

Bangladesh

Community, Rights and Gender Country Profile

WORKING DOCUMENT



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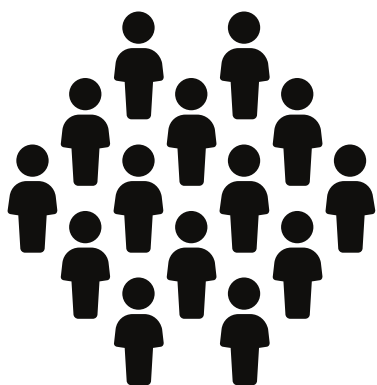


CRG Interventions



CFCS Round 10 Partners

Quick Facts



165 million people

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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

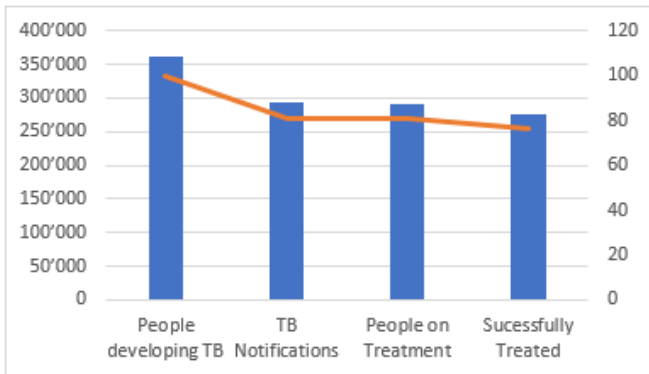
% Target Achieved: 68

National Strategic Plans and Funding Opportunities

- Next National Strategic Plan Development: **2025**
- Next Global Fund funding request proposal development: **2023**

TB Situation

Epidemiological Data (2019)



Source: [Stop TB Country Dashboard](#)

Major Gaps in TB Prevention and Care

- 129,919 Missing people with TB (20,637 were children)
- 44,000 people died because of TB
- 1,113 Laboratory confirmed people with MDR/RR-TB (WHO data, 2020)

Availability Barriers: lack of implementation of screening guidelines, lack of trained HCWs or health facilities in most prisons, laws criminalizing drug use and sex work cause diagnosis and treatment delays.

Discrimination issues: no legal prohibition of TB discrimination, fear of discrimination among workers with TB leads to diagnosis and treatment delays, despite workers' association policy that provides 14 days paid leave. Employment discrimination occurs when workers with TB lose jobs and face discrimination from coworkers. Also, some men divorce women because of TB.

Freedoms: laws criminalize drug use and sex work cause diagnosis and treatment delays. Laws authorizing invasive isolation doesn't sufficiently protect rights in line with WHO Ethics Guidance. There is no law or policy recognition and protection, privacy and confidentiality of people with TB, and lack of informed consent policy for TB treatment

Gender: no sex-disaggregation data including for transgender, no gender sensitive services in some areas, no transgender identity in "service formats", women receive less nutrition than men. Also, women experience delays in accessing TB services due to social-cultural norms, family decision-making processes and other patriarchal structures. Men divorce women with TB, gender inequality in Parliament impedes gender equity, low legal literacy among women including knowledge of rights and remedies. Some TB centers are "women-friendly," with women HCWs but may deter men.

Key and Vulnerable population prioritized: garment/factory workers urban poor (especially "slum dwellers") and the elderly. There is no policy or initiatives for the disabled and no transgender identity in "service formats." Lack of implementation of national guidelines for children, prisoners who experience over-crowding, poor ventilation, inadequate nutrition, lack of information about TB or treatment, lack of HCWs & health facilities in most prisons. Migrants lack access to health services and live in unhealthy conditions which increase risk of TB. Poor integration of TB/HIV services and stigma/discrimination increase risk of TB in PLHIV.

Community, Rights and Gender Data

The CRG assessment revealed the following:

AAAQ: There is no policy promoting counseling services. Services supposed to be available for free but low awareness and fear of financial burden delays diagnosis and treatment among the poor.

Accessibility Barriers: There is no policy or initiatives for disabled persons, TB services are inaccessible in "hard-to-reach" geographic areas. The limited hours operating hours of health facilities and lack of services near workplaces makes it difficult for workers to access services. There is low awareness and information about TB symptoms, available services, social support and TB treatment in prisons.

Acceptability issues: no gender sensitive services in some areas, no transgender identity in "service formats," lack of national guidelines for children, some TB centers are "women-friendly" with female HCWs but may deter men and lack of informed consent policy for TB treatment.

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

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

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 (pending release) ✓
- TB Stigma Assessment Conducted ✗
 - No
- TB Stigma Elimination Plan Available ✗
 - No
- Community-led Monitoring Mechanism in place ✗
 - No

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, Bangladesh
- 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.

Questions? Contact us.

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