

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

- 1) **Country**  
Bahamas (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**  
Dr. M. Perry Gomez
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docgomez47@gmail.com
- 6) **Date of submission:**  
Please enter in DD/MM/YYYY format  
20/03/2010

#### Page 3

- 7) **Describe the process used for NCPI data gathering and validation:**  
Meetings were held with heads of departments with responsibilities for the various categories, also NGO's and community based organizations, EX NAP directors
- 8) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**  
General consensus and use of evidence was used to support decisions.
- 9)

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

There were no concerns

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10)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	National HIV/AIDS Program	Dr. P. Gomez, Director	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	National HIV/AIDS Program	Christine Campbell Managing Director	A.I, A.II, A.III, A.IV, A.V
Respondent 3	National/HIV/AIDS Program	Lynette Deveaux-Coordinator Focus on Youth Program	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Ministry of Health	Merceline Dahl Regis, Chief Medical Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Planning Unit, Ministry of Health	Sandra Smith, Planning Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 6	National HIV/AIDS Centre	Marva Jervis Nursing Officer 1	A.I, A.II, A.III, A.IV, A.V
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			

- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

12)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	National HIV/AIDS Program	Christine Campbell Managing Director	B.I, B.II, B.III, B.IV

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	National/ HIV/AIDS Program	Lynette Deveaux- Focus on Youth Coordinator	B.I, B.II, B.III, B.IV
Respondent 3	HIV/AIDS Resource committee	Rosamae Bain, Member HIV/AIDS Resource Committee	B.I, B.II, B.III, B.IV
Respondent 4	Ministry of Health	Cynthia Johnson,	B.I, B.II, B.III, B.IV
Respondent 5	HIV/AIDS Centre	Jermaine Brenne, Volunteer,	B.I, B.II, B.III, B.IV
Respondent 6	National HIV/AIDS Foundation	Juliet Barrett, Executive Director	B.I, B.II, B.III, B.IV
Respondent 7	SASH Bahamas	Victor Rollins, Director	B.I, B.II, B.III, B.IV
Respondent 8	Ministry of Education	Sherry King, HIV/AIDS Coordinator	B.I, B.II, B.III, B.IV
Respondent 9	Ministry of Health	Maise Evans, Deputy Permanent Secretary	B.I, B.II, B.III, B.IV
Respondent 10			
Respondent 11			
Respondent 12			

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14)

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

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

**Yes (0)****Page 7**15) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2007- 2015

16)

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

**Number of Years**

3

17)

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

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

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18)

**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?**

National AIDS Program, AIDS Foundation, United States Embassy

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19)

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

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

<b>Target populations</b>	
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	Yes
g. Other specific vulnerable subpopulations*	Yes
<b>Settings</b>	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
<b>Cross-cutting issues</b>	
k. HIV and poverty	Yes
l. Human rights protection	Yes

- |  |     |
|--|-----|
| m. Involvement of people living with HIV     | Yes |
| n. Addressing stigma and discrimination      | Yes |
| o. Gender empowerment and/or gender equality | Yes |

20)

**1.4 Were target populations identified through a needs assessment?**

No (0)

**Page 10**

21)

**IF NO, explain how were target populations identified?**

Target populations were identified from epidemiologic and clinical data.

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22)

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

Vulnerable groups such as, Drug users, MSM's, Mirgrant populations, Creole speaking population and youth.

23)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

24)

**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?             | No  |
| d. An indication of funding sources to support programme? | No  |
| e. A monitoring and evaluation framework?                 | No  |

25)

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

Active involvement (0)

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26)

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

**Question 1.8 (continued)**

**IF active involvement, briefly explain how this was organised:**

Multi -sectoral Resource Committe as a part of the National AIDS Programme plus NGOs - AIDS Foundation and Samaritan Ministry

27)

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

Yes (0)

28)

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

Yes, all partners (0)

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29)

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

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

Yes (0)

**Page 15**

30)

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

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

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

31)

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

**HIV-related area included in development plan(s)**

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

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32)

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

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

No (0)

**Page 17**

33)

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

Yes (0)

**Page 18**

34)

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

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

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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35)

**Part A, Section I: STRATEGIC PLAN****Question 4.1 (continued)**

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

HIV Testing is mandatory for all entrants into the uniformed services, and at resigning for "insurance purposes". Those persons already employed may request HIV testing.

36)

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

Yes (0)

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37)

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

**5.1 IF YES, for which subpopulations?**

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

38)

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

Two laws were passed (1) the decriminzation of Homosexuality (2) The employment act, that speaks to non discrimination based on HIV status.

39)

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

Laws have been implemented for several years, but are not challenged in courts because of fear of stigm and discrimination as well.

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40)

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

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

Yes (0)

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41)

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

**6.1 IF YES, for which subpopulations?**

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

42)

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

All persons for the exception of pregnant women, children, elderly and wards of the state are required to pay user fees to access services at tertiary and primary health care facilities.  
Distribution of Condoms are not allowed in the Prisons

43)

**Briefly comment on how they pose barriers:**

This poses a barrier, because it excludes those persons who are unable to pay these user fees from accessing services such as HIV testing.

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44)

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

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

Yes (0)

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45)

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

Yes (0)

46)

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

Yes (0)

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47)

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

Estimates of current and future needs (0)

48)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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49)

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

Yes (0)

50)

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

Yes (0)

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51)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (b) (continued)****IF YES, for which population groups?**

Locals (national) and foreigners and subsets

52)

**Briefly explain how this information is used:**

Epidemiologic data is used for characterizing the epidemic

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

**Question 7.4 (continued)**

**(c) Is coverage monitored by geographical area?**

Yes (0)

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54)

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

**Question 7.4 (c) (continued)**

**IF YES, at which geographical levels (provincial, district, other)?**

**Coverage is monitored by island**

55)

**Briefly explain how this information is used:**

For strategic planning and programming interventions

56)

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

Yes (0)

**Page 30**

57)

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

**Question 7.5 (continued)**

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

**5 (5)**

58)

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

A draft strategic plan has been developed, also planning for the decentralization/integration of HIV/AIDS care into primary care settings

59)

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

The plan has to be accepted and ratified. Further training and capacity building of staff as well as electronic medical records in clinics in order to link pharmacy, laboratory and the tertiary institution with all primary care facilities.

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60)

**Part A, Section II: POLITICAL SUPPORT**

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

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

61)

**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**

62)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

1988

63)

**2.2 IF YES, who is the Chair?**

Name	Dr. M. Perry Gomez
Position/title	Director, National AIDS Programme

64)

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

have terms of reference?	Yes
have active government leadership and participation?	Yes

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

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65)

**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

40

66)

**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

30

67)

**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

3

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68)

**Part A, Section II: POLITICAL SUPPORT**

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

**Yes (0)**

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69)

**Part A, Section II: POLITICAL SUPPORT****Question 3 (continued)****IF YES, briefly describe the main achievements:**

The National AIDS Programme facilitates the interaction of Civil Society, NGOs and Private Sector in implementing HIV strategies; including fund raising, prevention activities and stigma and discrimination.

70)

**Briefly describe the main challenges:**

Financial Resources remain the main challenge.

71)

**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

72)

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

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

73)

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

Yes (0)

**Page 36**

74)

**Part A, Section II: POLITICAL SUPPORT****6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

Yes (0)

**Page 37**

75)

**Part A, Section II: POLITICAL SUPPORT****Question 6.1 (continued)****IF YES, name and describe how the policies / laws were amended:**

Labour laws were amended to prevent discrimination in hiring based on HIV status.

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76)

**Part A, Section II: POLITICAL SUPPORT****Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

8 (8)

77)

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

Sustaining the programme in the face of economic challenges.

78)

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

User fees for services in public clinics.

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79)

**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)

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80)

**Part A, Section III: PREVENTION****1.1 IF YES, what key messages are explicitly promoted?**



Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

81)

**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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82)

**Part A, Section III: PREVENTION**

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

Yes (0)

83)

**2.1 Is HIV education part of the curriculum in:**

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

84)

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

Yes (0)

85)

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

Yes (0)

86)

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

Yes (0)

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87)

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

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

Targeted information on risk reduction and HIV education

Men having sex with men, Sex workers, Clients of sex workers, Prison inmates

Stigma and discrimination reduction

Men having sex with men, Sex workers, Clients of sex workers, Prison inmates

Condom promotion

Men having sex with men, Sex workers, Clients of sex workers, Prison inmates

HIV testing and counselling

Men having sex with men, Sex workers, Clients of sex workers, Prison inmates

Reproductive health, including sexually transmitted infections prevention and treatment

Men having sex with men, Sex workers, Clients of sex workers, Prison inmates

Vulnerability reduction (e.g. income generation)

Drug substitution therapy

Needle & syringe exchange

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88)

**Part A, III. PREVENTION**

**Question 3.1 (continued)**

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

7 (7)

89)

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

Progress working with MSM population, - Testing Parties, VCT, Education, building relationship.

90)

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

Consolidate relationships with new NGOs, - and developing relationships with CSWs.

**Page 45**

91)

**Part A, III. PREVENTION**

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

Yes (0)

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92)

**Part A, III. PREVENTION**

**Question 4 (continued)**

**IF YES, how were these specific needs determined?**

Specific needs were determined from National Youth HIV KAPB study conducted 2008-2009, as well as past experiences.

93)

**4.1 To what extent has HIV prevention been implemented?**

<b>The majority of people in need have access</b>	
<b>HIV prevention component</b>	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections	Agree

prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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94)

**Part A, III. PREVENTION**

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

6 (6)

95)

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

PMTCT- Success and sustainability in this programme.

96)

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

1. Women are still not seeking antenatal care early and present to hospital already in labour or are not seeking antenatal care at all. S. Reaching Most at Risks Populations.

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97)

**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)

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98)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

99)

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

Yes (0)

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

Yes (0)

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**101) Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

national HIV program evaluated,gaps and weaknesses identified as well as from experiences in providing care treatment and support.

**102) 2.1 To what extent have the following HIV treatment, care and support services been implemented?**

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

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**103)**

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

104)

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

Yes (0)

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105)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 4 (continued)**

**IF YES, for which commodities?:**

Antiretroviral therapy drugs

**Page 53**

106)

**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)

107)

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

Sustainability of prevention, treatment, care and support for all who seek care, without cost, inclusive of ARVs

108)

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

Including more clients into care.

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109)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**5. Does the country have a policy or strategy to address the additional HIV-related**

**needs of orphans and other vulnerable children?**

Yes (0)

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110)

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

Yes (0)

111)

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

Yes (0)

112)

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

Yes (0)

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113)

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

6 (6)

114)

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

There have been very few deaths of infected children and adolescents in care.

115)

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

Growing challenge of adherence to medication in adolescents infected since birth.

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116)

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

No (0)

**Page 58****117) Part A, Section V: MONITORING AND EVALUATION****Question 1 (continued)****IF NO, briefly describe the challenges:**

While a draft plan was developed, capacity and resources for for implementing the M&E plan is lacking along with a qualified person to lead the process.

**Page 64**

118)

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

No (0)

**Page 65**

119)

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

Priorities are determined by international reporting requirements

120)

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

No (0)

**Page 66**

121)

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

Lack of technical capacity and human resources

**Page 69**

122)

**What are the major challenges?**

capacity and resources such as interoperable Health Information systems

**Page 70**

123)



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

**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

No (0)

124)

**6.1 Does it include representation from civil society?**

No (0)

**Page 71**

125)

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

Yes (0)

**Page 72**

126)

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

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

The national database is managed by staff in the Health Information and Research Unit. HIV data generated from the HIV/AIDS clinic and related services are submitted to the unit for processing

127)

**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)

**Page 73**

128)

**7.3 Is there a functional\* Health Information System?**

At national level	Yes
At subnational level	

**Page 74**

129)

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

Yes (0)

130)

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

3 (3)

131)

**Provide a specific example:**

Data showed that young females 15 to 20 years were infected three times as much as boys of the same age, which suggested that young girls were having sexual intercourse with older men. This resulted in a prevention strategy aimed at this age group.

132)

**What are the main challenges, if any?**

Timely and routine collection of data to meet national, regional and international reporting requirements

**Page 75**

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

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

1 (1)

**Page 76**

134)

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

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

2 (2)

135)

**Provide a specific example:**

M&E data are used to support PMTCT programme and ARV programme and also to target vulnerable populations

136)

**What are the main challenges, if any?**

Data collection and human resources

**Page 77****137) Part A, Section V: MONITORING AND EVALUATION**

**10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

**Page 78**

138)

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

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

**Page 79****139) Part A, Section V: MONITORING AND EVALUATION**

**Question 10.1 (continued)**

**Please enter the number of people trained at national level.**

Please enter an integer greater than 0

2

**Page 80**

140)

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

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

No (0)

**Page 82****141) 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?**

3 (3)

142)

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

A draft plan was developed in consultation with regional experts (CHRC.)Data were collected and sent to HIRU

143)

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

Formal training,staff and financial resources, and a qualified M&E person to assist in organizing a M&E Unit.

**Page 83**

144)

**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**

145)

**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:**

HIV/AIDs is mentioned in relation to discrimination, refusal of employment, access to promotion,training and dismissal, pre screening for HIV

146)

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

Yes (0)

**Page 85**

147)

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

**2.1 IF YES, for which subpopulations?**

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

148)

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

The Employment Act 2001,

149)

**Briefly describe the content of these laws:**

the Act states that no employer or person acting on behalf of an employer, shall .....discriminate, refuse employment, access to promotion, training and dismissal, pre screening for HIV

150)

**Briefly comment on the degree to which they are currently implemented:**

Although law is available to mitigate any discrimination, refusal of employment, etc. It is seldom used because of persons who are dismissed because of HIV are afraid of attracting attention to themselves because of the stigma and discrimination associated with HIV/AIDS

**Page 86**

151)

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

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

Yes (0)

**Page 87**

152)

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

**3.1 IF YES, for which subpopulations?**

a. Women	Yes
----------	-----

b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. SexWorkers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

153)

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

Aside from the user fees from which pregnant women, children, the elderly and wards of the state are exempt, Sex work and illicit drug use is illegal. Prison regulations prevent distribution of condoms to inmates.

154)

**Briefly comment on how they pose barriers:**

These prevent persons from accessing the necessary care or preventative measures that would assist in the prevention of HIV.

**Page 88**155) **Part B, Section I. HUMAN RIGHTS****4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes (0)

**Page 89**

156)

**Part B, Section I. HUMAN RIGHTS****Question 4 (continued)****IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

Draft National HIV/AIDS Strategic Plan Employment Act 2001

157)

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

Yes (0)

**Page 90**

158)

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

**Question 5 (continued)**

**IF YES, briefly describe this mechanism:**

The Employment Act 2001, in addition, persons experineeing discrimination are encouraged to report cases of stigma and discrimination to the AIDS Secretariat who will engage in advocacy on their behalf.

159)

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

Yes (0)

**Page 91**

160)

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

**Question 6 (continued)**

**IF YES, describe some examples:**

PLWHAs are employed as salaried staff,volunteers and serve on commitees of the National HIV/AIDS programme.

161)

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

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

**Page 92**

162)

**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:**

From the inception of the program,the government's policy was that all persons receive treatment care and support,provision of ARVs without charge. Care, treatment and support was provided without regard of race, or legal status.

163)

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

Yes (0)

**Page 93**

164)

**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)

165)

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

Yes (0)

**Page 94**

166)

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

**Question 9 (continued)**

**IF YES, briefly describe the content of this policy:**

All persons requiring care can access it from primary or tertiary care institutions. Additionally it is supported in the Mission Statement or the Ministry of Health. " It is the practice of the National HIV/AIDS Programme to provide free access to Prevention treatment care and support to all persons."

167)

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

Yes (0)

**Page 95**

168)

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

**Question 9.1 (continued)**

**IF YES, briefly explain the different types of approaches to ensure equal access for**



**different populations:**

Persons can access care from any public tertiary or primary health care facility.

169)

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

Yes (0)

170)

**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**

171)

**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?**

Yes (0)

172)

**IF YES, describe the approach and effectiveness of this review committee:**

The national Ethics and Research Committee has oversight for population based research conducted in The Bahamas. Proposals are submitted and reviewed to ensure that subjects are not harmed or disenfranchised because of participating in the research. Subject are experts are called to sit on the Committee when the need arises.

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173)

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

Yes (0)

174)

**– 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**

Yes (0)

175)

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

No (0)

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176)

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

**Question 12 (continued)**

**IF YES on any of the above questions, describe some examples:**

There is in existence, a human rights commission and a law reform commission. A Focal point resides with in the AIDS Secretariat who monitor human rights.

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177)

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

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

No (0)

178)

– Legal aid systems for HIV casework

Yes (0)

179)

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

No (0)

180)

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

Yes (0)

181)

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

Yes (0)

**Page 100**

182)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)****IF YES, what types of programmes?**

Media Yes

School education Yes

Personalities regularly speaking out Yes

Other: please specify

**Page 101**

183)

**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?**

6 (6)

**Page 102**

184)

**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?**

8 (8)

**Page 103**

185)

**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?**

4 (4)

186)

**Comments and examples:**

AIDS Resources Committee, a multisectoral group of persons who discuss AIDS issues, and contribute to policy decisions and advocate on behalf of PLHWA and other HIV related issues.

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187)

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

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

4 (4)

188)

**Comments and examples:**

Attend planning meetings and reviewed the draft plan

**Page 105**

189)

**a. the national AIDS strategy?**

5 (5)

190)

**b. the national AIDS budget?**

1 (1)

191)

**c. national AIDS reports?**

5 (5)

**Page 106**

192)

**a. developing the national M&E plan?**

1 (1)

193)

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

0

194)

**c. M&E efforts at local level?**

1 (1)

**Page 107**195) **Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

196)

**Comments and examples:**

Conducting of MSM testing parties.

**Page 108**

197)

**a. adequate financial support to implement its HIV activities?**

3 (3)

198)

**b. adequate technical support to implement its HIV activities?**

5 (5)

199)

**Comments and examples:**

Technical support is provided by staff from the Ministry of Health Planning Unit staff, National HIV/AIDS Centre and the Department of Public Health staff.

**Page 109**200) **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	
------------------------	--

- Men who have sex with men	>75%
- Sex workers	<25%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI) *	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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201)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

6 (6)

202)

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

Inroads are being made into the MSM population

203)

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

Prevention activity with Commercial Sex Workers

**Page 111**

204)

**Part B, Section III: PREVENTION****1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

**Page 112**

205)

**Part B, Section III: PREVENTION****Question 1 (continued)****IF YES, how were these specific needs determined?**

2009 KAPB study of youth 15-17 yrs Focus on YOUTH Programme, Reaching consensus in program planning meetings

206)

**1.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

---

**HIV prevention component**


---

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

**Page 113**

207)

**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?**

6 (6)

208)

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

In roads made into MSMs and out of school youth

209)

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

Technical capacity, condom distribution in the prison

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210)

**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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211)

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

Input from healthcare providers, inclusive of data provided by contact tracers, Data from 2009 Youth HIV KAPB study

212)

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

The majority of people in need  
have access

**HIV treatment, care and support service**

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

**Page 116**

213)

**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?**



8 (8)

214)

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

Reduction of MTCT continues at < 3%, increasing numbers of persons are receiving care

215)

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

To achieve 100% coverage for treatment

**Page 117**

216)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

**Page 118**

217)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

218)

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

No (0)

219)

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

No (0)

**Page 119**

220)

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

6 (6)

**221)**

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

Life skills training sessions for children, addressing psychosocial needs.

**222)**

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

Meeting physiological needs of children.