

Bangladesh Report NCPI

NCPI Header

COUNTRY

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

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Describe the process used for NCPI data gathering and validation:

The compilation of information for the NCPI was completed under the leadership of Line Director, NASP, Director General of Health Services, Ministry of Health and Family Welfare. Individuals were provided with the format formally. Discussions and interviews took place during the process of filling out. In addition a workshop was held to share all obtained results and reach final consensus.

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

Open discussions took place and reference documents were cited when any confusion arose.

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

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health and Family Welfare (MOHFW)	A.K.M. Amir Hossain, Additional Secretary	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health and Family Welfare (MOHFW)	A.H.M. Shafiquzzaman, Deputy Secretary	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health and Family Welfare (MOHFW)	Adeda Aktar, Deputy Secretary	Yes	No	No	No	Yes	No
Ministry of Home (MOH)	Md. Asaduzzaman, Additional Police Super	Yes	Yes	Yes	No	Yes	No
National STD/AIDS Program	Dr. Md. Abdul Waheed, Line Director	Yes	Yes	Yes	Yes	Yes	Yes
National STD/AIDS Program	Dr. Sydur Rahman, Program Manager	Yes	Yes	Yes	Yes	Yes	Yes
National STD/AIDS Program	Dr. Md. Anisur Rahman, Deputy Program Manager (M & E), Focal Person of GARPR	Yes	Yes	Yes	Yes	Yes	Yes
National STD/AIDS Program	Dr. Mahbuba Begum, Deputy Program Manager	Yes	No	Yes	No	Yes	Yes
National STD/AIDS Program	Akhtar Jahan Shilpy, Technical Specialist (M&E)	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Ashar Alo Society	Md. Sanwar Hossain, Project Coordinator	Yes	Yes	Yes	Yes	Yes
Bandhu Social Welfare Society	Shale Ahmed, Executive Director	Yes	Yes	Yes	Yes	Yes
Bandhu Social Welfare Society	ASM Rahmatullah Bhuiyan, Deputy Program Manager	Yes	Yes	Yes	Yes	Yes

Bangladesh Center for Communication Programs	Saleh Ahmed, Program Coordinator	Yes	Yes	Yes	Yes	Yes
CARE Bangladesh	Dr. Rupali Shishir Banu, Team Leader	Yes	Yes	Yes	Yes	Yes
CARE Bangladesh	Mirza Manbira Sultana, Manager-M&E	Yes	No	Yes	Yes	Yes
Confidential Approach to AIDS Prevention	Dr. Halida Hanum Khandaker, Executive Director	Yes	Yes	Yes	Yes	No
Confidential Approach to AIDS Prevention	Dr. Md. Shahidul Islam	Yes	Yes	Yes	Yes	Yes
Family Health International 360	Nadira Yasmin, Technical Officer	Yes	Yes	Yes	Yes	Yes
icddr,b	Md. Masud Reza, Manager, M&E	Yes	Yes	Yes	Yes	Yes
Muktakash Bangladesh	Md. Mizanur Rahman, Project Coordinator	Yes	Yes	Yes	Yes	No
Muktakash Bangladesh	Bikash Baroi	Yes	Yes	Yes	Yes	Yes
Nari Unnayan Shakti	Afroza Parveen, Executive Director	Yes	Yes	Yes	Yes	Yes
Padakhep Manabik Unnayan Kendra	Aktaruzzaman, Program Manager	Yes	Yes	Yes	Yes	No
Save the Children	Dr. Fadia Sultana, Deputy Director in charge, Performance Measurement	Yes	No	Yes	Yes	Yes
Sylhet Jubo Academy (SJA)	Md. Shanjur Rahman, Coordinator	Yes	Yes	Yes	Yes	Yes
UNAIDS	Dr. Munir Ahmed, Social Mobilization and Partnership Advisor (UNAIDS Country Coordinator i.a.)	Yes	Yes	Yes	Yes	Yes
UNFPA	Dr. Khandaker Ezazul Hoque, HIV Officer	Yes	Yes	Yes	Yes	No
UNICEF	Dr. M. Ziya Uddin, HIV/AIDS Specialist	Yes	Yes	Yes	Yes	Yes
UNODC	ABM Kamrul Ahsan	Yes	Yes	Yes	Yes	No
WHO	Dr. Md. Enamul Haque, National Consultant HIV/AIDS	Yes	Yes	Yes	Yes	Yes
NA	Dr. Saima Khan, National Consultant, GARPR	Yes	Yes	Yes	Yes	Yes

A - 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

IF YES, what was the period covered:

2011-15

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

-Special emphasis has been given on vulnerable groups MARPs, retaining migrant, garment workers and street base children
-Costed plan -HIV/AIDS are focused in National Health Policy, 2011

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health and Family Welfare

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

SECTORS

Included in Strategy **Earmarked Budget**

Yes Yes

Yes Yes

Yes Yes

Yes Yes

Yes Yes

Yes	Yes
Yes	Yes

Other [write in]:

Internal migrants and garment factory workers

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?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

-FSW (Brothel, residence and street) -MSM/TG -IDU -Immigrant migrant, garment workers -Street based children

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

-By the formation of Steering committee, task force, working groups for regular discussions and decision facilitation -The CCM plays a vital role to facilitate involvement and participation

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

Yes

1.9

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

Yes, some partners

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

-Regarding donor commitment for example The Global Fund will not continue the supply of ARV

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

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

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

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

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

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

No

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. 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

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

Yes

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

Yes

IF YES, for which population groups?:

-MSM/TG -FSW and MSW -PWID -Immigrant and garment workers - PLHIV

Briefly explain how this information is used:

-Size estimation of MARP, 2009 -Data collection for sero and behavior surveillance - Program improvement

(c) Is coverage monitored by geographical area:

Yes

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

Coverage monitoring is upto sub-district level

Briefly explain how this information is used:

-MIS report -Annual report of MIS - Quality implementation

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

The following documents and activities have made recommendations on human resources, infrastructure, etc. Avenues are being sought to implement the recommendations. -National Health Policy, 2011 -Costed M & E Framework -Health council - interrelationship different ministries like, information, religion, youth & sport, home affairs, women and children affairs and education etc. In addition: - health service providers and front-line health workers have been trained on youth friendly health services - Infectious Diseases Hospital (specialized government hospital) has been equipped to provide in-patient services for PLHIV - organizations working for PLHIV provide treatment for TB co-infection, conduct sputum collection

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

• 3rd National Strategic Plan, 2011-15 updated and finalized • National HIV/AIDS M & E Plan updated and finalized • ARV Guidelines revised and updated • National counseling training manual for children, adolescent and MARPs developed • National counseling guidelines developed • Phase wise anti-retroviral therapy at Infectious Disease Hospital, BSMMU (medical university) and 8 medical college hospitals established • Opioid Substitution Therapy (OST) supported

What challenges remain in this area:

-Functional M & E System in link with NSP -MIS updation -Result based monitoring -Supervision

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

-During World AIDS Day observance the Minister of Health and Family Welfare expressed support towards prevention, treatment, care and support activities through various forums and media publications -Similar support was shown during World Health Day observance and Health policy formulation (2011) -Active participation in CCM, TC-NAC meetings and decisions - In late 2011, Chairman, National Human Rights Commission along with representatives from selected civil society organization participated in a conference on "Human Rights and AIDS" at Kathmandu

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Bangladesh president is the Chief Patron of National AIDS Committee and Health Ministry is the Chair of this forum

Have a defined membership?:

Yes

IF YES, how many members?:

The CCM is the coordinating body with 34 members.

Include civil society representatives?:

Yes

IF YES, how many?:

12

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

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

IF YES, briefly describe the main achievements:

-CCM, TC-NAC, HLM etc -Sector program under HPNSDP

What challenges remain in this area:

-Govt. have to win the project and costed own plan -Strengthening coordination at local level

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

90%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

-

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

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

IF YES, name and describe how the policies / laws were amended:

-National health policy 2011, here 2 out of 39 core themes is related to HIV/AIDS.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

-Narcotic control act 1990 -Metropolitan police ordinance and bengal suppression of immoral traffic act 1993 -penal code-290,497 -Sodomy law for MSM/TG

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

5

Since 2009, what have been key achievements in this area:

• 3rd National Strategic Plan,2011-15 updated and finalized • National counseling training manual for children, adolescent and MARPs developed • National counseling guidelines developed • In-patient care at Infectious Disease Hospital and BSMMU (medical university) established • Opioid Substitution Therapy (OST) supported • Human Rights Commission and

Parliamentarians gradually being oriented

What challenges remain in this area:

- Inter and intra ministerial coordination - Structured decision making systems

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

There is a equal rights law irrespective religion, color and sex for general population. But separate law for key affected population is needed.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

-Law ministry and civil court-Law ministry and civil court

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

- Working well

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs :

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

-Narcotic control act 1990: for control of intoxicants and cure and rehabilitation of alcoholics -Metropolitan police ordinance and Bengal suppression of immoral traffic act 1993: though these laws intend to protect those under 18, it entices secrecy and mobility -Penal code-290,497: defines public nuisance and adultery with punishments outlined -Sodomy law for MSM/TG: some articles term intercourse against the order of nature with any man, woman or animal as punishable

Briefly comment on how they pose barriers:

All the above laws hinder program implementation and force targeted activities and groups to remain hidden, however strong advocacy efforts have aided in the development of policies to overcome these barriers

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

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 to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

No

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

No

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

No

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

Yes

Briefly describe the content of this policy or strategy:

- National health policy 2011, here 2 out of 39 core themes are related to HIV/AIDS. - National policy on HIV/AIDS and STD related issues - National Strategic Plan for HIV/AIDS, 2011-2015

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	No	-
Yes	Yes	Yes	Yes	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	No	Yes	Yes	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

6

Since 2009, what have been key achievements in this area:

• National Strategic Plan updated with detail operational plan and projected budget • Piloting of Opioid Substitution Therapy (OST) • Control of HIV among PWID and other KAP • Prison inmates too receive some HIV services

What challenges remain in this area:

-Sustaining a holistic approach given donor dependency and other government prioritizations

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

Yes

IF YES, how were these specific needs determined?:

-Size estimations and needs assessments 2008, 2009 and 2010 -Sero and behavior surveillances, 2006/7, 2010 -National M & E assessment report, 2010

4.1. To what extent has HIV prevention been implemented?**Blood safety:**

Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

-

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

-

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

-
Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

6

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

- ART, psycho-social support, nutrition, VCT, treatment of TB co-infection, referral linkages, PPTCT - ARV for MARP - Establish phase wise anti-retroviral therapy at IDH, MSMMU, and 8 old medical colleges - Quality and timely distributed of ARV

Briefly identify how HIV treatment, care and support services are being scaled-up?:

- Establishing phase-wise anti-retroviral therapy at IDH, MSMMU, and 8 old medical colleges is being planned - Obstetric units in tertiary centers are being oriented to support delivery services to HIV positive pregnant women.

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

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Neutral

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Neutral

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Neutral

Post-exposure prophylaxis for occupational exposures to HIV:

Neutral

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree
Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

- National health policy have the issue but not yet translate into action or activities, thus donor dependency is still required

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

Yes

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

Yes

IF YES, for which commodities?:

-Condom /lubricant -Syringe and needle -ARV

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

• Establish treatment at IDH and BSMMU • Sustaining a continuous supply of ARV for 4 years

What challenges remain in this area:

- Quality and timely distribution of ARV - Sustaining supply

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

Yes

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

Yes

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

No

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

-

IF YES, what percentage of orphans and vulnerable children is being reached? :

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

4

Since 2009, what have been key achievements in this area:

-HIV now in national curriculum text book in class vi-xii -Social service department provide for them -Education policy have the issue of orphan

What challenges remain in this area:

- LSE

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

-MIS system -Result based M & E -High staff turnover

1.1 IF YES, years covered:

2011-15

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, all partners

Briefly describe what the issues are:

-Costed plan -MIS data bank -Need based report and annual report -Mid term review -Piloting Online MIS data bank at DIC

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

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

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

5%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

- Staff turnover - Lack of functional MIS software

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

Yes

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

Deputy Programme Manager, M&E	√	-	2009
Specialist, M&E	√	-	2011

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

-	-	-	-
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4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

-Need base reporting -Annual assessment reporting - Findings sharing at different meeting like TC-NAC and CCM

What are the major challenges in this area:

-Staff turnover -Functional MIS software -Result base monitoring

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

Yes

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

Yes

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

-M & E Unit at NASP -A focal person from DPM -A consultant (M & E) is engaged -Implementing organization sent their report monthly / quarterly and NASP prepared need based and annually report basis on this.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

Upto sub-district level

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

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

Information maybe used to help: - Data collection for sero surveillance survey - Address gaps in service delivery and advise (eg. STI management. Condom storage, register maintenance, etc.) - Approve revisions in strategic designs for implementation Challenges include: -Staff turnover -Functional MIS software -Result base monitoring

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

At national level?:

No

At subnational level?:

No

At service delivery level including civil society?:

No

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

- One the job training - Practically handling of MIS and M & E system - Addressing donor support for functional M & E system

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

6

Since 2009, what have been key achievements in this area:

• Costed National M & E Plan for 2011-15 drafted and approved by HIV technical sub committee • Midterm review of National M & E Plan for 2011-15 planned • Piloting of on-line posting of drop-in-center data completed

What challenges remain in this area:

-Staff turnover -Functional MIS software -Result base monitoring - Fund allocation

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

4

Comments and examples:

- National and international NGOs including self-help group were working together for formation of 3rd National Strategic plan of HIV/AIDS (2011-2015). For conducting this a series of consultative process followed - Around 100 civil society members met Hon'ble Minister for Health and Family Welfare before his departure for UN High Level Meeting on AIDS that was held at New York from June 8-11, 2012. Civil society member shared their concerns and aspirations in regard to National AIDS response to the minister. In reply, Hon'ble Health Minister expressed solidarity with the views of civil society in strengthening national AIDS response. - Two renowned civil society organizations oriented around 100 parliamentarians on different issues related to HIV/AIDS with the technical assistance from UN agencies. - In late 2011, Chairman, National Human Rights Commission along with representatives from selected civil society organization participated in a conference on "human rights and AIDS" at Kathmandu, Nepal. This was a very meaningful exposure for the top executive of Human Rights Commission to understand different rights issues of Key Affected Population (KAP) for AIDS. - CCM comprises of UN, government and NGO representatives including civil society for policy development - Advocacy in different levels for PLHIV sensitization among the community as well as the top leaders of political parties have led to awareness about the need and right of PLHIV. Political leaders have taken different steps to solve the problems of PLHIV regarding their demands - Government has announced to support laboratory provisions to count CD4 from five government hospitals and in the future government will provide ARV through government hospital set up - Initiatives of STI/AIDS, Sex-workers and PLHIV networks are creating supportive environment for implementation of preventive services - Self-help group members actively participate in supporting activities for PWID - Bangladesh Medical Association has expressed support towards prevention, care, treatment and supportive services - The largest MSM CBO of Bangladesh is implementing as country partner of the South Asia Regional HIV/AIDS Program, Round-9, "Reducing the Impact of HIV on men who have sex with men and transgender population in South Asia"

which is a multi-country programme covering seven countries in South Asia (Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka). The project aims to strengthen community systems to support and sustain this work. - Faith based organizations have facilitated orientation at local level to create support by religious leaders - UN organizations like actively involves with strengthening the political commitment of policy makers for formulating national strategies and guidelines. Recently, UN agencies and ESCAP organized a regional conference in Bangkok on "Political commitment in HIV/AIDS" and sponsored Additional Secretary, DGHS, LD-NASP and DGDNC to attend - UN agencies, research institutes and NGOs are jointly engaging relevant ministries and departments in implementing a methadone maintenance and treatment program for injecting drug users mainly by the involvement of Department of Narcotics Control and National AIDS and STD - Civil society agencies are piloting interventions among prison inmates - International NGO and private sector funding agent are working jointly with government on advocacy issues related to undocumented mobile populations and their vulnerability to HIV/AIDS - Participation via media partnership including cultural media (cultural activists in AIDS response) and sports personalities is noted in supporting issues related to MSM, young people, PLHIV, and KAP - NGOs and Ministry of Youth and Sports are coordinating in mainstreaming LSE through youth clubs - To further strengthen mainstreaming HIV Prevention- NASP in collaboration with international NGOs provided an orientation for the HIV focal persons of different ministries.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") 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)?:

5

Comments and examples:

- The process had started under the leadership of the Government through Civil Society and UN facilitation, through the formation of steering committee, and task force - In June, 2010 six working papers were drafted on situation analysis, NGO/CBO and other Civil Society Organizations, coordination and technical support, vulnerable population, PLHIV in Bangladesh, and Most at Risk Population (MARP). - In July a series of workshops took place, through which multiple stakeholders including civil society members participated though 6 working groups for IDU, SWI, BCC and Advocacy, M&E, PLHIV, and Health System Strengthening. There was also a separate working group on finance, coordination and capacity building. Thus scaling up OST and expansion of HIV prevention services in the prison setting, inclusion of vulnerable young people, etc. issues were taken into account - The results framework of the NSP too was finalized with participation of all stakeholders. - Gap analysis were done among "Key Population:" with civil society (CS) representatives - Further steps have been taken, where civil society like PLHIV representatives are involved in the process of mainstreaming ARV distribution and CD4 count - Most activities have been reflected into the Health Population and Nutrition Sector Developing Program planning and budgeting

3.

a. The national HIV strategy?:

5

b. The national HIV budget?:

5

c. The national HIV reports?:

4

Comments and examples:

Major interventions are carried out by CS, thus almost all services are included. Following are some examples: - The PLHIV community is involved with HIV prevention, treatment, care and support - CS representatives were actively involved in awareness building (especially among the PLHIV) for prevention of HIV , creating demand for compliance of treatment for AIDS patients, family and social support for PLHIV for continuation of treatment, and care/support for those who are in acute need of physical condition - CS and UN agencies advocated for inclusion of scaling up OST and expansion of HIV prevention services in the prison setting, which has been the part of national strategy on HIV and reflected into the Health Population and Nutrition sector program planning and budgeting - CS involved in interventions with undocumented migrants take part in the preparation of national reports - NGOs have contributed a lot in the area of National HIV Report. They provided different need based data, research data, base line data etc for preparing meaningful report. Besides these they provide case studies.

4.

a. Developing the national M&E plan?:

5

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

:

4

c. Participate in using data for decision-making?:

4

Comments and examples:

During April to June, 2010 the National M&E Systems Assessment based on the UNAIDS 12 component M&E Systems Assessment Tool was conducted via the following steps: - Preparatory meetings were conducted among CS, UN agencies and the National Technical Working Group (TWG) on M&E to finalize the process and necessary activities. - Terms of Reference (ToR) were finalized after joint review by all relevant persons to hire consultants, who completed desk review of required documents and conducted a series of meetings with relevant authorities as per guideline. - A total of 67 participants representing Self Help Organizations, local and national organizations, organizations implementing programs with different target populations and representatives from different ministries, UN organizations, Development Partners, etc. were invited to a workshop to finalize the assessment process. - The draft report was shared among relevant persons

including TWG M&E to gradually lead to the National M&E Plan. Before completing the draft report, separate meetings were conducted again with DG MIS, different ministries of government etc. During March 2011-National M&E Plan, 2011-2015 was prepared and finalized based on the results-based framework of the NSP. The process was initiated through consultation with TWG M&E. The draft report was shared with all stakeholders for inputs and finalized. The Technical Working Group, M&E (TWG), comprises of representatives of CS including NGOs, self-help groups, implementers, academic and research institutes, UN agencies and Development Partners With regard to using data for decision-making the national program is yet to establish systematic approach involving all CS representatives. However, concerned implementers design intervention strategies and inform national program-for example setting up of intervention sites based on available data on size estimates.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

- Civil Society organizations include SHG of FSW, former and current drug users, and PLHIVs and CBOs of MSM and hijra. These organizations and groups are implementing HIV interventions under the Global Fund, USAID and Government, etc. funding - 'Bangladesh Garment Manufacturers and Exporters Association (BGMEA)' has been providing stewardship role in workplace intervention in collaboration with CS. - PLHIV, STI/AIDS and sex workers networks in Bangladesh actively participated and reflected their views based on their experience and organizational perspectives in various forums and are also involved in advocacy to support HIV-linked interventions - Interventions to serve the undocumented mobile sex works and their clients, PLHIV's are also carried out by CS. - A capacity enhancing initiative for CBOs of different KAPs has been undertaken under which 60 CBOs have been identified and supported (30 with FSW, 20 with MSM and hijra and 10 with PWID). The main objective of the project is to enhance the capacity of the CBOs to enable them to contribute effectively in the scaling up of the national response. - Interventions/advocacy with faith-based organizations is mostly done by NGOs/CBO/Civil Society

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

4

b. Adequate technical support to implement its HIV activities?:

3

Comments and examples:

- Civil Society organizations including SHG of FSW, PLHIVs and CBO of MSM are implementing the largest intervention in Bangladesh as well as piloting various initiatives including those on OST, prison inmates, undocumented migration, etc. - Accessing financial support is conducted through transparent procedures as per donor / government guidelines and recommendations – thus civil society has good opportunity in accessing such support. - For financial support, CS also experience different programmatic and financial audits, and capacity development on finance and program management - However, as financial support mostly depends on donor priorities, certain areas of national priorities may not receive adequate support. Many vulnerable groups are not covered by the HIV prevention program. - Technical support in the form of inter-ministerial coordination needs to be strengthened - There is less scope of small sized organizations to access government funds due to procurement policy.

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

People living with HIV:

>75%

Men who have sex with men:

>75%

People who inject drugs:

>75%

Sex workers:

>75%

Transgendered people:

>75%

Testing and Counselling:

>75%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

>75%

Home-based care:

>75%

Programmes for OVC:**

>75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

Since 2009, what have been key achievements in this area:

- Full participation of civil society implementers in the Assessment of National M&E System and the size estimation of MARPs and development of the National M&E Plan, National Strategic Plan, ART guideline, and counseling manual. - Participated in publications/ dissemination of research findings that includes Serological Surveillances - Civil Society is leading interventions among SWs, PWID, MSM, etc. to create awareness about HIV/AIDS., STI, VCT, etc and to ensure safer sex and other practices. - SHG of PLHV and SHG group of FSW are leading two separate intervention packages in national-level programs. - Civil Society is leading advocacy efforts with Government for continuing PLHIV Package. - For the 1st time in Bangladesh, a National Conference of Female Sex Workers on "Rights and Legal Issues" was held on November 23, 2011. Different Sex Worker organizations were involved in organizing this conference - Participated in the preparation of Nutritional Guidelines for PLHIV - Civil Society has initiated program for cross-border migrants and is increasing the participation of service providers and enhancing local level advocacy

What challenges remain in this area:

(a) Conflict of interest (b) Availability of fund and continuation of effort for capacity building of CS members. (c) Associated stigma and discrimination. (d) Political and administrative support (e) Implementation of National M&E system (f) Nationally undocumented mobile populations existence is not recognized thus the national level advocacy to address HIV and migration related vulnerabilities of cross border mobile population (g) Donors have own mandate (h) Low coverage (i) Gap in continuous funding (j) Lack of coordination among Development Partners, NGOs, etc. (k) This itself is a challenge for mainstreaming

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

CS members were actively involved in: (a) Assessment of National M&E system in Bangladesh. (b) Developing National Strategic Plan on HIV/AIDS (c) Developing the National M&E Plan (d) CCM and its technical subcommittee (e) The people living with HIV are involved with all types of policy level activities, policy formulations, guideline preparations, etc. (f) Government has taken initiative to extend ARV support through HPNSDP (g) Department of Narcotics Control collaborated with CS to form a steering committee that will work to change existing laws that cause barriers to HIV prevention projects for drug users.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

- Constitution of Bangladesh, Women and Children Protection Law (2003) strongly mentioned non discrimination in terms of color, sex, religion - NASP has developed 'National Harm Reduction Strategy for Drug Users 2004- 2010' that was endorsed by Ministry of Health and Family Welfare of Bangladesh - Bangladesh has developed following policies for General

Population: 'National Health Policy', 'National Population Policy' and also National Nutrition Policy'

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

- Regular meeting of National assembly, Meeting of Parliamentary standing committee, - Daily work of Women and Child Ministry/ Directorate, - Civil court as well as civil society organization working in the field of legal support

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

As per legal mechanisms of the nation.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

- Issues on prostitution - Protection of children - Social nuisance - Narcotic substances - Distribution or possession of condoms and exchange of syringe and needles for injecting drug users in the prisons is precluded - The methadone is considered as illicit drug (punishable)

Briefly comment on how they pose barriers:

-It hinders the comprehensive HIV prevention program

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

- There is no specific laws for protection of women living in HIV but law is available to protect women from any forms of violence; Women and children protection law-2003 (amendment 2007, 2011)

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

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The National Policy on HIV and AIDS has upheld human rights issue in terms of Universal Declaration of Human Rights (UDHR); media prejudices and judgments; behavioral changes; other government sectors, international agencies, public and private authorities, institutions, corporations, organizations, professional associations and other groups and individuals; research; schooling; health services; stigma and discrimination. The NSP mentions, "A human rights approach will be adopted to maximize service access by marginalized populations and empower them to be involved in all aspects of the national response." It also recommends the involvement of the Human Rights Commission and to consider human rights issues in all interventions alongside capacity development and advocacy in the same regard.

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

Yes

IF YES, briefly describe this mechanism:

- Implementing organizations and funding agencies require such documentation. The recording and reporting of discrimination, exploitation and harassment of the target population aids strategic decision-making and the understanding of required actions. - Local level and higher level advocacy initiatives aim to reduce stigma, discrimination. Research has also been carried out to measure any changes through these advocacy activities. - Sexual minority communities (MSM & TG) in Bangladesh face myriad of difficulties in accessing citizen services in general, and sexual and reproductive health services in

particular. Often time they are discriminated, stigmatized and harassed by the dominant society or individual on the basis their gender identity, behaviors and sexual practices. The largest MSM CBO has established Human Right Cell (HRC) and a set of activities, ranging from human right abuse case documentation to policy advocacy. The cell is closely work with Human Right Commission of Bangladesh, UN agencies, NGOs and Media working on human rights issues. - Flying squad: This is an inimitable idea that will explore more areas to create a supportive platform for the execution of innovative high risk interventions involving the different level of people. Scope of work as a response to crisis management is to (1) Create a supportive platform for HIV and STI prevention through social mobilization (2) To increase interaction, cooperation and strengthen collaboration among the likeminded NGOs, professional bodies and GOB (3) To share program updates and thus get a clear idea on HIV/AIDS/STI condition in implementing areas. (4) To have a detail discussion during crisis period.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

- PLHIV receive ART, VCT, etc. free of charge - FSW (street, hotel and residence based), PWID, MSM, MSW, Hijra and intimate partners receive condoms, BCC, STI and abscess management and general health services, needle and syringes and health education and counseling including family planning counseling - Some laboratory services are also free of charge via different programs and projects – eg. syphilis testing, CD4 count, screening suspected TB - Young people are receiving youth friendly services - Capacity building of project staff and health service providers and advocacy also support such services for PLHIV, KAP and cross border mobile population

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

Yes

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

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

- The country has developed national HIV/AIDS policy in 1997 which supports equal access for key affected populations. - Existing HIV Policy/ Strategy includes these rights - Key vulnerable and affected population are reached through decentralized health centers, DICs and outreach services. Social mobilization and BCC campaigns provide further support. - There is no separate law for positive men and women but country has common law on equal rights

-8.1-

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

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

Different type of interventions are designed according to the actual need of specific group people. Some approaches have already been mentioned above – eg. ART centers, DIC, social mobilization, multi-media/multi-channel BCC, counseling including family planning counseling, TB screening, youth friendly health services, etc.

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

Yes

IF YES, briefly describe the content of the policy or law:

The National Policy on HIV and AIDS states under, "General Guidelines for HIV Testing": "Screening for HIV infection or other STDs will not be mandatory for travelers or migrants into or out of the country. As an HIV infected person does not necessarily affect the state of health or performance of an individual, it is not by itself grounds for refusal of employment. HIV screening will not be mandatory for those seeking employment in any public or private organisation or enterprise." It also recommends the right for security in case of livelihood caused by employment, sickness

-10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. 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

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

No

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

- There is a independent Human Rights Commission which protecting rights of the people include HIV positive (no separate commission for HIV positive)

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

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

a. Legal aid systems for HIV casework:

No

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

No

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

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

3

Since 2009, what have been key achievements in this area:

Policies are being supported by the policy-makers: - At least a dozen elected Parliamentarians of Bangladesh parliament have become active advocates for strengthened national AIDS response. Ms. Meher Afroze Chumki, Member of Parliament (MP) and Chairman, Parliamentary Standing Committee for Women and Children Affairs, has visited sex workers intervention sites both at Bangladesh and India and expressed her desire to uphold the rights of this socially marginal community. Likewise the Deputy Speaker of Bangladesh Parliament, Mr. Shawkat Ali, MP is actively working to ensure the rights of MSM/Hijra population in Bangladesh. Advocate Tarana Halim, MP, Bangladesh Parliament, is a strong advocate to introduce third gender for TG population. - Dr. Mizanur Rahman, Chairman, National Human Rights Commission is actively working with KAP for AIDS to ensure their rights as citizen of Bangladesh. He promised to highlight rights issues of KAP in his organizational strategy which will be finalized soon. - Cultural Media: Momotaz Begum, MP, Bangladesh Parliament has voiced in a song depicting rights messages for KAP in the reporting period. Also, other noted national singers like Hyder Hossain, Fahmida Nabi, Bappa Mazumdar, Shawjeeb and Topu composed and voiced songs to enhance AIDS and human rights related awareness in the reporting period. Bangladesh TV and Radio and host of other private radio and TV channels have aired AIDS programs/Talk Shows to disseminate AIDS and human rights related messages. - The national AIDS policy addresses the role of media

What challenges remain in this area:

(a) Existing discriminatory laws (b) Political and administrative commitment (c) Associated stigma and discrimination (d) Capacity for policy advocacy (e) Absence of strong policy (f) Attitude and mind-set

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

3

Since 2009, what have been key achievements in this area:

(a) Human rights commission involved (b) Parliamentarians are working to ensure HR (c) Sports icons and cultural activists (d) Policy advocacy done at the highest level of political authority (e) Media is addressed and sensitized on human rights of key population (f) Capacity of self-help groups/peer educators developed for advocacy on human rights issues. (g) Local administration/law enforcing agencies are sensitized on human right issues of key population

What challenges remain in this area:

(a) Denial by law enforcers and policy makers of human rights abuses of KAP (b) Changing of law/decriminalizing sex work (c) Associated stigma and discrimination (d) Sensitization of local administration and law enforcing agencies (e) Capacity building of service providers for "Key Population friendly services" (f) Absence of strong policy (g) Resource limitation to continue advocacy (h) Attitude and mind-set

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

- Specific needs are identified for specific target population through 'Rapid Situation and Response Assessment' - Size estimation of Key Population - Analysis of findings of Behavioral Surveillance Survey - Analysis of National HIV Serological Surveillance - Analysis of other research findings - Baseline surveys - Bangladesh Demographic Health Survey (BDHS) - Different studies conducted on key affected populations and other vulnerable groups. - Need identified for key strategies/activities for implementation through workshops, FGD etc.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

-

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Disagree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Strongly Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

-

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

- The low HIV prevalence rate among KAP are well sustained - National level programs since 2008 and 2009 are smoothly ongoing (without interruption) for PWID, FSWs, young people, PLHIV, garments factory workers, MSW, MSM, Hijra and also general people through evidence based programming - STI rate is either unchanged or decreased in certain sites - Condom use rate has increased. - Capacity of members of self-help groups and service providers have increased. - OST has been piloted - Intervention program for prisoners has been piloted - High risk intervention program was in place, and partially funded by HNPSPP from 2010 to June 2011 - Asia-Pacific regional-level interventions for PLHIV and MSM installed - Policy makers and administrators are sensitized on HIV prevention issues

What challenges remain in this area:

- Continuation of fund: Some interventions for capacity building, young people, workplace prevention, etc. are phasing out since Dec 2011 - Central and local level political commitment - Violence and trafficking issues - Associated stigma and discrimination - Integration with Sexual Reproductive Health program - Service overlapping in some area and low coverage - Fund interruption and short term duration of health sector supported high risk prevention program

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

- Potential area, number of population and service gap was identified through an assessment and size estimation - An SOP on PLHIV was developed through multiple stakeholder participation. The SOP includes prevention, treatment, and nursing care (VCT, management of opportunistic infections and STIs, TB, ART, PEP, universal precaution, home-based care, family planning, PPTCT, nutrition, OVC), psychosocial support, legal and human rights support, socio-economic support, etc. - Members day orientation is also conducted by self-help groups

Briefly identify how HIV treatment, care and support services are being scaled-up?:

- Capacity building of service providers - Capacity building of members of STI, sex workers and PLHIV network. - Peer education for demand generation for services - Advocacy to address stigma, discrimination and violence issues which prevent access to treatment, care and support services - Introduction of TB co-infection screening and management

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

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

N/A

HIV care and support in the workplace (including alternative working arrangements):

N/A

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

N/A

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

- Around 600 identified PLHIVs are getting ARV through donor support. - Identified PLHIV are reached with care and support services - Availability of fund for ART ensured - National ART guideline updated - National guideline on TB-HIV co-infection developed - TB and HIV co-infection issues addressed through National TB Control Program, NASP and CS organizations working on TB treatment and prevention interventions - Service Providers are aware of HIV treatment, care and support

What challenges remain in this area:

- The treatment, care & support costs, human resources cost and CD-4 testing cost are not in health sector program - Associated stigma and discrimination - Accessibility for ART. - Continuation of fund - Prevention of drug resistance - Social and family support - Political commitment - Coordination and integration - Sustaining mainstreaming efforts including PPTCT

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

vulnerable children?:

Yes

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

Yes

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

No

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

-

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

-

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

3

Since 2009, what have been key achievements in this area:

- Including issue in Standard Operational Procedures for PLHM interventions

What challenges remain in this area:

- Collaboration with other sectors - Assessing the extent of the problem - Highlighting OVC as a priority area for donor support

Source URL: <http://aidsreportingtool.unaids.org/28/bangladesh-report-ncpi>