



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

Caribbean

Bahamas

COUNTRY:

Bahamas

Name of the National AIDS Committee Officer in charge:

Mrs. Rosa Mae Bain

Postal address:

HIV/AIDS Centre, PO Box-N-3730, Nassau, The Bahamas

Tel:

242-323-5968

E-mail:

medicineid@batelnet.bs

Date of submission:

1/28/2008

:	Organisation	Ministry of Health HIV/AIDS Centre
:	Name/Position	Rosamae Bain/Director, HIV/AIDS Centre, Public Health Nurse
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Education, Sports, Youth, and Culture/ Department of Education
:	Name/Position	Glenda Rolle/Senior Education Officer
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Education, Sports, Youth, and Culture/Ministry of Health
:	Name/Position	Lynette Deveaux/Project Director of Focus on Youth
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V

:	Organisation	Attorney General's Office
:	Name/Position	Kayla Green Smith/Senior Counsel
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.II / A.III / A.IV
:	Organisation	National Organisation of Women's Associations of the Bahamas
:	Name/Position	W. Patricia Morley/President
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV
:	Organisation	AIDS Foundation & Bahamas National Network for Positive Living (BNN+)
:	Name/Position	Wellington Adderly/Administrator for AIDS Foundation & President of BNN+
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Bahamas National Network for Positive Living (BNN+)
:	Name/Position	Andrew Jones/BNN+ Member
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	The Garage (MSM group)
:	Name/Position	Victor Rollins/Chairperson of The Garage
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Ministry of Health HIV/AIDS Centre
:	Name/Position	Rev. irene Coakley/Senior Nursing Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III
:	Organisation	HIV/AIDS Resource Committee
:	Name/Position	Kayla Green Smith/Volunteer, Attorney
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2007-2015

1.1 How long has the country had a multisectoral strategy/action framework?

22

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

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	Yes
Transportation:	Strategy/Action framework	Yes
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	Yes
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	No
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	Yes
Agriculture:	Strategy/Action framework	No
Agriculture:	Earmarked budget	No
Finance:	Strategy/Action framework	Yes
Finance:	Earmarked budget	No
Human Resources:	Strategy/Action framework	Yes
Human Resources:	Earmarked budget	Yes
Justice:	Strategy/Action framework	Yes
Justice:	Earmarked budget	No
Minerals and Energy:	Strategy/Action framework	No
Minerals and Energy:	Earmarked budget	No
Planning:	Strategy/Action framework	Yes
Planning:	Earmarked budget	Yes
Public Works:	Strategy/Action framework	No
Public Works:	Earmarked budget	No
Tourism:	Strategy/Action framework	No
Tourism:	Earmarked budget	No
Trade and Industry:	Strategy/Action framework	Yes
Trade and Industry:	Earmarked budget	No
Other*::	Strategy/Action framework	Yes
Other*::	Earmarked budget	Yes

IF NO earmarked budget, how is the money allocated?

Where there is no earmarked budget, the funds come from the overall budget; the money is embedded in the budgets.

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations:	Yes
d. Orphans and other vulnerable children:	Yes
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2006

1.5 What are the target populations in the country?

MSM, OVC, women, pregnant women, youth/students, migrant/immigrant populations (an emphasis on the Creole-speaking population), prisoners

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	Yes
c. Detailed budget of costs per programmatic area? :	Yes
d. Indications of funding sources?:	Yes
e. Monitoring and Evaluation framework? :	Yes

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

Active involvement

IF active involvement, briefly explain how this was done:

A primary method of involvement is through the Resource Committee, an ongoing, multisectoral meeting body composed of representatives from the following groups: lawyers, the Chamber of Commerce, the Hotel Union, churches, the Creole population, the Ministry of Health, the Ministry of Tourism, the Ministry of Education, MSM, PLWHA, members fo the business community, the Samaritan Ministry, the AIDS Foundation, PAHO, and the American Embassy. The group meets once a month, asks for contributions from the members on agenda items, they develop concrete targets with measurable goals, and also aim to increase public awareness. The Focus on Youth program incorporates parents into their activities. The committee has been doing outreach for de-stigmatization/sensitization throughout the Bahamas.

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, all partners

**2. Has the country integrated HIV and AIDS into its general development plans such as:
a) National Development Plans,
b) Common Country Assessments/United Nations Development Assistance Framework,
c) Poverty Reduction Strategy Papers,
d) Sector Wide Approach?**

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

- a) National Development Plans:
- b) Common Country Assessments/United Nations Development Assistance Framework:
- c) Poverty Reduction Strategy Papers:

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	a) / b) / c)
Treatment for opportunistic infections:	Development Plans	a) / b) / c)
Antiretroviral therapy:	Development Plans	a) / b) / c)
Care and support (including social security or other schemes):	Development Plans	a) / b) / c)
AIDS impact alleviation:	Development Plans	a) / b) / c)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	a) / b) / c)
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:	Development Plans	a) / b) / c)
Reduction of stigma and discrimination:	Development Plans	a) / b) / c)
Women’s economic empowerment (e.g. access to credit, access to land, training):	Development Plans	a) / b) / c)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes

3.1 IF YES, to what extent has it informed resource allocation decisions?

3

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

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

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

HIV testing and counselling is essentially mandatory for those wishing to be in the uniformed services. That is, they are tested at enrollment. However, if they do not wish to be tested, they may opt out, but then they would not get the job.

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

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?

Yes

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

Estimates and projected needs

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

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

Yes

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

Yes

IF YES, which population sub-groups?

Migrant populations/immigrants, pregnant women, prison populations, young people (emphasis on females), TB patients, STI patients, blood donors, MSM (limited, preliminary surveillance in place).

(c) IF YES, is coverage monitored by geographical area?

Yes

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

By island (New Providence, Grand Bahama, and the Family Islands: Abaco, Eleuthera, and others)

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

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007:	7
2005:	6

Comments on progress made in strategy planning efforts since 2005:

Since 2005, the Bahamas has made some important progress in strategy and planning efforts. They made the decision to decentralize treatment and care, they decided to increase accelerated access to ARVs, they increased their prevention initiatives so that they are now being carried out in all hotels, and now there are HIV prevention awareness bus ("Jitney") rides in New Providence/Nassau each year. This year, they expect to put the health information in one online system (iPHIS). Also, the Caribbean region has adopted the Bahamas' model for PMTCT, since 2005.

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

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

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1991

2.2 IF YES, who is the Chair?

Name:	James Catalyn
Title/Function:	Resource Committee Chairman/coordintor of Monthly Resource Committee meetings

2.3 IF YES, does it:

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?:	Yes

(* If it does include civil society representatives, what percentage?

20%

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*If it does include regular meetings, what is the frequency of the meetings:

every other month

IF YES, What are the main achievements?

The National HIV and AIDS Centre and Ministry of Health Advisory Committee has had many achievements, including the following: several documents have been produced: a draft strategic plan, a roadmap, and a decentralization/integration plan. There has been training of all doctors in all community health clinics in New Providence and the major Family Islands. There has been policy development, as well as advisory regarding ARVs, such as the decision to recall certain medications when necessary.

IF YES, What are the main challenges for the work of this body?

There are several challenges facing the the National HIV and AIDS Centre and Ministry of Health Advisory Committee, including the following. Human resources: budget constraints, paying salaries once the Clinton Foundation funds end, finding and hiring qualified people, training personnel for key program areas, such as a pharmacist, research nurse, and a behavioural scientist for prevention work. Also, Monitoring and Evaluation is in the embryonic phase, and it needs to be strengthened. There are infrastructure challenges, for instance, there is mold growing in the pharmacy room. There are geographical challenges as well, for instance, money is needed to bring children to New Providence from the Family Islands for care. Communication technology also presents a challenge, especially with the Family Islands: telephone, e-mail, and fax access can be limited. While it is in process, one central health information system is needed and until it is in-place, it is a challenge to have manual data.

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	Yes
Coordination with other implementing partners :	Yes
Capacity-building :	Yes

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

Yes

6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

Yes

6.2 IF YES, which policies and legislation were amended and when?

:	Policy/Law	Sexual Offences and Domestic Violence Act
:	Year	1991
:	Policy/Law	Revised Education Act
:	Year	1996
:	Policy/Law	Employment Act: Anti-discrimination in the workplace
:	Year	2001
:	Policy/Law	School Policy
:	Year	pending

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007:	7
2005:	6

Comments on progress made in political support since 2005:

There has been an increase in political support, largely in the schools/education arena. There is a movement underway to increase teacher trainings on how to address HIV/AIDS.

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Avoid commercial sex:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

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

Yes

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

Yes

2.1 Is HIV education part of the curriculum in

primary schools? : Yes

secondary schools? : Yes

teacher training? : Yes

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

Yes

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

Yes

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

Yes

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

Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Prison inmates
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	MSM
Condom promotion:	Prison inmates
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	MSM
HIV testing & counselling:	Prison inmates
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	Prison inmates
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Vulnerability reduction (e.g. income generation):	Other sub-populations (*)

(*)If Other sub-populations, indicate which sub-populations

the Creole-speaking (Haitian) population and young people.

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007:	6
2005:	5

Comments on progress made in policy efforts in support of HIV prevention since 2005:

There have been no new policies since the end of 2005. However, they have updated the guidelines (in education primarily), and are developing more focused policies to guide all groups and workplaces in prevention programming.

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Blood safety:	The activity is available in	all districts* in need
Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	all districts* in need
IEC on risk reduction:	The activity is available in	most districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	most districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Harm reduction for injecting drug users:	The activity is available in	N/A
Risk reduction for men who have sex with men:	The activity is available in	all districts* in need
Risk reduction for sex workers:	The activity is available in	N/A
Programmes for other vulnerable subpopulations:	The activity is available in	most districts* in need
Reproductive health services including STI prevention & treatment:	The activity is available in	most districts* in need
School-based AIDS education for young people:	The activity is available in	most districts* in need
Programmes for out-of-school young people:	The activity is available in	some districts* in need
HIV prevention in the workplace:	The activity is available in	most districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	7
2005:	6
2007:	6
2005:	5

Comments on progress made in the implementation of HIV prevention programmes since 2005:

The Focus on Youth program expanded and moved to the Family Islands. It has also had great success in its pilot programs with specific grades, and now it will continue expanding to more public and private schools. Prevention programs expanded in the hospitality industry, with more hotels now involved in prevention work, and all levels of hotel staff involved. The media has gotten more involved: in 2006, a weekly radio program began, called "Da vibes and tings on da street." This 10-minute morning show aims to improve awareness and "AIDS 101" information among young people. They have also increased the prevention work they are doing with the Creole population and MSM. There has been an increase in the number of churches and schools with HIV prevention activities as well. There has been an increase in information and access for universal precautions and placement of first-aid kits in more areas.

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

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

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

HIV testing and counselling for TB patients:	The service is available in	all districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	some districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need

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

Yes

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

Yes

4.1 IF YES, for which commodities?:

antiretroviral drugs, condoms, and opportunistic infection medications

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	6
2005:	5

Comments on progress made since 2005:

Since 2005, there has been an increase in ARV provision: more people have gotten on the medications. Also, there have been more people trained in VCT.

5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

5.1 IF YES, is there an operational definition for OVC in the country?

Yes

5.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007: 4

2005: 3

Comments on progress made in efforts to meet the needs of OVC since 2005:

The AIDS Centre has started to work with the Health Information Unit to get a list of all mothers who have died. They have gotten a list of all pregnant HIV-positive women and their childrens' names from 1995 until the present. They currently compare the list of deceased mothers with the children's names and in this manner, get the names of the orphans. With the orphans, they do follow-up through community health clinics. However, the follow-up efforts remain to be expanded to meet other needs than the basic health needs of the orphans. A draft policy has been written to ensure discrimination-free access to education for children with HIV. The HIV/AIDS Centre is also working with other agencies, such as the AIDS Foundation, to develop services for OVC, such as building a group home and hiring a social worker.

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

In Progress

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : No

guidelines on tools for data collection : No

a strategy for assessing quality and accuracy of data : No

a data dissemination and use strategy : Yes

3. Is there a budget for the M&E plan?

In progress

4. Is there a functional M&E Unit or Department?

In Progress

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly

IF YES, Date last meeting:

October 2007

5.1 Does it include representation from civil society, including people living with HIV?

No

6. Does the M&E Unit/Department manage a central national database?

No

6.3 Is there a functional Health Information System (HIS)?

National level : Yes

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

Yes

7. To what extent are M&E data used in planning and implementation?

3

What are examples of data use?

The data are mainly used for prevention work. The SES info helps the HIV/AIDS Centre to decide which age groups or which islands (districts) they go to for prevention work. The (as of yet, incomplete) pharmacy data also helps the AIDS Centre with drug forecasting.

What are the main challenges to data use?

At the National AIDS Centre, the raw data is not automated: there is a great need for a centralized, automated data collection and management system. This lack creates a problem with data completeness, where gaps are present due to data being kept in several different locations. Another great challenge is the continuing human resource issue(s). The Centre is in need of people with skills in computer programming and statistics. They also suffer from a shortage of training opportunities for the staff, low commitment levels from the staff, and an overworked staff. The physical space shortage is also a challenge.

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

At national level? :	Yes
At national level? :	IF YES, Number of individuals trained: 1
At sub-national level? :	Yes
At sub-national level? :	IF YES, Number of individuals trained: 2
Including civil society? :	No

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007:	3
2005:	3

Comments on progress made in M&E since 2005:

There were more people going to trainings during this time period. The people who were trained raised the issue that M & E is the biggest gap in the AIDS Program, and this accelerated the process of improving the program and including M & E in the strategic plan. During this period, the HIV/AIDS Centre has recognized that they could benefit from more external technical support and more human resources.

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes

1.1 IF YES, specify:

Employment Act (2001): Anti-discrimination in the workplace based on HIV status & applicants or employees can not be required to submit to an HIV test.
Revised Education Act (1996): All children entitled to free education, regardless of HIV status & students are educated, at appropriate ages, about HIV/AIDS.
Ministry of Education anti-discrimination policies: student/athletes with HIV/AIDS have the right to confidentiality and do not need to be placed on school general medical records.

NOTE: While there is no law covering vulnerable sub-populations, the laws in-place cover all people in the general population, including those with HIV/AIDS; the existing legislature states that one can not be discriminated against due to age, sex, race, creed, or marital status. These categories are assumed to cover all vulnerable populations.

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

No

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

No

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

Yes

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

No

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

Immigrant/migrant populations have been targeted for prevention and education, including condom social marketing. However, there is still a gap in addressing the issues for the populations. There is also a non-discrimination in youth/athletes policy in place. Prison inmates are all tested for HIV at intake. All pregnant women are offered VCT.

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

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

The NAP is advertising for professionals (i.e. pharmacists, nurses, behavioural scientist) currently, and waiting to see if the government can pay for their salaries when the Clinton Foundation funds end in June 2008. In the high schools, there is a movement to try to increase interest for students to become nurses and pharmacists. The iPHIS integrated health data system is supposed to be in-place in the coming year, which will greatly facilitate data gathering and monitoring. The NAP has been involved with ARV forecasting, with the assistance of the Clinton Foundation. In terms of physical resource constraints, the NAP is trying to get a space restored for the HIV reference laboratory to move into: there is a plan for its completion. However, there is a financial challenge which remains unresolved for the funding of the viral load testing machine.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

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

Yes

9.1 Are there differences in approaches for different most-at-risk populations?

Yes

IF YES, briefly explain the differences:

There is a challenge regarding youth: the age of consent for being treated at STI clinics is 18, before which, young people need parental consent. This likely provides a barrier for young people accessing treatment, and it is thought that the age should be lowered. Also, volunteer groups address different vulnerable populations.

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

Yes

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

Yes

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

Yes

IF YES, describe the effectiveness of this review committee

All research proposals must be approved by the Ethics Committee. In protecting human rights, the committee and policies are extremely effective.

12. Does the country have the following human rights monitoring and enforcement mechanisms?

- 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
- 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
- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No
- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: Yes

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

There is a lawyer/teacher who works for legal aid, who works on behalf of those positive individuals. Patients have become more comfortable with their condition. There has been more compassion among the general population, more education, willingness of families to take care of people (children), more willingness to get tested, and increased public awareness programs, such as corporate displays and banners. These, in essence, are benchmarks of success in lowering stigma.

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

Yes

14. Are the following legal support services available in the country?

- Legal aid systems for HIV and AIDS casework: Yes
- Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes
- Programmes to educate, raise awareness among people living with HIV concerning their rights: Yes

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	Yes
Other::	Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007:	6
2005:	6

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

There were no real changes that took place between 2005 & 2007.

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007:	3
2005:	3

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

There are laws in place, but they are not enforced because people don't come forward if there are incidents. Also no changes have occurred since 2005.

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

5

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

4

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?:	4
b. in the national budget?:	3

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2006

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

4

List the types of organizations representing civil society in HIV and AIDS efforts:

Samaritan Ministries (Catholic Church), AIDS Foundation, HIV Resource Committee, All-Saints Camp, Rotary International, Bahamas National Network for Positive Living (BNN+), Workers' Unions, MSM Groups, Youth Ambassadors for Positive Living

6. To what extent is civil society able to access

- | | |
|---|---|
| a. adequate financial support to implement its HIV activities?: | 3 |
| b. adequate technical support to implement its HIV activities?: | 3 |

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

- | | |
|-------|---|
| 2007: | 5 |
| 2005: | 4 |

Comments on progress made in increasing civil society participation since 2005:

More companies have come on-board between 2005 and 2007. More partners (national and international), such as Andrew Coville & Co. came on in 2006. There were in-roads made with sensitivity and awareness: they extended trainings in the tourism industry and to Family Islands.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	The service is available in	all districts* in need
Universal precautions in health care settings:	The service is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	all districts* in need
IEC on risk reduction:	The service is available in	some districts* in need
IEC on stigma and discrimination reduction:	The service is available in	some districts* in need
Condom promotion:	The service is available in	some districts* in need
HIV testing & counselling:	The service is available in	some districts* in need
Harm reduction for injecting drug users:	The service is available in	N/A
Risk reduction for men who have sex with men:	The service is available in	some districts* in need
Risk reduction for sex workers:	The service is available in	N/A
Programmes for other vulnerable sub-populations:	The service is available in	some districts* in need
Reproductive health services including STI prevention & treatment:	The service is available in	some districts* in need
School-based AIDS education for young people:	The service is available in	most districts* in need
Programmes for out-of-school young people:	The service is available in	some districts* in need
HIV prevention in the workplace:	The service is available in	some districts* in need

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	6
2005:	5

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

There has been an increase in ARVs: increased number of people who have gotten on medications. There is also increased training in VCT.

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

Prevention for youth :	25-50%
Prevention for MSM :	<25%
Counselling and Testing :	25-50%
Clinical services (OI/ART)* :	<25%
Home-based care :	25-50%
Programmes for OVC** :	<25%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007:	5
2005:	4

Comments on progress made since 2005:

The development of a register of orphans and vulnerable children through the HIV/AIDS Centre has been the jump-start necessary for the intersectoral collaboration in the care of these children. The Centre functions as the leader in coordinating appropriate services for this group.

Uniting the world against AIDS