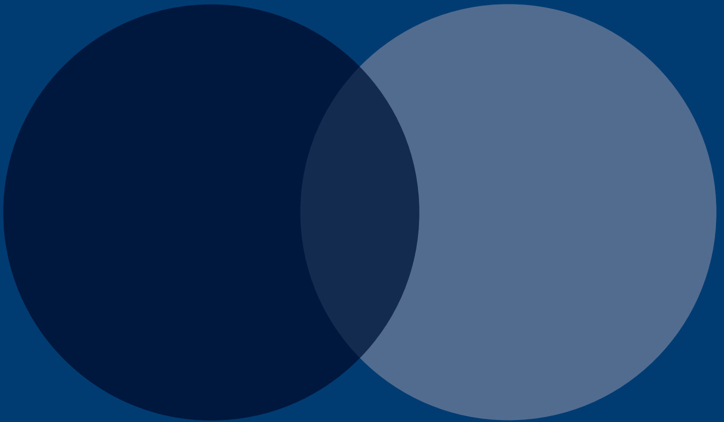
BANGLADESH

RAPID ASSESSMENT OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV LINKAGES



IPPF International Planned Parenthood Federation

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World Health Organization

UNAIDS JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
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This summary highlights the experiences, results and actions from the implementation of the *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages* in Bangladesh[1]. The tool – developed by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives in 2009 – supports national assessments of the bi-directional linkages between sexual and reproductive health (SRH) and HIV at the policy, systems and services levels. Each country that has rolled out the tool has gathered and generated information that will help to determine priorities and shape national plans and frameworks for scaling up and intensifying linkages. Country experiences and best practices will also inform regional and global agendas.

RECOMMENDATIONS

What recommendations did the assessment produce?

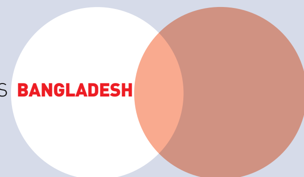
Policy level:

- **Consensus by stakeholders:** Establishing a common understanding of the importance of SRH HIV linkages and integration among stakeholders. The government should lead the planning and implementation processes. UNFPA should take on the coordination role with the active support of other stakeholders whose roles need to be clearly defined.
- **Policy formulation:** Revising the HIV Strategy to specifically incorporate policies for SRH HIV linkages and integration, ensuring that identified challenges and gaps are addressed. This process should include developing strategies and guidelines for interventions, prioritization of affected communities such as key populations and young people, and a clear monitoring and evaluation (M&E) framework. Ensuring the effective participation of stakeholders, including the government, UN, donors, non-governmental organizations (NGOs), religious leaders and civil society in policy development and programme implementation.
- **Other issues to address:** In the revised HIV Strategy, the assessment recommended the inclusion of gender inequalities and gender-based violence (GBV), remedies for HIV-related discrimination, male participation, child marriage, and protection for the rights of people living with HIV (PLHIV).

Systems level:

- **Sensitization on and promotion of linkages and integration:** In order to increase the understanding and acceptance of SRH and HIV linkages and integration:
  - Developing a comprehensive communication plan within the policy framework by means of a thorough needs assessment.
  - Developing communication materials such as a generic training manual, guidelines, radio and TV spots, newspaper features, poster etc.
  - Sensitizing policy planners and programme implementers from a broad range of stakeholders.
- Providing training to government, NGO and community-based programme managers and service providers.

1. This summary is based upon: *Assessment of Status and Need for Linkages of SRH and HIV in Bangladesh: A study report*, Achintya Das Gupta, November 2009.



RECOMMENDATIONS **CONTINUED**

- **Capacity building:** Increasing the capacity of health care workers and institutions to provide linked or integrated SRH and HIV services through comprehensive SRH HIV training, improved infrastructure, working conditions and logistics, and adequate funding.
- **Coordination of funding support:** Donors to take immediate action to coordinate resource mobilization for integrated programmes to replace project-based funding.
- **Monitoring:** Including a comprehensive and supportive monitoring system as an integral part of the HIV Strategy.

Services level:

- **NGOs and networks:** Identifying, strengthening and replicating NGO good practices on SRH HIV integration, including through financial support.
- Strengthening, including through adequate funding, the capacity of service providers to provide high-quality, integrated services.
- The government should further decentralize programme activities to NGOs in conjunction with stricter monitoring requirements.
- **Condom programming:** The 'dual protection' benefits of condoms should be advocated for in the HIV Strategy and programming.

Client perspectives:

- Both government and NGO-based clients suggested that HIV-positive clients should receive appropriate treatment, including drugs free of cost, and nutrition. In addition, the latter group noted that:
  - Each district should have at least one district town facility, so that clients can receive treatment and services nearer to where they live.
  - Pathology and blood supply services should be facility-based.

PROCESS

1. Who managed and coordinated the assessment?

- Mr Achintya Das Gupta was hired as local consultant for the assessment. Dr Khandaker Ezazul Haque, HIV Officer, UNFPA Bangladesh, managed and coordinated the assessment.

2. Who was in the team that implemented the assessment?

- Mr Achintya Das Gupta undertook the assessment with a team of three experienced and skilled interviewers, who were recruited and trained in assessment, methodology, tools and instrument in order to undertake the qualitative data collection.

3. Did the desk review cover documents relating to *both* SRH and HIV?

- The review included a desk and electronic literature review of key national policies and strategies on health, HIV, population, and reproductive health and integration, as well as relevant reports (including unpublished reports and data), web-based documents, training and other communication/promotional materials both in English and Bengali.
- Documents reviewed included: National Strategic Plan for HIV/AIDS 2004–2010, Operational Plan of National Strategic Plan for HIV/AIDS 2006–2010, National Policy on HIV/AIDS and STD Related Issues (1995), HIV/AIDS Strategy for Law Enforcement Agencies (2007), Adolescent Reproductive Health Strategy (2010), and National Health Policy (Draft) (2009).
- There is no national SRH strategy or policy, though some SRH components are included in the National HIV/AIDS Policy and Strategic Plan 2004–2010.

4. Was the assessment process gender-balanced?

- Key informant and provider interviews were based on the positions held by the respective person in the different institutions; as such, it was not possible to consider gender balance in these two contexts. In terms of client interviews, gender balance was ensured.

5. What parts of the Rapid Assessment Tool did the assessment use?

- A standard protocol was used for acquiring necessary information. This involved administration of a set of tools as referred to in the *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide.* The tools were slightly adapted to accommodate the country's perspectives where it was felt necessary.
- It was felt necessary to hold informal discussions with some important personnel at the policy level. For this process, a short instrument was developed to capture ideas and comments on specific issues.

6. What was the scope of the assessment?

- The assessment aimed to review the status of bi-directional linkages of HIV and SRH at the policy, planning and implementation stage. The assessment was expected to identify the elements and the approaches of the desired linkages useful for the governmental–non-governmental organization service providers engaged in SRH and HIV activities and programmes and to pinpoint the existing gaps in order to contribute to the development of specific action plans for strengthening of SRH and HIV programmes of the country.

7. Did the assessment involve interviews with policy-makers from *both* SRH and HIV sectors?

- In depth interviews were conducted with key informants. This included, Director, Directorate General of Health Services, Line Directors of National AIDS STD Program (NASP) and Directorate of Family Planning, HIV officer and National Professional Project Personnel (RH) of UNFPA, Representatives of UNAIDS, civil society organizations, including NGOs, women's groups, networks of PLHIV and representatives of key populations.

8. Did the assessment involve interviews with service providers from *both* SRH and HIV services?

- 80 service providers at 15 NGO clinics and government hospitals were interviewed. Generally, service providers were providing family planning (FP), mother and child health (MCH) and sexually transmitted infection (STI) services and general medical services.

9. Did the assessment involve interviews with clients from *both* SRH and HIV services?

- 100 clients of 15 NGO clinics and government hospitals were interviewed. Most clients were people seeking services for FP, MCH and general medical services.

10. Did the assessment involve people living with HIV and key populations?

- The assessment involved two networks of PLHIV and representatives of key populations, including Mukto Akash Bangladesh and Ashar Alo Society.

FINDINGS

1. Policy level

Consensus by stakeholders:

- There is a lack of conceptual clarity about SRH-HIV linkage issues among stakeholders. It is hard to find specific activities and implementation methods precisely in the HIV Strategy. Integrated planning and implementation of HIV and SRH activities are largely confined to projects rather than programmes.
- There is a lack of consensus among donors, UN agencies, the government, NGOs and the private sector about linkages between SRH and HIV.

Policy formulation:

- There is no specific national SRH strategy/policy, though there are some SRH components included in the National HIV/AIDS Policy and in the National HIV Strategic Plan 2004–2010.
- Despite there being a well-drafted HIV Strategy and other relevant policy documents, there are still gaps with regard to specific policies for linkages and integration of SRH and HIV such as dual protection, and SRH issues. Although the National AIDS/STD Programme (NASP) describes a multi-sectoral approach, integration and linkages were not elaborated upon to answer why and how to integrate, and this is affecting the development of a costed plan.
- Rights issues have been addressed to a small degree in the National Strategic Plan. With regard to PLHIV, it only states that they should be given care by the family, community and society at large and that they need the sort of psychosocial support and treatment for ailments that other people need. In practice, there is no specific treatment strategy for external migrants, youths in general, and at-risk groups. Precise and specific activities on rights-related issues for PLHIV could not be found in the National Strategic Plan or its operational plan. Furthermore, the specific SRH-related needs of PLHIV are not addressed.
- There is legislation to protect the rights of all vulnerable populations, including PLHIV, while the Constitution clearly mentions this in Article 28(1). However, the situation regarding legal protection for discrimination against people living with HIV is unclear, with no case law to date.
- Punitive laws exist for sex work and injecting drug use and criminalize sex between men; however, it could not be ascertained to what degree these laws are applied and their impact on these key populations. There is no law relating to criminalization of HIV transmission.
- Members of the public are more or less informed about the existence of the laws, but are largely unaware of their implications.
- According to the NASP, key populations have received due consideration in the HIV Policy and Strategy. This includes men who have sex with men, sex workers and injecting drug users, sexual minorities, migrants, refugees, displaced populations and young people.

Specific issues:

- While both the Constitution and laws prohibit gender inequalities and GBV, these persist, with enforcement being the principal concern.
- There has been an observable change in GBV, including increased case reporting.
- Women are still largely held responsible for STI and HIV transmission, which is compounded by low levels of male attendance of services.
- Child marriage is leading to early pregnancy and STIs among girls.
- The rights of the PLHIV are often questioned.
- HIV-related stigma and discrimination are rampant. Society and people's attitudes about HIV are still negative.
- Target populations for programmatic interventions are not prioritized in terms of situational need assessments. For example, young people and key populations are not prioritized in programmes.

2. Systems level

Systems:

- 17 medical colleges and infectious disease hospitals are supposed to provide both SRH and HIV services, with some NGOs providing some integrated services; however coordination of activities is almost absent.
- There is a lack of skilled and motivated staff and doctors, staff incentives and laboratory facilities as well as shortages of facility space and hospitals.
- Laboratories provide most HIV- and SRH-related services although CD4 count and HIV viral load testing are unavailable in some laboratories.
- The logistic supply chain is problematic with slow and inadequate supply of commodities, including drugs and condoms. An integrated logistics system for both HIV and SRH commodities may improve supply and reduce costs of condoms, drugs, diagnostic tools, medical supplies and instruments.

Sensitization on and promotion of linkages and integration:

- Many stakeholders had a limited understanding of what SRH and HIV linkages and integration mean, its benefits and the effects of failure to link or integrate services etc.

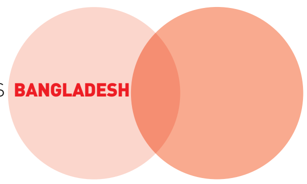
Capacity building:

- Development of institutional and staff capacity is needed for providing integrated services to PLHIV and those visiting clinics for STI management, HIV counselling and testing and other prevention services. For example:
    - Training is required by service providers, doctors, paramedics, counsellors, nutritionists, community outreach workers, traditional birth attendants and traditional healers, hospital nurses, surgeons and gynaecologists, on issues such as SRH, gender, human rights, stigma and discrimination, and providing cost-effective and high-quality HIV services.
    - Institutional capacity building is required, including more space in facilities for services, adequate funding, staff incentives, and adequate and ongoing logistical support.
- There is a lack of service protocols, policy guidelines, training manuals on service linkages and integration.

National documents and guidelines on HIV/AIDS and SRH for service protocols include:

- National Strategic Plan for HIV/AIDS 2004–2010
- National Antiretroviral Therapy (ART) Guideline
- Harm Reduction Strategy for Injecting Drug Users
- STI Management Guideline
- National M&E Framework and Operational Plan
- National Guideline on Management of Opportunistic Infections
- HIV Counselling Manual
- Standard Operating Procedures for Services to People Living with HIV and AIDS
- Counselling Training Manual for PLHIV
- Caregivers' Training Manual to Provide Services to PLHIV
- Peer Educators' Training Manual
- Training Module for Health Managers on HIV and AIDS
- Doctor's Handbook on Clinical Management of HIV and AIDS.

These are being used by different stakeholders, including more than 100 partner NGOs that are implementing HIV programmes, though many are little or only partially used.



Coordination of funding support:

- There is high dependence on project rather than programme funding. There is also a lack of adequate resources, with irregular funding and no steady commitment by donors to provide funding. Sustainability of services cannot be ensured as funds are promised but often fail to arrive.
- Coordination of funding for linkage by donors is limited.
- Donors that support HIV programmes include CIDA, DFID, European Union, Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Government of Japan, Health, Nutrition and Population Sector Programme (HNPSP), UNFPA, US Agency for International Development (USAID) and World Bank.
- Linked SRH HIV activities are funded from the core HIV programme budget with an estimated 10–12 per cent allocated to SRH. There is no separate funding for a SRH component within the broader framework of integrated SRH-HIV programming.
- Quite a number of large donors are funding various HIV projects, which raises the possibility of over -, under- or no funding for important activities, as well as reduced coverage of services through a project-based rather than programmatic response.

Monitoring:

- Programme monitoring is virtually absent or very limited. If the target is not appropriately set and activities designed to achieve it, appropriate tools for monitoring cannot be developed. The result is that monitoring becomes impossible.
- The existing National Strategic Plan for HIV/AIDS 2004–2010 provides limited scope for programme monitoring.
- Monitoring and evaluation, along with specific and self-explanatory monitoring tools, is also not adequately emphasized. It is not clear from the existing system who monitors who, how to monitor, and how the data and results will be managed and utilized.

3. Services level

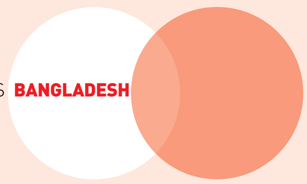
- Government and NGO service facilities offer more or less the same SRH services of similar quality.
- In general, clients visiting NGO service facilities were reportedly more satisfied than those visiting government facilities, mostly due to the fact that more services are available in NGO facilities.
- Clients preferred to receive all their required services from the same facilities on the same day.
- The NASP maintains that prevention of parent-to-child transmission (PPTCT) services are not yet a priority as there is a very limited number of HIV-positive children. A limited number of PPTCT services have been initiated within maternal health services.

NGOs and networks:

- NGOs and the small number of PLHIV networks are providing unique care and support services to PLHIVs, addressing both SRH- and HIV-related needs such as FP and GBV in an integrated way from the same centre.
- However, the capacity of these organizations is limited, suffering funding constraints and shortages of qualified, skilled and dedicated staff.

Condom programming:

- Condoms distribution is restricted to eligible couples for FP purposes and not to all in need such as injecting drug users and young people.
- Promotion of condom for 'dual protection' is limited.
- Female condoms are almost unknown by SRH and HIV service clients, and no promotional activities were identified.



LESSONS LEARNED & NEXT STEPS

1. What lessons were learned about how the assessment could have been done differently or better?

Time constraints:

- This qualitative rapid assessment employed a desk review and informant interviews. The desk review turned out to be an enormous task, which left limited time for interviewing key informants.
- The key stakeholders who provided important information and views could not be consulted again for their impressions of the key findings, which would have enriched the assessment and findings.

Interviewee-related constraints

- Due to their time constraints, many respondents could not provide adequate time, if any at all, for interviews. As a result many had to be contacted and visited again and again, which limited the number of completed interviews.
- Some informants could not be interviewed as they had been transferred to their positions recently and were not yet knowledgeable about the projects that they were due to manage. As a result, important information on specific projects could not be collected.

Sensitivity on funding issues

- The assessment of funding and budgetary matters was subject to stakeholders' willingness to provide information. In most cases, the respondents either did not have correct information on funding availability or did not want to share information.

2. What 'next steps' have been taken (or are planned) to follow up the assessment?

It is expected that the findings of the assessment will be utilized in efforts to establish effective and meaningful SRH HIV linkages as part of an effective, sustainable and cost-effective HIV response. The findings may be utilized by policy-makers, programme managers, service providers from government and non-governmental organizations and private agencies, clients, donors and partners in health, more specifically those who are involved in SRH and HIV activities. It is expected that stakeholders will utilize the findings in their operations and to advocate with other partners undertaking programmatic activities.

Bangladesh did not apply for GFATM Round 10, although it did develop a proposal. As a member of the Country Coordinating Mechanism (CCM) Technical Subcommittee, UNFPA recommended the incorporation of SRH HIV linkage. UNFPA will strongly recommend and provide its full efforts to include SRH HIV linkages in any future GFATM proposal.

3. What are the priority actions that are being taken forward as a result of the assessment, at the:
- **policy level?**
- **systems level?**
- **services level?**

- Formation of a thematic subgroup of the National Coordination Committee on HIV/AIDS has been proposed. The subgroup is in the process of being constituted.
- It is planned to form a national task force/working group on SRH HIV linkages.
- A technical CCM subcommittee has been formed and the recommendations from the assessment will be put forward for consideration in future GFATM proposals.
- Recommendations of the report have been shared and issues of SRH HIV linkage have been incorporated in the National Strategic Plan for HIV/AIDS 2011–2015.

4. What are the funding opportunities for the follow-up and further linkages work?

- There is no specific donor-driven advocacy for SRH HIV linkages or integration, although there are no restrictions on funding for such bi-directional linkage.
- There is scope for funding through GFATM, the HNPSP, and through donors such as DFID, FHI, etc.

Abbreviations

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
CCM	Country Coordinating Mechanism
CIDA	Canadian International Development Agency
DFID	UK Department for International Development
FHI	Family Health International
FP	family planning
GBV	gender-based violence
GFATM	Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
HIV	human immunodeficiency virus
HNPSP	Health Nutrition and Population Sector Programme, Bangladesh
ICW	International Community of Women Living with HIV
IPPF	International Planned Parenthood Federation
M&E	monitoring and evaluation
MCH	mother and child health
NASP	National AIDS/STD Programme
NGO	non-governmental organization
PLHIV	people living with HIV
PPTCT	prevention of parent-to-child transmission
RH	reproductive health
SRH	sexual and reproductive health
STI	sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

FOR FURTHER INFORMATION, PLEASE CONTACT:

Arthur Erken, Representative, United Nations Population Fund,
IDB Bhaban (15th Floor), E/8A, Begum Rokeya Sharani, Sher-e-Bangla Nagar
Dhaka, Bangladesh Dhaka 1207. Phone: +88 02 8141143. Fax: +88 02 9131236

Leo Kenny, Country Coordinator, UNAIDS, IDB Bhaban (8th Floor)
E/8A, Begum Rokeya Sharani, Sher-e-Bangla Nagar Dhaka, Bangladesh
Dhaka 1207. Office: (880-2) 8124051. Email: kennyl@unaids.org

Dr A. Mannan Bangali, National Professional Officer, Vector Borne Diseases
(VBD), World Health Organization, Bangladesh. Email: bangalim@searo.who.int
Tel: (8802) 8831 392; 8831 415; 8831 423; 8831 570.

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