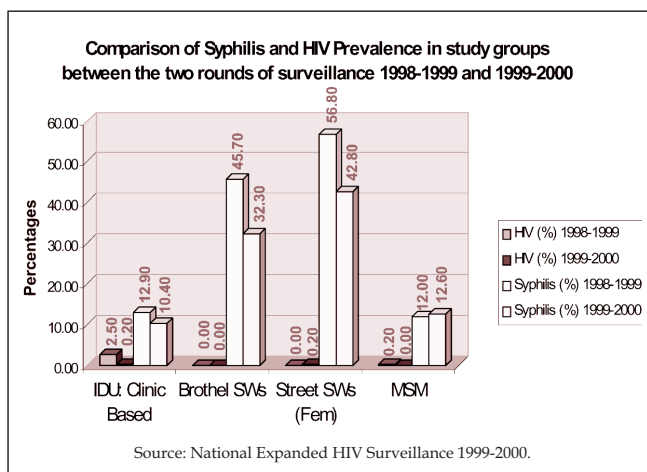


FHI FOCUS ON Bangladesh

Background

Bangladesh is still a low HIV prevalence country, but faces tremendous challenges in remaining so. Although the first two national HIV Sentinel Surveillance rounds indicated low HIV prevalence among high risk groups such as Injecting Drug Users (IDUs), Male and Female Sex Workers and Transgenders, the simultaneously undertaken Behavioral Sentinel Surveillance (BSS) among the same groups showed very high rates of risk behavior, low condom use, low levels of risk perception and alarming levels of self-reported sexually transmitted infections (STI). FHI's behavioral research among other high-risk groups strongly supports the BSS data and indicates that Bangladesh may not escape an HIV/AIDS epidemic.



Strategy

The groups most vulnerable to HIV/AIDS in a low prevalence setting are sex workers and their clients, males having sex with males (MSM) and IDUs. Funded by USAID/Bangladesh, the FHI program, in collaboration with other key players, responds by reducing the HIV/AIDS vulnerability of these high risk groups through targeted interventions. FHI also supports national surveillance and additional research to monitor the epidemic in Bangladesh and to identify appropriate interventions.

Program Accomplishments

The FHI/IMPACT Office in Bangladesh has accomplished the following since its inception in August 2000:

1. Provided technical and financial support to the third round of the national BSS (2000/2001) which surveyed male and female sex workers, MSM, IDUs, transport workers and rickshaw pullers.
2. Provided technical and financial support to the Bandhu Social Welfare Society for the implementation of a MSM sexual health program in Dhaka, Chittagong and Sylhet.
3. Conducted a landmark assessment of hotel-based sex workers which revealed an unserved target group which is extremely vulnerable to STI/HIV/AIDS.
4. Developed and supported a pilot project, based on the research findings of the hotel-based sex worker study, consisting of peer education, condom promotion, STD service provision and behavioral change communication (BCC), including Lifeskills.
5. Provided technical assistance to the Social Marketing Company on raising HIV/AIDS awareness in their condom social marketing campaigns.
6. Conducted a regional workshop for "Hijras" (transgenders) and established a project for Hijras called "Shustha Jibon" as part of the Bandhu Social Welfare Society Program.
7. Validated and updated a geographical information system (GIS) database of NGO interventions in Bangladesh to strengthen NGO coordination.

8. Initiated a multiple partner national assessment on opioid/opiate use, involving all key players in this field in Bangladesh, which aims to explore the broader picture of opioid/opiate use and look at responses that have evolved for informed program development.
9. Established an AID(S) Task Force chaired by FHI Bangladesh, consisting of all organizations receiving USAID support for HIV/AIDS interventions. This Task Force is gradually being expanded to include organizations which do not receive support from USAID.

The Challenges

The most critical challenges are:

- Targeting high-risk groups, such as residence-based sex workers, who are currently not being reached, and conducting the massive operations research necessary to develop evidence-based programming for these populations
- Rapidly scaling up programs for high-risk groups such as MSM, IDUs and hotel-based sex workers.
- Developing BCC capacity, currently scarce in Bangladesh, to build the skills of high-risk groups to reduce their HIV/AIDS vulnerability.
- Improving the quality and access to STI services for high-risk group on a national scale.
- Marketing a good quality lubricant in order to stimulate consistent condom use among sex workers.

Future Program Priorities

Program priorities of FHI Bangladesh are:

- Strengthening an expansion of the MSM, the hotel-based sex workers and the transgender programs.
- Completion of the national assessment on opiate/opioid use and the development of effective interventions for drug users.
- Operations research followed by the development of interventions for other high risk groups (e.g. residence based sex workers).
- Sexuality and Lifeskills (BCC) training for NGOs.
- Introducing HIV/AIDS issues into Social Marketing Program.
- Fourth national round of Behavioral Surveillance Survey.
- Availability of lubricants for sex workers.

Partner Agencies

- Bandhu Social Welfare Society - Male Sexual Health Program
- ORG-MARG Quest Ltd - Third Round of BSS & Hotel Based SWs and Alternate Venue SWs

Assessment

- Geographical Solutions Research Center (GSRC Ltd) - GIS Database Development
- SRISTI HIV/AIDS Prevention Project - Hotel Based SWs Pilot Project

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