Stop Partnership Pakistan

Community, Rights and Gender Country Profile

Working Document





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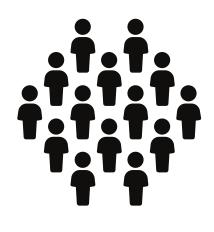
CRG Interventions



CFCS Round 10 Partners







220.89 million people

Working Document



High TB and MDR-RR Burden Country

S THE GLOBAL FUND

High Impact Asia



UNHLM Targets

Resource Needs (2022) 714.11 million (USD)

Available TB Funding 2020 (USD)

Domestic: 3.3 million International (Excluding Global Fund): 0.0million Global Fund: 40.9million Funding Needs: 157.9million

Diagnosis and Treatment Targets (2020) TB Target: 498,100 % Target Achieved:56





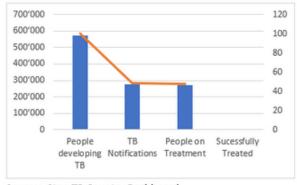
National Strategic Plan and Funding Opportunities

- Next National Strategic Plan Development: 2023
- Next Global Fund funding request (proposal development): 2023

Stop B Partnership

TB Situation

Epidemiological Data (2020)



Source: Stop TB Country Dashboard

- Major Gaps in TB Prevention and Care
- 300,010 Missing people with TB (36,949 were children)

2020)

44,000 people died because of TB
2 689Laboratory confirmed people with MDR/RR-TB (WHO data,

Community, Rights and Gender Data

The CRG assessment showed the following: Accessibility Barriers: There is no law or policy for healthcare access. Laws criminalizing same sex relations and other sexual activity impede access to TB & HIV services. Law doesn't ensure safe, respectful, dignified treatment of key populations in healthcare. Access to TB services is hindered by long wait times, cost of initial tests and travels to clinic and limited clinic hours. **Quality issues:** law doesn't ensure safe, respectful, dignified treatment of key populations in healthcare, stigmatizing and discriminatory attitudes among HCWs, instances of improper diagnosis, poor infection control at health facilities, poor responsiveness, long wait times, lack of trust between patient and provider.

Acceptability issues include harassment and denial of services for trans persons, discriminatory and abusive attitudes of HCWs in public and private clinics, lack of gender sensitive health services, no gender training for HCWs, long wait times, lack of privacy and confidentiality at health facilities including physical infrastructure and operational procedures ("common counters" for people with TB), Also, no law or policy recognise and protects privacy and confidentiality of people with TB.

Discrimination issues: There is no legal prohibition of TB discrimination and no formal mechanism to combat stigma discrimination in NSP. HCWs in public and private clinics have discriminatory and abusive attitudes. There is no legal or policy prohibition of gender discrimination in healthcare. Self-stigma, stigma and discrimination from the community discourages and impedes the use of services.

Freedoms: laws criminalizing same sex relations and other sexual activity impede access to TB & HIV services. Also, there is lack of privacy and confidentiality at health facilities, including physical infrastructure and operational procedures. There are no law or policy that recognize or protects privacy and confidentiality of people with TB

Gender: gender and age disaggregated data is unavailable at national level. There is Low knowledge of TB among trans persons. Law prohibits discrimination and denial or unfair treatment in healthcare for trans persons, but harassment and denial of services is common for trans persons. Fear and stigma has greater impact on women causing socio-economic harm. There is also a lack of gender sensitive HCWs & health services, no gender training for HCWs and no legal or policy prohibition of gender discrimination in healthcare. Key and Vulnerable Populations: are PLHIV, including TB/HIV coinfection, MSM and trans persons. Disaggregated data is unavailable for key populations at national level. Also, NSP doesn't define key population. NTP doesn't have a strategy that recognise or prioritizes key populations (HIV program does). Participation: there are some engagements with key populations but not reflected in services. Communities not aware of formal mechanism for participation in national planning for TB. there is a TB representative on GF

CCM but does not influence decision making for resource allocation or prioritization of gender and rights-based interventions or drugs and medical supplies.

Remedies and Accountability: there is no formal mechanism to combat stigma in NSP, no access to justice or monitoring mechanism for rights violations in healthcare settings, no constitutional or statutory mechanism for protection of human rights. there is ack of legal remedies for people with TB and accountability mechanisms for government and healthcare providers for rights violations.



Community Engagement and Representation

Active National Stop TB Partnership

Yes

National Network of People Affected by TB

- TBpeople Pakistan and Pakistan Anti TB Association
- TB Network/Community represented on CCM
 - Yes

National High-Level Engagement with Parliamentarians

• Yes

Celebrities Engagement in TB response

• Yes

Challenge Facility for Civil Society Round 10

- Association of People Living with HIV (APLHIV Pakistan)
- Association for Social Development (ASD)
- Dopasi Foundation
- CFCS Round 10 Regional Level

Partners

 Asia Pacific Council of AIDS Services Organization (APCASO)

Global Network:

- TB People
- Lean on Me Foundation/TB
 Women



Community Rights and Gender

- CRG Assessment Complete
- Costed CRG Action Plan
- TB Stigma Assessment Conducted
 No
- TB Stigma Elimination Plan Available
- Community-led Monitoring Mechanism in place

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CFCS Round 10 Grantees

Association of People Living with HIV

(APLHIV Pakistan)

- Global Fund Sub Recipient
- Project Location: National Level
- Timeline: November 2021 November 2022
- Objectives
 - To ensure the right level of advocacy and engagement of National Stakeholders in monitoring and ensuring that the UNHLM 2022 targets are achieved.
 - To contribute towards National TB program recovery from COVID-19 to meet the UNHLM 2022 targets.
 - To transform the TB response to be rightsbased, gender transformative and people centered.



CFCS Round 10 Grantees

Association for Social Development (ASD)

- Global Fund Sub Recipient
- Project Location: Punjab Province
- Timeline: November 2021 November 2022
- Objectives
 - To prepare for Implementation of DR-TB
 Survivors Engagement
 - To implement and monitor DR-TB survivor engagement intervention at 10 PMDT sites
 - To design and conduct method-mix evaluation of the TB Survivor engagement.



CFCS Round 10 Grantees

Dopasi Foundation

- Global Fund Grant: No
- Project Location: Pakistan and Afghanistan
- Timeline: January 2022 January 2023
- Objectives
 - To support Pakistan in furthering their TB-UNHLM commitments and reaching the UNHLM TB interim 2022 targets and commitments.
 - To ensure that TB & COVID-19 affected communities and civil society are working in tandem with sensitized, strengthened, and capacitated legal and mental health professional societies, advocating for provision of all dimensions of TB care and support as a matter of right, and for recovery efforts to mitigate the impact of COVID on the TB Response.
 - Adapting and scaling up OneImpact platform available to the people affected by TB/COVID19 to access mental health and peer support alongside legal support when and where required.
 - Documenting the CRG best practices and lessons learnt



Questions? Contact us.

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