Stop TB Partnership hosted by UNOPS

Bangladesh

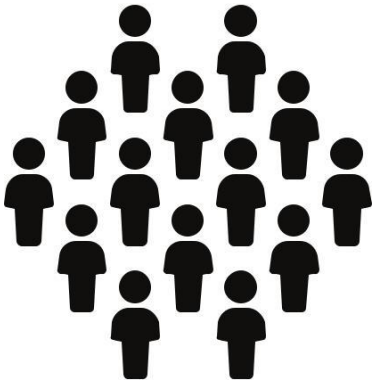
Community, Rights and Gender Country Profile

Working Document

Table of Contents

- Quick Facts
- UNHLM Targets
- National Strategic Plan and Funding Opportunities
- TB Situation
- Community Engagement and Representation
- CRG Interventions
- CFCS Round 10 Partners
- CFCS Round 11 Partners

Quick Facts



169 million people (2021)

Working Document

High TB and MDR/RR-TB Burden Country

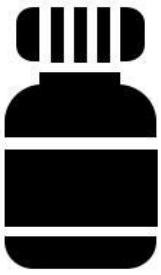
High Impact Asia

UNHLM Targets

Resource Needs (2022)
186.55 million (USD)

Available TB Funding 2020 (USD)
Domestic: 13.5million
International (Excluding Global Fund): 15.5million
Global Fund: 49.4 million
Funding Needs: 135.3 million

Diagnosis and Treatment Targets (2020)
TB Target : 340,400
% Target Achieved : 68



Prevention Therapy (2022)
Total PT Targets: 349,340

*Please note that this will be updated in October after 2023 UNHLM on TB
Source: Stop TB Partnership Dashboard

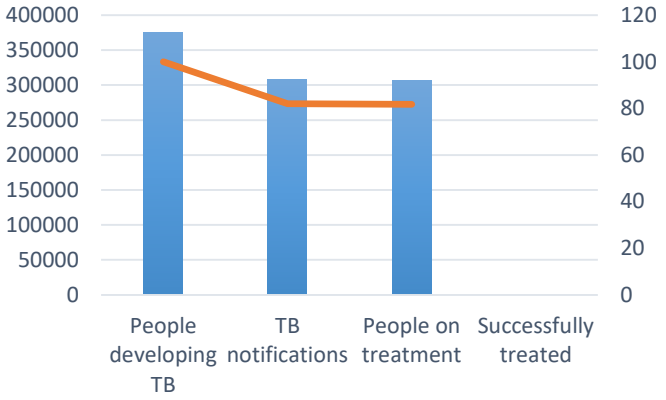
National Strategic Plans and Funding Opportunities

- Next National Strategic Plan Development: 2025

- Global Fund funding request proposal development: 2023

TB Situation

Epidemiological Data (2021)



Major Gaps in TB Prevention and Care

25,676 Missing people with TB (4780 were children)
12,000 people died because of TB
1495 Laboratory confirmed people with MDR/RR-TB (WHO data, 2021)

Community, Rights and Gender Data

The 2018 CRG assessment identified several barriers in relation to accessibility, acceptability, availability, discrimination, freedoms, gender, and key and vulnerable populations. Here is a summary of the findings:

Availability, Accessibility, Acceptability, and Quality (AAAQ): There is a lack of policies promoting counseling services, resulting in low awareness and fear of financial burden among the poor. Counseling services, although supposed to be free, are not easily accessible, particularly for disabled individuals and in "hard-to-reach" geographic areas. Limited operating hours of health facilities and lack of services near workplaces pose challenges for workers. Inadequate awareness and information about TB symptoms, available services, social support, and treatment exist in prisons.

Availability Barriers: Screening guidelines are not consistently implemented, and there is a shortage of trained healthcare workers (HCWs) and health facilities in prisons. Additionally, laws criminalizing drug use and sex work contribute to delays in diagnosis and treatment.

Discrimination issues: There is no legal prohibition of TB discrimination, leading to fear and delays in seeking diagnosis and treatment among workers. Discrimination persists in the workplace, with workers losing jobs and facing discrimination from coworkers. Divorce among men and women with TB was also observed..

Freedoms: Laws criminalizing drug use and sex work hinder prompt diagnosis and treatment. Laws authorizing invasive isolation do not align with WHO Ethics Guidance. Furthermore, there is a lack of recognition and protection of privacy, confidentiality, and informed consent for TB treatment.

Gender: Sex-disaggregated data, including for transgender individuals, is lacking. Some areas lack gender-sensitive services and do not include transgender identities in service formats. Women receive less nutrition than men, and delays in accessing TB services occur due to social-cultural norms, family decision-making processes, and patriarchal structures. Gender inequality in Parliament hampers gender equity, and women have low legal literacy, impacting their knowledge of rights and remedies. Some TB centers are "women-friendly," potentially deterring men.

Key and Vulnerable populations: Garment/factory workers, urban poor (especially "slum dwellers"), and the elderly are prioritized as Key and Vulnerable populations. However, there is no specific policy or initiatives for disabled individuals or transgender populations. Similarly, national guidelines on children were not being implemented. Prisons face overcrowding, poor ventilation, inadequate nutrition, lack of information, and limited HCWs and health facilities. Migrants experience barriers to accessing health services and live in unhealthy conditions, increasing their risk of TB. Poor integration of TB/HIV services and stigma/discrimination also contribute to TB risk among people living with HIV (PLHIV).

Source: HHR: Health and Human Rights Journal: Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment

Community Engagement and Representative

Active National Stop TB Partnership

- Yes

National Network of People Affected by TB

- No

TB Network/Community represented on CCM

- Not Available

National High-Level Engagement with Parliamentarians

- Not Available

Celebrities' Engagement in TB response

- Not Available

Challenge Facility for Civil Society Round 10 Regional Level Partners

- Asia Pacific Council of AIDS Services Organization (APCASO)

CFCS Round 11 Regional Level Partners

- Asia Pacific Council of AIDS Services Organization (APCASO)

Global Network:

- Lean on Me Foundation

Community, Rights and Gender

- CRG Assessment Complete ✓
- Costed CRG Action Plan (pending release) ✓
- TB Stigma Assessment Conducted ✗
  - No
- TB Stigma Elimination Plan Available ✗
  - No
- Community-led Monitoring Mechanism in place ✓
  - In progress
- Legal and Human Rights Scorecard Assessment ✓
  - In progress

CFCS Round 10 Grantees

International Centre for Diarrheal Disease Research, Bangladesh (icddr,b)

Global Fund Principal Recipient

Project Location: Sylhet, Mouvibazar, Rajshahi, Sirajganji and Chapaianawabganj districts and Parliamentary caucus at the central level

Timeline: January 2022 - January 2023

Objectives:

- To increase political commitment for TB in Bangladesh through the engagement of parliamentarians and strategic stakeholders.
- To engage key populations in monitoring the TB response for enhanced social accountability in TB.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 10 Grantees

Nari Maitree

Global Fund Sub Recipient

Project Location: Mohakhali, Mirpur, Mohammadpur and Dhalpur in Dakar
Timeline: December 2021 - December 2022
Objectives:

- To mobilize, empower and meaningfully engage female slum dwellers in the design, delivery and monitoring of the TB response in Dhaka city.
- To improve referrals to TB and COVID services, using a gender transformative, community-driven response to TB in four areas in Dhaka city.
- To improve treatment outcomes for people with TB and COVID-19, using a gender transformative, community-driven response to TB in Dhaka city.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels

CFCS Round 11 Grantees

International Centre for Diarrheal Disease Institute of Allergy and Clinical Immunology of Bangladesh (IACIB)

Project Location: Savar Sub District in Dhaka district with a Nationwide coverage
Timeline: May 2023 to April 2024
Aim:

- To promote human rights-based TB response to eliminate all sort of discrimination and ensure effective implementation of national TB Strategy/Policy and achievement of UNHLM TB targets in Bangladesh

Objectives:

- To build capacity on Human Rights advocacy of the TB Community in Dhaka district and make them able to claim their rights
- To build a network and movement to reduce TB-related human rights and gender barriers to using CRG tools by 2024,
- To promote TB – CRG involving civil societies and other stakeholders to eliminate TB-related stigma and discrimination in communities, health care settings, and workplaces by 2024
- To promote the inclusion of TB CRG in National Strategy and policies that facilitate an enabling environment to access people with TB by 2024
- To participate in advocacy and accountability initiatives by ensuring Community led Monitoring system by 2024

COUNTRY PROFILE BANGLADESH

CFCS Round 11 Grantees

KHULNA MUKTI SEBA SANGSTHA (KMSS)

Project Location: City Ward, Dhaka North City Corporation, Dhaka South City Corporation, Khulna City Corporation
Timeline: May 2023 – April 2024
Aim:

- To empower the marginalized population through increased awareness on prevention and management of Covid-19 among TB patients and the community and make the health system more inclusive through responsive, gender transformative and innovative interventions for improved screening, referral, and adherence to TB treatment during the pandemic and beyond.

Objectives:

- To sensitize, empower and effectively engage marginalized population (women, transgender, floating population and people living with disability) in the design, implementation and monitoring of the TB and Covid-19 response in three areas in DNCC (03 wards), DSCC (9 wards) and KCC (16 wards) by 2024.
- To Improve referral to TB using a gender transformative meaning there should be no gender inequality for TB patients and TB programs must build the capacity to identify and address gender inequalities and biases in TB programming and services, community-driven inclusive (community people, women, and LGBTs) and resilient response to TB in 12 Wards in Dhaka and 16 Wards in Khulna in Bangladesh.
- To Improve treatment outcomes and to develop a strong national-level TB Survivors network for TB, using a gender transformative, community-driven, inclusive (community people, women, and LGBTs, TB Survivors) response to TB in 12 wards in Dhaka city and 16 wards in Khulna city Bangladesh.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 11 Grantees

Nari Maitree

Project Location: North City Corporation and South City Corporation in Dhaka, Bangladesh
Timeline: April 2023- April 2024
Aim:

- To implement Advocacy, Communication, and Social Mobilization (ACSM) activities to increase case finding among specific vulnerable population groups of Dhaka city

Objectives:

- To build up advocacy, community engagement and raise awareness about TB and COVID-19 to promote care seeking among antenatal and postnatal mothers of Dhaka city corporations
- To supports affected TB communities (particularly women, children, and adolescent) and focus the response on community-led engagement, human rights, and gender equality for vulnerable population in 16 wards of Dhaka city
- To create positive behavior changes influences decision makers, engage and empower communities through Advocacy, Communication, and Social Mobilization (ACSM) activities in 16 wards of Dhaka city
- To strengthen the community-based monitoring framework for CRG-related TB interventions and include a focus on availability, accessibility, acceptability, and quality of TB services to develop TB Legal environment and Human Rights Scorecard by 2024
- To increase users of the OneImpact application to empower people affected by TB by 2024
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels

Stop TB Partnership hosted by UNOPS

Questions?
Contact us.

cfcs@stoptb.org