specify	

66)

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

No (0)

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67)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

6 (6)

68)

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

Increased political commitment of HIV and AIDS issues, presence of national committee by virtue of a Ministerial Decree and sub-committees on information, research, guidance and epidemiology. Policies on free testing and treatment, support provided to PLHIV through peer group, gradual inclusion of civil society in national response.

69)

What are remaining challenges in this area:

Members of the NAC do not have the full authority to make decisions, which are usually reverted for higher level decision making. A clearer understanding of the components of the strategic plan is needed amongst some, and with others, greater commitment to presence at meetings and taking actions accordingly. In the absence of a specified budget and human resources, more policy support is required in this regard. There is no lobbying from community groups on policy issues.

Page 39

70)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

71)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- c. Be faithful (0)
- e. Use condoms consistently (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

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

Religious messages.

73)

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

Yes (0)

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74)

Part A, Section III: PREVENTION

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

No (0)

75)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes

secondary schools? Yes

teacher training? Yes

76)

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

Yes (0)

77)

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

No (0)

78)

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

No (0)

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79)

Part A, Section III: PREVENTION

Question 3 (continued)**IF NO, briefly explain:**

There are currently no outreach programs (harm/risk reduction) for most at risk of vulnerable groups. More needs to be known about these groups, their size and behaviors, in order to develop the most appropriate IEC and other outreach programs.

Page 44

80)

Part A, III. PREVENTION**Question 3.1 (continued)****Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

6 (6)

81)

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

The Ministerial Decree for the formulation and functioning of the NAC and its sub-committees continues to be in effect.

82)

What are remaining challenges in this area:

The NAC and its sub-committees are not fully functional, despite a strong mandate. Policy commitment requires greater resources allocations.

Page 45

83)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

Page 46

84)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

Through studies and consultations during the development of the National Strategic Plan.

85)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

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

Page 47

86)

Part A, III. PREVENTION

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

6 (6)

87)

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

IEC being provided to the general population. Well advanced and comprehensive educational and life skills material being provided within the curriculum for governmental and private schools. Engagement of religious leaders in raising awareness regarding HIV and AIDS.

88)

What are remaining challenges in this area:

Prevention activities require focus to be less sporadic, there remains a difficulty in reaching high risk groups, more support is needed in building the capacity of health professionals and professionals within the education sector to communicate the needed messages regarding HIV and AIDS. More needs to be done to assess the effectiveness of current programs and whether they are helping to maintain the epidemic in Bahrain at current levels.

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89)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 49

90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

91)

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

No (0)

92)

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

Yes (0)

Page 50

93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Using studies and statistic available at the time of strategy development.

94)

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

The majority of people in need have access

HIV treatment, care and support service

Antiretroviral therapy
Nutritional care

Agree
Don't agree

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

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95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

96)

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

No (0)

Page 53

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

7 (7)

98)

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

ART is available and free for all nationals. Confidentiality is highly maintained and a strong support and follow-up system is in place for people living with HIV.

99)

What are remaining challenges in this area:

Challenges include sustainability of medical supplies, availability of closer estimations for those in need of ART, comprehensiveness of treatment, care and support for PLHIV. Stigma and discrimination within the health care setting is not being addressed.

Page 54

100)

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

No (0)

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101)

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

No (0)

Page 58

102)

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

The NAP is managed by the director with some part time staff but no dedicated point person or unit for monitoring and evaluation. Budget constraints exist as well.

Page 64

103)

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

No (0)

Page 65

104)

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

For 2010, M&E priorities were determined through consultation with the Director of the NAP.

105)

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

No (0)

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106)

Part A, Section V: MONITORING AND EVALUATION**Question 5 (continued)****IF NO, what are the main obstacles to establishing a functional M&E Unit?**

Mostly financial and human resource constraints as well as planning for M&E activities.

Page 69

107)

What are the major challenges?

Not enough is known about high risk groups in Bahrain and the drivers of the epidemic. More needs to be known about the effectiveness of current prevention programs.

Page 70

108)

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

Yes, but meets irregularly (0)

109)

6.1 Does it include representation from civil society?

Yes (0)

Page 71110) **Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)****IF YES, briefly describe who the representatives from civil society are and what their role is:**

Representatives of civil society and PLHIV are members of the sub-committees on information, research, guidance and epidemiology. Because these committees do not meet regularly, input from CS is limited.

111)

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

Yes (0)

Page 72

112)

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

The data base is managed by the Health Information Department and the Public Health Center for Disease Control.

113)

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

Yes, all of the above (0)

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114)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	

Page 74

115)

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

No (0)

116)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

1 (1)

117)

What are the main challenges, if any?

There is no monitoring and evaluation plan that provides guidance to stakeholders involved in the national response and therefore information is not generated for program or policy purposes.

Page 75**118) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

0

Page 76

119)

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

1 (1)

120)

Provide a specific example:

The School Health Department and Health Education Department both cited lack of information regarding current program performance from and outcome and cost effectiveness perspective.

121)

What are the main challenges, if any?

More program assessments are needed at this critical stage, given that Bahrain is on its last year of implementing the National Strategy and should build its new strategy on successes and lessons learn from implementing the current strategy, with greater focus on continuing successful efforts and more focus on at risk groups.

Page 77**122) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

No (0)

Page 78

123)

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

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

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124)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

Page 82125) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

2 (2)

126)

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

A robust health information system exists in Bahrain.

127)

What are remaining challenges in this area:

Absence of an overarching M&E plan, providing tools and guidance to all stakeholders involved in the national response effort. No assessments undertaken to date on program effectiveness. Limited information on high risk groups to inform needed programmatic responses. CS, PLWHA and others do not inform results of monitoring, documentation or reporting on successes of current programs.

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128)

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

Yes (0)

Page 84

129)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

There are general non-discrimination laws and policies on health care for all Bahraini nationals. No HIV-specific laws and regulation.

130)

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

No (0)

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131)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 88

132) **Part B, Section I. HUMAN RIGHTS**

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

No (0)

Page 89

133)

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

No (0)

Page 90

134)

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

No (0)

Page 91

135)

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

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

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136)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

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

Accessibility of medication is centralized and not always readily available. Treatment options are not always readily available, and not all people living with HIV are aware of their treatment rights/treatment options. Stigma and discrimination within the health care setting has yet to be addressed, through mainstreaming of information in practice of Doctors and Nurses.

137)

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

Yes (0)

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138)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

139)

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

No (0)

Page 95

140)

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

No (0)

141)

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

Yes (0)

Page 96

142)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 97

143)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

No (0)

144)

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

No (0)

145)

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

No (0)

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146)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

147)

– Legal aid systems for HIV casework

No (0)

148)

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

No (0)

149)

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

No (0)

150)

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

No (0)

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151)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

4 (4)

152)

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

Treatment and counseling is available. Peer support group amongst PLWHA is in place and active.

153)

What are remaining challenges in this area:

Numbers of people in need of ART require review, centralization of treatment facilities and limited treatment options. PLWHA expressed concern over existing stigma and discrimination amongst some health care providers.

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154)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

3 (3)

155)

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

The right to health is safeguarded and treatment is available for those who seek it.

156)

What are remaining challenges in this area:

Issues of stigma and discrimination require greater support as well as protections within the workplace for PLWHA. Enforcement of protective laws is needed.

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157)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

2 (2)

158)

Comments and examples:

CS has been involved in the NAC, in strategy development especially larger NGOs and in program implementation, but this involvement has been moderate with regards to strengthening political commitment.

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159)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

2 (2)

160)

Comments and examples:

CS is moderately involved in strategy setting and are currently members of the sub-committees on information, research, guidance and epidemiology.

Page 105

161)

a. the national AIDS strategy?

1 (1)

162)

b. the national AIDS budget?

0

163)

c. national AIDS reports?

0

164)

Comments and examples:

CS involvement is largely in IEC and prevention programming. No budget from government is exclusively committed to CS engagement in HIV related response nor is there consistent technical assistance and engagement of CS on HIV programs.

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165)

a. developing the national M&E plan?

0

166)

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

0

167)

c. M&E efforts at local level?

0

Page 107**168) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

2 (2)

169)**Comments and examples:**

The Red Crescent Society, The Trad Union, Youth Organizations, Women's Organizations, PLWHA

Page 108**170)**

a. adequate financial support to implement its HIV activities?

0

171)

b. adequate technical support to implement its HIV activities?

1 (1)

172)**Comments and examples:**

Technical support is sporadic and based on collaboration with the NAC or with other international NGOs/UN.

Page 109**173) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	<25%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%

- Men who have sex with men	<25%
- Sex workers	<25%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI) *	<25%
Home-based care	<25%
Programmes for OVC* *	<25%

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174)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

2 (2)

175)

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

In supporting provision of information, education, communication, especially amongst the youth population.

176)

What are remaining challenges in this area:

Increasing the number and capacity of organizations supporting prevention efforts. More needs to be done to capitalize on committed and interested individuals who do not belong for formal organizations. There is no representation of Human Rights Organizations.

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177)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

178)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Agree

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

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179)

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

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

5 (5)

180)

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

IEC amongst the general population and in schools.

181)

What are remaining challenges in this area:

No harm reduction or risk reduction programs for most at risk groups.

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182)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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183)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

It is not clear how these needs were determined.

184)

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

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

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185)

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

4 (4)

186)

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

Peer support group for PLWHA is a major success, with more needed to engage them in program

implementation.

187)

What are remaining challenges in this area:

Accessibility of treatment and more to address issues of discrimination faced from health care providers and in the workplace. Need of more targeted programming for most at risk groups so that they can access the services available. Need to address policies that are creating fear from accessing health services and treatment options (such as policy on repatriation).

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188)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)