Survey Response Details

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Response Details

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1) Country

Bangladesh (0)

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

Dr. Md. Ali Belal, Line Director, National AIDS/STD Program (NASP) and Safe Blood Transfusion Program (SBTP) Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare, Government of Bangladesh

3) Postal address:

National AIDS/STD program (NASP) House-8/A, Road-8, Gulshan-1, Dhaka-1212 Bangladesh

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7) Date of submission:

Please enter in DD/MM/YYYY format

30/03/2010

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

The NCPI-Part-A data was completed under the leadership of Line Director, NASP and SBTP, Director Geneal of Health Services, Ministry of Health and Family Welfare. The program manager,

Deputy program managers, MARP technical specialists and the M&E specialist were involved in reporting process. The NCPI part-B questionnaires were sent to some 20 organizations and responses were received from eight different organizations. Those information was collated in a single electronic file. During the all stakeholder big validation meeting, the collated information was shared and finalized in consensus of all parties.

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

There were no major disagreement. In Part-B, there were some debate in rating some of the indicators, however, those were settled through open discussion.

10)

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

Nothing

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11)

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

	Organization Names/Positions		Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	NASP	Dr. Md. Ali Belal, Line Director	A.II

12)

	Organization Names/Positions		Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	NASP	Dr. Mohammad Abdur Rahman, Program Manager	A.IV
Respondent 3	NASP	Dr. Anisur Rahman, Deputy Program Manager	A.I
Respondent 4	NASP	Dr. Hasan Mahmud, Deputy Program Manager	A.III
Respondent 5	NASP	Ms. Farida Khanam, M&E Specialist	A.V
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			

Respondent 12	
Respondent 13	
Respondent 14	
Respondent 15	
Respondent 16	
Respondent 17	
Respondent 18	
Respondent 19	
Respondent 20	
Respondent 21	
Respondent 22	
Respondent 23	
Respondent 24	
Respondent 25	

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNFPA	Dr. Khandakar Ezazul Haque, HIV Officer	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	UNAIDS	Mr. Avra saha	B.I
Respondent 3	IEDCR	Mr. M. Mustaq Husain	B.I, B.II, B.III, B.IV
Respondent 4	NASP	Dr. M. Ziya Uddin, Targeted Intervention Specialist	B.I, B.II, B.III, B.IV
Respondent 5	NASP	Dr. Md. Syedur Rahman, Deputy Program Manager	B.I, B.II, B.III, B.IV
Respondent 6	NASP	Ms. Farida Khanam, M&E specialist	B.I, B.II, B.III, B.IV

Respondent 7	FHI	Ms.Nadira Yesmin, Technical Officer, M&E	B.I, B.II, B.III, B.IV
Respondent 8	ICDDR,B	Mr. Masud Reza, Operations Researcher, HIV/AIDS Programme	B.I, B.II, B.III, B.IV
Respondent 9	Save the Children-USA	Dr. Saima Khan, Manager M&E	B.I, B.II, B.III, B.IV
Respondent 10	UNAIDS	Dr. Salil Panakadan, Country Coordinator	B.I, B.II, B.III, B.IV
Respondent 11	UNAIDS	Dr. Rokhsana Reza, M&E Adviser	B.I, B.II, B.III, B.IV
Respondent 12	UNODC	Dr. Md. Mozammel Hoque, HIV/AIDS Adviser	B.I, B.II, B.III, B.IV
Respondent 13	BADHAN HIJRA SANGHA	Pinky Shikder, President	B.I, B.II, B.III, B.IV
Respondent 14	WHO	Dr. Selina Khatun, National Consultant	B.I, B.II, B.III, B.IV
Respondent 15	MUKTA AKASH Bangladesh	Mr. Nazrul	B.I, B.II, B.III, B.IV
Respondent 16	CARE-Bangladesh	Mr. Md. Abu Taher,Team Leader, EMPHASIS	B.I, B.II, B.III, B.IV
Respondent 17	Light House	Mr. Golam Tareque	B.I, B.II, B.III, B.IV
Respondent 18	Ashar Alo Society	Sabiha Yasmin, VCT Counselor	B.I, B.II, B.III, B.IV
Respondent 19	Ashar Alo Society	Dr. Nilufar Begum, Medical Consultant	B.I, B.II, B.III, B.IV
Respondent 20	Ashar Alo Society	Habiba Akter, Executive Director	B.I, B.II, B.III, B.IV
Respondent 21	CAAP	Dr. Halida Hanum Khandaker, Executive Director	B.I, B.II, B.III, B.IV
Respondent 22	BCCP	Dr. Nazrul Haque	B.I, B.II, B.III, B.IV
Respondent 23	Population Council	Ms. Ismat Bhuyan	B.I, B.II, B.III, B.IV
Respondent 24	CCM	Dr. Riffat Hossain Lucy, Coordinator	B.I, B.II, B.III, B.IV
Respondent 25	PADAKHEP	Mr. Shamim Rabbani, Team Leader, GFTAM project	B.I, B.II, B.III, B.IV

15) **If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.**

Dr. Hasan Mahmud, Deputy Program Manager, NASP Dr. Shahrear Farid, Manager (M&E),CARE Bangladesh Mr. Harun-or-Rashid, Programme Dev. Officer,CARE Bangladesh Mr. Asiful Haider Chowdhury, Population Council Mr. Bazlur Rahman, Shustha Jibon Mr. Lachlan Mc Leod,UNAIDS Ms. Erin Halligan,UNAIDS Dr. Nasima Akhter,DGHS Dr. Mohammad Abdur Rahman, Program Manager,NASP Dr. Hasan Mahmud, Deputy Program Manager,NASP Dr. Anisur Rahman, Deputy Program Manager,NASP Dr. Shahana Hyat, VSO Country Director, Mr. Nurul Goni, Team leader, DNS Mr. Saleh Ahmed, Bandhu Social Welfare Society Ms. Mukti,Executive Director Mukta Akash Bangladesh Mr. Parvez Sazzad Mallick, National consultant, UNGASS report

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16)

Part A, Section I: STRATEGIC PLAN

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

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

Yes (0)

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

Question 1 (continued)
Period covered:

2004-2010

18)

1.1 How long has the country had a multisectoral strategy?

Number of Years

6

19)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*		

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20)

Part A, Section I: STRATEGIC PLAN

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

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes

c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

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22)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2008

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23)

Part A, Section I: STRATEGIC PLAN

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

IDUs, FSW, Clients of SW, MSM, MSW, and Transgender

24)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

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

26)

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

Active involvement (0)

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27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

Civil society was actively involved in the development of strategic plan. First a large consultative meeting was held with all stakeholder including representative from PLHIV, sex workers' organizations, MSM, IDUs, NGOs working with HIV, human rights organizations. Different working groups were formed to work on 5 thematic areas. Then compiled information was shared and agreed in a large meeting involving all stakeholders including PLHIV.

28)

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

Yes (0)

29)

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

Yes, all partners (0)

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30)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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31)

Part A, Section I: STRATEGIC PLAN

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

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

32)

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

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

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33)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

34)

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

Yes (0)

Page 18

35)

Part A, Section I: STRATEGIC PLAN

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

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

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36)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

Before departing for UN peace mission, all members of the contingent are provided VCT services, on return, similar processes are taken

37)

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

No (0)

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38)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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39)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

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

40)

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

1. The Narcotics Control Act: Barriers to harm reduction intervention for IDUs "The Narcotics Control Act (NCA), passed in 1990, made drug use a criminal offense, made drug users criminals, and called for the mandatory treatment of the drug users. The act gave law enforcement agents control over drug sales and use and gave provision from the harassment of both drug sellers and users. 2. Legal ambiguity around the sex trade acts as a barrier to effective interventions -The constitution does not necessarily make sex work illegal. However there are laws and ordinances that refer explicitly to prostitution -Article 18, subsection 2 of the constitution says that "The State shall adopt effective measures to prevent prostitution and gambling 3. Metropolitan police ordinances allow for punishment of anyone who "endeavours to attract attention for the purposes of prostitution, or even solicits or molests any person for the purposes of prostitution"; and - The Bengal Suppression of Immoral Traffic Act 1933, which refers explicitly to females under age 18 and to any "promiscuous sexual act that is bought, whether for money or for kind." - The Bangladesh Penal Code 290, which refers to "public nuisances," is also applied to sex workers and is used by the police to harass and punish sex workers. 4. Sodomy law limits access to interventions for MSM and transgender Section 377 of the Bangladesh Penal Code (BPC) says "whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life, or with imprisonment of either description for a term which may be extended to ten years, and shall also be liable to fine." condom promotion policy that allows their use only by married couples

41)

Briefly comment on how they pose barriers:

Barriers are posed in specific context of each group as well as outreach workers who work closely with different MARPs e.g Police harassment , arrest without any warrant etc. Criminalization of MARPS by the society at large; puts barrier to access necessary services; Young , unmarried person does not get condom from the public health /family planning service providers.

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42)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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43)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

44)

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

Yes (0)

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45)

Part A, Section I: STRATEGIC PLAN

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

Estimates of current and future needs (0)

46)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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47)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

48)

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

Yes (0)

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49)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

IDUs, FSW, MSM/ MSW/Transgender

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

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

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51)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

District level

52)

Briefly explain how this information is used:

By looking at the trend of a particular indicator in a particular geographical area, we can have idea about internal migrants, movements of SWs, and change of behaviour of IDUs

53)

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

Yes (0)

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54)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

4 (4)

55)

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

• Coverage increase • Additional resource mobilization-GFATM • Adding HIV topics in secondary/higher secondary education curriculum

56)

What are remaining challenges in this area:

• Smooth uninterrupted fund flow • Programme management approach in public private sector

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57)

Part A, Section II: POLITICAL SUPPORT

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

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

58)

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

Yes (0)

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59)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1985

60)

2.2 IF YES, who is the Chair?

Name	Honorable president/Honourable Minister, MoHFW
Position/title	Chief Parton/Chairperson

61)

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

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes

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

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62)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

39

63)

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

Please enter an integer greater than or equal to 1

12

64)

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

Please enter an integer greater than or equal to 1

1

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65)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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66)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

• CCM- composed of public, private sectors, NGO and members from PLWHIV groups • NAC- there are participations from GoB, NGO • TC-NAC- participation from GOB, NGO and PLHIV group • Most of HIV/AIDS activities are implemented by NGOs and supported by GoB, NAC

67)

Briefly describe the main challenges:

• Promoting routine coordination and accountability of different stakeholders

68)

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

Please enter the rounded percentage (0-100)

85

69)

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

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

70)

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

No (0)

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71)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

72)

What are remaining challenges in this area:

Strengthening efforts

Page 39

73)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

74)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
g. Avoid commercial sex (0)
h. Abstain from injecting drugs (0)
i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
m. Males to get circumcised under medical supervision (0)
n. Know your HIV status (0)

o. Prevent mother-to-child transmission of HIV (0)

75)

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

Yes (0)

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76)

Part A, Section III: PREVENTION

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

Yes (0)

77)

2.1 Is HIV education part of the curriculum in:

primary schools?	No
secondary schools?	Yes
teacher training?	Yes

78)

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

Yes (0)

79)

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

No (0)

80)

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

Yes (0)

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81)

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

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

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers
Condom promotion	Injecting drug user, Men having sex with men, Sex workers
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers
Vulnerability reduction (e.g. income generation)	Sex workers
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

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82)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

6 (6)

Page 45

83)

Part A, III. PREVENTION

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

Yes (0)

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84)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

Through gap analysis exercise during Global Fund proposal development and the exercise was done based on the available evidences.

85)

4.1 To what extent has HIV prevention been implemented?

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

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86)

Part A, III. PREVENTION

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

4 (4)

87)

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

Blood safety Continue the high risk intervention programme

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88)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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89)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

90)

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

Yes (0)

91)

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

Yes (0)

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92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

ICDDR,B conducted mapping exercise and GTZ supported in conducting a projection to identify HIV treatment needs. In addition to these, NASP conducted gap analysis while developing RCC-2 and GFATM R-8 proposal development

93)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree

TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

95)

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

No (0)

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96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

6 (6)

97)

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

Treatment has been scaled up to a level of 65%. Guideline has been developed for nutrition care and comprehensive care and support services for PLHA. Implementing partners capacity improved.

98)

What are remaining challenges in this area:

Lack of strategic information Lack of resources including fund management capacity

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99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

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100)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

101)

1.1 IF YES, years covered:
Please enter the start year in yyyy format below

2006

102)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2010

103)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

104)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

105)

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

Yes, most partners (0)

Page 60

106)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	No
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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107)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

108)

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

Yes (0)

Page 62

109)

Part A, Section V: MONITORING AND EVALUATION

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

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

11

110)

3.2 IF YES, has full funding been secured?

No (0)

111)

3.3 IF YES, are M&E expenditures being monitored?

No (0)

Page 64

112)

Part A, Section V: MONITORING AND EVALUATION

Question 3.2 (continued)
IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:

Lack of adequate mobilization of financial resources and lack of adequate manpower

113)

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

No (0)

Page 65

114)

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

By evaluating the programmatic aspects

115)

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

No (0)

Page 66

116)

Part A, Section V: MONITORING AND EVALUATION

Question 5 (continued)
IF NO, what are the main obstacles to establishing a functional M&E Unit?

1. Problems in mobilizing funding source 2. Lack of existence of permanent organogram of NASP
3. Long administrative process 4. Lack of initiative from appropriate personnel.

Page 70

117)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, but meets irregularly (0)

118)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

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

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

Partner as representatives from civil society present in whole process

120)

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

No (0)

Page 73

121)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	

Page 74

122)

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

No (0)

123)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

Page 75

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

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

2 (2)

Page 76

125)

Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

Page 77

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

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

Yes, at all levels (0)

Page 78

127)

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

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

Page 80

128)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 82

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

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

3 (3)

130)

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

1. M&E framework finalized 2. DIC-MIS database development is under process

131)

What are remaining challenges in this area:

1. Continuation of organizational commitment 2. Needs proactive decision from all corners.

Page 83

132)

Part B, Section I: HUMAN RIGHTS

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

No (0)

Page 84

133)

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

No (0)

Page 86

134)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 87

135)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES,* for which subpopulations?

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

136)

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

1. The Narcotics Control Act: Barriers to harm reduction intervention for IDUs "The Narcotics Control Act (NCA), passed in 1990, made drug use a criminal offense, made drug users criminals, and called for the mandatory treatment of the drug users. The act gave law enforcement agents control over drug sales and use and gave provision from the harassment of both drug sellers and users. 2. Legal ambiguity around the sex trade acts as a barrier to effective interventions -The constitution does not necessarily make sex work illegal. However there are laws and ordinances that refer explicitly to prostitution -Article 18, subsection 2 of the constitution says that "The State shall adopt effective measures to prevent prostitution and gambling 3. Metropolitan police ordinances allow for punishment of anyone who "endeavours to attract attention for the purposes of prostitution, or even solicits or molests any person for the purposes of prostitution"; and - The Bengal Suppression of Immoral Traffic Act 1933, which refers explicitly to females under age 18 and to any "promiscuous sexual act that is bought, whether for money or for kind." - The Bangladesh Penal Code 290, which refers to "public nuisances," is also applied to sex workers and is used by the police to harass and punish sex workers. 4. Sodomy law limits access to interventions for MSM and transgender Section 377 of the Bangladesh Penal Code (BPC) says "whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life, or with imprisonment of either description for a term which may be extended to ten years, and shall also be liable to fine." 5. condom promotion policy that allows their use only by married couples

137)

Briefly comment on how they pose barriers:

Barriers are posed in specific context of each group as well as outreach workers who work closely with different MARPs e.g Police harassment , arrest without any warrant etc. Criminalization of MARPS by the society at large; puts barrier to access necessary services; Young , unmarried person does not get condom from the public health /family planning service providers.

Page 88

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

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

Yes (0)

Page 89

139)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Human rights are mentioned in the fundamental principles as a standard for policy making and action of all levels in the response to HIV & AIDS in Bangladesh. National HIV/AIDS policy-1997 The HIV policy upholds a number of named rights, and undertakes to protect fundamental rights of persons affected with HIV and AIDS. The Policy Statement undertakes to devise a National Programme for prevention of HIV and AIDS as part of the national health system, and involve government sectors and NGOs in the process. In its fundamental principles the Policy Statement highlights a number of aspects. It upholds respect for the human rights of all persons and reiterates the fundamental rights included in the Constitution of Bangladesh. It promotes confidentiality of information on sufferers of HIV and AIDS. The right to autonomy in decision making of individuals is protected and upheld, as is the right to non-discrimination by medical and health providers. The Policy Statement encourages as a fundamental principle the introduction of laws to protect the public and not deprive individuals of their rights and freedoms. It aims to promote the concept of not penalizing people solely on the grounds of ill health or infection and not restricting the use of public health measures in a way such as to restrict individual rights and liberties, which should only be justifiable in certain limited situations.

140)

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

Yes (0)

Page 90

141)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

Although there is no formal mechanism, the NGOs/CBOs / self help groups implementing targeted intervention or dealing with human rights issues, started keeping records of such incidences among their target communities /vulnerable populations. There is no mechanism to record document and address the discrimination experienced by MSM/Hijra population. There is a provision of reporting to GOB and management agency from the implementers NGOs. But that's shows the quantitative data only not qualitative data. GOB also published annual reports but no reflextion in such cases. There is as such no formal process to document and address cases of discrimination experienced by people living with HIV, MARPs and/or other vulnerable sub-populations. However PLHIV CBOs and other organizations working on MARPs have a mechanism in place to document cases of discrimination.

142)

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

Yes (0)

Page 91

143)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

GOB has been implementing HIV prog. from 2004 in the name of HAPP-HATI. Last year 2009 its included under HNPSP, under HNPSP there are provision to provide support to PLWHA. Policy docs, strategies-prepared involving them. Govt. of Bangladesh used to provide small scale financial support for MSM and hijra programme between 2005-2009, but the prog. has stopped in June 2009. Right now there is no govt. supported MSM/hijra prog in the country. PLHA representation in CCM. PLHA self help groups have been reformed with NGOs and are participating in national responses as implementing partners. Same example can be brought up MSM and IDUs self help groups.

144)

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

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

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145)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

There are resource and the policy of GOB but to implement the policies the GOB do not have adequate capacity and commitment to deliver the end result All provided free through donor support and HNPSP HIV prevention has been a critical program under health, population and nutrition sector program. Parallel to it HIV prevention and care & support program are going on under GFATM.

146)

8. Does the country have a policy to ensure equal access for women and men to HIV

prevention, treatment, care and support?

Yes (0)

Page 93

147)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

148)

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

Yes (0)

Page 94

149)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

It is clearly mentioned in the national strategy plan (2004-10) to prevent vulnerable population. But GOB not that much promote this document on in root level of implementation NGOs don't know about the document. It is not widely used document. Project based support available which influencing enabling environment In the national policy on HIV/AIDS it is mentioned that none to be discriminated by the medical service providers. Medical ethics and human rights are highlighted to prevent discrimination and improve access.

150)

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

Yes (0)

Page 95

151)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)
IF YES, briefly explain the different types of approaches to ensure equal access for

different populations:

Country has targeted intervention for MARPs (identified as SW, clients of SW, MSM/hijra, IDUs. Youth has been treated as other vulnerable groups and specific intervention in place. Project based different approaches for different sub-groups The vision and the mission statement of the NSP showed the commitment for equal access for all.

152)

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

Yes (0)

153)

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

Yes (0)

Page 96

154)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 97

155)

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

No (0)

156)

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

No (0)

157)

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

No (0)

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158)

Part B, Section I. HUMAN RIGHTS

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

No (0)

159)

– Legal aid systems for HIV casework

Yes (0)

160)

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

Yes (0)

161)

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

Yes (0)

162)

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

Yes (0)

Page 100

163)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: please specify. There are programs in place to reduce HIV related stigma and discrimination	**Yes**

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164)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

3 (3)

165)

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

NGOs built their capacity to work on this area. Vulnerable groups now can raise their voice. Raised wide awareness. National coverage to provide support to the vulnerable people. Within GOB setup the rights of these people not yet established. Service providers are not aware. Disruption of HIV project. Inadequate support from NASP/capacity of NASP. Inadequate coordination amongst the key players. Increased awareness. Orientation and training conducted to increase awareness. SOP for PLWHA has been developed. Harm reduction strategy for IDUS, policy guideline

Page 102

166)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

3 (3)

167)

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

Ongoing advocacy and capacity building of self help group Harm reduction issues in Police training course. GOB orders to support local interventions. No law, even there is law, no implementation. No institution to monitor from rights point of view

168)

What are remaining challenges in this area:

Achieving high level political commitment and enforcing/coordinating health sector response.

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169)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political

commitment of top leaders and national strategy/policy formulations?

4 (4)

170)

Comments and examples:

The civil society are the key players to support the govt. in developing and implementing the national strategy but still they are not able to enhance the top level political commitment Mukto Akash Bangladesh is advocating continuously with the policy makers and other stakeholders for betterment of PLHIV. MAB has contributed to formulate many strategies/policies of govt for the betterment of PLHIV. Civil society contributing to implement the HIV program in BD. They take pro-active role in policy formulation strategy and guideline development such as support the govt to respond to HIV There are two parliamentarian AIDS committee they sit on meeting for the day observation in different events they speak and provide their expert comments. But no effective influence for policy change. DNS participates in any national HIV related program like; world AIDS day rally, round table discussion & seminar. In some cases when DNS gets invitation from government and other organization then DNS join the program. Now a day's the political leaders and government officials are becoming positive towards DNS (sex workers organization) and they visit DNS program when DNS invite them. Even though from the high official of govt. like Ministry of Health Secretariat, DG health office and NASP visits our program site randomly and put their valued advice.

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171)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

3 (3)

172)

Comments and examples:

Some Quotes: CCM comprised with civil society members but they are not actively/regularly attend the meeting This process can be expanded to a large extent MAB attended in planning meeting So far my knowledge the civil society representative actively involved in the planning process of National Strategic Plan on HIV, but they are not involved for developing any budget !! During planning any program at national level the government invites to gather information from us through workshop and review the said documents. As example when developed 5 years strategic plan for HIV/AIDS then Durjoy Nari Shangha participated and put their valuable comments. But our country practice in budgeting process Govt. didn't send any invitation to DNS.

Page 105

173)

a. the national AIDS strategy?

4 (4)

174)

b. the national AIDS budget?

4 (4)

175)

c. national AIDS reports?

4 (4)

176)

Comments and examples:

We have most of institutions and commercials org, they have HIV policy or to protect human rights. But there are not practiced. (a) DNS is implementing HIV/AIDS prevention program funded by GFATM through 29 districts out of 64 districts under three divisions as well as DNS is implementing national HIV program following the national AIDS strategy. (b) DNS is implementing national HIV program as per approved budget from GFATM through PR. But DNS didn't involve in the govt. national AIDS budget development process. (c) As per TOR, DNS is providing progress report to Save the Children-USA (management agency) their (Save the Children USA) reporting format and also DNS submit progress report to NASP month wise. When Govt. published any reports or HIV related documents in nationally, they send to us that copy.

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177)

a. developing the national M&E plan?

4 (4)

178)

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

4 (4)

179)

c. M&E efforts at local level?

3 (3)

180)

Comments and examples:

Civil society not participate actively due to lack of GOB strategies. Despite their commitment there is lack of leadership and coordination from NASP and the lack of capacity of CS referring to M&E The national AIDS committee doesn't able to develop MIS system so far and also there is no M&E efforts at local level. (a) DNS has been participated the developing of national M&E plan. For example recently NASP organized a workshop on introduce MIS system at DIC (drop in centre) level. DNS has participated and started piloting one DIC. (b) DNS has no involvement in this process. (c) DNS is providing support to partner organization at local level (associate organization)

in M&E issues.

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

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

4 (4)

182)

Comments and examples:

There are CBOs and self help groups of PLWLA and sex workers. these org are not actively involve with civil society or supported by civil society. In faith based org, CS have representation and participation with these MAB is a prominent community based self help organization working with people infected and affected by HIV/AIDS in Bangladesh. MAB is serving 287 PLHIV across the country. As a sex workers organization, DNS is implementing the HIV/AIDS prevention program last 12 years. DNS wants to more involvement of others SHGs or sex workers organization in HIV preventiing on project. In this regard, DNS is providing support others sex workers organization through strategic partner. MACCA: Prevention and reduction of the likelihood of transmission of HIV among general population largely depends on bringing positive change in behaviors of people at most risk. The role of faith in behavior change is enormous. In this backdrop, Family Health International has partnered with Masjid Council for Community Advancement (MACCA) to train Imams to spearhead various promotional and motivational activities to promote community awareness and lessen risk factors in behavior to combat the threat of HIV in Bangladesh. FHI initiates activities to promote prevention of HIV and reduce HIV-related stigma and discrimination among the general population by utilizing the influence and skills of Imams and other leaders of faith-based communities.

Page 108

183)

a. adequate financial support to implement its HIV activities?

4 (4)

184)

b. adequate technical support to implement its HIV activities?

3 (3)

185)

Comments and examples:

Adequate financial support is not available to implement HIV activities for all high risk population i.e. MSM, hijra. MAB is working with PLHIV and providing care and support to them through different funding sources but there is no government budget allocation for care and support. A lot of capacity to be built as well as full cost of required performance is not lying provided yet including case for 2nd line ART or Rx of OIs The resource /fund to prevent HIV in Bangladesh is lot, but

NGOs not being successful to attend the full potential of these projects. In this regard monitoring evaluation need to strengthen significantly. (a) There is not enough financial capability to implement the HIV program for DNS. DNS is dependent on donor fund. (b) As a self help organization or sex workers organization DNS has more capable to run the HIV program. DNS is working more than 10 years in HIV/AIDS prevention program. Therefore DNS think that we they sufficient technical knowledge on implement the program successfully.

Page 109

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

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sexworkers	>75%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	51-75%
Home-based care	>75%
Programmes for OVC**	25-50%

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187)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

6 (6)

188)

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

Since 2007 the coverage of HIV prog has increased amongst different population except MSM/hijra but not at significant level. Consistent ART provided HIV program are implemented by CS Other than NGOs other civil society organization don't have that much involvement regarding this

189)

What are remaining challenges in this area:

For effective and sustainable response to HIV targeting marginalized population required at least 80% service coverage. I think the main challenge still to increase more comprehensive coverage. - Opportunistic infections management - Phychosocial support through monthly meeting Ensuring fund flow, maintaining evidence based program response (no surveillance in 2007-09 period) Lack of clear strategy. No specific monitoring evaluation

Page 111

190)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

191)

Part B, Section III: PREVENTION

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

Through documentation of specific needs of the high risk population Technical support needs assessment 2008 exercise done and technical support plan 2008-2015 developed Through the research, BSS. The GOB ran HAPP-HATI, GFATM Gap analysis- during project development HNPSP documentation

192)

1.1 To what extent has HIV prevention been implemented?

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

Page 113

193)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

194)

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

Development of M&E framework of national technical support plan, strategy for harm reduction and SW's interventions. SOP for PLHA, guideline for PPTCT, Nutritional guideline for PLHA, Scaling up ART, Capacity building for M&E, National HIV MIS piloting, initiation to form national PLHA network organization Coverage high, capacity of the NGOs built up, vulnerable people can raise their voice. Sustained efforts

195)

What are remaining challenges in this area:

The coverage of program needs to be increased urgently. Disruption of fund, brurocracy, corruption of GOB, NGOs, Effective monitoring and evaluation NASP's capacity to lead and coordinate, adequate supply, funding, lack of strategic info and functional M&E system.

Page 114

196)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 115

197)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Nationally done during GFATM proposal development, gap analysis exercise was done for RCC, Round 8 Gap analysis Need assessment 2008-2009 NGO have their own clinic service center to support them To some extent the GoB has identified specific needs for care and support for example gov. Is now providing ARV through global fund but need extent hands for other areas like nutritional support, OIs management etc

198)

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

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

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199)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

4 (4)

200)

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

Scale up ART Funding increased\SOP for PLHIV IDH Dhaka involved for treatment There are CBOs working Demand raised for care and support program Fund available Provide ART to the PLHIV with free of cost

201)

What are remaining challenges in this area:

GOB set up not yet ready to serve PLWHA Stigma and discrimination Access to VCT Funding Capacity Ols management, Nutritional support to PLHIV, limited option of ART regiment

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202)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)