

Bangladesh Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

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From date: 01/01/2014

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: The data was gathered through a workshop with Civil Society held on March 9, during which each query was reviewed in terms of progress against the last report and feedback was recorded immediately. The filled out draft tool was shared with all the workshop participants for their feedback. Prior to the workshop the guidelines and the previous filled out tool was shared with all invitees. In case of government officials, key informants were identified and interviews were conducted with them to gather relevant data.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: In both cases (ie. workshop and interviews), there was detail discussion at length and all stakes were considered. In case of the workshop, the forum agreed when majority of the participants were in agreement on a matter after extensive debates. In case of interviews too agreements were reached after extensive discussions. However, at all times even if agreements were not reached, the majority consensus or key informant's opinion was prioritized.

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	Respondents to Part A
Ministry of Health & Family Welfare	AM Badrudduja, Additional Secretary	A1,A2,A3
Ministry of Health & Family Welfare	Azam E Sadat, Deputy Secretary	A1,A2,A3
National AIDS/STD Programme	Dr. Husain Sarwar Khan, Line Director	A1,A2,A3,A4,A5
IEDCR	Professor Mahmudur Rahman Director	A1,A2,A6
National AIDS/STD Programme	Dr. Sydur Rahman, Program Manager	A1,A2,A3,A4,A5
National AIDS/STD Programme	Dr. Anisur Rahman, Deputy Program Manager	A1,A2,A3,A4,A5,A6
National AIDS/STD Programme	Mahbuba Begum, Deputy Program Manager	A1,A2,A3
National AIDS/STD Programme / icddr,b	Dr. Najmul Hussein, Sr. Program Manager	A1,A4,A5,A6
Dhaka Metropolitan Police	Mily Biswas, Additional Police Commissioner	A2,A3
Ministry of Law, Justice & Parliamentary Affairs	Shahinur Islam, Deputy Secretary	A2,A3
Ministry of Women and Children Affairs	Dr. Abul Hossain, Project Director, MSP-VAW	A2,A3
BCCM Secretariat	Manaj Kumar Biswas, Coordinator	A1,A2,A4,A5,A6
Government of Bangladesh	Tarana Halim, Member of Parliament	A2,A3

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

Organization	Names/Positions	Respondents to Part B
National AIDS/STD Programme	Dr. Md. Anisur Rahman, Deputy Programme Manager	B1,B2,B3,B4,B5
Durjoy Nari Shangha	Humayun Kabir, Manager, Operations. Q/A	B1,B2,B3,B4,B5
Ashar Alo Society	Akhtar Jahan Shilpy, Team Leader	B1,B2,B3,B4,B5
Mukto Akash Bangladesh	Md. Mizanur Rahman, Program Manager	B1,B2,B3,B4,B5
Confidential Approach to AIDS Prevention	Dr. Halida H. Khondoker, Executive Director	B1,B2,B3,B4,B5
Confidential Approach to AIDS Prevention	Dr. Md. Rashidul Hoque, HIV Clinician	B1,B2,B3,B4,B5
icddr,b	Dr.Tasnim Azim, Director, Center for HIV/ AIDS	B1,B2,B3,B4,B5
icddr,b	Dr. Shariful Islam Khan, Project Director	B1,B2,B3,B4,B5
icddr,b / National AIDS/STD Programme	Dr. Nazmul Hussein, Senior Project Manager	B1,B2,B3,B4,B5
icddr,b	Dr. A.K.M Masud Rana, Project Coordinator	B1,B2,B3,B4,B5
icddr,b	Md. Masud Reza, Senior Manager, M&E	B1,B2,B3,B4,B5
Save the Children	Morshed Bilal Khan, Manager, Advocacy	B1,B2,B3,B4,B5
Save the Children / UNAIDS	Robyn Growett, Business Development Manager	B1,B2,B3,B4,B5
Family Health International 360	K.S.M Tarique, Program Manager	B1,B2,B3,B4,B5
Network of Positive People (NOP+)	Nicholas Purification, Treasurer	B1,B2,B3,B4,B5
Care, Bangladesh	Md. Abu Taher, Team Leader	B1,B2,B3,B4,B5
Care, Bangladesh	Dr. Babar, Team Leader	B1,B2,B3,B4,B5
Care, Bangladesh	S.M Rezaul Islam, Program Manager	B1,B2,B3,B4,B5
Population Services & Training Center	Akhtaruzzaman, Team Leader	B1,B2,B3,B4,B5
Light House	Ziauddin Ahmed Khan, Team Leader	B1,B2,B3,B4,B5
Dhaka Ahsania Mission	Zahid Iqbal, Project Manager	B1,B2,B3,B4,B5
Shusthyya Jeebon	Ms. Bobby, Executive Director	B1,B2,B3,B4,B5
Nalta Hospital &Community Health Foundation	Md. Ahsan Zakir Mithu, Program Coordinator	B1,B2,B3,B4,B5
HASAB	Dr.Sharmina Rahman, Deputy Director	B1,B2,B3,B4,B5
HASAB	Rehan Uddin Ahmed, Advocacy & Communication Specialist	B1,B2,B3,B4,B5
Marie Stopes Clinic Society	Dr. Md. Abul Khair, General Manager	B1,B2,B3,B4,B5
Bandhu Social Welfare Society	Md. Mizanur Rahman, M& E Specialist	B1,B2,B3,B4,B5
Peoples Development Community	SM Shirajul Islam, Executive Director	B1,B2,B3,B4,B5
CREA	Basudeb Sutradhor, Project Manager	B1,B2,B3,B4,B5
World Health Organization	Dr. Sabera Sultana, National Programme Officer, TB	B1,B2,B3,B4,B5
World Health Organization	Dr. Md. Enamul Haque, National Consultant	B1,B2,B3,B4,B5
UNAIDS	Leo Kenny, UNAIDS Country Director	B1,B2,B3,B4,B5
UNAIDS	Dr. M. Ziya Uddin, Consultant	B1,B2,B3,B4,B5
UNAIDS	Dr. Saima Khan, Strategic Information Advisor	B1,B2,B3,B4,B5
UNAIDS	Dr. Nadia Rahman, Social Mobilization Advisor	B1,B2,B3,B4,B5
UNAIDS	S. M. Naheean, Consultant	B1,B2,B3,B4,B5
National AIDS/STD Programme	Syed Anwar Hossain, Assistant Coordination Manager	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: The period covered is from 2011 -2015.

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. Current National Strategy has: • Clearly identified key /vulnerable populations
• It is a costed National Strategy • Most focused and prioritized in country context.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: National AIDS/STD Programme under Ministry of Health & Family Welfare

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

Education:

Included in Strategy: Yes

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: No

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: No

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: No

Transportation:

Included in Strategy: Yes

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Migration

Included in Strategy: Yes

Earmarked Budget: Yes

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?: Some activities are implemented from external support (extra-budgetary sources): eg. UNTF and MDGF

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: No

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: No

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: These populations are identified as emerging vulnerable groups

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

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Migrants

: Yes

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

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

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: No

e) A 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?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: This was organized through: - Planning - Consultation - Group Work - Participation - Review with civil society organizations extending from international and national NGOs to CBOs to self groups and networks of key populations.

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

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

1.10. 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: There is need for strengthened internal coordination with different sections of Development Partners.

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

: N/A

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): 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: No

Reduction of stigma and discrimination: Yes

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

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

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have 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 and children: HIV interventions, historically have been NGO driven in Bangladesh. However GO-NGO collaboration, human resources, logistical support, etc are much more strengthened, especially since the Health Sector Programme funds are channeled through government. Govt is supporting all HIV targets set till 2016.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Few

b) HIV Counselling & Testing and Tuberculosis: Few

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Few

f) ART and general outpatient care: None

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: Few

i) Other comments on HIV integration: :

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 your country's HIV programmes in 2013?: 7

Since 2011, what have been key achievements in this area: - Development of 3rd National Strategic Plan on HIV and starting its mid-term review. - Laying out the pathway towards the ten targets - Gender Assessment of National HIV Response - Starting review of punitive laws.

What challenges remain in this area: - Rapid response to emerging risk and higher vulnerability. - Scale up service delivery and improve quality of service.

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. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: - Strengthened Bangladesh 's Partnership with Global Fund - Formation and operation of new Country Coordination Mechanism (CCM) - Worked closely with the CCM in achieving all GF eligibility requirement and eligibility standard - Participation in World AIDS Day activities. - Support in Conducting HIV surveillances and other studies. - Support in managing funding gap. - Support in preparing for ICAAP

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

IF NO, briefly explain why not and how HIV programmes are being managed::

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?: The Chairperson of the National AIDS Committee is the Minister of Health and Family Welfare

Have a defined membership?: Yes

IF YES, how many members?: 61

Include civil society representatives?: Yes

IF YES, how many?: 28

Include people living with HIV?: No

IF YES, how many?: When it was formed, PLHIV were yet to be detected in Bangladesh

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 coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: - Districts AIDS Committee - 18 Ministry Committee - Advisory Committee-ART/PMTCT - NGOs, CSOs involved in different committees - NGOs, CSOs involved in Awareness building program - CCM comprised of NGOs and CSOs. - TWG on M&E and Strategic Information comprised of NGOs and CSOs.

What challenges remain in this area:: - Districts AIDS Committees are not functioning regularly - Lack of Monetary allocation needs to be revised. - Government to strengthen leadership mechanisms, frequent change of officials results in leadership gaps.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 80

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

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: No

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]: Policy direction

: Yes

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?: No

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

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: - Punitive and discriminatory laws and policies fuelling AIDS epidemic. - Lack of protective laws for marginalized populations.

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 2013?: 6

Since 2011, what have been key achievements in this area:: -Awareness -Providing drugs to PLHIV -Bringing PLHIV together (Network) -Empowerment of self-help group. -Other preventive measure (Needle sharing)

What challenges remain in this area: - Sustain funding - Building capacity of public health leaders - Producing & retaining public health leaders. - Bringing HIV program in main stream as NASP is still a program. - Lack of supervision due to high dependency upon NGOs, and Donor driven mechanisms

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

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

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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: Constitution of People's Republic of Bangladesh: Article 29, 28, 27 mentioned non-discrimination. Discrimination is prohibited only for sex, race, cast, religion etc.

Briefly explain what mechanisms are in place to ensure these laws are implemented: High Court division of Supreme Court has power to ensure the fundamental rights through its writ jurisdiction.

Briefly comment on the degree to which they are currently implemented: Constitution is in force in from 1972 but some key population sometimes not able to come to High Court for socioeconomic reasons.

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

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: - Criminal Procedure Court, 1898; Penal Code, 1960; Dhaka Metropolitan Police Ordinance. - Criminal Procedure Provisions to arrest key Population without warrant of Court. - Section 377 of Penal Code prohibits unnatural sex. - D.M.P act also empowers police to arrest arbitrarily.

Briefly comment on how they pose barriers:: -The above mentioned law hindering the HIV program, such as making obstacles to access to HIV services to key populations.

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?:

Delay sexual debut: No

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: No

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]:

: No

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

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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:: -HIV life skill education -Behavior change communication -Access to VCT & STI services. -Provision of Basic HIV information

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

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Targeted information on risk reduction and HIV education

Prison inmates:

Other populations [write in]:

:

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 2013?: 6

Since 2011, what have been key achievements in this area?: -3rd National Strategic Plan -National Guideline of Anti-Retroviral Therapy -National Counseling Guideline for Children & Adolescent Most-at risk of or affected by HIV/AIDS. -National Counseling Training Manual for Children & Adolescent Most-at risk of or affected by HIV/AIDS.

What challenges remain in this area?: -Responding to emergent risk & high vulnerability -Scale up service delivery & improve quality of services.

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

IF YES, how were these specific needs determined?: -By identifying key vulnerable people and their needs -Through stakeholders consultations - Studies and research

IF YES, what are these specific needs? : - Policy support. - Multisectoral continued advocacy. - Expanding the program to cover more key populations. - Intensifying the program to cover families and contacts of key populations. - Stimulate law enforcers to facilitate social reform. - Extending benefits under National Social Protection Strategy towards key populations. - Resource mobilization to address intervention gaps.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Strongly agree

HIV prevention for out-of-school young people: Strongly disagree

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: Agree

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: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: 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 2013?: 7

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:: • Counselling and Testing • Initiation of treatment • Treatment Maintenance • Complex HIV management including co-infection • Paediatric Care • Opportunistic Illnesses • Advanced HIV illness and inpatient services • Palliative Care • Care and support • PMTCT • Infrastructure support (e.g. storage, distribution of medications; laboratory services, infection control etc.) • Reducing stigma and discrimination under enabling environment • Protection of human rights under enabling environment • Engagement of faith based organisations under enabling environment • Facilitating team based shared care for management of HIV under treatment • Strengthening resources and capacity building under community system strengthening • Strengthening leadership and accountability under community system strengthening

Briefly identify how HIV treatment, care and support services are being scaled-up?: It is not being scaled up at the moment.

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

The majority of people in need have access to...:

Antiretroviral therapy: Disagree

ART for TB patients: Disagree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Disagree

Economic support: Disagree

Family based care and support: Disagree

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

HIV testing and counselling for people with TB: Disagree

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

Nutritional care: Disagree

Paediatric AIDS treatment: Disagree

Palliative care for children and adults Palliative care for children and adults: Disagree

Post-delivery ART provision to women: Disagree

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

Post-exposure prophylaxis for occupational exposures to HIV: Disagree

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: Disagree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Disagree

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: Policy is there but few activities have been undertaken.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

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?: No

IF YES, for which commodities?:

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 2013?: 5

Since 2011, what have been key achievements in this area?: ART procurement & supply by Government.

What challenges remain in this area?: Scale up of efforts in ART, logistics & manpower

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

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

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 2013?: 2

Since 2011, what have been key achievements in this area?: - Development of National Counseling Training Manual for Children & Adolescent Most at risk of or affected by HIV/AIDS - Development of National Counseling Guidelines for Children & Adolescent Most at risk of or affected by HIV/AIDS

What challenges remain in this area?: Developing a response mechanism to emergent risk and higher vulnerability related to orphans and vulnerable children

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:: - Donor specified M&E indicators may not always harmonize with national ones. - Delay in reporting - Using the standard definitions

1.1. IF YES, years covered: 2011-2015

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

Briefly describe what the issues are:: - Most indicators are aligned - Reports are generated regularly and submitted through National MIS and there is scope for improvement - Central level coordination challenging as structured M&E unit is not present

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: No

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?: 7.5

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

Briefly describe any obstacles:: - Government is yet to develop a structured M&E Unit within the National AIDS/STD Programme. - There is no approved plan or budget in place.

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

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: No

Elsewhere?: Yes

If elsewhere, please specify: National AIDS/STD Programme (NASP)

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Deputy Programme Manager	Full-time	2010
Senior M& E Specialist	Full-time	2012
MIS Officer	Full-time	2012
M & E Program Officer	Full-time	2012
Data Manager	Full-time	2012

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

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:: - No binding mechanism for other organization to submit M&E data to NASP. - After a series of workshops, implementers submit data within Government run MIS program - Implementers submit to lead agencies. They submit to MIS department and NASP may use the data

What are the major challenges in this area?: Equipment, logistics, & training

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.: NASP designated M&E unit.

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

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: It is functional from the community level centers to central level including at NASP, M & E unit

7.1. 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

7.2. Is HIV programme coverage being monitored?: Yes

(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, SW, PWID

Briefly explain how this information is used:: - Geographical prioritization - Understanding extent of problem - High risk group needs - WAD report - Program evaluation - UNAIDS data hub - Program planning, advocacy.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: District wise and bordering areas and some urban locations.

Briefly explain how this information is used:: - High risk areas, and groups are assess and program planned accordingly for improvement.

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

9. 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]:

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any: - M&E data on HIV testing was used to incorporate HTC into the DICs - Data and monitoring information of key populations reached is used to improve programs and data quality - Tracking of new infections allows geographical prioritization and strategic re-thinking for proper resource allocations (eg. PWID interventions in Dhaka)

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

At national level?: Yes

IF YES, what was the number trained?: 45

At subnational level?: Yes

IF YES, what was the number trained: 90

At service delivery level including civil society?: Yes

IF YES, how many?: 120

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: Manual, Guidelines and definitions were revised

11. 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 2013?: 7

Since 2011, what have been key achievements in this area: - M&E framework - Costed implementation plan - Unified MIS developed - Harmonization in donor stream - Data collection strategy and guideline develop

What challenges remain in this area: - Dedicated manpower - No permanent unit, only project based structure working - Inadequate equipment, human resource & training.

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?: 5

Comments and examples: - National / international NGOs worked together on the 3rd National Strategic Plan (NSP) of HIV ('11-'15). Similar process will be followed for the mid-term review of the NSP. - Restructured CCM comprises of Govt, >40% CSO, and DP & UN representatives. CCM elections for CSO were broadly advertised and inclusive of relevant sub-constituencies. - Advocacy among community and top leaders of political parties have led to awareness about the needs and rights of PLHIV. Govt is supporting care, support and treatment activities through national operational plans. - Govt will support laboratory provisions to count CD4 from five government hospitals. Future plans are in consultation with PLHIV groups. - Initiatives of STI/AIDS, Sex-workers and PLHIV networks are creating supportive environment for implementation - Self-help group members actively participate in supporting activities for PWID, SW, etc. - Largest MSM CBO of Bangladesh is implementing the South Asia Regional HIV/AIDS Program, a multi-country programme with seven countries (Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka). The project aims to strengthen community systems. - UN agencies, research institutes and NGOs are jointly engaging in relevant ministries and departments (Department of Narcotics Control/DNC and National AIDS/STD Programme/NASP) in implementing OST mainly by the involvement of DNC and NASP. Currently there are 3 OST centers running through GO-NGO collaboration. - Participation via media and sports personalities is noted in supporting HIV issues. - Civil society is piloting HTCs in Government health centers. - Civil society is engaged in organizing the upcoming ICAAP conference - Government Health Sector programme has mobilized funds through NGOs to

implement prevention, care, support and treatment interventions. Save the Children and GOB are engaged in higher level advocacy for policy support - Continued commitment of Religious Leaders

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 through 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 - Currently, the mid-term review of the national strategic plan is ongoing. In January and February 2014 a series of meetings took place with 10 working groups comprising of NGOs, community based organizations and self-help groups; these working groups finalized 10 working papers which will be interpreted into policy briefs and used for observations and recommendations for the review of the current strategic plan. - The results-based framework and the implementation plan will also be reviewed based on the feedback from the working groups and inputs will be taken again for finalization of all documents.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

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 civil society, thus almost all services conducted by civil society are included in various reports and, in some cases, the reports are also prepared by civil society. Following are some examples: - The MIS reporting system for HIV is in collaboration with the Directorate of MIS, and all implementing entities at field level are reporting into the national MIS, in the case of key population interventions. Information from the MIS is also added to the national annual health bulletin. - The Global AIDS Response Progress Reports are always prepared through an inclusive process with civil society organizations and the technical working group on M&E and strategic information. - The mid-term review of the progress towards the high level meeting targets was conducted in collaboration with major civil society representatives, who are implementing prevention, care, support and treatment programmes. - The legal consultation workshop was conducted involving all civil society stakeholders and the report was prepared, bringing together all recommendations made. - The Gender Assessment Workshop was also conducted engaging all civil society representatives and the report is currently being finalized. - 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. - Civil society has supported HTC piloting in two Upazila Health Complexes in 2012 - Civil society is assisting the National AIDS / STD Programme maintain and update their official website

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

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?: 5

c. Participate in using data for decision-making?: 4

Comments and examples: The technical working group on M&E and strategic information comprises of the major civil society organizations implementing HIV/AIDS programmes. It also consists of relevant Government Departments. All M&E and

strategic information related matters are discussed in this group, and recommendations are made through this group for further planning and decision-making. Following are some examples: - The GARP reporting process is initiated through engagement of the technical working group, and the same group is also required to review all information prior to submission. In addition to the technical working group, other stakeholders are also engaged, as required. - Planning for the next size estimation was in consultation with the technical working group. - Planning for the next round of surveillances, and ongoing surveillance, is shared with the group. - Civil society consultations took place to finalize standardized definitions for uniform reporting. - The roll-out of the national MIS for key population interventions was planned as per recommendations from the technical working group. - Currently, the national PLHIV database is being structured, in consultation with relevant members of civil society. Despite the advancements and engagement of civil society, it was voiced that there should be more involvement from civil society in different decision making processes. In addition to this, it was requested that there should be broader access to MIS data, however this needs to be carefully considered as individual organizational confidentiality issues need to be addressed. It is planned that civil society will be engaged in the preparation of elaborate MIS reports.

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

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 - 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. They have also been engaged in post-MDG initiatives. - Interventions to serve the undocumented mobile sex works and their clients, PLHIVs, etc. are also carried out by CS. Private drug treatment and rehabilitation centers are also run by CSO. - 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. - The CCM now comprises of representatives from NGOs, key populations, PLWD, academic institutions, research organizations, faith based organizations and private sector. - Diversified civil society agencies, including academic departments of Universities, research organizations, self-help groups, NGOs, COBs, (etc.) are engaged in organizing the ICAAP 2015. - Civil society agencies are also leading national level advocacy functions on behalf of the NASP. - There should be re-invigorated engagement of faith-based organizations, academic organizations and youth organizations.

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?: 4

Comments and examples:: There are adequate funds available for civil society, especially within the Health Population Nutrition Sector Development Program (HPNSDP), however, the systems dictating mobilization of these funds are complex and only limited civil society organizations can actually access them due to inability to meet the eligibility criteria. Civil society organizations do not have an adequate financial base to be able to fund activities for later reimbursement, which is a prerequisite to access HPNSDP funds. This system adds to the complexity of procurement processes. 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. Whilst the transfer of responsibilities from the Global Fund to Government is a step forward in terms of long-term sustainability, there has been a loss of traction in engaging civil societies, predominantly in community engagement activities, and continuity in other general activities. In addition to support for activities, funding support is also available for technical assistance both national and international in the areas of capacity development, coordination and documentation. However, facilitation to mobilize and access those funds needs to be improved. On the other hand, civil society organizations need to be more proactive and organized in requesting funding, and communicating needs. For example, to access financial support civil society must deliver programmatic and financial audits, for which technical assistance is available. Sector wide, information sharing and coordination regarding activities and fund mobilization needs to be improved. Inter-ministerial coordination and budgeting must be more consultative too.

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

Prevention for key-populations:

People living with HIV: >75%

Men who have sex with men: >75%

People who inject drugs: >75%

Sex workers: >75%

Transgender people: >75%

Palliative care : <25%

Testing and Counselling: >75%

Know your Rights/ Legal services: >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 2013?: 9

Since 2011, what have been key achievements in this area: - HPNSDP has mobilized funds for intervention packages including interventions among sex workers, injecting drug users (NSE and OST), MSM and Hijra. Currently efforts are ongoing to mobilize funds for migration and care and support as well. All of these interventions are being implemented through civil society. In addition to HPSNDP, the Global Fund, USAID, Swiss Red Cross and the Government of Netherlands' support is also rolled out through civil society. 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. - The national MIS report is generated from civil society implementers, whilst it is being maintained by Government. - Civil Society is leading advocacy efforts with Government for continuing support towards marginalized groups. - The current CCM has over 40% of representatives from civil society. - The development and review of different guidelines, strategic papers, training modules, etc. such as the PMTCT guidelines, ART training modules, the strategic document on migration and MARA, the mid-term review of the national strategic plan have heavily engaged civil society inputs.

What challenges remain in this area: - Capacity of civil society in terms of generating funds must be based on a plan, or be more strategic, about systematically building capacity and accessing technical assistance. - Civil society organizations recognize that there is not a gender balance in representation. - Civil society networks, which are composed of people who are often stigmatized and discriminated against, face significant barriers in health and advocacy arenas which are not directly related to HIV. - 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 - Despite appropriate forums and mechanisms being in place, there are still gaps and duplications in coordination of funding and priorities.

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 (and are) actively involved in: • The mid-term review of the National Strategic Plan on HIV/AIDS • Updating / implementing the National M&E Plan • CCM and technical subcommittee restructuring • The people living with HIV are involved with all types of policy level activities, policy formulations, guideline preparations, etc. • Government has taken initiative to extend care, support and treatment through HPNSDP • Department of Narcotics Control collaborated with CS to expand OST. • Relevant civil society agencies regularly take part in HIV/TB coordination forums and SRH coordination forums. • Civil society organizations were represented and consulted during the National AIDS Spending Assessment (NASA) process. • Consultations with civil society are ongoing regarding the integration of sexual and reproductive health (SRH) with HIV services. • Civil society organizations were the drivers behind Government approval and recognition of the 3rd gender; Hijra. • National consultations for HIV and the Law and the Gender Assessment, and the subsequent publication of the report, involved civil society organizations and inputs. • The development and review of different guidelines, strategic papers, training modules, etc. such as the PMTCT guidelines, ART training modules, the strategic document on migration and MARA, the mid-term review of the national strategic plan have heavily engaged civil society inputs. • Civil society was also engaged in conducting the impact assessment on interventions for PWID in Dhaka. • Workshops were held with civil society for the Post-2015 agenda and National Social Protection Strategy (NSPS).

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

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

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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: - National Women's Policy was developed in 2011, which stresses non-discrimination - Recognition of Hijra as the 3rd Gender in Government policy - The National Social

Protection Strategy, which is currently being developed, also stresses non-discrimination particularly against marginalized groups - The National Youth Policy stresses to ensure the protection of child rights, basic human rights including social security, sexual and reproductive health rights, employment rights, and all other types of services irrespective of social status - 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:: - Law Commission - Human Rights Commission - Legal support and rights based agencies (for example Bangladesh Legal Aid Services Trust) - Newspapers and media playing an important role - Regular meeting of National assembly, Meeting of Parliamentary standing committee, - Advocacy with different Ministries and Departments, such as the Ministry of Women and Children Affairs - Judiciary

Briefly comment on the degree to which they are currently implemented: Advocacy work is continuing with different levels of Government, however, the Judiciary continues to play an important role in resolving cases of discrimination.

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?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

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

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]: Adolescents and youth, Drug users, Partners of returning migrants, Other vulnerable people involved in the drug trade

: Yes

Briefly describe the content of these laws, regulations or policies:: 1 Vagrants and Shelterless Persons Act are reportedly used to discriminatorily harass and detain Female Sex Workers and MSM 2 Existing punitive laws (Section 19, 21, 25 of Narcotics Control Act, 1990) are detrimental to harm reduction programs, such as needle exchange initiatives which are not supported by law enforcers. 3 Laws that criminalise sex work by adults (eg. Sections of Human Traffic Act 2012; Penal

Code, 1860; Cantonment Act, 1924; Dhaka Metropolitan Police Ordinance, 1976) are used arbitrarily to harass sex workers, including peer educators by filing false cases, etc. 4 Laws that criminalize certain sexual practices as 'unnatural offences'.

Briefly comment on how they pose barriers:: 1 Vagrants and Shelterless Persons Act are reportedly used to discriminatorily harass and detain Female Sex Workers and MSM 2 Existing punitive laws (Section 19, 21, 25 of Narcotics Control Act, 1990) are detrimental to harm reduction programs, such as needle exchange initiatives which are not supported by law enforcers. Lack of protective laws on People Who Inject Drugs (PWID) result in many PWID facing harassment, threat of or actual arrest due to possession of drug paraphernalia. 3 Laws that criminalise sex work by adults (eg. Sections of Human Traffic Act 2012; Penal Code, 1860; Cantonment Act, 1924; Dhaka Metropolitan Police Ordinance, 1976) are used arbitrarily to harass sex workers, including peer educators by filing false cases, etc. Obstacles within the legal system such as difficulty in securing bail, long and protracted trials, etc. mean that law becomes a medium of harassment. 4 Laws that criminalize certain sexual practices as 'unnatural offences'. Although no reported cases of prosecutions under this legal provision have been found, its continued existence contributes to a culture of silence, exclusion and marginalisation for Men Who Have Sex with Men , who may be threatened with prosecution and extortion.

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) National action plan was developed in 2013 specifically to protect women against violence.

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 other vulnerable populations?: Yes

IF YES, briefly describe this mechanism: - Hotline for everyone - 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? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: - PLHIV receive ART, VCT, cotrimoxazole, 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 - Minimum essential laboratory services (excluding VL and drug resistance test) are also free of charge via different programs and projects - eg. syphilis testing, CD4 count, follow-up lab tests for PLHIV, screening suspected TB - Capacity building of project staff and health service providers and advocacy also support such services for PLHIV, KAP and cross border mobile population - KP SRH services free - Garment factory workers and street children and key populations are receiving SRH services - PMTCT clients - Clients of sex workers Note: Limited hospital care is provided in selected hospitals for care, support and treatment. Palliative care is absent and partial nutritional care is provided (requiring partial payment by patient).

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:: Key vulnerable and affected population are reached through decentralized health centers, DICs and outreach services. Social mobilization and BCC campaigns provide further support. Key and vulnerable populations are receiving services from HTC centers, and two primary level health care centers in the Government setting also provide HTC services. Regarding policy, the National Strategic Plan includes universal access for all populations. The country has developed national HIV/AIDS policy in 1997 which supports equal access for key affected populations. There is no separate law for positive men and women but country has common law on equal rights

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 were 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, SRH, 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: Yes

IF YES on any of the above questions, describe some examples:: There is an independent Human Rights Commission which is protecting rights of the people include HIV positive (no separate commission for HIV positive). The main mandate of the NHRC is advocacy toward legal and policy reform.

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 enforcement⁴⁶ 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?: No

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]::

: No

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 2013?: 4

Since 2011, what have been key achievements in this area: - Anti-discriminatory laws, not only for Hijra, but overall. - Revision of the National Social Protection Strategy (ongoing) - National Legal consultation and publishing of the subsequent report - Maridpur brothel eviction has been stayed by high court - 150 children have been enrolled in social welfare department in Sylhet - Members of Parliament are strong advocates who led the successful campaign to recognize the third gender. - The Law Commission and National Human Rights Commission are actively working together on non-discriminatory laws as per recommendations from the legal consultation. Both entities have mandated rights for marginalized and vulnerable groups, but key populations are not directly mentioned. - The national AIDS policy addresses the role of media

What challenges remain in this area: • Priority of HIV within the government institutions • Existing discriminatory laws • Political and administrative commitment • Associated stigma and discrimination • Capacity for policy advocacy, needs rewording as it's not much of a challenge now. Has been addressed • Absence of strong policy • 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 2013?: 4

Since 2011, what have been key achievements in this area: • Law commission is also now involved, along with the Human Rights Commission. Law commission has drafted anti discriminatory laws in 2013. Many areas of this draft directly addresses HIV/AIDS related stigma and discrimination. • Media involvement has strengthened • Ministry of Law now more involved, especially legal consultation • Policy advocacy done at the highest level of political authority, which is ongoing

What challenges remain in this area: • Denial by law enforcers and policy makers of human rights abuses of key populations • Changing of law/decriminalizing sex work • Associated stigma and discrimination • Sensitization of local administration and law enforcing agencies • Capacity building of service providers for “Key Population friendly services” • Absence of strong policy • Resource limitation to continue advocacy • 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. - AEM and other modeling tools - Midterm term reviews: eg. Save the Children, icddr, NASP - Hijra mobility survey - SRH needs assessments among young key populations - Gender assessment - National strategic plan of action on HIV for migrant populations - HIV testing guidelines - MARA and CABA mapping and assessment - Analysis of regular MIS reports

IF YES, what are these specific needs? : - Some specific service needs for Hijra were identified such as satellite services to access DIC services - HIV is controlled among all key populations, however, constant monitoring is required as sometimes there are some increases noted in some areas - FSW need MCH services - Modeling and estimations clearly show that there is need for increased testing and detection. - Programs for families of migrants are needed - Among 1881 migrant workers, 32 were found to be HIV positive, so we must upgrade detection - Children affected by AIDS (CABA) need support in livelihoods, food, education, discrimination, and treatment - Currently there is no CABA specific strategy and interventions are negligible - As many CABA are lost stronger tracking mechanisms need to be in place and the numbers are now known for better planning - Among PLHIV treatment literacy less, however adherence is maintained - Hepatitis C and TB issues need stronger intervention support, which should be based on baseline data (yet to be conducted) - Routine CD4 cell count is delayed due to logistic constraints and thus assessment and routine immunological follow-up is delayed for HIV management. - Routine viral load and drug resistance testing is absent in the country for the management of HIV. - Point of care is not yet established in the country. - Sailors working in the Bangladesh and India river routes need specific prevention interventions - Sailors have reported suffering from STI and there is inadequate understanding on HIV and AIDS issues

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Disagree

Condom promotion: Agree

Harm reduction for people who inject drugs: Strongly agree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Disagree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

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: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Disagree

Universal precautions in health care settings: Disagree

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 2013?: 8

Since 2011, what have been key achievements in this area: - The low HIV prevalence rate among key populations are well sustained - National level programs since 2008 and 2009 are smoothly ongoing (without interruption) for PWID, FSWs, young people, PLHIV, MSW, MSM, and Hijra through evidence based programming - New interventions were introduced for young people, including garment factory workers, to promote sexual and reproductive health services - STI rate is either unchanged or decreased in certain sites - Condom use rate has increased. - OST has been expanded - Asia-Pacific regional-level interventions for MSM is ongoing - Policy makers and administrators are sensitized on HIV prevention issues

What challenges remain in this area: - Reimbursement mechanism of the HPNSDP - Mechanism of integration of SRH programs with existing programs, due to program design - Case finding; testing and treating - Continuation of fund: Some HTC interventions are phasing-out from June 2014 - Central and local level political commitments, although improved, needs to be further strengthened. - Violence and trafficking issues - Social stigma and discrimination - Service overlapping in some area and low coverage in others - better mapping of services needed.

B.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:: - Government / NGO collaboration and transition - 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. - TB/HIV collaboration - Nutritional guidelines highlight special nutritional requirements for PLHIV - Members day orientation is also conducted by self-help groups

Briefly identify how HIV treatment, care and support services are being scaled-up?: PMTCT is introduced in three tertiary hospitals (one semi-autonomous and 2 government) and ART procurement is being based on projections and demand addressing updated WHO guidelines.

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Disagree

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

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: Strongly disagree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Disagree

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

Post-exposure prophylaxis for occupational exposures to HIV: Disagree

Psychosocial support for people living with HIV and their families: Disagree

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 2013?: 7

Since 2011, what have been key achievements in this area: - Around 1000 identified PLHIVs are getting ARV through government and donor support. - HTC guidelines and ART guidelines, and ART service monitoring guidelines are in place - PMTCT guidelines are in place - National ART advisory committee is now the national ART and PMTCT advisory committee - Identified PLHIV are reached with care and support services - Availability of fund for ART ensured - National guideline on TB-HIV co-infection is being updated - 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: - Rolling out and executing a comprehensive care and support package, which should includes interventions with family members and the community. - Training and capacity building on ART and VCT (Physician, nurses, counselors, etc.) - Sustaining and expanding HTC services. - Point of care services for HIV management - The treatment, care & support costs, human resources cost and CD-4, viral load and drug resistance testing cost are not in health sector program - Political commitment - Associated stigma and discrimination - Continuation of fund - Prevention of drug resistance - Social and family support - Coordination and integration - Sustaining mainstreaming efforts including vertical transmission

2. Does the country have a policy or strategy to address the 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

3. 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 2013?: 7

Since 2011, what have been key achievements in this area: - Around 1000 identified PLHIVs are getting ARV through government and donor support. - HTC guidelines and ART guidelines, and ART service monitoring guidelines are in place - PMTCT guidelines are in place - National ART advisory committee is now the national ART and PMTCT advisory committee - Identified PLHIV are reached with care and support services - Availability of fund for ART ensured - National guideline on TB-HIV co-infection is being updated - 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

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