

# Bangladesh

## UNICEF HIV and AIDS Programming Country Profile 2006

UNITE FOR CHILDREN  
UNITE AGAINST AIDS

### HIV and AIDS in Bangladesh

The first case of HIV was reported in Bangladesh in 1989. Since then a total of 650 cases of HIV have been officially reported as of December 2005. However, due to the limited access to voluntary and counselling services, the number of HIV positive people who are not aware of their HIV status may be high. According to estimation of UNAIDS, the number of people living with HIV at the end of 2005 was 11,000.

Since 1998, behavioural and serological surveillance has been regularly conducted among certain groups of the population such as drug users, sex workers and men having sex with men. HIV prevalence rate among all the groups included except for injecting drug users is < 0,1%. Among injecting drug users, prevalence has increased from 1.7% in 2001 to 4.9% in 2005. Based on the existing available data, it is believed that the overall HIV prevalence in the country is still low. However, data needs to be interpreted with caution since the surveillance is conducted in cities where HIV prevention activities take place and among those receiving services from NGOs.



The emerging HIV epidemic in Bangladesh could easily be accelerated by a diversity of socio-cultural and economic factors. The most important factors that may fuel the epidemic are poverty, gender inequality, gender-based violence, mobility of the population (within and out of the country) and a culture of silence on what is considered sensitive issues such as reproductive health and sexuality.

The situation is compounded due to persistency of risky behaviours such as low condom use rates among men buying sex from female or male sex workers or high rate of needle exchange among those using drugs, as well as by low levels of knowledge about HIV and AIDS and low perception of personal risk among vulnerable populations. Furthermore, low compliance with universal precautions in health care settings and constraints in the enforcement of blood safety measures in the private sector may contribute to an expansion of the epidemic beyond those with known risky behaviours.

Due to the prevailing social norms and values, it may be believed that youth are not at risk in Bangladesh. However, several studies show that youth are voluntarily or forcedly exposed to sexual experiences. The majority of youth have heard of HIV, but the percentage that knows how to prevent it is still low. The 5<sup>th</sup> National Behavioural and Serological Surveillance (2004) showed that almost 2 out of 10 of male college and university students had premarital paid sex but few of them used condoms. Similar findings were done in a base line survey conducted among youth in 2005.

### Vulnerabilities and risks facing children and young people

- Socio-economic disadvantage and exclusion – particularly of girls and young women
- Gender inequality and gender based violence
- Low levels of literacy and education, particularly among girls and women
- Rights of children and adolescents violated
- High risk behaviours
  - low condom use during transactional or casual sex
  - needle sharing among drug users
- Infrastructural factors – limited access to youth friendly services and VCT
- Low levels of knowledge about how HIV is transmitted.
- Low levels of knowledge on sexually transmitted infections (STI)

### HIV and AIDS Estimates

(Source: UNAIDS, Report on the Global AIDS Epidemic 2006)

Number of people living with HIV	11,000
Adults aged 15 to 49 HIV prevalence rate	< 0.1
Adults aged 15 and over living with HIV	11,000
Women aged 15 and over living with HIV	1400
Deaths due to AIDS	< 500

unicef

## Strategy and Objectives

In 2006, UNICEF Bangladesh developed its Strategic Plan for HIV and AIDS in support of the national response. The overall aims for the next five years are:

- a. To limit transmission of HIV within and beyond the priority group
- b. To assist in creating a society in which the epidemic has difficulty in taking hold

A number of implementing strategies have been planned for each of the three key areas identified in the Strategic Plan:

### Key area 1: Primary prevention of HIV among young people

- Create an enabling environment for the implementation of HIV projects among youth
- Increase understanding of the social and epidemiological dynamics of HIV among youth
- Introduce life skills based education for healthy living in the curricula of secondary schools
- Introduce peer lead life skills based educations as extra curricula activity in selected areas
- Develop Life Skills education and HIV for most the most vulnerable groups of youths
- Link information and skills based interventions with services such as youth friendly clinics in collaboration with WHO and UNFPA

### Key area 2: Children orphaned and made vulnerable by/to HIV

- Advocacy to create a supportive environment for vulnerable children
- Community mobilization to develop and implement community base responses
- Strengthen the capacity of families to protect and care for orphans and vulnerable children
- Capacity building of partners to strengthen their capacity to support vulnerable children
- Reduce violence against women and children and improve the justice system so it addresses their needs

### Key area 3: Prevention of parent-to-child HIV transmission

- Create an enabling environment for the implementation of PPTCT intervention
- Prevent HIV infection among couples of reproductive age
- Prevent HIV infection from HIV positive mother to their infants
- Provide care and support for HIV positive couples and their children and families ('PPTCT plus')
- Capacity building among health professionals

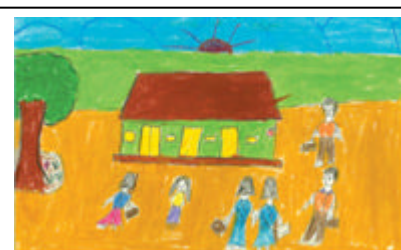
## UNICEF's HIV and AIDS Programme Areas

**Prevention:** Reduce adolescent risks and vulnerability to HIV by increasing access to and use of gender-sensitive prevention information, skills and services.

The country has a young and mobile population. Youth are particularly vulnerable to HIV infection not only due to physiological vulnerability but also due to their own transition to adulthood and the transition of the Bangladeshi society as result of the incorporation into the global culture and economy. While more than 85% of youth had heard of HIV, the knowledge regarding HIV transmission and prevention is poor as shown in the baseline HIV survey conducted in 2005 among Youth in Bangladesh. Less than 3% of youth perceived themselves at risk of getting infected with HIV in spite of relatively high prevalence of premarital sex (22% and 2% of unmarried males and female respectively) and low rate of condom use among youth.

The Global Fund to fight AIDS, tuberculosis and Malaria supports the implementation of an HIV prevention project among young people. Through the project, HIV has been included as a topic in the secondary schools and youth friendly services has been expanded. UNICEF will complement these activities by supporting the Ministry of Education to develop and introduce a life skills based education on healthy living in secondary schools.

However, one of the major remaining challenges is to reach the most vulnerable youth and those at especially high risk. To address this challenge, UNICEF Bangladesh will capitalize on the experience gained since 2004 working with HIV prevention among high risk groups as part of its support to the GoB to implement the HIV and AIDS Prevention Project (HAPP) funded by the World Bank and DFID. In addition, UNICEF will develop curricula and introduce life skills based education on HIV for working children attending learning centres.



### Targets

✘ Adolescents aged 10-18 years in selected districts have correct information and can practice life skills to reduce their vulnerability to HIV in an enabling environment

✘ Adolescents girls and boys develop skills in supporting peers with life skills to be protected from HIV

✘ Adolescents and young people who are most at risk have access to information, skills and services to prevent HIV infection

## Current programmes

### ✂ **Basic Education for Hard To Reach Urban Working Children (BEHTRUWC) Project**

This project aims to cover 200,000 working children of 10-14 years (majority girls) in major urban areas. It is one of the major non-formal education projects in Asia. Life skills-based education on HIV will be incorporated in the curricula in the learning centres.

### ✂ **Empowerment of Adolescent Project**

This project supports one million adolescent who will have access to peer education for life skills to protect themselves from exploitation, violence, abusive practices and HIV. It also supports the establishment of networks for adolescents. The project aims to promote community mobilization to protect children against abuse, exploitation and violence

### ✂ **Life Skills based education in Secondary Schools**

The project aims to incorporate in the curricula of secondary schools life skills based education for healthy living. Curricula and training material for parents and teachers is under development (2006).

## Future Programming Priorities

- ✂ Strengthen the capacity of NGOs and CBOs for youth empowerment
- ✂ Develop interactive education for young people most-at-risk
- ✂ Life skills based education for in and out of school young people, including involvement of parents and teachers
- ✂ Linking information and skills-based intervention with services such as youth friendly clinics and voluntary counselling and testing, prevention and treatment of STI and access to condoms
- ✂ Involvement of religious leaders and faith based organizations

**PMTCT Plus:** Reduce HIV infection among pregnant women and prevent transmission of HIV to their infants.

**Paediatric treatment:** Universal access of HIV infected children to treatment, care and support.

There is not enough data to assess the HIV situation among pregnant women. However, anecdotal evidences indicate that the number of babies born to HIV positive couples has increased during the last years. Due to the low rates of HIV prevalence among men and women of reproductive age in Bangladesh, nationwide HIV screening in antenatal centres is not an appropriate approach. Instead, voluntary and confidential counselling and testing services should be offered to pregnant women and their partners in communities (geographical or social networks) where HIV prevalence is particularly high. The service will offer an entry point not only for primary prevention of HIV among couples but also for prevention of HIV transmission from HIV positive mothers to their infant and to provide care and support for women their children and family. HIV care and treatment should be provided by a multidisciplinary team, composed of physicians, nurses, medical officers, counsellors, social workers, community advocates, outreach workers and peer educators.

UNICEF has assisted the Government of Bangladesh to identify sites where PPTCT plus will be piloted. The GoB is in the process of developing guidelines in relevant areas, such as counselling in the antenatal settings, HIV treatment and HIV paediatric care. It is envisaged that implementation will start in 2 sites in 2006-2007.

## Future Programming Priorities

- ✂ Enhance understanding of the HIV epidemic among pregnant women and their partners
- ✂ Integrate PMTCT into MCH and ANC system with focus on primary prevention
- ✂ Develop community support for antenatal care services in general and PPTCT in particular
- ✂ Strengthen capacity on PPTCT plus among health care workers in selected sites
- ✂ Development of Paediatric AIDS treatment guidelines and government support, including education, healthcare, nutrition and psycho-social support.



## Targets

- ✂ Policies and Guidelines on VCT, ARV, HIV and Infant Feeding, Paediatric AIDS developed
- ✂ Capacity of the service providers are strengthened in providing comprehensive PPTCT plus
- ✂ Two facilities started to provide PPTCT package of intervention



### Targets

- ✂ Children made vulnerable by HIV and AIDS have access to and benefit from care and support service.
- ✂ Children will be protected through more effective legislative and enforcement systems
- ✂ Child Rights Commission will be established and address children's issues
- ✂ Communities knowledgeable of action to protect children against abuse, exploitation and violence in selected areas.
- ✂ Information available and disseminated on issues related to children at risk.

### Protection, care and support for children affected by HIV and AIDS:

Increase the proportion of children orphaned and made vulnerable by HIV and AIDS receiving quality family, community and government support, including education, healthcare, nutrition and psycho-social support.

It is estimated that 5.3 million children in Bangladesh have lost their mother, father or both parents. The number of children affected by HIV is still low.

Children who lose their father become vulnerable because they lose the protection of their families and communities. A large proportion of these children suffer repeated abuse and stigmatization and they are pushed out of the communities. The children and their mother have little access to social and economic resources, and when they leave their community their overall vulnerability and their risk relative to HIV increases drastically.

In 2005, UNICEF in collaboration with the Ministry of Women and Children Affairs conducted a study on vulnerability of children to HIV. The study will guide future strategic action to protect vulnerable children

### Future Programming Priorities

- ✂ Assist the development of policies as well as legal and institutional reforms
- ✂ Strengthen social and community-based protection services
- ✂ Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others
- ✂ Community mobilization to make gender-based violence unacceptable
- ✂ Strengthen partnerships with international and national NGOs and United Nations agencies, including the ILO and the UNDP

### Partnerships:

UNICEF Bangladesh is working closely together with...

- ✂ **NGOs & CBOs:** UNICEF has been working closely with NGOs and CBOs, especially for the implementation of Life skills based education on HIV for street children and for boys and girls scouts
- ✂ **Media:** UNICEF has organized training on HIV for young journalists

#### UNICEF Bangladesh

BSI, Office Complex  
1, Minto Road  
GPO Box 58  
Dhaka 1000  
Bangladesh  
Tel: +880 2 9336701  
Fax: +880 2 9335641

#### UNICEF Regional Office for South Asia

HIV/AIDS Section  
Lekhnath Marg, Lainchaur  
P.O. Box 5815  
Kathmandu  
Nepal  
Tel: +977 1 4417 082  
Fax: +977 1 4419 479



### Relevant Documents:

- UNICEF Bangladesh Strategic Plan for HIV (2006-2010)
- National Strategic plan for HIV and AIDS (2005-2010)
- National Communication strategy on HIV & AIDS
- Report on study on Children and Families affected by HIV and AIDS