

# ANNUAL REPORT

July 2017- June 2018



Association for Prevention of Septic Abortion, Bangladesh (BAPSA)



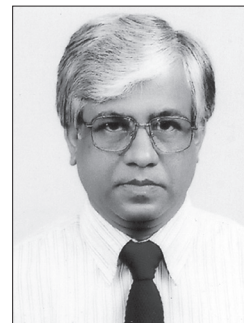


## MESSAGE FROM THE PRESIDENT

On behalf of Association for Prevention of Septic Abortion, Bangladesh (BAPSA) we would like to thank our development partners: Sida, EKN, ADB, SAAF, Guttmacher Institute, Ipas, Bangladesh GFATM & Brac, Unicef and RFSU, for their support and cooperation. Currently BAPSA runs 10 different projects and all these are being supported by the development partners. All the current projects of BAPSA are working for improving the quality of SRHR services in urban and rural areas of Bangladesh. BAPSA is emphasizing for improving the adolescents reproductive health and rights in the country. We also would like to express our deep appreciation to NGO Affairs Bureau, DG Health and DGFP of MOHFW for their continuous support and co-operation to BAPSA.

We do appreciate the hard labor of BAPSA staffs and their efforts for bringing out this Annual Report.

Mrs. Mahnur Rahman  
President, BAPSA  
M.S.W. USA  
Director (Rtd), Ministry of Health and Family Welfare



## MESSAGE FROM THE DIRECTOR

Association for prevention of Septic Abortion, Bangladesh (BAPSA) started its journey 37 years back in early 1982, as a pioneer organization to combat unsafe abortion in the country. BAPSA is providing Sexual Reproductive Health & Rights (SRHR) services with a view to providing quality services primarily targeting the slum dwellers, garment workers, low and lower-middle income groups and disadvantaged urban and rural population. BAPSA deeply believes in promoting quality SRHR services by engaging different stakeholders and actors. BAPSA is thriving for achieving sustainability and all the current activities are being re-shaped taking this into consideration. This will be possible with the concerted effort of all stakeholders' and actors.

BAPSA started working exclusively with the urban and rural adolescents and considering the growing demand of the adolescents' reproductive health services, BAPSA established two Youth Friendly Service Center in Mirpur Area of Dhaka City. BAPSA extended its collaboration, cooperation and network to other national and international reproductive health providing organizations and NGOs. This impacted on skill development and organizational improvements.

BAPSA is grateful to the Ministry of Health and Family Welfare: the Directorate General of Health Services and the Directorate General of Family Planning for their all-out support to carry out the project activities. BAPSA owes to Sida, the Embassy of the Kingdom of Netherlands (EKN), Guttmacher Institute, ADB, and GFATM, SAAF, Ipas and RFSU for providing us with the opportunities to continue services to the underserved urban and rural population.

The management got immense support and guidance from the Executive Committee of BAPSA. In regular routine meetings, they provided us with their invaluable advices for improving the management and project implementation including the financial management. BAPSA is thankful to RHSTEP for providing support and cooperation for implementing SRHR project jointly.

Finally, I am indebted to all my colleagues and staffs as without their all-out support it would not have been possible to achieve the performances that we are now proud of.

Altaf Hossain  
Executive Director, BAPSA



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## BAPSA

Association for prevention of Septic Abortion, Bangladesh (BAPSA) started its journey in 1982 by a group of reputed gynecologists headed by late Professor Syeda Firoza Begum with an aim to improve the reproductive health care services through reducing maternal mortality and morbidity caused due to unsafe abortion in the country.

### Vision

“Safer society ensuring equitable quality sexual and reproductive health care”

### Mission

Create enabling environment by:

- Ensuring easy access to affordable quality SRHR services
- Developing skilled and gender sensitive professionals
- Empowering community with SRHR knowledge
- Strengthening advocacy and networking mechanism
- Generating new knowledge related to SRHR through research initiatives

### Key Values

- Discipline
- Diligence
- Honesty
- Accountability
- Integrity
- Gender sensitivity
- Zero tolerance to Sexual harassment
- Zero tolerance to corruption
- Transparency
- Professionalism

# INTRODUCTION

This annual report covers the period from July 2017 to June 2018. But some of the projects are of different periods. BAPSA has been providing SRHR services both at clinics and at non clinical settings to the vulnerable urban and rural population including adolescents.

The reports covered the following projects activities:

Project title	Supported by	Location
Strengthening of Safe MR and Family Planning services and Reduction of Unsafe Abortions for Improving SRHR Situation in Bangladesh (Safe MR Project)	Sida	<ul style="list-style-type: none"> <li>○ Dhaka</li> <li>○ Gazipur</li> <li>○ Noakhali</li> </ul>
Urban Primary Health Care Service Delivery Project (UPHCSDP)	Asian Development Bank, Sida	<ul style="list-style-type: none"> <li>○ Zone 3 of Dhaka South City Corporation</li> </ul>
Improving SRHR Situation in Selected Urban and Rural Areas of Bangladesh	Swedish Sexuality Education program (RFSU)	<ul style="list-style-type: none"> <li>○ Dhaka</li> <li>○ Bogra</li> </ul>
Study of the Incidence of Abortion and Menstrual Regulation in Bangladesh and their Role in Maternal Mortality	Guttmacher Institute, New York, USA.	<ul style="list-style-type: none"> <li>○ All over Bangladesh</li> </ul>
BAPSA-Ipas Project on Prevention of Maternal Death from Unwanted Pregnancy (PMDUP) and Long and Short Acting Reversible Contraceptives (LARC)	Ipas, Bangladesh	<ul style="list-style-type: none"> <li>○ All over Bangladesh</li> </ul>
Unite for Body Rights (UBR)-2 Program	The Embassy of the Kingdom of Netherlands(EKN)	<ul style="list-style-type: none"> <li>○ Mymensingh Sadar Upazila.</li> </ul>
Nirapod-2: Empowering Women on Sexual and Reproductive Health & Rights and Choice of Safe MR and FP.	The Embassy of the Kingdom of Netherlands(EKN)	<ul style="list-style-type: none"> <li>○ Naokhali</li> <li>○ Laxmipur</li> </ul>
Establishing Adolescent Friendly Health Services (AFHS) in Zone II of Dhaka North City Corporation	UNICEF, Bangladesh	<ul style="list-style-type: none"> <li>○ Dhaka</li> </ul>
BAPSA NFM TB Control Program	GFATM (Through-brac)	<ul style="list-style-type: none"> <li>○ DSCC</li> </ul>

# STRENGTHENING OF SAFE MR AND FAMILY PLANNING SERVICES AND REDUCTION OF UNSAFE ABORTIONS FOR IMPROVING SRHR SITUATION IN BANGLADESH (SAFE MR PROJECT)

This project is being implemented in collaboration with Reproductive Health Services Training & Education Program (RHSTEP) with the support of Swedish Sida.

## Goal

The Goal of this project is to improve Sexual and Reproductive Health Rights (SRHR) and wellbeing of women and adolescents in Bangladesh.

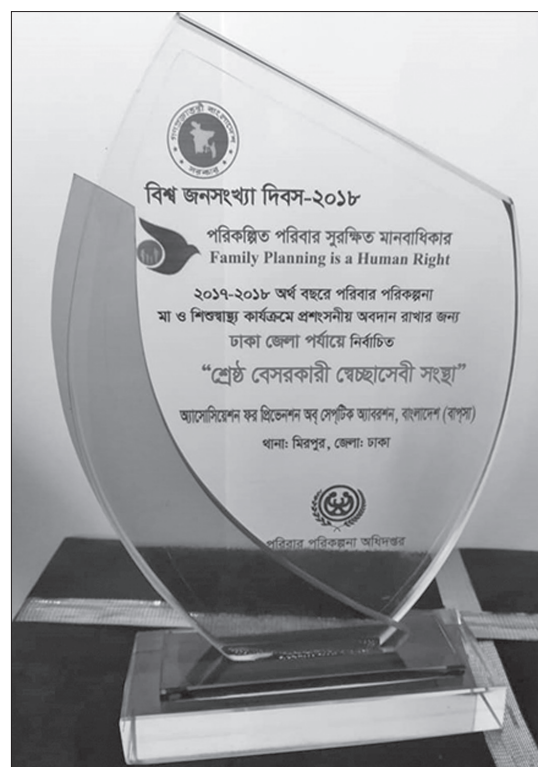
## Purpose

The purpose of the project is to contribute in reduction of Maternal Mortality, morbidity from unsafe abortion and improve the SRHR situation of women and adolescents in the project areas.

## Objective(s)

The objectives of the project are to:

- I. improve access to MR and PAC services;
- II. improved availability of SRHR services for youth and adolescents;
- III. generate increased demands for SRHR services among the catchments area population;
- IV. strengthen advocacy and policy dialogue to sustain enabling environment for safe MR and SRHR services and SGBV;
- V. Generate and disseminate evidence for improved SRHR services and Policy influence;
- VI. Strengthening ICT for transparency, accountability and better management of the project;
- VII. Achieve sustainability of the SRHR Consortium partners.



## Policy Dialogue

The project intended to start policy dialogue at the national level on Safe MR and Unsafe abortion related issues, combating early marriage and unintended pregnancies and promotion of Long Acting Reversible Contraceptive (LARC) methods and other pertinent issues of women health and rights.



## Outcome

Outcome-1: Improved Skills of Service providers for SRHR services.;

Outcome-2: Improved capacity of the consortium in SRHR program management..

Outcome-3: Increased access to quality SRHR services for women, adolescents and men;

Outcome-4: Enhanced knowledge of the women and adolescents in the project areas to make informed choice pertaining to their sexual and reproductive health needs;

Outcome-5: Strengthened monitoring, Research, Evaluation and Documentation processes in the consortium.

Outcome-6: Strengthened advocacy and social networking initiatives for improving SRHR situation.

Outcome-7: Sustainability of the consortium improved.

## Major Activities of the Project

Major activities of the project consist of two categories of services;

- a) Clinical services and
- b) Non-clinical services.

a: Clinical Services : Activities & Performances (July 2017 to June 2018)

SI	Name of Activity	TOTAL OF 7 CLINICS		%
		Target	Achievement	
1	Refresher MR Training	35	26	74%
2	Staff Capacity Development	64	70	109%
3	MR/MRM Related Services	26,000	10,767	41%
4	Contraceptive Services (Post MR Clients)	4,279	4,172	97%
5	Contraceptive Services (Non MR Clients)	29,000	16,393	57%
6	Management of side effects of Contraceptive service	3,000	1,614	54%
7	Limited Curative Care (LCC)	55,696	34,471	62%
8	Maternal Health Care (Safe Motherhood Support)	15,100	16,068	106%
9	PAC	1,000	575	58%
10	OB/GYN Problems	25,299	17,272	68%
11	Via test	2,500	1,182	47%
12	Pathological Service	30,000	23,436	78%
	Blood test	12,500	12,148	97%
	Urine test	7,500	4,637	62%
	Ultra sonogram	10,000	6,651	67%
13	BCC /Out Reach Program (Marketing Clients for Service)	48,000	40,401	84%

Poor Patient Treated for the period from July 2017 to June 2018.

Period (July -2017- June 2018)	TOTAL OF BAPSA CLINICS	
	No. of Patient Treated	
	Free	Discount Rate
<b>TOTAL</b>	<b>70,221</b>	<b>16,561</b>

b. Non-Clinical Services: activities & performances.

- Liaison and Organizing M.R. Training.
- Orientation of Front Line FP Workers on Prevention of unwanted pregnancy and unsafe abortion in the country.

## Seminar/workshop

Workshop on Focusing safe MR and Reduction of Unsafe Abortion in Bangladesh:

The overall objective of the Workshop program was to sensitize community people on the consequences of unwanted pregnancies and unsafe abortions. In Bangladesh M.R. rejection rate is still unacceptably high among the Married Women of Reproductive Age (MWRA). And the reasons for rejection are longer duration of pregnancy, bulky uterus, and also appearance of the clients before six weeks as mentioned by the service providers and councilors. It's therefore, appeared that still many women who want to avoid unwanted pregnancy do not know about the actual duration of M.R. In light of these findings, BAPSA undertook activities to get the information through oral communication with women by utilizing the community peoples at the grass-root levels.

During the workshop, Government officials and community leaders such as: UH&FPO, UFPO, Upzila Chairmen, College/School teachers, Madrasa teachers, Chairman/ Counselors/ members, local service providing NGOs, phamacists and others were present. Well organized training materials were used and distributed among the participants.

Workshop on Adolescent Reproductive Health In Bangladesh:

Adolescent sexual and reproductive health and rights issue is one of the priority areas of BAPSA. Health consequences of unsafe abortion are particularly acute for adolescent's girls. The prevailing socio-cultural





norms in the society prohibit disclosure of information about sexual activity as well as health; adolescents are highly ignorant about the STDs and RTIs. In this backdrop, to address the above mentioned problems, the project undertake the activities for educating, motivating and encouraging Community People to: create awareness on reproductive health of adolescent, consequence of early marriage, personal Hygienic of adolescent girl, drug addiction among the adolescent, use of contraception, Sexual abuse, Nutritional status of Adolescent and other related issues; improve their health status; provide counseling services as and when necessary; distribute related materials to the participants regarding adolescent health problems. During the workshop Adolescent boys and Girls, community leaders such as: Upzila Chairmen, College/School teachers, Madrasas teachers, Chairman/Counselors/ members, Imam and others Influential people were present. Well organized training materials were used and distributed among the participants.



## Network meeting with like-minded organizations and Stakeholder on SRHR issues:

BAPSA organized different network meetings with many organizations working on SRHR in the country. These network meetings would help in developing ownership of the MR/PAC program including SRHR issues thus would be supportive recognizing SRHR as a priority issue for women, men and adolescents in the country. In these meetings, government officials, representative of likeminded NGOs were present. A total of 8 Meetings were organized during this period. The details of the meetings/ workshops are given below:

### Organize meeting with Garments workers on SRHR issues:

BAPSA organized meeting with different Garment workers on SRHR, issues. A total of 06 meetings were organized during the reporting period. In these meetings Garments owners and workers participated. A total of 8 Meetings was organized during this period.

### Organize meeting with Community support group:

BAPSA organized Community support group meetings with different community stakeholders for providing support to BAPSA clinical activities. Community leaders, social workers and local elites participated in these meetings. They were oriented about BAPSA activities and seek their support to voluntarily participate and provide their valuable participation in different activities undertaken in the communities.

## Non-Clinical Performance:

SI #	Name of Activity	July 2017 to June 2018		
		Target	Achievement	%
<b>01.</b>	<b>Workshop/Seminar/Meeting</b>			
	Organize Network meetings with like-minded organizations, GoB on SRHR issues.	8	8	100%
	Workshop/Seminar with Garments Authorities	6	6	100%
	Workshop/ Seminar with Community Support Group (CSG)	8	8	100%
	Workshop/Seminar on Adolescent Reproductive Health	8	8	100%
	Workshop/Seminar on M.R. Program and Unwanted Pregnancy	8	8	100%
<b>02.</b>	<b>Maintaining Liaison and Organizing for MR Training</b>			
	Organize Refresher Training for FWV/Paramedic	131	69	53%
	Organize Training for FWV/SACMO/Nurse	80	68	85%
	Organize training for Community volunteers and Peer educators	100	71	71%
	Staff development training	64	70	109%
	Adolescent fair at School	4	4	100%
<b>03.</b>	<b>BCC/Advocacy Activities</b>			
	BCC/Advocacy on creating awareness on the consequences of unwanted pregnancy and septic abortion in the community (Door to door visit)	48,000	41,781	87%

## Staff Development Training:

The project has undertaken different trainings to develop the capacity of the officials, trainers and service providers of the consortium. This helped the project to create skilled workforce to implement the programs effectively. Keeping this view, BAPSA organized different training for its clinical and others staff. The details of the training are shown below:



## Staff Development Training:

SL No	Name of Training	Duration	Objective	Participants	Category of Participants	Organized By
1	Training On "Gender and Human Rights based Approach"	26-12-17 to 28-12-2017	# To explain the concepts of Human rights, Gender and Rights based Approach. # To define patriarchy as a root cause of discrimination between man and women # To list up roles and responsibilities of a Non Govt. Organization for mainstreaming the RBA and gender in their program and management	13	DD(training & research), Doctors, Paramedic, MIS officer, Accounts-cum-admin officers, Monitoring officer, Project coordinator	BAPSA
2	Training On "Gender and Human Rights based Approach"	31-12-2018 to 02-01-2018	# To explain the concepts of Human rights, Gender and Rights based Approach. # To define patriarchy as a root cause of discrimination between man and women # To list up roles and responsibilities of a Non Govt. Organization for mainstreaming the RBA and gender in their program and management	27	DD(A&F), Program Coordinator, Accounts officer, Training officer, Store in Charge, Office Secretary, Medical officers, Paramedic, Field staff	BAPSA
3	Training on MR,MRM & PAC	13-25 January,2018	The objective of this training program was to create provision of safe MR services for the women contributing to the reduction of overall maternal mortality.	1	Paramedic	BAPSA
4	Training on MR,MRM & PAC	07-22 July, 2018	The objective of this training program was to create provision of safe MR services for the women contributing to the reduction of overall maternal mortality	1	Nurse	IPAS,BAPSA
5	Training on M&E	22-24 July,2018	Will learn how to monitor and evaluate projects, programmers and organization. Will adapt to ask and answer typical M & E questions, Such as : Which data do we need to understand the context, outputs, outcome and impact? Who collects, analyses and process these data, when and how? Will experience how monitoring and evaluation can be turned into (participative) learning. Will be able to design, organize and steer evaluations in such a way that they contribute to accountability and stimulate learning by all	10	Deputy Director (Training & Research), Deputy Director (Finance & Accounts), Program Coordinator, Accounts Officer, HR & Training officer, Logistic in Charge, Accounts -cum- Admin Officer, Monitoring officer,	MDF, Bangladesh

SL No	Name of Training	Duration	Objective	Participants	Category of Participants	Organized By
6	Capacity building training on complain response mechanism & hospital waste management	06 September, 2018	The objective of this training program was how to Manage clinical waste & Quality Improvement in Occupational Health	16	Program Coordinator, Doctors, Accounts Officer, HR & Training officer, Accounts -cum- Admin Officer, paramedic, Nurse, counselor	BRAC
7	Training on MR,MRM & PAC	4-19 September, 2018	The objective of this training program was to create provision of safe MR services for the women contributing to the reduction of the reduction of overall maternal mortality	1	Paramedic	IPAS,BAPSA
8	Refresher Training on MR,MRM & PAC	4-10 September, 2018	The objective of this training program was to create provision of safe MR services for the women contributing to the reduction of the reduction of overall maternal mortality	1	Nurse	IPAS,BAPSA
9	Staff Development Training on SRHR	25-09-18 To 27-09-18	To improve the quality of services and skills of the service providers /Field Staffs several in-house training sessions wear organized. These are: Communication, SRH&R and on the technique of the counseling This training were organized at each clinic levels, internal resource persons were used and the methods of the training were participatory.	17	Field Supervisor, Service Promoter, Volunteer	BAPSA
10.	Volunteer & Peer Educators Training	6 & 7 May,2018,29 & 30 July, 2018, 18 & 19 September, 2018, 22 & 23 September, 2018.	To aware the Volunteer and Peer Educator about SRH&R services provided by BAPSA and enhance their knowledge about SRHR. Motivate them for referring clients at BAPSA clinics. This training were organized at each clinic levels, internal resource persons were used and the methods of the training were participatory.	71	Selected Volunteer from community	BAPSA
	<b>Total</b>			<b>158</b>		

## Adolescent Health Fair- October, 2017- September, 2018 in the catchment area:

BAPSA as a part of its 'Adolescent Reproductive Health Education Program' organized a series of events to emphasis the adolescent's issues. To develop understanding and modern outlook among the adolescents many activities have been organized during this reporting period under this project. Adolescents fair was one of these activities. A total of 4 (Four) 'Adolescent Health Fair' were organized in Schools. The main objective of the fair was to raise awareness on SRHR issues during adolescence, encourage positive health practices and to organize health education through amusement among adolescents and their gate-keepers. Each fair boasted of fairly elaborated display of BCC materials. Besides, to make the adolescents familiar, there were stalls in each fair to display cheap and available fruits, vegetables and other nutritious foods vital for the physical and mental development of the adolescents. Each fair began its activities with several events such as health discussion, debate on different prescribed health issues such as early marriage, necessity of health awareness during adolescence, negative impact of drug etc. Competition on writing essay and poems on health issues, reciting poems, art competition, health quiz contest, and dress as you like etc were arranged. Music, dance, Jarigan, group dramas on health issues were also staged in a competitive basis in each fair and prizes were distributed among the winners. More than 1374 adolescents were present in the fairs along with teachers, parents, and they were found very active.



### Adolescent fair at School:

Sl. No.	Date	Center Name	School Name	Participants
01	27-01-18	MRHC- 3	Sheikh Kamal School, Mirpur, Dhaka	310
02	14-04-18	MRHC -1	Mirpur Shahin School, Mirpur, Dhaka	412
03	28-09-18	MRHC - 6	Rahim Ali and Krid School, Boardbazar, Gazipur	310
04	29-09-18	MRHC - 2	Saroj School, Mirpur, Dhaka.	342
<b>Total Participants</b>				<b>1374</b>

## Promotion of Gender issues among the employees of BAPSA

### Special Program on Gender:

For deeper understanding of gender and enhance practices within the organization, BAPSA undertook few special activities to promote gender issues among the employees of the organization. In this reporting period BAPSA organized special program: a day long orientation program for all project staff for orienting them on Gender, Human rights & Right based approach. Then BAPSA organized 02 batches Training on "Gender and Human Rights based Approach". The total number of participants was 51 and the training enhanced knowledge and understanding with gender. They prepared work plan, gender sensitive vocabulary, and guideline for the use of the employees of the organization. Training details are given below:

### Overall objectives of the training were:

1. To explain the concepts of Human rights, Gender and Rights based Approach.
2. To define patriarchy as a root cause of discrimination between man and women.
3. To list up roles and responsibilities of a Non Govt. Organization for mainstreaming the Right Based Approach and gender in their program and management.

### The following specific objectives were set for the training:

- To build a learning team and create a favorable environment.
- To define rights and Human Rights.
- To identify the elements and characteristics of HR.
- To identify the fundamental principles of HR.
- To prepare a list of different tasks of human being
- To explain the basic concept of gender and sex.
- To identify Gender roles and division of labor.
- To explain how division of labor formulates discrimination between men and women.
- To identify the role of patriarchy in gender role and gender division of labor.
- To explain how patriarchy controls over women's life through social stereotype.
- To define power and analyses the sources of power.
- To describe gender-related barriers in access to power and Rights.
- To define gender needs and explore affirmative action's to fulfill gender needs.





- To define Discrimination.
- To examine the hidden stereotypes.
- To analyses the safe guards those protecting the patriarchy.
- To identify and mention national and international initiatives towards gender equality.
- To describe the key articles of CEDAW.
- To conceptualize the RBA.
- To list up some roles and responsibilities of a Non Govt. organization for mainstreaming the RBA and gender in their program and management.

BAPSA also organized a campaign program at Beguntala Slum on the issues of gender based violence. In this campaign, the adolescents of BAPSA presented drama on gender base violence. Deputy Director of Family Planning, Secretary of ward number Five of Dhaka North City Corporation and local leaders and community people of Beguntala slum participated in the program. The program was followed by very colorful cultural events which were organized by the adolescent of BAPSA.



## Awarded as Best NGO in Dhaka District:

BAPSA was awarded as the Best Clinical Service providing NGO in Dhaka district by the Directorate General of Family Planning of Ministry of Health and family Welfare of the Government of Bangladesh. BAPSA's Rural Reproductive Health Clinic also awarded as the best performer NGO at Begumgonj Upazila of Noakhali district.



# URBAN PRIMARY HEALTH CARE SERVICE DELIVERY PROJECT (UPHCSDP)

The Urban Primary Health Care Services Delivery Project (UPHCSDP) has been initiated by the Bangladesh Government through the Ministry of Local Government and Rural Development, and is being implemented by City Corporation by involving partner NGOs/City corporations. The objectives of the Project, as determined by UPHCSDP, are two-folds:

- To reduce preventable mortality and morbidity among women and children, by strengthening the Primary Health Care Center (PHCC) infrastructure, and ensuring that the poor receive good quality, preventive, promotive and curative health services; and
- Sustain improvements in PHCC by building the capacities of Local Government and changing the role of the government in the provision of health care services

## Location of the Project

BAPSA has been implementing the UPHCSDP project in partnership Agreement Area -3 of Dhaka South City Corporation and covering the Hazaribagh and Lalbagh Thanas of Dhaka South City concerning the Wards – 22, 23, 24, 27, 28, and 29. The PA-3 is operating 1 Maternity Center (CRHCC), 6 Primary Health Care Centers (PHCC). Every month, 300 Satellite Clinics were organized mainly within the slum areas and also in some hard-to-reach areas. These SCs are run mainly by the Paramedic's. BAPSA has received eight constructed Primary Health Care Centers, 1 Maternity center. The Maternity is located at Ward # 22. All the 6 PHCCs and Maternity Center are functioning efficiently.

## Major areas of Services

The major areas of services as provided by UPHCSDP are given bellow:

- Reproductive Health Care;
- Child Health Care;
- Limited Curative Care;
- Behavior Change Communication;
- Assistance to women who are victims of violence;
- HIV/AIDS, STI/RTI related activities;
- Management and Control of STI/RTI; and
- BCC on HIV/AIDS, STI and RTI.

The details of services provided by the UPHCSDP clinics are described below:

**Reproductive Health Care Services:** In the settings of Urban primary health care Services Delivery project, comprehensive reproductive health care services are being provided. This includes ANC, delivery care, PNC, M.R, Adolescent health, FP Management and prevention of RTI/STDs/AIDS.

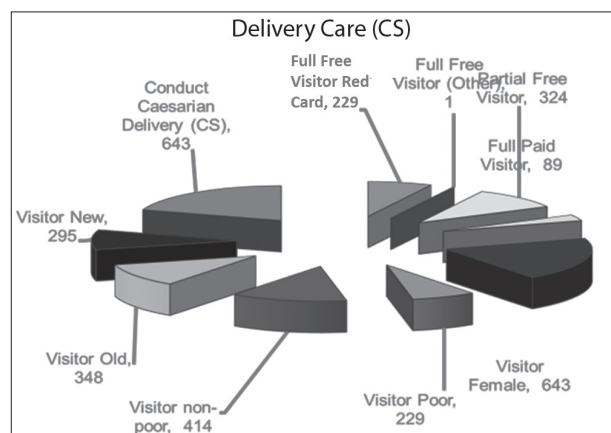
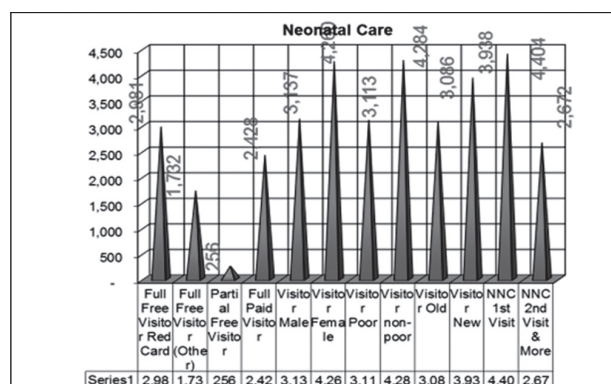
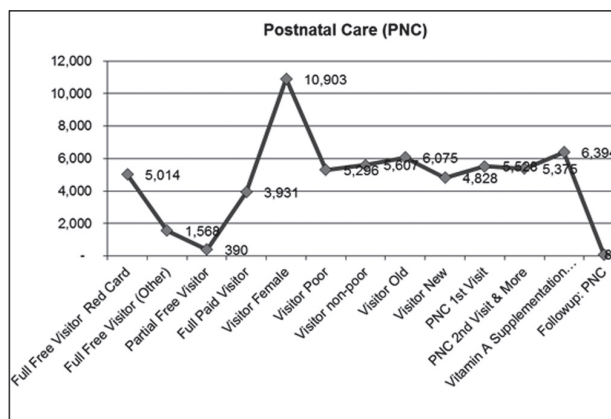
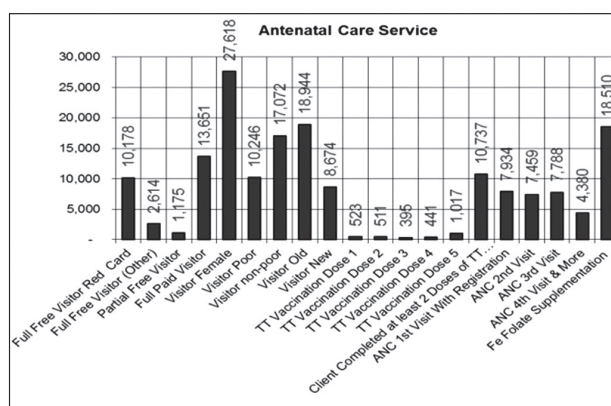
**Antenatal Care services:** During the reporting period a total of 27618 ANC services have been provided through all the clinics of UPHCSDP. Out of this a total of 27618 poor women received services and 12792 women received full free services and 10178 received partial free services.

**Postnatal Care:** PNC includes identification of women with danger sign and manage it, referral of women with unmanageable danger sign and supplementation of Vitamin-A capsule within forty-two days of delivery. UPHCSDP clinics provided PNC services to 10903 mothers. During this reporting period a total of 10903 received full free services and 6582 received partial free services. For the first visit 5528 clients appeared and for the second visit it was 5375 clients.

**Emergency Obstetric Care:** Under UPHCSDP-, PA-3, BAPSA from the Maternity Centre necessary services are being provided to manage the pregnancy related complications. A total of 2048 deliveries have been conducted. Out of this 643 were caesarian and 1405 normal deliveries. A total of 643 caesarians were conducted free of cost.

**Neonatal Care:** PA-3, BAPSA UPHCSDP-, provided 7397 neonatal services; out of this 4713 were provided free services.

**MR Services and Post Abortion Care:** In this reporting period a total of 2267 MR services have been provided. Out of this, a total of 680 MRs were provided free of cost. Again post abortion care were provided to 367 women and out of



this 1003 clients were provided services free of cost to the poorest of the poor women of the project areas.

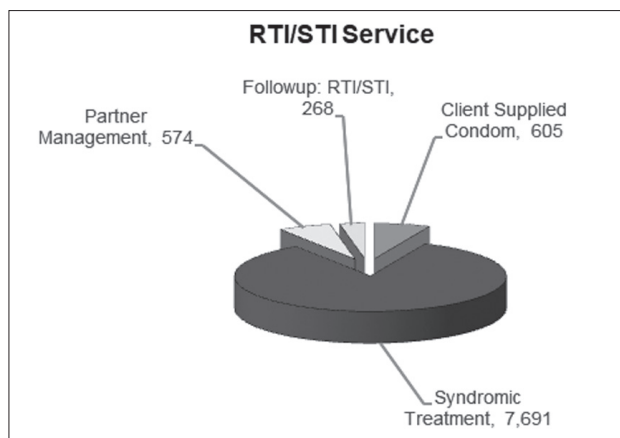
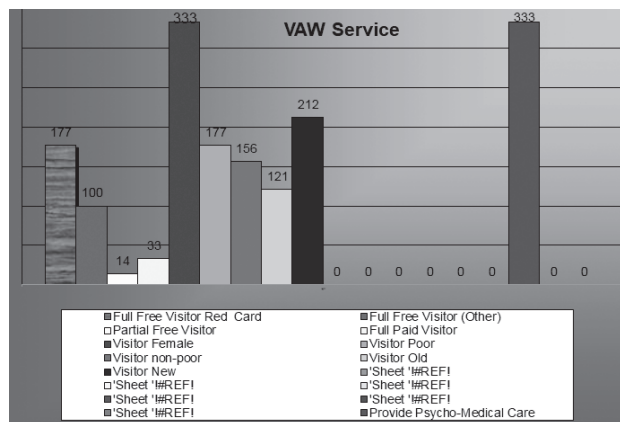
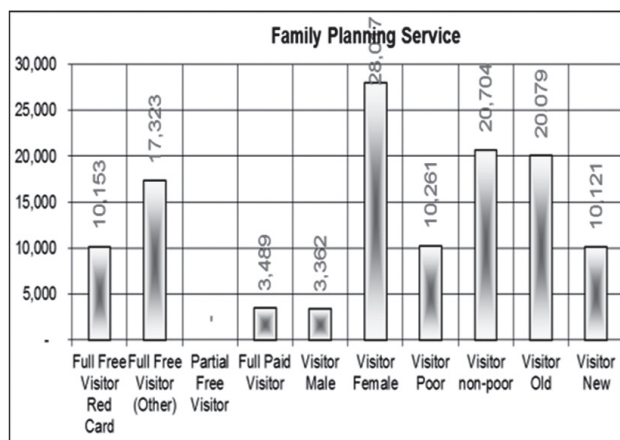
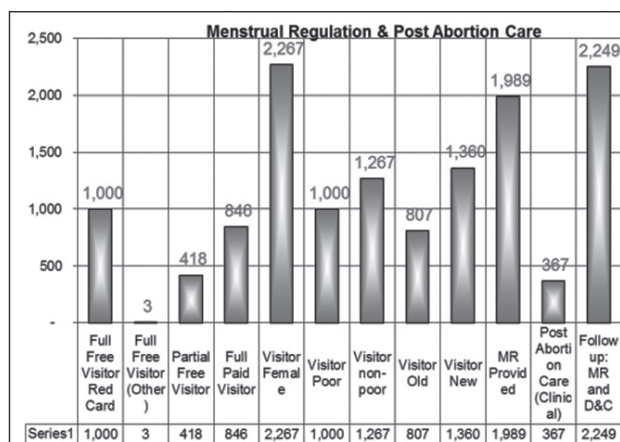
**Family Planning Services:** Family Planning can reduce the risk of unwanted pregnancies and incidence of high risk birth by spacing and limiting the number of children. During the year 31379 were given different types of FP methods. 27476 of the clients received free and partial free services.

**Management of Violence against Women:** Management of violence against women includes identification of early marriage, dowry, acid throwing, physical assault, mental abuse, provisioning of providing psycho-medical care. In this reporting period 333 cases were provided with different kinds of services and all of them were free of cost.

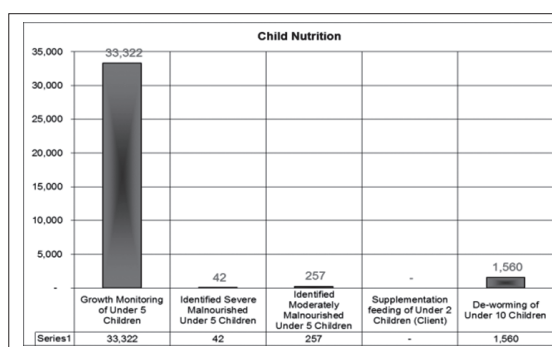
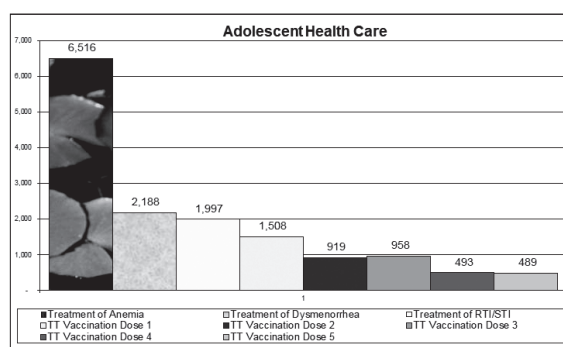
**Prevention and Control of RTIs, STDs and HIV/AIDS:** Emphasis was given on the treatment and management of RTI and STD cases. During this period 9138 RTI/STD cases were treated.

**Adolescent Care:** The program focuses on adolescents' reproductive health and their physical and mental development. Adolescents are imparted with knowledge on their reproductive health and education on puberty, safe sexual behavior and how to avoid health risk including STD/HIV/AIDS. Also advices on proper nutrition and hygiene and information and assessment of various services were provided. During this reporting period 15068 adolescents received services, Again 8735 adolescents received free and partial free services.

**Other Reproductive Health Care:** Under this category of services the table shows the services provided by the project:







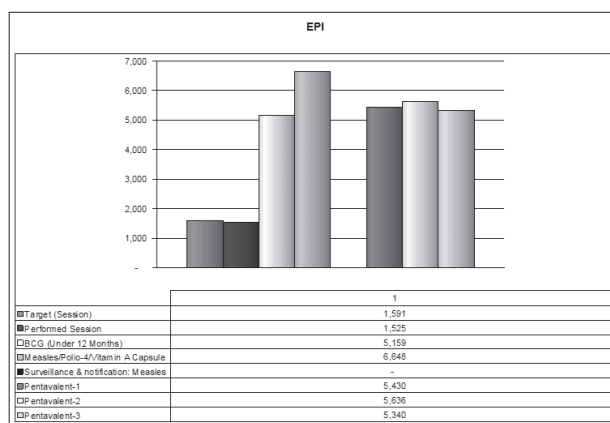
## Other Reproductive Health Services

Sl. No.	Services	Number
01.	Infertility care	887
02.	Cervical cancer	
03.	Other Reproductive Tract Disease	3318
04.	T.T. vaccination-1	168
05.	T.T. vaccination-2	149
06.	T.T. vaccination-3	236
07.	T.T. vaccination-4	219
08.	T.T. vaccination-5	132
	Follow-up of Other Reproductive Health Care	-

A total of 5110 clients were provided with other reproductive healthcare services and out of the total services 2256 were provided full free and partial free services.

## Child Health Care

**Immunization for Children:** The child health is an important area of service provision of UPHCSDP. These include the immunization services of BCG, Measles/ Vitamin A, Pentavalent – 1, 2, 3 to protect the children against seven diseases. Advice on nutrition, weaning foods was also given. Growth monitoring was being done to assess the nutrition level of the visiting child at clinic and satellite clinics. A total of 36838 children were immunized against the mentioned categories.



**Control of Diarrhea Disease:** Awareness development for diarrhea disease and providing services to Control severe diarrhea diseases was also considered to be important for protecting the vulnerable children. In this reporting period, 6734 cases were treated for diarrhea diseases. All are treated free of cost.

**ARI Services:** During this reporting period 12279 ARI cases were treated by the project. 49.65% cases were treated free and partially free.

**Child Nutrition:** Child nutrition included growth monitoring, identification of malnourished children, De-worming of under 1560 children, anemic children given Fe/Floate and follow-up of vulnerable children. Child nutrition services were provided to 33621.

**Limited Curative Care:** LCC includes treatment for children, women, adolescent and people for all primary diseases. In this reporting period 56793 LCC services have been provided. Out of the total 47.32 % were provided free treatment, 12.58% partial free treatments.

#### **Behavior Change Communication:**

Awareness development on health related issues and creating sustained demand for health services are the main objectives of the BCC activities. PA-3 of BAPSA involved 24 Service Promoters, and 06 Field Supervisors. They are promoting intensive BCC activities in the project areas. The main aim of such

activities is to inform the community people about the availability of ESP services at the PHCCs and Maternity Centre and also other information such as Pathological services, treating of Tuberculosis and availability of eye services by conducting door-to-door visit, organizing court-yard discussion session, and displaying different type of educative materials-flipchart, posters, booklets for educating the community people in a very effective manner. Meetings with pregnant mothers were being organized regularly in the Project areas. The purpose of such meeting was to motivate the mothers for coming to CMC for antenatal check-ups and also for clinical deliveries. They are informed about the consequences of home deliveries and advantages of clinical deliveries.

**Primary Eye Care:** The centre is fully equipped for providing Primary Eye Care services to the disadvantaged population of the urban areas. A total of 303 clients were served during the reporting period.

**Activities of the Satellite Clinic:** Every month, 300 Satellite Clinics were being organized in the slum areas and also some difficult areas of PA-3 were being served by SCs. These clinics were run by Paramedics and supported by the field workers and help to establish good referral linkage with the Primary Health Care Centers and Maternity Center. A total of 73709 clients have been served by the project through satellite clinics.

**Collaboration with Other Stakeholders:** BAPSA, PA-3 is collaborating with the other stakeholders working in the project areas, keeping this view in mind, free and partial free treatment were provided to the students of Intervida School as the students of the Intervida School are from disadvantaged families of the slum areas. Collaboration with of Intervida is an on-going process. For safe deliveries, PA-3 of BAPSA collaborates with Medecins Sans Frontieres (MSF). SHATI, another NGO is also working in collaboration with BAPSA.



## Clients Served by UPHCSDP-, PA-3, BAPSA:

Patients		Total		Grand .Total
		Base	Satellite	
General Patients Received Treatment	Male	32362	12944	45306
	Female	105203	60765	165968
	Total	137565	73709	211274
Children Received Treatment under 5 years (0-59 Months)	Male	21007	6589	27595
	Female	21378	7874	29252
	Total	42385	14463	56848
Patients Received Treatment (5& Above 5 years)	Male	11355	6355	17610
	Female	83825	52891	136716
	Total	95180	59246	154426
Poor Patients Received Treatment	Male	9002	5993	14995
	Female	31283	22528	53811
	Total	40285	28521	68806

## Important Service Statistics:

- Clients served - 211274
- Services provided - 211274
- Children - 56848
- Women - 165968
- Men - 45306
- Poor - 68806



## IMPROVING SRHR SITUATION THROUGH COMPREHENSIVE SEXUALITY EDUCATION (CSE) AMONGST ADOLESCENT & YOUTH IN SELECTED AREAS OF BANGLADESH

BAPSA is working with the project “Improving SRHR Situation in the Urban and Rural Areas of Bangladesh” and giving emphasis for improving the adolescent SRHR. The project as a whole aimed to improve SRHR situation among Youth/Adolescents irrespective of their marital status, gender, social backgrounds, sexual preference and have access to high quality of youth friendly sexual and reproductive health services through creating enabling environment in project areas within project period (2017). It enhanced understanding of the policy makers, Managers, Local authorities & gate-keepers about the necessity of providing SRHR knowledge to youth & Adolescents, train selected teachers of the catchments area on SRHR to make them capable of providing quality SRHR information to students aged 13 to 19 years in their respective schools. BAPSA has established Youth Friendly Service Centre (YFS) in Ward -2 under zone 2 of DNCC under the project and this centre serves the youth/ adolescents to meet the constantly growing demand and provide quality SRHR in target area through YFS center.

### The major activities of this project are-

- Advocacy meeting/Dialogue/ Seminar/Workshop with Policy makers and Managers Local authorities & media personnel.
- Community Advocacy meeting and SRHR Orientation program on SRHR with Gatekeepers (Teachers, Parents, Local leaders, Religious leaders, grassroots People, youth etc.).
- Provide SRHR training to Schools Teachers with a view to breaking the eyes on SRHR Issue (which are already included in Text board book curriculum whenever they teach.
- A series of SRHR Sessions, satellite programs, campaign on SRHR Issues at schools as well as Project catchment areas by trained staffs & Teachers.





- Provide training to BAPSA Staffs with a view to building capacity.
- Trained youth/ adolescents as Peer Educator through providing peer approach training.
- Provide SRHR knowledge to youths & adolescents through organized sessions at the YFS Center, at community levels by trained provider as well as trained Peer Educator.
- Provide livelihood skill development training to disadvantage youth / adolescents on Computer, photography, tailoring, beautification, driving with a view to make them Sustainable & change their living standard in project catchment areas.
- Limited curative reproductive health care services to youth / adolescents including blood grouping with free of cost.
- Provide Special counseling on SRHR Issues and help line counseling by telephonic conversation.
- Provide training in SREHR, Gender & HRBA to staffs to serve good quality of SRHR education in YFS center as well as community project areas.
- Consolidated the understand of SRHR Situation among the adolescents and Youth through workshop and developed Video documentary with the participation of Youth and Adolescents.



## Special Activities In 2018

- Organize meetings with potential donors and disseminate leanings of the project for future funding opportunities.
- Focus group discussion with young people, Teachers & community , Gatekeepers/parents.
- Round table discussion with teachers & students about sustainable SRHR program.

- Advocacy meeting with the government high officials especially under the Ministry of Education, Ministry of Youth, Ministry of Women & Children affair and the Ministry of Health & Family Welfare and Policy makers and law enforcement agency to informing them the achievement of the project and future developments.
- Formation of youth club at school/ community for promoting CSE.



During this reporting period, RFSU has supported BAPSA in various Capacity Development areas at home and abroad. The organizational capacity has been developed up to a considerable height which has been reflected in various issues like negotiation with UNICEF to implement Adolescent Friendly Health Service project, dialogue with IPPF, ARROW for future possible cooperation. All these are the outcomes of our Capacity Development program and RFSU is the biggest contributor in this connection.

Reporting period: July, December 2017:

SL	Name of the activities	Target	Achievement	%
1.1	Advocacy meeting/Dialogue/Seminar/ Workshop with Local authorities (Rural Area).	1	1	100%
2.1	Provide SRHR knowledge to youths & adolescents through individual contact in the community level.	2700	3100	119%
2.2	Provid SRHR knowledge to youths & adolescents through forming group in the community level.	36 Group	36	100%
2.3	Conduct group sessions by trained peer members in the community.	25 Group	25	100%
2.4	Campaign Program on SRHR (Menstrual hygiene, nutrition, early marriage, unwanted pregnancy & FP) Issues with grassroots People within the project area.	2	2	100%
2.5	Provide SRHR services & counseling at Schools, other out of schools & distribute health cards through satellite camp with contact details of service. Providers to YFS Center.	5	5	100%
2.6	Conduct SRHR sessions at school through trained teacher.	8Ses.	76	95%
2.7	Focus Group Discursion	6	6	100%
3.1	Provide comprehensive SRHR education to youths & adolescents through forming group in the Youth friendly services center.	12 Group	12	100%
3.3	Provide livelihood skill development training in project areas.	45	42	93%
3.4	Create 'Center Youth Forum' & organize regular meeting at YFS center.	10	10	100%
3.5	Workshop with youth forum member with a view to collect information from community and disseminate the information.	10	11	110%

SL	Name of the activities	Target	Achievement	%
3.6	Provide Limited reproductive health care services (dysmenorrheal menstruation, STIs/RTIs, malnutrition, blood grouping etc.) to poor adolescents through YFS Center.	750	807	108%
3.7	Provide help-line counseling service for outreach people through counselor within service hour.	unlimited	76	
<b>Period : January 2018 - June , 2018</b>				
1.2	Create Youth Forum and recruit Youth forum Member	10	10	100%
1.3	Trained up a group of youth through peer approach training.	20	20	100%
1.4	Conduct group sessions by trained peer members in the community on CSE.	400	378	96%
1.5	Provide SRHR knowledge to youths & adolescents through forming group in the community level through trained field staff.	480	480	100%
2.1	Provide sessions on CSE to youths & adolescents through forming group at YFS Center.	144	141	99%
2.2	Provide Limited reproductive health care services (Counseling on SRHR, dysmenorrheal, STIs/RTIs, malnutrition, blood grouping etc.) to poor adolescents through YFS Center.	700	806	15%
2.3	Provide help-line counseling service for outreach people through counselor within service hour.	Unlimited		
2.4	Provide SRHR counseling & services at Schools, other out of schools through satellite sessions.	250	313	125%
2.5	Provide livelihood skill development training in project areas.	20	20	100%
3.1	Trained a set of teachers on CSE	20	15	66%
4.1	Coordination meeting with parents, SMC, local organizations, social leaders, NGOs and Media	1	1	100%
5.1	Focus group discussion with young people, Teachers & community gatekeepers/parents	6	6	100%
5.2	Produce a project-end report and distribute among different stakeholders to attract new donors/groups of donors/GOB for future funding opportunities. (Out-sourcing)	1	1	100%
5.3	Organize meetings with potential donors and disseminate leanings of the project for future funding opportunities.	1	1	100%
5.4	Invite potential Donors at BAPSA and visit YFS centers and the work that BAPSA have done, its successes and lessons learnt.	3	2	66%

## Special Achievement

1. A good design of Youth Friendly Service Center (YFS) has been developed. Already UNICEF has taken this YFS design as a pilot project in Dhaka city. UNICEF has planned to extend this model all-over the country and also influence the government of Bangladesh to incorporate this design in their SRHR program. Many other national and international organizations (Plan International, Brac, UBR, RHSTEP, Marie Stops Bangladesh), DSK, OGSB, BSMMU, DU have also visited our YFS center with a view to improving their SRHR program.
2. Poster on MHM, an excellent SRHR pocket flipchart for the adolescents has been developed by this project and appreciated widely. UNICEF has already taken steps to promote this pocket-book countrywide and applied to the Directorate of Health and Family Welfare of Bangladesh to incorporate this in their SRHR education programme.





## IPAS- BAPSA PROJECT

BAPSA got a large scale support from IPAS Bangladesh for implementing different projects. The IPAS supported projects include research, training, RH services and awareness. The details of those projects are given below:

### 4.1. Family Planning in Bangladesh- Improving Quality and Access (QFP)

This project is aimed for strengthening and capacity building of service providers (Doctors, Nurses and Family welfare Visitors) through various trainings on Comprehensive Family Planning, Postpartum Intra Uterine Device, Implants and Menstrual Regulation (MR) and Post Abortion Care services (PAC). BAPSA is a pioneer in providing technical support in capacity building on family planning, MR and PAC.

#### Objectives of Quality Family Planning Project:

The main objective of this assignment is to provide capacity building through training, skill updates and need based follow-up for Doctors, Nurses and FWVs following the completion of the training. The assignment is to provide assistance in data collection and data management.

#### Main Activities:

- Meeting with Concerned GOB Officials at Central level and Site level (District and Upazila Health Complex) for training.
- Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services for Doctors
- Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services for Doctors (Private MCH)
- Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services for Nurses
- Training on Long Acting Reversible Contraceptives (LARC) for Nurses



- Training on Postpartum IUD for SSN
- Training on Implants for Doctors.
- Training on Tubectomy for Doctor
- Refresher Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services for trained SSN
- On site follow up for Service providers

### Program Achievement & Progress as per Target of QFP Project:

Activity	Target/Goal (July'17- June'18)	Achievements up to June'18)	Remarks
Meeting with Concerned GOB Officials at Central level and Site level for training.	3 Coordination meetings	3 Coordination meetings.	100%
Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services for Doctors Private MCH Doctors, Nurses	2 batches for 14 Private MCH Doctor	2 batches for 13 Private MCH Doctors	93%
	1 batch for 07 Doctors	1 batch for 07 Doctors	100%
	5 batches for 40 SSNs	5 batches for 44 Nurses	110%
Training on Postpartum IUD for Service Providers	1 batch for 7 FWVs	1 batch for 7 FWVs	100% .
	3 batches for 24 SSNs	3 batches for 24 Nurses	100%
Training on Implants for Doctors.	1 batch for 8 Doctors	1 batch for 8 Doctors	100%
Training on Tubectomy for Doctors.	1 batch for 7 Doctors	1 batch for 7 Doctors	100%
Training on Long Acting Reversible Contraceptives	1 batch for 8 SSNs	1 batch for 8 SSNs	100%
Refresher Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services for Trained Nurses	1 batch for 10 SSN	1 batch for 10 SSN	100%
Skill Update on FP Method.	9 batches skill update for 54 Service Providers.	9 batches skill update for 68 Service Providers.	100% Completed. Pxs:Doctors-34 SSNs-29 FWVs-05
On site follow up for Service providers	5 Site	5 Site Trained Service Providers (Doctors-04, Nurses-08 and FWV-01) follow-up on Comprehensive Family Planning	100% Completed.

## 4.2. Emergency Response for Availability and Accessibility of Quality MR, PAC Service for Rohingya Refugees

BAPSA has been implementing this project since October, 2017:

### Objectives of the Project are:

- To build the capacity on short & Long Acting Family Planning methods for Service Providers Doctors and midlevel providers- Paramedics, Nurses and FWVs.
- To build up capacity on Implants for Doctors
- To provide onsite support to providers to ensuring MR, PAC and Family Planning Services.
- Support RHSTEP and Ipas Bangladesh for training implementation and Whole Site Orientation.
- Through midlevel providers (Paramedics), BAPSA provide support to build the capacity of UH&FWCs and Camps.
- Initiatives to establish linkage with community through Field workers.

### Main Activities of the Project:

- Training on MR, PAC & FP for Paramedics
- Training on Implanon for Doctors
- Training on MR and PAC Services for Doctors
- Training on Comprehensive FP, MR and PAC Services for Paramedics.
- Training on Short & LARC ( Long Acting Reversible Contraceptive)
- Provide FP, MR and PAC Services

### Target and Achievement:

Activity	Target/Goal (October17- June'18)	Achievements up to June'18)	Remarks
Staff Recruitment	Field Organizer: 1 Paramedics: 24 Field Facilitators: 9 Office Assistants: 1	Field Organizer: 1 Paramedics: 24 Field Facilitators: 9 Office Assistants: 1	Completed
Training on MR, PAC & FP for Paramedics	18 Paramedics	18 Paramedics	Completed
Training of Field Facilitators	9 Field Facilitators	9 Field Facilitators	Completed
Coordination Meeting	1 meeting	1 meeting	Completed
Training on Implanon for Doctors	8 Doctors	8 Doctors	Completed
Training on MR and PAC Services for Doctors	6 Doctors	5 Doctors	Completed.
Training on Comprehensive FP, MR and PAC Services	24 Paramedics	24 Paramedics	Completed
Training on Short & LARC (Long Acting Reversible Contraceptive)	Doctors: 2 SSNs : 5 Paramedics : 2 Midwife : 2	Doctors: 2 SSNs : 5 Paramedics : 2 Midwife : 2	Completed

## Service Performance:

Activity	October'17 -June'18
No of Sites:	22
No of Service Providers:	24
Menstrual Regulation(MR):	1226
Post Abortion Care (PAC) :	215
Pill	1476
Condom	70
Inject able	1522
IUD	71

## 4.3. Clients Exit interview on Menstrual Regulation (MR), Post Abortion Care (PAC) and quality of Family Planning (FP), (General, Postpartum and Post abortion)

The objective of this study was to:

- Understand the Socio- demographic background of women receiving family planning and MR/PAC services.
- Identify sources of information on FP, MR and PAC Services
- Evaluate client's perceived quality of care based on their experience of receiving FP, MR or PAC services and their opinions on ways and means for improving quality of care.

### Main Activities of Clients Exit Interview (CEI):

- Develop a plan of Action in Construction with R&E Unit of Ipas Bangladesh.
- Recruit and organize training of Research Assistants and Supervisors
- Conduct Client exit interview with 400 Clients from 40 health Facilities.
- Data collection, entry, and other tasks according to the agreement.

### Target and Achievement:

Activity	Target/Goal (April'18- June'18)	Achievements up to June'18)	Remarks
MR / PAC Clients Exit Interview	200 MR/ PAC Clients	200 MR/ PAC Clients	Completed.
PPFP Clients Exit interview	140 PPFP Clients	140 PPFP Clients	Completed
General Clients Interview	60 General client's interviews	60 General client's interviews	Completed
Data Entry/ Tabulation	402 Clients Exit Interview	402 Clients Exit Interview	Completed

## 4.4. Adaptation and Testing of the ARCHES (Addressing Reproductive Coercion within Healthcare Setting) (ARCHES Study)

The purpose of the Project is to reduce reproductive Coercion (RC) among women seeking MR/PAC Services in Bangladesh.

The objectives are as follows:

- Study is exploring to establish ARCHES intervention for use with MR/PAC clients in Bangladesh, and test its effectiveness
- Overall goal is to reduce RC Gender Base Violence and improve reproductive health among MR/PAC clients
- Goal is to educate women on RC and (GBV) and create a supportive environment for women who want assistance with these issues
- To understand RC in the Bangladesh context/develop RC measures
- To explore provider perspectives on RC and IPV and existing referral protocols

Main Activities of the Study:

- Focus Group Discussions with RHSTEP clients
- In-depth interviews (IDIs) with former Onestop Crisis Centre (OCC) clients
- In-depth interviews (IDIs) with RHSTEP providers/counselors

Target and Achievement:

Activity	Target/Goal (April'18- June'18)	Achievements up to June'18)	Remarks
In-depth interviews (IDIs) with RHSTEP providers/counselors.	6 Providers /Counselors	6 Providers /Counselors	Doctor: 2 Paramedic :1 Counselor: 3
In-depth interviews (IDIs) with OCC clients	6 OCC Clients	7 OCC Clients	DMCH: 2 FMCH: 2 RMCH:3
Focus Group Discussions(FGDs) with RHSTEP MR/PAC Clients	9 FGDs	9 FGDs	DMCH: 3 FMCH: 3 RMCH: 3
Transcription and Translation.	13 IDIs & 9 FGDs	13 IDIs & 9 FGDs	Completed

## 4.5. Adaptation and Testing of the ARCHES (Addressing Reproductive Coercion within Healthcare Setting) (ARCHES SUB Study)

The objective of the study is to explore women's experiences with out of clinic abortion attempts.

### Main Activities of the Study:

- Data collection activities (n=25) IDIs with providers
- In-depth interviews (IDIs) with RHSTEP providers
- In-depth interviews (IDIs) with MCH Obs/Gynae Doctor
- In-depth interviews (IDIs) with MCH Obs/Gynae ward SSN

### Target and Achievement:

Activity	Target/Goal (April'18- June'18)	Achievements up to June'18)	Remarks
In-depth interviews (IDIs) with RHSTEP providers.	6 Providers (Doctor: 2 Nurse: 2 Paramedic: 2 )	6 Providers (Doctor: 2 Nurse: 2 Paramedic:2)	Completed
In-depth interviews (IDIs) with MCH Obs/Gynae Doctor	7 Doctors	7 Doctors	Completed
In-depth interviews (IDIs) with MCH Obs/Gynae ward SSN	12 SSNs	12 SSNs	Completed.
Transcription and Translation of 25 IDIs	25 IDIs	25 IDIs	Completed.



# UNITE FOR BODY RIGHTS (UBR)-2 PROGRAMME

The Unite for Body Rights (UBR) Programme is supported by the Embassy of the Kingdom of Netherlands to be implemented in Bangladesh by experienced non-government organizations (NGOs). BAPSA is one of the new partners under UBR2 and has been awarded Mymensingh Sadar Upazila for the implementation of the project. The duration of UBR2 projects is four years (January, 2016 to December, 2019).



## Vision

The UBR programme is working towards realizing an enabling environment in which each individual can exercise his/her sexual and reproductive rights. Access to services and education, supportive laws and legislation, and increased acceptance of sexuality and sexual rights of all people are the building blocks of such enabling environment.



The specific objectives of the project are:

- Increasing access to and quality of sexual reproductive health and rights (SRHR) education /Comprehensive Sexuality Education (CSE) through in and out of school education
- Creating access to quality YFSRH through UBR health clinics and ensuring Government clinics comply with national standards
- Raise awareness amongst (community) stakeholders and build their capacity to support and advocate for provision of SRHR education and services
- Creating an enabling environment for SRHR, within and outside communities through lobby and advocacy
- Advocate with GoB for inclusion of UBR strategies and models in Government structures and strategies

Under this project, BAPSA is assigned to make the young people of Mymensingh Sadar Upazila aware on SRHR issues through different interventions in selected Schools/Madrasas and in the Community involving Teachers, Parents, Community leaders, Government officials and like-minded NGOs.

Youth volunteers termed as Youth Organizers will have an important role in sensitizing other youths both in Educational Institutions and in the Community. The Bangla version of Comprehensive Sexuality Education package “Me and My World (MMW)”, initiated first in Uganda by Rutgers and

WFP in 2004, will be used in parallel with the NCTB curriculum initiated by the government of Bangladesh. The package MMW is an evidence based health promotion program, including HIV/ AIDS prevention and sexuality education program. It has been proved to be an effective tool for sexuality education for the youths and adolescents.

The primary target group of the Unite for Body Right programme is in and out of school young people aged 10 to 24, living in poor urban, semi urban and rural communities.

Another important target groups of the programme are the people that are in the day-to-day environment of young people (the enabling environment), most importantly: their parents, teachers, headmasters, health-workers, youth organisers and community leaders

Government officials at health and education institutes (lobby targets), policy-makers at higher Governmental levels and journalists constitute the third target group of the programme.

### BAPSA's intermediation approaches:

Comprehensive sexuality education (CSE): BAPSA, UBR 2 program is underpinned by an analysis of the situation addressing the different challenges facing girls and boys, and aim to ensure that the proposed interventions address better understanding between boys and girls and to improve their relationships. It is needed that teachers and peers provide accurate information and an opportunity for young people to develop and understand their values, attitudes, and insights about sexuality, help young people develop relationships and interpersonal skills, and help young people exercise responsibility regarding sexual relationships, which includes addressing pressures to become involved in sexual intercourse, and the use of contraception and other sexual health measures.

As the training of teachers was one of the critical success factors of the UBR2 programme, The Master Trainers and SRHR trainers groups utilize their existing capacity to continue training teachers on a larger scale to ensure the CSE lessons are integrated in regular lesson plans. In addition extracurricular activities like essay competition, debates etc. are organized to promote the SRHR education among the student along. Courtyard sessions are organized for out of school population. Establishment of Youth Corners in schools and Youth Centers in Health Facilities as well as share the SRHR information through media are different communication strategies which undertaken to catch the wider community.





## Youth friendly services

The program aims to improve the access of sexuality and reproductive health services, including counselling to support and enable boys' and girls' access to the services they need and to hold clinic management accountable for youth friendliness of the clinic. The SRHR services should ensure access to contraception and choices for contraception for young people and information about positive and negative sides of being sexually active at a young age.



The SRHR services should provide age-appropriate information. SRHR services should take the perspective that sexuality is a positive force and not something to fear. Young people should be involved in making the SRHR service/clinic youth friendly and to help the service providers to ensure that the services meet their real needs. BAPSA has youth friendly clinics have been established in UBR program area Mymensingh with the aim to provide SRHR services to adolescents and young. So, for institutionalization of YFS work with UHCs. BAPSA UBR2 closely work with Upazila Health and Family Planning Officers, Upazila Family Planning Officers, Medical Officers, Nurses or Health Inspectors. Under UBR, the focus will lie on the delivery of Youth Friendly Services, these are: Legal counselling (GBV related), Psycho-social support, STI/RTI testing and treatment, Family Planning services, including emergency contraceptive, MR and PAC services, Limited pathological services (e.g. Hb %, blood grouping, pregnancy test, CBC, Urine R/E, RBS), Sanitary napkin distribution.

### Psychosocial Counseling for adolescent in schools:

Young people at schools have access to psycho-social support and legal counseling. Teachers are trained by the technical partners (IED) to provide counseling services to young people, helping them to deal with sensitive issues such as puberty and other SRHR related issues. A supervision model is developed to support them in their work and to create sustainability of the counseling.

Youth Organizers, health workers and teachers are capacitated to raise awareness on the availability of counselors and help lines to **inform communities about availability of counseling**. In addition Referral systems between health care providers are set-up to ensure referral on MR, HIV/AIDS and legal counseling, including distribution of health cards.

### Enabling environment:

UBR2 program design interventions that would as much as possible, allow for continuity of work by working with Government officials, religious leaders, parents etc. The SRHR of young people is not purely a health issue, nor only the responsibility of health workers or teachers. Community leaders and policy makers need to create an enabling environment.



## Some highlighted activities based quantity data:

SN	Name of event	No of event	Participant		Total
			Male	Female	
1	ToT on MMW for Youth Organizers	2	17	19	36
2	Graduation on MMW in Educational Institute (EI)	15	260	340	600
3	Graduation on MMW in community	20	80	80	160
4	Graduation on NCTB	15	10886	11170	22056
5	Alumni group meeting at EdI	15	262	338	600
6	MMW Exhibition	7	316	563	879
7	UBR Youth Corner set up in EdI	6	-	-	-
8	Wall Magazine at EdI	4	1202	1558	2760
9	Quiz competition at EdI	25	485	879	1364
10	Essay competition at EdI	13	40	295	335
11	Debate competition at EdI	3	76	81	157
12	Parent's Meeting in EdI	45	764	1017	1781
13	Parent's Meeting in community	19	77	542	619
14	Court Yard Meeting	19	267	399	666
15	Coordination meeting with teachers	2	30	33	63
16	Orient Headmaster & SMC about the importance of CSE/NCTB- SRHR Education	2	49	4	53
17	YFS Training for Youth Organizers	1	10	10	20
18	Train service provider to deliver YFSRH	1	2	3	5
19	Basic 3 pillar training for youth organizers	1	10	10	20
20	Health camp in EdI	26	-	-	-
21	Health camp in community	57	-	-	-
22	Training for GOV service provider	1	4	13	17
23	Training for young people to monitor YFSR service	2	15	15	30
24	Psychosocial training for teacher	1	9	7	16
25	Establish linkage and agreement with like-minded NGO	1	-	-	(5 NGO)
26	Social accountability training for staff & YO	1	20	16	36
27	Parent's meeting in Youth Center	2	2	38	40
28	National day celebration	5	-	-	4470 reach
29	Total service provide	-	6137	15697	21834
30	Youth Center visit	-	4948	5689	10637
31	Sanitary Napkin distribution	-	-	-	946
32	Lab service provide	-	856	1444	2300
33	FP service	-	-	-	632

## NIRAPOD-2: EMPOWERING WOMEN ON SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS AND CHOICE OF SAFE MR AND FP

With the support of EKN, Nirapod-2 project is being implemented in order to increase awareness of and access to safe menstrual regulation and contraceptive services, violence against women services, and sexual health information. It is to empower women, men and adolescents to understand their rights in rural areas and garment factories. The project is working closely with communities, government officials, and the private sector to institutionalize activities and improve the enabling environment to empower adolescent girls and women in rural Bangladesh to freely exercise their right to safe MR and family planning. The project is also working to increase awareness on violence against women (VAW), prevent early marriage, and increase participation and empowerment of women in making decisions for their own health, particularly in seeking SRH services and information. To prevent and address VAW the project strategically involving male groups, the wider community and local authorities to break the widespread culture of stigmatisation, which constitutes a barrier for reporting of VAW by victims.

Male participation in reproductive health initiatives have been neglected in Bangladesh. In male dominating society like Bangladesh, the issues like use of family planning, preventing unsafe abortion through increased use of contraception and receiving safe MR services, Adolescent Reproductive Health and Violence Against Women related issues need support of men as partners as well as influencers. In addition, the involvement of men will also accelerate various demand generating activities for quality services through rights based approach.

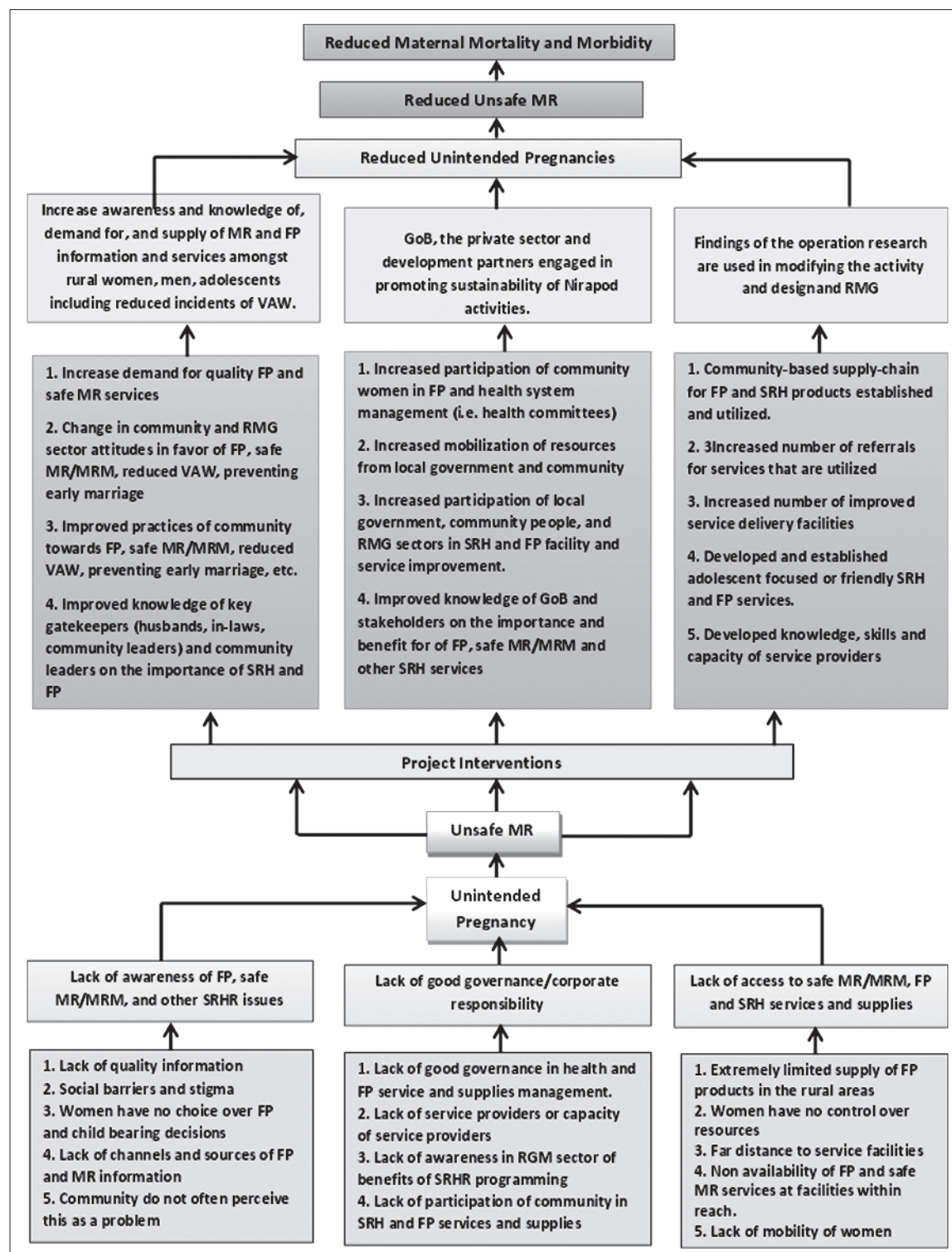
Nirapod-2 project is rights based project and also working together with communities and Ready Made Garment Factories. The project is working in both rural and urban areas and working at the sub district, district, national and policy level. In rural areas Nirapod-2 is working directly with community people





and local government at the ward and union level. In semi urban areas Nirapod-2 is working together with Community Support Groups(CSGs), NGOs (local and national), GoBs, local media and other stakeholders. For urban areas Nirapod-2 is closely working with GoB, NGOs (National and International), development partners, and national media and RMG sectors.

Our project design is rooted in our Theory of Change:



## Objective:

1. To empower women, men and adolescent girls in rural Bangladesh and garment factories to exercise their sexual and reproductive health rights, ultimately improving maternal health outcomes
2. Contribute to measureable increases in awareness of, access to and uptake of voluntary high quality family planning, safe MR/MRM, and SRHR as part of a comprehensive rights-based approach.
3. To Increase awareness and knowledge of, demand for, and supply of MR and FP information in services amongst rural women, men, adolescents including reduced incidents of VAW i.e. on SRHR Issues.



Major achievements of the project activities are stated below:

Target & Achievement are given below (July 2017 to June 2018):

Sl. No	Name of the activities	Target	Achievement	%
1	Conduct Local Level Media Campaign (Picture song- Pot)	7	7	100%
2	No of women at reproductive age received project related information from Female Community Support Group (FCSG) members	2,13,560	2,09,090	98%
3	Conduct quarterly & Half Yearly courtyard session/assembly with FCSGs	450	450	100%
4	No of adolescent received project related information from Community Adolescent Group (CAG) members	20,160	20,364	101%
5	Organize quarterly courtyard and Half Yearly session/assembly with CAG	44	44	100%
6	No of male received project related information from Male Community Support (MCSG) group members	26,880	25,456	95%
7	Organize quarterly and Half yearly courtyard session/assembly with MCSG	44	44	100%
8	Organize Half Yearly Meeting with NGO Managers/Supervisors	4	4	100%
9	No of students received project related information from their teacher	5,760	6,433	112%
10	Organize quarterly Meeting with school/college/madrassa teachers	32	32	100%
11	Conduction of participatory Facility need assessment, Improvement and Renovation of UH & FWCs and MR corners of district hospitals	32	32	100%
12	Training of FCSG on SRH Product Business management (Pill, Condom & Sanitary Napkin)/ basket product *	149	149	100%



Sl. No	Name of the activities	Target	Achievement	%
13	Half Yearly Advocacy meeting with key decision makers, formal and informal leaders, gatekeepers to ensure male's supportive role in prevention of unwanted pregnancy and promotion of safe MR/MRM	16	15	94%
14	Organize monthly session/activity with District Family Planning coordination committees and advocacy to include one member from CSGs.	24	24	100%
15	Organize monthly session/activism with Upazila Family Planning coordination committees and advocacy to include one male & one female member from CSGs. *	168	122	73%
16	Advocacy meeting with the district level industries on SRHR (MR and FP) issues to ensure enabling environment in the industry premises	2	2	100%
17	Monthly Staff Meeting	24	24	100%
18	Organize quarterly session with UH & FWC committees and advocacy to include one male & one female member from CSGs. *	412	358	87%
19	Establishing Adolescent Corners	25	32	128%
20	Participations in courtyard session by Project Coordinators (Number of session)	981	1,049	107%

## Special Achievement

Main Objective of the project is Women's Empowerment. To meet the objective the project aimed to empower the Women not only in the decision making in adopting Family Planning Methods but also decision making process as well as economical empowerment. Total 162 Female Community Support Group (FCSG) Members are self employed. 21 FCSGs were employed as National Service Volunteer at DG-FP; 24 FCSGs were elected as Union Parishad Members, 34 FCSG members are being employed as teacher; 8 FCSG Members at other Governmental Departments and 75 FCSG members at other NGOs and Private sectors. In addition Project Coordinator, Sadar, Lakshmipur was rewarded as "Joyeeta" 2018 and 4 FCSGs were rewarded as "Joyeeta" at Union, Upazila and one of them (FCSG) was rewarded at Divisional Level.

One of the important objectives of the Nirapod-2 Project is to create demand generations for safe Menstrual Regulation Services and reduction of unsafe MR in the project areas. For increasing the access to services under the Nirapod-2 Project, BAPSA, in Noakhali and Lakshmipur District Hospitals MR and PAC service corners were established to provide reproductive health care services, especially MR,



FP and PAC services. The Service Providers and other manpower provided by the hospitals have been trained and equipped by the Project. A total of 2,460 different reproductive health care services have been provided by the five corners established by the project. It is contributing towards reaching our goals of increasing the FP method use and reducing the reproductive mortality and morbidity in the project areas. This will have impact on national contraceptive prevalence rate and total fertility rate. MR & PAC Performance record by MR Corner, Nirapod-2, BAPSA (July 2017 to June 2018) is stated below:



### MR, FP & PAC Corner Performance (July 2017 to June 2018)

District	MR Information			PAC Information								
	MR Client	MR Reject	MR Successful	Short term method			Long term method		Perma-nent method		Total	VIA (Visual Inspection with Acetic Acid) Test
				Con-dom	Pill	Injec-able	IUD	Im-plant	Lig-tion	NSV		
Noakhali	136	24	112	35	68	0	5	4	0	0	112	1741
Lakshmipur	157	13	144	22	58	44	10	14	0	0	148	719
Total	293	37	256	57	126	44	15	18	0	0	260	2460

Nirapod-2 project, BAPSA a large number of the project volunteers, both male and female, are referring community men and women for different kinds of reproductive health care services, such as - short and long term family planning methods and also for permanent methods; MR, facility delivery, VIA test and RTI/STI services. Prevention of child marriage was also done by the community support group members along with the project staff. A total number of 10,099 Males and Females were referred by the CSG Members of Nirapod-2 Project, BAPSA to various Gob, NGO and Private clinics for receiving Health and Family Planning services during July 2017 to June 2018 is stated below:



## Referral Performance Record by CSG Members: Nirapod-2, BAPSA (July 2017 to June 2018):

Division	District	Short Term Method	Long term method		Permanent method		MR	Preven-ting Early Marriage	Preven-ting VAW	Institu-tional Delivery	VIA (Visual Inspection with Acetic Acid) Test	STI/ RTI	Total
			IUD	Im-plant	Liga-tion	NSV							
Chittagong	Noakhali	3,408	108	413	51	2	405	25	34	527	198	524	5,695
	Lakshmipur	1,497	161	384	24	2	434	9	11	811	686	331	4,350
Total:		4,905	269	797	75	4	839	34	45	1338	884	855	10,045

The Chart Shows that 91% clients are being referred to various GoB services Facilities and only 9% clients are being referred to NGO and Other Private Clinics.

## Important Events

**Quarterly/Half Yearly Courtyard session/ assembly with Various CSG (FCSG, MCSG, CAG & Teachers) Members:** As a part of project activities Nirapod-2 Project, BAPSA organized Quarterly/Half Yearly Courtyard session/ assembly with Various CSG (FCSG, MCSG, CAG & Teachers) Members. At those sessions concern Project Coordinators (PCs) with the active support of Program Officer (PO) and Assistant Program Officer (APO) collected the related information of the CSGH members' disseminated quarterly/Half Yearly. Not only that PCs, APO and PO various SRHR related issues like- All Family Planning Methods, Safe MR/MRM (proper timing, proper place and proper service providers), Puberty, Adolescent Reproductive Health related Issues, Menstrual Hygiene Management, Early Marriage, Prevention of VAW, Health Rights etc. related issues. . Concern Deputy Directors, Family Planning (DD-FP), Additional Director- Clinical Contraception (AD-CC), UpazilaNirbahi Officers (UNO), Upazila Family Planning Officers (UFPOs) were presented at the training sessions as resource person.

**Facility Improvement Initiatives: An Example of Public Private Partnership Worth Replicating-**Under Nirapod2 project an initiative was taken to increase the demand





and also to capacitate the supply sides to meet the growing demand of the community people for the ASRHR services in their locality. With this view in mind, the Nirapod-2 project developed a plan to strengthen the union level health facility –popularly known as Union Health and Family Welfare Centers (UH&FWC) to establish Adolescent Friendly Health Services. In the Nirapod-2, BAPSA project areas, a **total of 111 UH&FWCs** are currently functioning. But many of them were not functioning properly due to various problems –such as the facilities were damaged, not adequately equipped and the approach roads were not repaired and so on. Responsibility of the project was to assess the facilities and identify the reasons for non-functioning. Following the assessment, it was found: many of them were without electricity, running water facilities, buildings in poor condition –walls with no paint, no furniture and fixtures and without infection prevention systems. The first step taken by the project was to sensitize the local community about the need of the service centers, importance of this service centers and a proposal to form a local committee to take the responsibility of the center. To this the UP chairman, members and other community people agreed to look after the UH&FWC. In some of the cases the Deputy Directors Family Planning were participating in the meeting and also spoke about the need of the community involvement and ownership. The newly formed committee ultimately understood that the UH&FWCs are the backbone of our reproductive health care services and it can greatly contribute to the reduction of maternal mortality and morbidity, child mortality and morbidity, can play pivotal role in increasing contraceptive prevalence rate among the population, can also contribute to reducing fertility and lessen the burden of various diseases by providing treatment and counseling services.

The committee thus committed to make it functional through providing electricity, repairing approach roads, repairing and painting of damaged buildings and painting of walls; repairing toilets and providing limited equipment. In some places the UP chairman and members assured to allocate money from their local government budgets. It is to be mentioned that the Nirapod-2 BAPSA also provided budget and equipment to facilitate the quality services at the community levels where the demand of safe MR and other reproductive health care services are high and most of the cases remain unmet and unattended. It is evidenced that proper understanding, professional approach and good gesture are the key to public private partnership. Learning of this endeavor of improving community health by applying public private partnership approach may be a replicable model for the future. This will certainly enhance the ownership of the community and responsibility of the service providers and the local government representatives. We can dream a dream of such model nationwide for ensuring better SRHR services.



## STUDY ON MENSTRUAL REGULATION AND ITS ROLE IN DECLINING MATERNAL MORTALITY IN BANGLADESH

This annual Report of the Collaborative Research Project on **“Menstrual Regulation and Unsafe Abortion in Bangladesh: Incidence and Impact on Women’s Health and Fertility”** includes the progress report of the study from July 2017 to June, 2018. This collaborative research project is being implemented by Guttmacher Institute, USA and Bangladesh association for Prevention of Septic Abortion(BAPSA).

### Overall goals:

- To improve women’s health by providing new evidence to inform policies and programs to prevent unintended pregnancies (for example, through improvements in contraceptive services), and to improve access to MR services and post abortion care.
- To strengthen skills and knowledge exchange among partners, through collaboration and communication between Guttmacher and BAPSA.

### Objectives:

- To provide new estimates of the current incidence of MR and abortion, nationally and for major regions of Bangladesh
- To provide new estimates of the trend in the incidence of MR and abortion from 2010 to 2014, nationally and for major regions.
- To provide new estimates of the number and rate of women who were treated in facilities for complications resulting from unsafe abortion or unsafe MR procedures.
- To assess the growing role of medication MR, as well as the use of medication to provoke unsafe abortion, nationally and for major regions of Bangladesh
- To provide new information on the conditions under which Bangladeshi women have abortions and their health consequences, based on a survey of knowledgeable health care professionals.
- To provide new information on the quality of MR services.
- To assess the role of MR in improving women’s health outcomes and in lowering fertility.
- To consult and communicate jointly with key stakeholders including policymakers and





program managers in Bangladesh through a project advisory committee and through one-on-one meetings with stakeholders.

- To disseminate findings to key stakeholders, including government ministries and departments, parliamentarians, nongovernmental organizations, donor agencies, organizations of medical professionals, researchers, health care providers, women's organizations, advocates and the media. Media outreach will be guided by in-country partners who are best placed to gauge the current political and social climate.

To present findings at national and international conferences in Asia and beyond and to multilateral organizations such as the World Bank, WHO, and UNFPA.

## Major Activities:

### Co-ordination and Consultation with GI:

BAPSA maintained close liaison with GI to keep track with the study team and be informed about the development of the data entry and analysis procedure. BAPSA also communicated with the relevant government organizations. These communication and coordination were maintained through regular email, contact over phones and mutually agreed upon organized meetings at different stages of the survey. Any problems encountered were shared and update about the progress was done from time to time.

BAPSA collected list of participants from Directorate General of Health Services and Directorate General of Family Planning, , National and International organization, Donors, Reproductive health related NGOs and others stake holders and invite them accordingly

### Obtained call up Notice:

BAPSA obtained call up notice from Directorate General of Health Services and Directorate General of Family Planning for Government participants to attend the workshop, Date workshop , venue, and participants given here under.

### Listing of the participants:

SL	Division	District	Date	Total participants	Category of participants
01	Sylhet	Sylhet	24/09/17	56	Divisional Director (Health) , Divisional Director (FP), Civil Surgeon, Deputy Director, Asst. Director(CC), Asst. Director (FP), Medical Officer (clinic), Medical Officer (MCH) Gyne. Consultant, UFPO and AUFPO,, Reproductive health related NGOs and others stake holders
02	Rangpur	Dinajpur	30/10/17	50	Civil Surgeon, Deputy Director, Asst. Director(CC), Asst. Director (FP), Medical Officer (clinic), Medical Officer (MCH) Gyne. Consultant, UFPO and AUFPO, Reproductive health related NGOs and others stake holders
	My-mensing	My-mensing	20/03/18	38	Deputy Director, Asst. Director(CC), Asst. Director (FP), Medical Officer (clinic), Medical Officer (MCH) Gyne. Consultant, UFPO and AUFPO and Reproductive health related NGOs and others stake holders
03	Rangpur	Rangpur	28/03/18	28	Civil Surgeon, Deputy Director, Asst. Director(CC), Asst. Director (FP), Medical Officer (clinic), Medical Officer (MCH) Gyne. Consultant, UFPO and AUFPO, Reproductive health related NGOs and others stake holders
04	Rajshahi	Bogra	30/06/18	32	Deputy Director, Asst. Director(CC), Asst. Director (FP), Medical Officer (clinic), Medical Officer (MCH) Gyne. Consultant, UFPO and AUFPO, Reproductive health related NGOs and others stake holders
	Total participants				

## Opinion Pool

In the dissemination workshops the participants of different professions provided opinions- summaries of the opinion are given below:

1. The MR with MVA is declining drastically due to easy and wide availability of MRM drugs; this is a great concern among the health care providers that they are using drugs from the drug-stores and are not clearly informed about the proper use and probable side-effects; the women are not purchasing the drug –their husbands are purchasing those and the instruction they receive from the drug sellers are not properly communicated with the end users. The women are facing complications and are not aware about the side-effects. They are rushing for treatment in the health care facilities and are diagnosed as an incomplete abortion and they opined that due to this reason the unsafe abortion has increased alarmingly in the country.
2. They also mentioned that the circular for using MRM drugs was issued in November, 2013, but many of the service providers are not aware about the government circular. They are not aware up to which duration the MRM drug to be used; the front line health and FP workers to be oriented on the issues of MRM drug and they could be the great help of educating the community women to use this drug properly; it was also opined that the grass-root level service providers-Family Welfare Visitors (FWV) and Mid-wives, Sub Assistant community Medical Officers (SACMOs), Nurses to be trained to create wide availability of counseling services prior to use the MRM drugs.
3. The most of the participants opined that the newly recruited FWVs, MW, and nurses need to be trained and many of the old paramedical cadres are not providing services or not willing to provide services, this should not be allowed, they should abide by the rules and regulations of the government and if somebody denied to provide MR or MRM services she/he should be removed from the services or the government should take harsh measure against them. They also opined that because of such mentality it can be seen from the study findings that almost two –fifths are not providing services and it increases the inaccessibility of such vital services which has the lasting impact on fertility and population increment.
4. The participants mentioned that this type of dissemination is the eye-opening opportunities for the providers those who are working at the periphery and sub-districts levels- the providers living in the periphery are not in touch with the research findings usually and have less opportunity to talk and know the view of the competent researchers- this was unique opportunity for them as they termed it.
5. They put emphasis to put more focus on the activities of the paramedical cadres those who are working at the union-level facilities (lowest administrative unit) because the village women have less opportunity to go far for services, if they are denied the scope of unsafe abortion and unsafe MR will increase as well as reproductive morbidity. They felt the need of increasing supervision and make communication with the service providers through cell phone.
6. They understood that the rejection rate is high and it has worst health consequences, to reduce the rejection the women should be informed by the front line-health and FP workers and it could be done easily if the district and sub-district level managers take the initiative. They assured to take the initiative.
7. Most of the participants discussed that the rejected clients to be counseled properly so that they do not go to the traditional for abortion services. During counseling they should inform about the adverse health consequences of unsafe abortion. They also put emphasis to follow-up the rejected clients through cell phone and those who will continue the pregnancy ensure them the ANC and safe delivery services to them.

8. The participants discussed the wide range of issues during the open discussion sessions included: lack of .Community People's Knowledge about the Right MR Providers, Right Time and Right place of providing MR services, Barriers faced by the community women to have MR services, Access to MR services and Provider's Help, Providers (Nurse, FWVs and SACMOs) knowledge about MRM, Knowledge of Community women about MRM, its use and Source of Supply, Prevalence of unsafe MR or Abortion at the community levels and reasons for happening so, barriers for using MRM by the community Women. Reasons for Rejections of MR services and ways to reduce it, problems faced by the rejected clients, Following-up of rejected clients, helping or not the Unmarried Girls those who come for Services, Steps to be taken for improving the MR services, Measures to be taken to make the community women aware about the consequences of unsafe abortion.

The presentation of findings as it was termed by many participants at the divisional and district level workshop, eye-opening opportunities for the providers and it has practical implications such as: awareness on the national level situation and also the area specific or division specific situation of MR and abortion incidence, the extent and the nature of complications; and the major barriers of receiving quality services. Being informed the managers and the providers mentioned that now they will involve themselves in monitoring the paramedics and keep in touch with them to help them provide quality services at the grass-root level where it is mostly needed.

## ESTABLISHING ADOLESCENT FRIENDLY HEALTH SERVICES (AFHS) IN ZONE II OF DHAKA NORTH CITY CORPORATION

By signing the agreement on November 08, 2015, BAPSA has started work with UNICEF under the Small Scale Fund Agreement (SSFA) partnership agreement. BAPSA has been established an 'Adolescent Friendly Health Service (AFHS) Centre' in Ward – 3 under zone 2 of DNCC and this center serves the adolescents with the help of UNICEF from November , 2015 to meet the constantly growing demand of friendly health services by the adolescents. It was also identified that in Zone -2 there are many youth clubs and the adolescents and young people are gathering there for recreation and other purposes, but SRHR are less discussed and not prioritized.

Overall Goal and objective of the project:

To create demand generation of Adolescent Friendly Health services through establishing Adolescent Friendly Health Services (AFHS) with the help of UNICEF. It would serve as model AFHS clinic for NGO as well as for public sector to provide quality health and counseling services to adolescent in ward 3 and ward 5 (partial) of Zone-II of DNCC, Mirpur. Moreover to Strengthen the Government Outdoor Dispensary and provide support to UPHCSDP's for providing good quality of ASRH services including education among the adolescents.

The purposes of partnership included:

- i) To increase networking of organizations and clubs/groups working with adolescents in zone 2 of DNCC to promote ASRHR which will minimize duplication and would maximize wider coverage through concerted effort of all organizations and groups.
- i) To establish Adolescent Friendly Health Service (AFHS) Centre and create SRHR supporting enabling environment in the working areas;
- i) To collaborate with other public, private and NGOs infrastructure for promotion of sustainable ASRHR( Adolescent Sexual and Reproductive Health & Rights) ;





- i) To increase involvement of educational institution of the community to foster better understanding on ASRHR;
- i) To involve community level organizations, Adolescent clubs/groups and increase ASRHR knowledge and utilize them as advocate of ASRHR.

### Main Activities were:

- Mapping of Available Facilities Offering AFHS in Zone II developed and disseminated with NDCC.
- Coordination Committee Meetings on AFHS held in NDCC of coordination meeting on AFHS with GO, NGOs, City corporation and Local authorities of influential Parents oriented on SRHR/AFHS Issues in project catchment areas.
- Orientation meeting with teachers & SMC members , Schools & Madrasha on SRHR Issue at ward – 5 & 3(partial) of Zone-II, Dhaka.
- Essay / Quiz competition held in Secondary schools.
- IEC/BCC/Register/Others/Souvenir/ brochure printed and Video Documentary developed on AFHS and broadcast in Local Cable TV Network and multimedia in School.
- Provide Limited Curative Reproductive Health Care (Puberty related diseases, Malnutrition, Blood grouping, STI/RTI, Menstrual Management & Sanitary napkin distribution etc) to adolescents .
- Adolescent Received counselling on SRHR Issues by Help line (using cell phone) by Counsellor during office hours.
- Provide basic computer training & tailoring training to Adolescent.
- Provide training on peer approach for conducting the SRHR sessions to their peer
- Arrange different recreational event (game competition, visit, voluntary services, Video documentary show, drama etc) on SRHR Issues.
- Outreach session conducted at Adolescent Club (Formal/ Informal) to provide SRHR services & Counselling at GOD/ NGO clinics / UPHCP/ OGSB Hospitals Adolescent Clubs by trained Counsellor/ Paramedics /Peer Educators.
- Satellite sessions held on SRHR services & Counselling at Schools, other out of schools and small garments through satellite camp.
- Observed Adolescent Health Day /Heath Fair organize by SMC in Zone II
- Organize Campaign Program on SRHR Issues with Adolescents within the project area.
- Community sessions facilitated by trained peer educator through making group of adolescent.
- Individual contact with adolescents by field staff.





## Target & Achievement for the period of July, 2017 to December, 2017:

S.N	Name of the activities	Target	Achievement	%
1	Act. 1.3Organize coordination meeting on AFHS with Go's, NGOs, City corporation and Local authorities.	2 Events	1 Events	50%
2	Act. 1.4Organize Community influential Parents Meeting on SRHR Issues at project catchment areas.	8 Events	8 Events	100%
3	Act. 1.5Orientation with 100 teachers & SMC from Five (5) high schools &Madrasha on SRHR Issue at ward -3 of Zone 2.	4 Events	4 Events	100%
4	Act. 2.2Session held at AFHS Center to provide Comprehensive Sexuality Education (CSE) at AFHS Center by Trained Counselors.	360 Adolescents	377 Adolescents	105%
5	Act. 2.3 Provide Limited Curative Reproductive Health Care (Puberty related diseases, Malnutrition, Blood grouping, STI/RTI, Menstrual Management & Sanitary napkin distribution etc) to adolescents through AFHS center with a free of cost.	3660 Adolescents	3915 Adolescents	107%
6	Act. 2.4Provide counseling on SRHR Issues by Help line (using cell phone) by Counselor during office hours.	1600 Adolescents	2702 Adolescents	168 %
7	Act. 2.5Adolescent boys & girls received basic computer training & tailoring training	77 Adolescents	26 Adolescents	90%
8	Act. 2.6Trained a group of adolescent as Peer Educator for conducting the SRHR sessions to their peer.	2 Events	2 Events	100%
9	Act. 3.1Outreach session conducted at Adolescent Club (Formal/ Informal) to provide SRHR services &Counselling at GOD/ NGO clinics / UPHCP/ OGSB Hospitals Adolescent Clubs by trained Counsellor/ Paramedics /Peer Educators.	100 Adolescents	142 Adolescents	142%
10	Act. 3.2Satellite sessions held SRHR services & Counselling at Schools, other out of schools and small garments through satellite camp.	600 Adolescents	959 Adolescents	160%
11	Act. 3.3Adolescent Health Day /Heath Fair organize by SMC in Zone II	2 Events	2Events	100%
12	Act. 3.4Campaign Program on SRHR Issues with Adolescents within the project area.	200 Adolescents	283 Adolescents	142%
13	Act. 3.5Community sessions by trained peer educator through making group of adolescent.	100 Adolescents	200 Adolescents	200%
14	Act. 3.6Essay / Quiz Competition held in Secondary schools	1 Events	1 Events	100%
15	Act. 3.8Arrange some recreational event (game competition, visit, voluntary services, Video documentary show, drama etc.) on SRHR Issues with Adolescents within the project area.	2 Events	1 Events	50%
16	Act. 3.10Individual contact with adolescents by field staff.	1400 Adolescents	999 Adolescents	72%



## Target & Achievement (by Table) for the period of January, 2018-June, 2018:

S.N	Name of the activities	Target	Achievement	%
1	Act. 1.3Organize coordination meeting on AFHS with Go's, NGOs, City corporation and Local authorities.	1 Events	1 Events	100%
2	Act. 1.4Organize Community influential Parents Meeting on SRHR Issues at project catchment areas.	4 Events	4 Events	100%
3	Act. 1.5Orientation with 100 teachers & SMC from Five (5) high schools &Madrasha on SRHR Issue at ward -3 of Zone 2.	2 Events	2 Events	100%
4	Act. 2.2Session held at AFHS Center to provide Comprehensive Sexuality Education (CSE) at AFHS Center by Trained Counselors.	216 Adolescents	225 Adolescents	105%
5	Act. 2.3 Provide Limited Curative Reproductive Health Care (Puberty related diseases, Malnutrition, Blood grouping, STI/ RTI, Menstrual Management & Sanitary napkin distribution etc) to adolescents through AFHS center with a free of cost.	2030 Adolescents	2189 Adolescents	108%
6	Act. 2.4Provide counseling on SRHR Issues by Help line (using cell phone) by Counselor during office hours.	800 Adolescents	1024 Adolescents	128%
7	Act. 2.5Adolescent boys & girls received basic computer training & tailoring training	48 Adolescents	48 Adolescents	100%
8	Act. 2.6Trained a group of adolescent as Peer Educator for conducting the SRHR sessions to their peer.	1 Events	1 Events	100%
9	Act. 3.1Outreach session conducted at Adolescent Club (Formal/ Informal) to provide SRHR services &Counselling at GOD/ NGO clinics / UPHCP/ OGSB Hospitals Adolescent Clubs by trained Counsellor/ Paramedics /Peer Educators.	150 Adolescents	227 Adolescents	152%
10	Act. 3.2Satellite sessions held SRHR services & Counselling at Schools, other out of schools and small garments through satellite camp.	600 Adolescents	755 Adolescents	125%
11	Act. 3.3Adolescent Health Day /Heath Fair organize by SMC in Zone II	3 Events	3 Events	100%
12	Act. 3.4Campaign Program on SRHR Issues with Adolescents within the project area.	3 Events	3 Events	100%
13	Act. 3.5Community sessions by trained peer educator through making group of adolescent.	150 Adolescents	154 Adolescents	103%
14	Act. 3.6Essay / Quiz Competition held in Secondary schools	3 Events	3 Events	100%
15	Act. 3.8Arrange some recreational event (game competition, visit, voluntary services, Video documentary show, drama etc.) on SRHR Issues with Adolescents within the project area.	3 Events	3 Events	100%
16	Act. 3.10Individual contact with adolescents by field staff.	3200 Adolescents	3200 Adolescents	100%



## BAPSA NFM TB CONTROL PROGRAMME

BAPSA is providing essential services package (ESP) in Dhaka South City Corporation under the Ministry of LGRD&C through 6 Primary healthcare centers and one comprehensive reproductive healthcare centre. It has been implementing TB Control Programme since 2001. Currently, BAPSA is providing TB services through 3 Microscopic and 9 DOTS centers. BAPSA is conducting different types of advocacy and social mobilization programs to raise awareness about TB in the community for early case detection and successful treatment outcome of TB cases (all forms).

Between July 2017 and June 2018 a Total of 651 TB Cases (all forms) were diagnose and treatment in the BAPSA supported urban areas of Dhaka. BAPSA is conducting different types of advocacy and social mobilization program to raise awareness about TB in the community of the project areas, for early case detection and successful treatment outcome TB case.

The programme has taken special initiatives to strengthen referral linkages with private practitioners for enhancing case finding and ensuring treatment. BAPSA observing world TB day 24 March every year.

### Objectives:

- \* Every year 221 new patients identified per 100,000 Population.
- \* All TB Patients bring under the DOTS.
- \* 93%TB Patients cured and treatment completed every year.
- \* All TB Patients quality service insures.

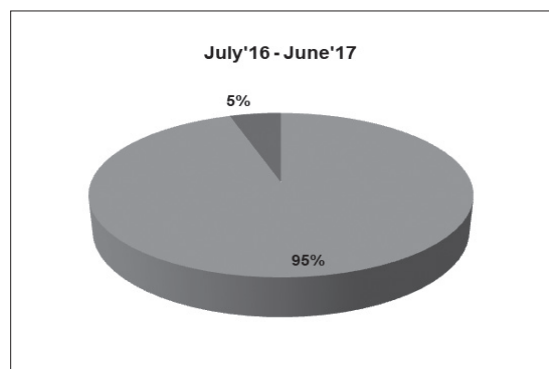
TB control programme supported by BAPSA in DSCC:

Working area	Dhaka South City Corporation
Population (million)	0.22
Ward	6
DOTS centers	3
Microscopy centers	3

Case notifications in areas supported by BAPSA:

Category of Cases	July'17 - June '18
Bacteriologically Confirmed	215
Clinically Diagnosed	183
Extra-Pulmonary	195
Relapse	30
Total Diagnosed	623
No. of Child TB Patient	34
No. of MDR Patient	5

## Treatment success rate for new smear positive cases



## Orientation activities under BAPSA:

Name of Activities (July '17 - June '18)	No. of Batches/ Events	No. of Participants
Cured TB patients	1	26
Staff meeting	4	105
World TB day	1	24

## TB Case Finding Report July 2017 to June 2018:

Target	Achieved
667	651



## OTHERS ACTIVITIES (DAYS OBSERVATION)

### World Population Day:

BAPSA, on July 11, 2017, celebrated the World Population Day. This day was observed with great fanfare. BAPSA participated in the rally organized by the MoHFW and the UNFPA. The entire BAPSA employee took part in the rally with colourful banner, festoons and placards with a festive mood. The theme of the day was **Family Planning : Empowering People, Developing Nations**.. This is for the fourth time that BAPSA participated in the exhibition of IEC and BCC materials organized by the same ministry at **Osmani Memorial Auditorium (Osmani Smrity Milanaiatan)**, various information and communication materials on sexual reproductive health and rights were displayed. In the exhibition, BAPSA's materials were appreciated by many visitors and also by the representatives of the DGFP and DGH services.



### World AIDS Day:

Bangladesh is no more HIV/AIDS free country. This deadly disease has slowly but surely become a major threat to the society. Bangladesh, till now, has relatively low prevalence but high risk behavior and practices have thrown the population into the threat of epidemic if urgent interventions are not taken. In this backdrop, BAPSA through this project have taken many activities to create mass awareness on the consequences of being infected by HIV and also the consequences of AIDS. BAPSA observed the **'World AIDS Day' 01 December, 2017** with special attention. **'My Health My Right'** is the theme of World AIDS Day, Different discussion sessions were organized at the BAPSA Center premises to mark the day. The main objective of all the discussions was to create awareness among the mass people to protect from HIV/AIDS.



### Victory Day:

BAPSA also celebrate the Victory day 2017 of Bangladesh with the collaboration with Mirpur Baddhabhumi & Jolladkhana under the Ministry of Libaration War Affairs. The adolescent of BAPSA were participated there.





## Vitamin A+ campaign:

BAPSA always took part in the **Vitamin A+ campaign** observed by the government in December in 2017. During the project period a total of **7,712** children took Vitamin A+ of different age group by the BAPSA clinics.

## Family Planning Service Week:

BAPSA actively participated family Planning Service week **from 30 December, 2017 to 05 January 2018**. "In this week BAPSA organized awareness program and special services in the clinics in collaboration with the DG-FP under Ministry of Health and Family Welfare.

## Bangla Happy New Year:

BAPSA observed a very colorful festival of Bangla Happy New Year 1424 on April 14, 2018 at Mirpur Shahin School under the model reproductive health clinic-1 of BAPSA. By this program BAPSA showed off the Bengali culture. A very fantastic cultural event was organized by the adolescents of BAPSA.

## Safe Motherhood Day:

BAPSA celebrated the Safe Motherhood day-28 May-2018 at its all clinics. The theme of the day was **"Midwives are essential to reduce maternal mortality"** The day was observed to create awareness among the mothers and also the women of reproductive age including adolescents because many of them lacking the appropriate knowledge and importance of ANC, PNC and TT during the pregnancy. To mark the day different discussion sessions were organized and the medical officers participated in the discussion. The community women also participated in the discussion sessions and they appreciated such endeavor at the community levels.

## International Women Day:

BAPSA observed the International Women's day **08 March, 2018** and the theme was: **"Time is now: Rural and Urban activities transforming Women lives"** BAPSA actively participated in observing the day. Rally and different discussion sessions were organized at the BAPSA Center premises to mark the day.



### World TB Day:

BAPSA celebrated the World TB day on March 24, 2018. The theme of the day was **“Wanted: Leaders for a TB-free World You can make history, End TB.”** Rally and different discussion sessions were organized at the BAPSA Center premises to mark the day.



### World Health Day:

On April, 2018 BAPSA observed the World health day and the theme was: **“Universal Health Coverage everyone and everywhere”**. In this day BAPSA organized Rally, discussion sessions to aware mass about the misuse of antibiotics.

## Conference for Adolescent Girls and Boys

BAPSA organized a conference for Adolescent Girls Jointly with DG-FP at Ideal Hig School, Bauniabadh, Mirpur, Dhaka, 10 June, 2018. the objective of the program was to “Awareness about how to maintain personal hygiene and prevent early marriage.” Director IEM unit of DG-FP preside over the Conference. Divisional Director, Dhaka Division attended the conference as Chief Guest. A total of 100 adolescent girls attended the conference and raised voice against early marriage and maintain personal hygiene. Another conference for Adolescent Boys Jointly organized with DG-FP 25 June, 2018 at: Bangla School, Mirpur, Dhaka. Main objective of the program was to aware about Sexual Reproductive Health & Rights and voice raising to prevent early marriage. Director IEM unit attend the Conference as Chief Guest. A total of 100 adolescent girls attended the conference and raise their voice against early marriage,

### Independence Day:

BAPSA also celebrate the Independence day 2018 of Bangladesh with the collaboration with Mirpur Baddabhami, Jolladkhana under the Ministry of Liberation War Affairs. The adolescent of BAPSA were participated cultural activities on there.

### Days observed by BAPSA: At a glance:

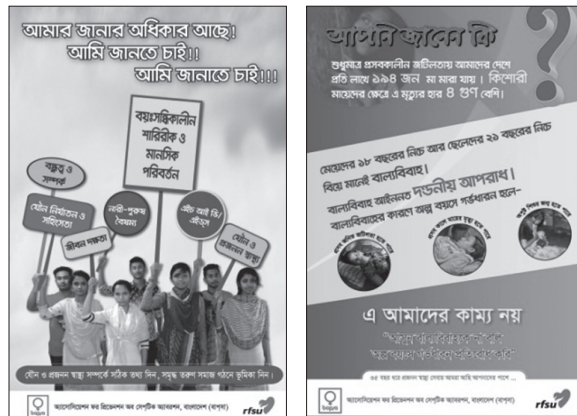
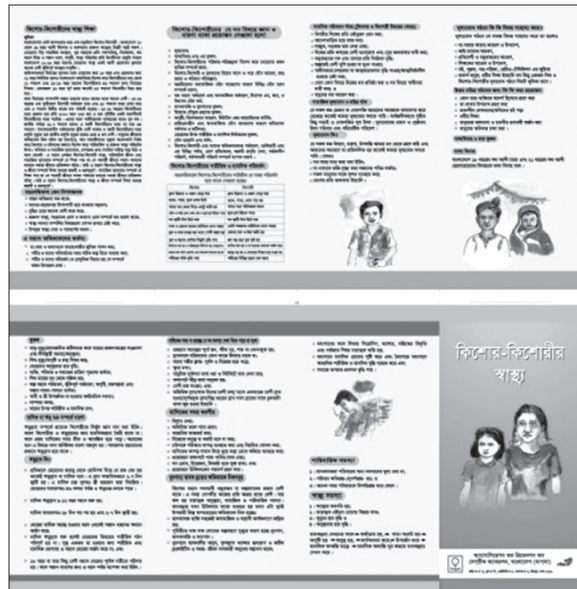
Sl. no	Name of the Day	Date	Theme
01.	World Population Day	July 11, 2017	Family Planning: Empowering People, Developing Nations.
02.	World AIDS Day	December 01, 2017	Hands Up for # HIV Prevention
03.	Victory Day	December 16, 2017	
04.	International Women's Day	March 08, 2018	Time is now: Rural and Urban activities transforming Women lives
05.	World TB Day	March 24, 2018	Wanted: Leaders for a TB-free World You can make history, End TB
06.	Independence Day	March 26, 2018	
07.	World Health Day	April 07, 2018	Universal Health Coverage everyone and everywhere
08.	Bangla Happy New Year	April 14, 2018	
09.	Safe Motherhood Day	May 28, 2018	Midwives are essential to reduce maternal mortality

# BCC MATERIALS

For educating and informing the clients at the clinic, adolescents at the school and community people, a good number of IEC/BCC materials have been produced under the projects of BAPSA. All these are being used to provide appropriate messages to the different segment of clients, some for taking away at home as a referral materials, some for in-depth information and some for pictorials for easy understanding.

The IEC and BCC materials produced by the project on Sexual and Reproductive Health and Rights Programme Focusing on Safe MR and Reduction of Unsafe MR in Bangladesh are the following:

- Center-wise Leaflet on Clinical Services.
- Post MR Guideline
- Brochure on Adolescent Reproductive Health.
- Leaflet on Menstruation
- Brochure on HIV/AIDS
- Brochure on VIA Test
- Brochure on BAPSA
- Brochure on Prevention of Unsafe Abortion
- Leaflet on L.M.P
- Leaflet on population & Reproductive Health related Information.
- Poster



Improving SRHR Situation and Establishing Youth Friendly Services Center:

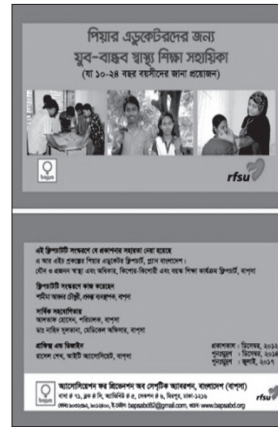
- Poster on Early Marriage
- Poster on SRHR Rights
- Poster on Youth Friendly Services Center
- Brochure on ANC Service
- Brochure on Adolescent Health Education
- Brochure on Child Health Care
- Brochure on Pneumonia



- Brochure on HIV/AIDS
- Brochure on Violence Against Women (VAW)
- Leaflet on Nutrition of ANC Mother & Child
- Leaflet on HIV/AIDS
- Leaflet on Services
- Folder on all types of Family Planning Services.

## Saving Women from Unwanted Pregnancy and Unsafe MR:

- Flipchart on SRH issues
- Brochure on Project brief
- Brochure on VAW
- Booklet on FP Method (DGFP)
- Brochure on Adolescent
- Poster on RBA
- Booklet Field level MR guideline



## EXECUTIVE COMMITTEE

Sl. No	Name	Designation	Address	Profession
01.	Mrs. Mahnur Rahman	President, BAPSA	House # 35, Road # 118 Gulshan-1, Dhaka-1212	Ex. Director Khulna Division, Ministry of Health & Family Planning, Govt. of Bangladesh
02.	Dr. Sabera Rahman	Vice-President, BAPSA	14, Eskaton Garden Eskaton, Dhaka	Ex. Director, MFSTC, DG/FP_ Member, E.C., RHSTEP
03.	Prof. (Retd.) Kohinoor Begum	Secretary General, BAPSA	House # 67/B, Road # 9/A Dhanmondi R/A. Dhaka-1209	Ex. Prof. & Head of OB/GYN, DMCH
04.	Mr. Jamil Hussain Chowdhury	Treasurer, BAPSA	House # 6, Road # 21 Block-C, Mirpur Dhaka-1216	Executive Director, Assistance for Slum Dwellers, Mohammadpur, Dhaka
05.	Prof. A.K.M. Anowarul Azim	Member BAPSA	House # 72, Flat # D3 Road # 11A (New) Dhanmondi R/A. Dhaka	Ex.Prof. & Head of Obs/ Gyn. DMCH, President, Obstetrical & Gynaecological Society of Bangladesh
06.	Prof. (Retd.) Afzalunnessa	Member, BAPSA	House # 12/A, Flat # F-2B Road # 63, Gulshan-2 Dhaka.	Ex-Prof. of Aneastheologist, BBSMMC&H, Member, E.C. BAMANEH
07.	Mrs. Begum Tahmina	Member, BAPSA	House # 8, Road # 107 Flat – B/4, Gulshan-2, Dhaka.	Ex-President, Muslim Nary Kallyan Sangstha
08.	Dr. Nilufar Nahar	Member, BAPSA	W/O. Mr. Monjurul Hassan Eastern -79, Flat # B-101 Plot # 1-B-1-C, Road # 79 Gulshan-2, Dhaka	Ex.Prof. Notredeme College Member, Gulshan Ladies Club
09.	Dr. Md. Murtaza Majid	Member, BAPSA	Shamol Chaya -1 Flat # B-5, 7/2, Ring Road Shamoly, Dhaka.	Director Health, Research, Human Development Research Center, Mohammadpur, Dhaka
10.	Mr. Mohammad Delwar Hussain	Member, BAPSA	Road # 19, House # 11 Block-C, Section-10 Mirpur, Dhaka-1216	Project Director, Bangladesh Scouts
11.	Mrs. Shamsun Nahar Jolly	Member, BAPSA	44/B, (4 <sup>th</sup> Floor) Indira Road, Dhaka	Dhaka Supreme Court BAR Vaban



# FINANCIAL STATEMENT

Shiraz Khan Basak & Co.  
Chartered Accountants

## Association For Prevention of Septic Abortion, Bangladesh (BAPSA)

### Consolidated Balance Sheet

As at 30 June 2018

	Notes	Amount in Taka
<b><u>PROPERTY &amp; ASSETS</u></b>		
Fixed Assets	3.00	19,965,052
Fixed Deposit Receipts	4.00	12,565,199
Cash and Bank Balance	5.00	38,724,044
UPHC Sustainability Fund	6.00	10,000,000
Loan Paid to Project	7.00	970,439
Advance Deposit and Prepayments	8.00	1,475,673
		<b>83,700,407</b>
<b><u>FUND AND LIABILITIES</u></b>		
Fund	9.00	69,286,199
Accrued Expenses	10.00	3,061,350
Bank Interest	11.00	1,947,371
Long Term Loan (DBBL)	12.00	9,405,487
		<b>83,700,407</b>

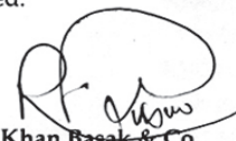
Note: The annexed notes form part of these accounts

 **Executive Director**
 **Treasurer**
 **Deputy Director (F & A)**

As per our separate report of even date annexed.

Place : Dhaka  
Date : 25 November 2018



  
**Shiraz Khan Basak & Co.**  
 Chartered Accountants

# GLOSSARY

ADB	Asian Development Bank
ADCC	Additional Director of Clinical Contraception
AFWO	Assistant Upazilla Family Welfare Officer
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-natal Care
ASRHR	Adolescent Sexual Reproductive Health & Rights
AUFPO	Assistant Upazilla Family Planning Officer
BAPSA	Association for Prevention of Septic Abortion, Bangladesh
BCC	Behaviour Change Communication
BMRC	Bangladesh Medical Research Council
CAG	Community Adolescent Group
CDM	Community Dialogue Meeting
CEDAW	The Convention on the Elimination of All forms of Discrimination against Women
CEI	Clients Exit Interview
CHCP	Community Health Care Provider.
CHT	Chittagong Hill Tract
CRHCC	Comprehensive Reproductive Health Care Center
CSG	Community Support Group
DDFP	Deputy Director, Family Planning
DGFP	Directorate General of Family Planning
DGH	Directorate General Of Health
DNCC	Dhaka North City Corporation
DOTs	Direct Observation Treatment short course
DU	Dhaka University
EC	Executive Committee
ECP	Emergency Contraceptive Pill
EKN	Embassy of the Kingdom of Netherlands
EOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
ESP	Essential Service Package
FCSG	Female Community Support Group
FDG	Focus Group Discussion
FP	Family Planning
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWC	Family Welfare Center
FWV	Family Welfare Visitor
GFATM	Global Fund to Fight Aids, Tuberculosis and Malaria
GI	Guttmacher Institute
GOB	Government Of Bangladesh
HIV	Human Immune deficiency Virus
HR	Human Resource
HRBA	Human Right Based Approach
ICT	Information and Communication Technology
IDI	In-depth Interview
IEC	Information, Education and Communication
IP	Infection & Prevention
IUD	Intra Uterine Device
KII	Key Informant Interview
LARC	Long and short Acting Reversible Contraceptives

LCC	Limited Curative Care
LMP	Last Menstrual Period
MCH	Maternal and Child Health
MCH&FP	Maternal Child Health and Family Planning
MC-RH	Maternal Child and Reproductive Health
MCSG	Male Community Support Group
MCWC	Mother and Child Welfare Centers
MDG	Millennium Development Goal
MIS	Management Information System
MOHFW	Ministry of Health and Family Welfare
MOLGRD&C	Ministry of Local Government and Rural Development
MMR	Medical Menstrual Regulation
MR	Menstrual Regulation
MRHC	Model Reproductive Health Clinic
MWRA	Married Women and Reproductive Age
NCTB	National Curriculum & Textbook Board
NGO	Non-Government Organization
NGOA,B	NGO Affairs Bureau
NTP	National Tuberculosis Program
OB/GYN	Obstetrics and Gynecology
OGSB	The Obstetrical and Gynecological Society of Bangladesh
PAC	Post Abortion Care
PAP	Project Advisory Panel
PHCC	Primary Health Care Centre
PMDUP	Prevention of Maternal Death from Unwanted Pregnancy
PNC	Post-natal Care
RBA	Right Base Approach
RFSU	Swedish Organization for Sexuality Education
RH	Reproductive Health
RHSTEP	Reproductive Health Services Training and Education Program
RRHC	Rural Reproductive Health Clinic
RTI	Reproductive Tract Infection
SAAF	Safe Abortion Action Fund
SACMO	Sub-Assistant Community Medical Officer
Sida	Swedish International Development Cooperation Agency
SMC	Social Marketing Company
SPSS	Statistical Package of Social Science
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health & Rights
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TB	Tuberculosis
TT	Tetanus Toxide
UCEP	Under Privilege Children Education Program
UFPO	Upazila Family Planning Officer
UFWC	Union Family Welfare Center
UHC	Upazila Health Complex
UHFPO	Upazila Health and Family Planning Officer
UHFWC	Union Health and Family Welfare Center
UNO	Upazila Nirbahi Officer
UNFPA	United Nations Fund for Population Activities
UPHCSDP	Urban Primary Health Care Service Delivery Project
USA	United State Of America
VAW	Violence Against Women
VIA	Visual Inspection of Cervix with 5% Acetic Acid
YFS	Youth Friendly Service