



ANNUAL REPORT

JULY 2018-JUNE 2019

ASSOCIATION FOR PREVENTION OF SEPTIC
ABORTION, BANGLADESH (BAPSA)



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We want to remember the Founder President of BAPSA



Prof. (Retd) Syed Firoza Begum
President, BAPSA
Died on August 11, 2000



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, Ipas, Bangladesh GFATM & Brac, Unicef and RFSU, Asian Development Bank (ADB) for their support and cooperation. Currently BAPSA runs 10 different projects: Promotion of Sexual and Reproductive Health and Rights: Provisioning of SRH Services focusing on Safe MR and Reduction of Unsafe Abortion in Bangladesh (Safe MR Projects), Urban Primary Health Care Service Delivery Project (UPHCSDP), Improving SRHR Situation in Selected Urban and Rural Areas of Bangladesh, Ipas- BAPSA Projects.

Unite for Body Rights (UBR)-2 Program, Nirapod-2: Empowering Women on Sexual and Reproductive Health & Rights and Choice of Safe MR and FP, Common Sense and Education: A Practical Approach for Improving SRHR and CSE among the Adolescents and Youth (CSE Project), Establishing Adolescent Friendly Health Services (AFHS) in Zone II of Dhaka North City Corporation, BAPSA NFM TB Control Program, Claiming the Right to Safe Abortion: Strategic Partnership in Asia and all these are being supported by the mentioned 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 staff and their efforts for bringing out this Annual Report.

Mrs Mahnur Rahman
President
BAPSA



Message from the Executive 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 to disadvantaged slum dwellers, garment workers, low and lower-middle income groups both in urban and rural population. BAPSA deeply believes in promoting quality SRHR services by engaging different stakeholders and actors. It is thriving for achieving sustainability and all the current activities are being re-shaped taking this into consideration. BAPSA started working exclusively with the urban and rural adolescents considering the growing demand of the adolescents' reproductive health services. It 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), ADB, and GFATM, 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 staff as without their all-out support it would not have been possible to achieve the performances that we are proud of.

Altaf Hossain
Executive Director
BAPSA



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BAPSA

Being concerned about the alarming situation caused by the multifarious hazards of septic abortion and mortality due to unwanted pregnancies, a group of reputed gynaecologists and obstetricians headed by late Prof. Syeda Firoza Begum founded BAPSA (Association for Prevention of Septic Abortion, Bangladesh) in 1982.

Vision:

The cardinal vision of BAPSA is to establish a “Safer society ensuring equitable quality sexual and reproductive health care.”

Mission:

Creating 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 SRHR through research initiatives.

Main Activities of BAPSA:

- Research
- Service
- Demand generation
- Advocacy
- Skill Development

Legal Status:

BAPSA is registered with the Directorate of Family Planning (Reg. # DFP/MIS/83/90/220 dated, 10-04-94, Department of Social Welfare (Reg. # Dha - 08987, dated, 27-12-11 and NGO Affair Bureau (Reg. # DSS/FDO/R-203 dt.23-01-86).



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EXECUTIVE COMMITTEE OF BAPSA



Mrs. Mahnur
Rahman



Dr. Sabera Rahman



Prof. (Retd.)
Kohinoor Begum



Delwar Hossain



Prof. A.K.M.
Anowar-ul Azim



Mrs. Begum
Tahmina



Professor Dr.
Nilufar Nahar



Dr. Md. Murtaza
Majid



Mrs. Shamsun
Nahar Jolly



Mollah Mahmud
Ahmed



Mr. Zakir Hossain

INTRODUCTION

This annual report covers the period from July 2018 to June 2019. 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.



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Table 01: The reports covered the following projects activities:

Project title	Supported by	Location
Promotion of Sexual and Reproductive Health and Rights: Provisioning of SRH Services focusing on Safe MR and Reduction of Unsafe Abortion in Bangladesh (safe MR Project).	Sida	<ul style="list-style-type: none"> Dhaka Gazipur Noakhali
Urban Primary Health Care Service Delivery Project (UPHCSDP).	Asian Development Bank, Sida	<ul style="list-style-type: none"> Zone 3 of Dhaka South City Corporation
Improving SRHR Situation in Selected Urban and Rural Areas of Bangladesh.	Swedish Sexuality Education program (RFSU)	<ul style="list-style-type: none"> Dhaka Bogra
BAPSA-Ipas projects: <ul style="list-style-type: none"> Family Planning in Bangladesh- Improving Quality and Access (QFP). Support to Rohingya Population (UNFPA). Clients Exit interview on Menstrual Regulation (MR), Post Abortion Care (PAC) and quality of Family Planning (FP), (General, Postpartum and Post abortion). 	Ipas, Bangladesh	<ul style="list-style-type: none"> Allover Bangladesh
Unite for Body Rights (UBR)-2 Program.	The Embassy of the Kingdom of Netherlands(EKN)	<ul style="list-style-type: none"> Mymensingh Sadar Upazila
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"> Naokhali Laxmipur
Common Sense and Education: A Practical Approach for Improving SRHR and CSE among the Adolescents and Youth (CSE Project)'.	IPPF	<ul style="list-style-type: none"> Joypurhat
Establishing Adolescent Friendly Health Services (AFHS) in Zone II of Dhaka North City Corporation.	UNICEF, Bangladesh	<ul style="list-style-type: none"> Dhaka
BAPSA NFM TB Control Program.	GFATM (Through-brac)	<ul style="list-style-type: none"> DSCC
Claiming the Right to Safe Abortion: Strategic Partnership in Asia.	ARROW	<ul style="list-style-type: none"> Barishal Borguna

CHAPTER I

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. improve availability of SRHR services to 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 improving 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.

MAJOR ACTIVITIES OF THE PROJECT:

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

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



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Table 02: Consolidated Clinical Performance of BAPSA Clinics under Safe MR Project for the period of July 2018 to June 2019.

Sl.	Name of Activity	Total of BAPSA Clinics		%
		Target	Achievement	
1	Refresher MR Training to Deputed FWV, Paramedic, Nurse, Medical Assistant etc.	35	28	80%
2	Staff Capacity Development Training	54	53	98%
3	MR Related Services	23,930	11,930	50%
4	Contraceptive Services (Post MR Clients)	4,871	4,799	99%
5	Contraceptive Services (Non MR Clients)	30,450	14,797	49%
6	Management of Side effects of Contraceptive service	3,150	1,391	44%
7	Provide Limited Curative Care (LCC) Support to Clients	58,481	44,986	77%
8	Provide Safe Motherhood Support to Women Clients	16,500	16,674	101%
9	Management of abortion related complicated cases (PAC)	1,050	570	54%
10	Management of OB/Gyn. Problems	26,559	16,373	62%
11	Screening and identifying of Cervical Cancer through Via test in clinics	2,500	976	39%
12	Pathological Services:	31,500	24,173	77%
	Blood test	14,000	12,268	88%
	Urine test	7,000	5,043	72%
	Ultra sonogram	10,500	6,862	65%
13	Household visitation	192,015	190,085	99%

Table- 3: Poor Patient Treated for the period from July 2018 to June 2019

Period (July 2018 to June 2019)	Total of BAPSA Clinics	
	No. of Patient Treated	
	Free	Discount Rate
TOTAL	81,050	13,178



MR Counseling

One of the most important parts of the M.R. services is the counseling of M.R. clients. A good number of women of reproductive age came for counseling to BAPSA clinics. In the counseling session, the clients expressed their personal concern and wanted to have advice from the counselors. In the clinics, the counseling is being provided in isolation with strict privacy. The counseling corner is equipped with visual aids, and display of model. Thus with the help of the counselor, the clients have better understanding of their queries and issues. In the mentioned period, BAPSA targeted to counsel 9,818 clients and against the target 5,054 clients came for the counseling. This is 51% of the total target. This is low because after introduction of the MR with Medication, (MRM) the MR with MVA has been reduced drastically. And the client flow for MVA has been reduced.

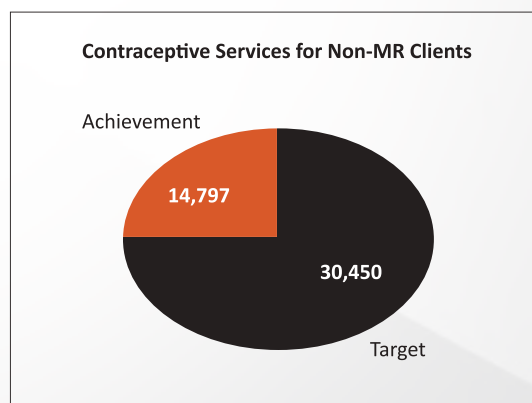
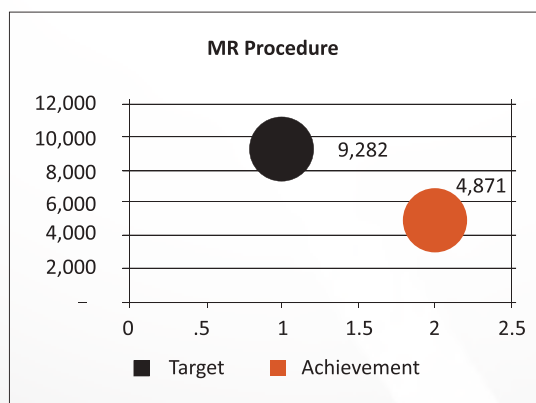
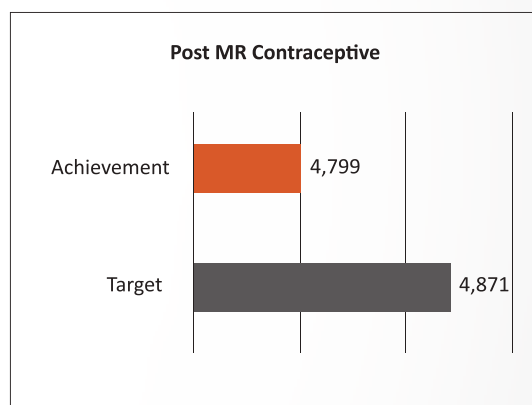
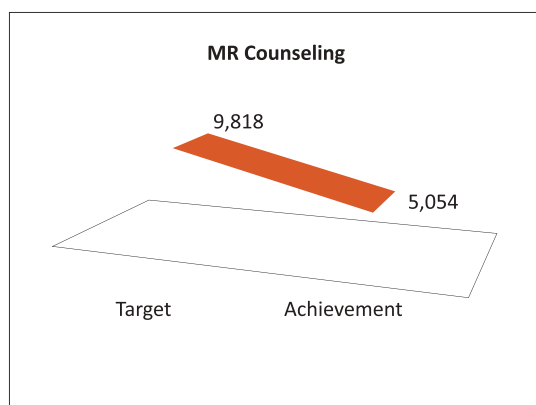
M.R. Procedure:

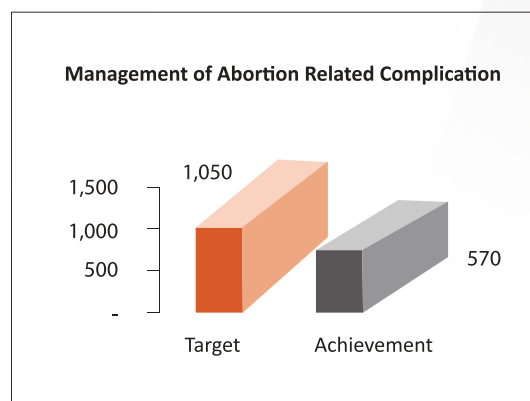
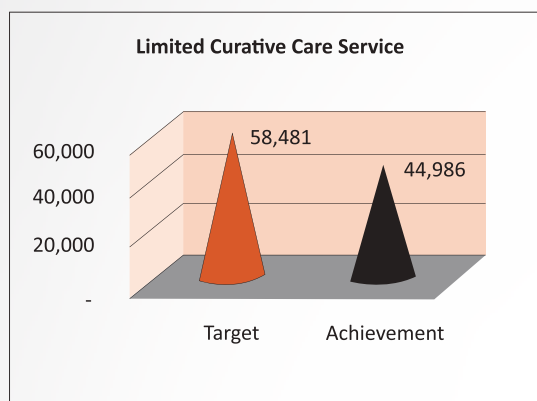
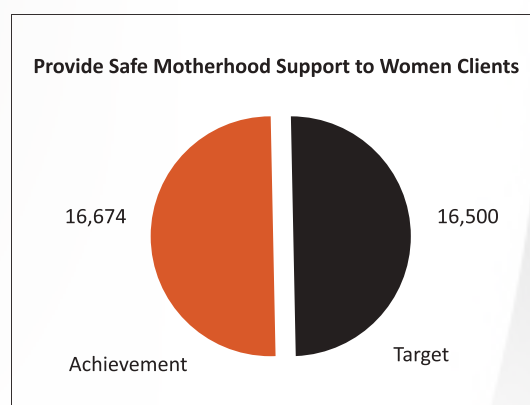
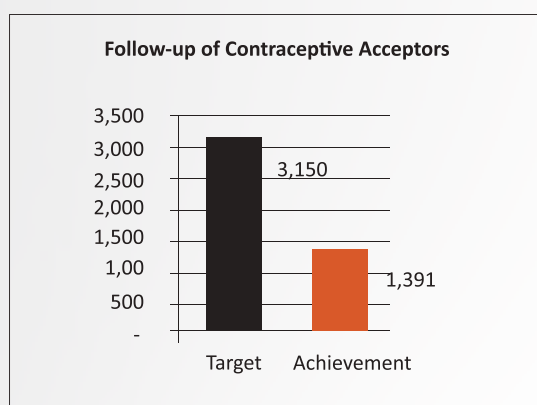
To combat unwanted pregnancies or to get rid of anxieties caused due to delayed period, many women came for M.R. services. A total

of 9,282 M.Rs have been targeted for the mentioned project period. Out of the targeted number, 4,871 have been achieved. Follow-up visit of M.R. clients is highly encouraged and a total of 3,780 M.R. clients were targeted for follow-up, but 1,435 clients have returned for follow-up services. It was found from the service statistics that a total of 5,054 clients appeared for counseling but 183 M.R. clients were rejected. It is almost only three percent of the total clients. It was difficult to identify the actual size of the uterus, or many of them appeared before six weeks of amenorrhea. The reasons for not achieving the targets for MR are mentioned before.

Post M.R. Contraception:

The M.R. clients are highly motivated to accept effective method following M.R. to avoid repeat M.R. or unwanted pregnancies. But it was found that 99% of the M.R. clients received effective contraceptives. The most used method as reported is Oral pill (118%), Condom (30%), Injection (59%) and IUD (23%).





Contraceptive Services for Non-M.R. Clients:

BAPSA clinics also provide contraceptive services for non-M.R. clients. A large number of clients came for contraceptives counseling and services. A total of 30,450 contraceptives clients have been targeted and out of those 14,797 clients came for services and it is 49% achieved of the targeted number. It is because in BAPSA among the contraceptive users most frequently used method is Oral pills, a total of 7,126 clients were given pill and it is 73% of the targeted numbers. Injectables were given to 4,271 clients which is 36% of the targeted number. IUD is reported to be accepted by 57 clients. It is 30% of the targeted number and Condom by 3,226 clients. For Implant & VSC services, 118 clients were referred to other clinics for services.

Follow-up of Contraceptive Services:

The contraceptive users were encouraged to come for follow-up services because many of them may encounter some minor side-effects following the use of the contraceptives. For

follow-up services, a total of 3,150 clients have been targeted and out of this 1,391 clients came for follow-up services. It is 44% of the total target. Target for follow-up for oral pill was set for 1,060 but 470 clients came for services.

Limited Curative Care Service:

Under this service provision, two categories of clients were being served **a)** Limited Curative Care at Clinics **b)** at Educational Institute **c)** at Communities and **d)** at Garments. Target for all these categories was set at 58,481 and it was achieved by 77%. For child immunizations, set target was 17,006 and achievement is 160% (including Vitamin "A").

Provide Safe Motherhood Support to Women Clients:

BAPSA clinics provide Safe Motherhood Support to women clients which includes antenatal and post natal check-ups, delivery and emergency obstetric services and referral of emergency cases. Target of Safe Motherhood support to women clients was



at 16,500 and it was achieved by 16,674 which is slightly higher than the targeted number. Target for antenatal check-ups was 10,633 and it was overachieved by 23% and post natal check-ups was achieved by 55%. BAPSA started its maternity services in May, 2008 and target for delivery was set for 1,050 clients. In this reporting period, a total of 714 deliveries have been conducted and it is 68% of the targeted number. Maternity operates in only one centre of BAPSA under this SRHR project.

Management of Abortion Related Complication:

BAPSA always gave priority in treating abortion complication cases in its facilities. In this reporting period, a total of 1,050 cases were targeted for treatment. But 570 cases were treated which is 54% of the total target. Target for D&C was overachieved by 31%. And treatment for medicine was given for 15% of the cases. For severe cases, 6 clients were referred to higher facilities which is 15% of the targeted number.

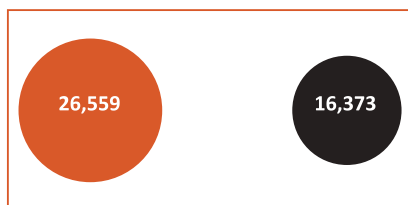
Management of Ob/Gyn. Problems:

Management of Ob/Gyn problems is another major component of this project because this is directly related to the reproductive morbidities of the women. For the period of July 2018 to June 2019, a total of 26,559 clients have been targeted to treat. Out of this target, 16,373 clients were treated. This is 62% of the total target. Target for treating dysmenorrhoea was 18,059 but 63% of the target has been achieved. Target for RTI/STI management has been set at 8,400 and 4,989 has been achieved which is 59% of the target. No cases were referred to the higher facilities.

Screening and identifying of cervical cancer by using VIA testing method:

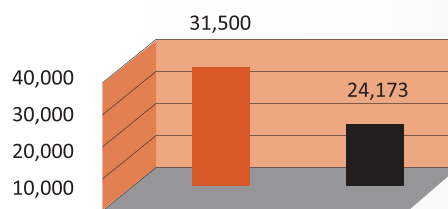
These activities have been proposed in the first year of this project, but due to various reasons it was not possible to train the manpower. It is to be mentioned that only the BSMMU provides this training to the government

Management of Ob/Gyn Problems



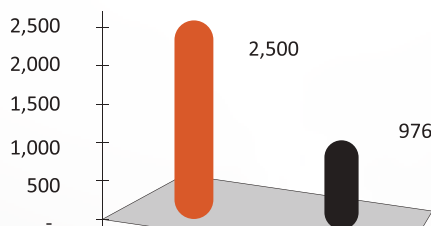
● Target ● Achievement

Pathological Services



Target Achievement

Screening and identifying of cervical cancer



Target Achievement

Ultrasonogram



doctors, paramedics and also to the NGO doctors and paramedics. In November 01 of 2008 BAPSA got the schedule and 3 doctors and 3 paramedics were trained and started VIA test. This service is being provided in close collaboration with BSSMU. They are providing technical support and if in the preliminary tests suspected cases were detected, for final test the clients were referred to BMSSU. This is a good collaborative work with a reputed government institution. So far, a total of 976 cases have been screened for cancer. All the dictated cases have been referred to BMSSU for treatment.

Pathological Services:

For providing pathological services, BAPSA established pathological units in four of its clinics-MRHC-1, MRHC-2, MRHC-3, Mirpur, Dhaka and recently in MRHC-4, Gazipur. These units help to provide quality services to the reproductive health and abortion complication clients. Services provided are: blood tests, urine tests, and other necessary tests for proper diagnosis of the clients. A total of 31,500 clients have been targeted and out of those 24,173 clients came for this services and it is 77% of the targeted number. The ultra sonogram is very essential for the proper diagnosis of the Ob/Gyn and abortion related complications and treatment. Only in four clinics of BAPSA, there are ultrasound facilities. A Total of 10,500 ultra sonograms have been targeted and 6,862 clients were served which is 65% of the target.

NON-CLINICAL SERVICES

Based on the past experience, BAPSA under this project carried out some other non-clinical activities as they are closely related to the improvement of M.R. program and prevention of unsafe abortion in the country. The non-clinical activities are as follows:

Non-Clinical Services: activities & performances



SEMINAR/WORKSHOP:

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

The overall objective of the Workshop 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 rejections mentioned are longer duration of pregnancy, bulky uterus, and also appearance of the clients before six weeks as mentioned by the service providers and counsellors. It therefore, appears 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, pharmacists 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



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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 undertook 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 like 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 elite 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 eight 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 Garments worker on SRHR issues. A total of six meetings were organized during the reporting period. In these meetings, Garments owners and workers participated. A total of 8 Meetings were 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.



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Table 03: Non-Clinical Performance

Sl.	Activities	July 2018 to June 2019		
		Target	Achievement	%
01.	Workshop/Seminar/Meeting/Fair			
	Seminar/Workshop/Discussions with Garments Authorities	6	6	100
	Seminar/Workshop with Community Support Group (CSG)	7	6	87
	Workshop/Seminar on Adolescent Reproductive Health	7	7	100
	Workshop/Seminar on M.R. Program and Unwanted Pregnancy	7	7	100
	Network Meeting with Stakeholder/Like-minded organization	7	7	100
	Organize Adolescent Fair in the Catchment Area	4	3	75
02.	Maintaining Liaison and Organizing for M.R. Training			
	Organize Refresher Training for FWV/Paramedic	131	132	101
	Organize Training for FWV/SACMO/Nurse	106	110	104
03	Community Volunteer/ Peer educator Training	70	70	100
04	Refresher Training for FWV/Paramedic	35	28	80
03.	BCC/Advocacy Activities			
	Door To Door Visit (Marketing Clients for Service) Participants	192,015	190,085	99%



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 work force 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:

Table 04: Training Achievements

SL No	Name of Training	Duration	Objective	Participants	Category of Participants	Organized By
1	Training on Humanitarian Standards for CSO	24.10.2018-25.10.2018	Formation of a Trainers Pool on Humanitarian Standards of DRR network member	1	HR & Training Officer	SEEP
2	Training On "Infection Prevention"	24.11.2018-25.11.2018	Improve quality service in and maintaining personal hygiene in facility.	1	Paramedic	BAPSA
3	Training on "Tally Software"	23-24 December, 2018	Update accounting system in the organization	9	Director(Finance & Accounts), Accounts Officer, Store in Charge, Accounts -cum- Admin Officer,	BAPSA (RFSU Project)
4	Training on MR,MRM & PAC	26 January-03 February, 2019	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	IPAS, BAPSA
5	Training on "Innovating Quality Patient Care"	30 January, 2019	This training was to apply innovative service quality improvements to Healthcare Managers PATIENT SERVICES which enhance patient care.	6	Clinic Manager, Medical Officer, Accounts -cum-Admin Officer, Nurse, Paramedic, Receptionist-cum-Counselor	BRAC JPGSPH
6	Training of Trainers (TOT) on Adolescent Friendly Health Services Provided	18-20 February, 2019	Become more knowledgeable about the characteristics of adolescence and of different aspects of adolescent health and development	3	Program coordinator,	MCH Unit, DGFP
7	Basic Training on Adolescent friendly health Service	11-14 March, 2019	Become more sensitive to the needs of adolescents	1	Field Supervisors, counselor	MCH Unit, DGFP
8	Training on "Innovating Quality Patient Care"	25 April, 2019	This training was to apply innovative service quality improvements to Healthcare Managers PATIENT SERVICES which enhance patient care.	17	MLSS, Guard, Cleaners, Clinic Assistants	BRAC JPGSPH
9	Training on "Project proposal writing on DDR and Cross-cutting issues"	28-30 April, 2019	How include Cross cutting and gender issues in DDR sector proposal.	1	Program coordinator	SEEP
10.	Training on "Implant"	22-23 June, 2019	Develop an action plan to implement high quality implanon/nexaplanon serves at the provider's facility	1	Clinic Manager	IPAS,BAPSA
11	Training on "Innovating Quality Patient Care"	10 July, 2019	This training was to apply innovative service quality improvements to Healthcare Managers PATIENT SERVICES which enhance patient care.	6	Senior Medical Officer, Accounts Officer, Nurse, Paramedic, Counselor	BRAC JPGSPH
12	Training on "Capacity building"	14-15 July, 2019	Improvements capacity building of service providers in workplace.	6	Admin officer, Paramedics, Counselors, Field Supervisor	BRAC
Total				53		



Maintaining Liaison and Organizing M.R. Training

During the last thirty years, BAPSA has been organizing M.R. Training for Medical Officer, Family Welfare Visitor (FWV), and Female Sub-Assistant Community Medical Officers (SACMOs) for basic and refresher M.R. training. Medical officers are entitled for only basic M.R. training of two weeks duration. FWV and SACMO are entitled for both basic and refresher training on M.R. Duration of basic training is of three weeks and refresher training is of one week. RHSTEP and BAPSA are conducting M.R. training in about 13 different training centers spread all over the country. RHSTEP runs 12 centers and BAPSA runs only one center where is provided refresher training to the FWVs only.

In the reporting period, 69 FWVs/SACMOs were selected for basic M.R. training and 148 FWVs were selected for refresher training against the target of 60 FWVs/SACMOs for basic training and 135 FWVs/SACMOs for refresher training which was 15% higher for basic and 10% higher for refresher training. In spite of large number of selection

against the target, only 57 FWVs/SACMO appeared for basic training and 113 FWVs for refresher training. Target of FWVs/SACMOs for basic training was achieved by 95% and for refresher training by 84%. For attaining the training target, training calendars were prepared and the following steps were taken. List of SACMOs/ FWVs were collected from Upazlia Family Planning/ Deputy Director Family Planning office. From this list, FWVs/ SACMOs were interested to have training and they were selected for training. This has been done in close collaboration with the DGFP, for the different training centers run by RHSTEP and BAPSA. Arrangements were made for issuance of administration order from the respective controlling authorities for allowing the selected trainees to attend fresher and refresher training program on M.R. Call-up notices were sent to selected trainees ahead of time.

BAPSA maintains updated training status of the potential M.R. providers (M.O, FWV, female SACMO) through field visit and combined its own training record.

Table 05: Target and achievement for the training program from July 2014 to June 2015

Name of Training Centre	TARGET			SELECTED			TRAINED			% Trained against Target		
	Basic		Re-fresh	Basic		Re-fresh	Basic		Re-fresh	Basic		Re-fresh
	Doc	FWVS SACMO	FWV	Doc	FWV/ SACMO	FWV	Doc	FWVS SACMO	FWV	Doc	FWV/ SACMO	FWV
RH-STEP	-	106	96	-	110	96	-	75	45	-	71	47
BAPSA	-	-	35	-	-	36	-	-	28	-	-	80
Total	-	106	131	-	110	132	-	75	73	-	71	56



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ADOLESCENT HEALTH FAIR- JULY, 2018 - JUNE, 2019 IN THE CATCHMENT AREA

BAPSA as a part of its 'Adolescent Reproductive Health Education Program' organized a series of events to emphasize the adolescent's rights and health 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 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 discussion on health issues, debate on different prescribed health issues such as early marriage, necessity of health awareness during adolescence, negative impact of drug etc. Competition on writing essays 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 602 adolescents were present in the fairs along with teachers, parents, and they were found very active.



AWARDED AS BEST NGO IN DHAKA DISTRICT:

BAPSA was awarded 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 was also awarded the best performer NGO at Begumgonj Upazila of Noakhali district.

Table 06: Adolescent fair at School

Sl. No.	Date	Center Name	School Name	Participants
01	28-09-18	MRHC - 6	Rahim Ali and Krid School, Boardbazar, Gazipur	310
02	29-09-18	MRHC - 2	Saroj School, Mirpur, Dhaka.	342
03	09.12-18	MRHC-5	Hazaribag Community Center	330
Total Participants				982

CHAPTER II

ACTIVITIES OF URBAN PRIMARY HEALTH CARE SERVICES 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 of BAPSA: BAPSA was 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 one Maternity Center (CRHCC), six 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, one Maternity center. The Maternity is located at

Ward # 22. All the six PHCCs and Maternity Center are functioning efficiently.

Major areas of Services:

The major areas of services are provided by UPHCSDP are given below:

- Reproductive Health Care;
- Child Health Care;
- Limited Curative Care;
- Behaviour Change Communication;
- Assistance to women who are victims of violence;
- Primary Eye Care Services;
- 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:

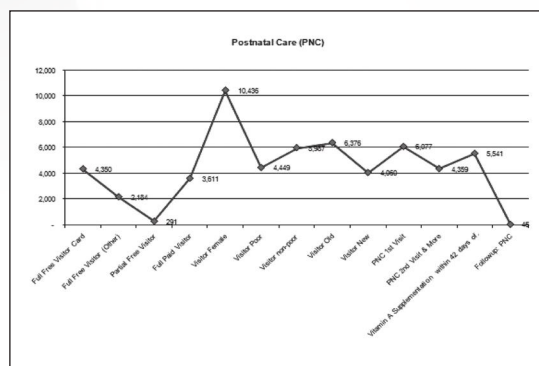
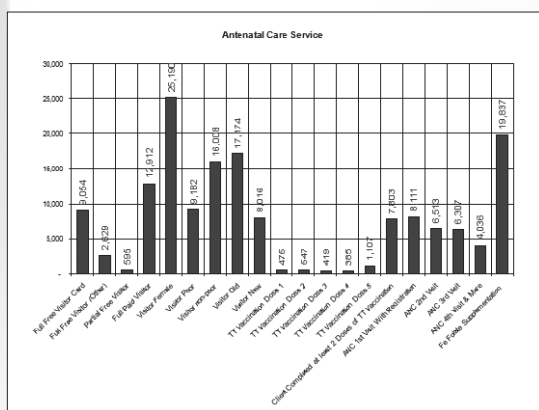
In the settings of Urban Primary Health Care Services Delivery Project, comprehensive reproductive health care services are being provided. This includes ANC, delivery care, PNC, M.R, Adolescent health, FP Management and prevention of RTI/STDs/AIDS.

Antenatal Care services: During the reporting period, a total of 27618 ANC services have been provided through all the clinics of UPHCSDP of PA-3 of BAPSA. Out of this a total of 25190 poor women received services



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and 11686 women received full free services and 12281 received partial free services.

Postnatal Care:

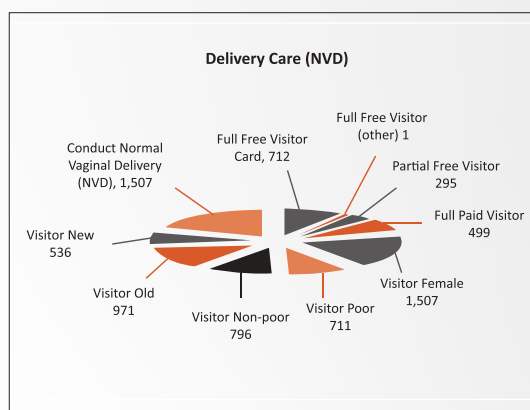
PNC includes identification of women with danger sign and its management, referral of women with unmanageable danger sign and supplementation of Vitamin-A capsule within forty-two days of delivery. UPHCSDP clinics run by BAPSA provided PNC services to 10436 mothers. During this reporting period, a total of 10436 received full free services and 6825 received partial free services. For the first visit 6077 clients appeared and for the second visit it was 4359 clients.

Emergency Obstetric Care:

Under UPHCSDP-PA-3, BAPSA from the Maternity necessary services provided to manage the pregnancy related complications. A total of 2013 deliveries have been conducted. Out of this 506 were caesarian. A total of 1507 normal deliveries and 506 caesarians were conducted free of cost.

Neonatal Care:

PA-3,BAPSA UPHCSDP-, provided 6569 neonatal services; out of this 4284 were provided free services.



MR Services and Post Abortion Care:

In this reporting period, a total of 2040 MR services were provided. Out of this, a total of 2040 MRs were provided free of cost. Again post abortion care were provided to 316 women and out of this 1075 clients were provided services free of cost mostly for 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, 27542 were given different types of FP methods. Out of this 24199 of the clients received free and partial free services. Emergency contraceptives pill were provided to 0 clients.

Management of Violence against Women:

Management of violence against woman includes identification of early marriage, dowry, acid throwing, physical assault, mental abuse, provisioning of providing psycho-medical care. In this reporting period 329 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, 7858 RTI/STD cases were treated.

Adolescent Care:

The program focuses on adolescents' reproductive health and their physical and mental development. Adolescents were 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, 15320 adolescents received services.

Other Reproductive Health Care:

Under this category of services, the table shows the services as provided by the project:

Table 07: Other Reproductive Health Services

Sl.	Services	Number
01.	Infertility care	755
02.	Other Reproductive Tract Disease	3309
03.	T.T. vaccination-1	239
04.	T.T. vaccination-2	313
05.	T.T. vaccination-3	361
06.	T.T. vaccination-4	421
07.	T.T. vaccination-5	216

A total of 5614 clients were provided with other reproductive healthcare services and out of these services 2356 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 were also given. Growth monitoring was done to assess the nutrition level of the visiting child at clinic and satellite clinics. A total of 41267 children were immunized against the mentioned categories. .

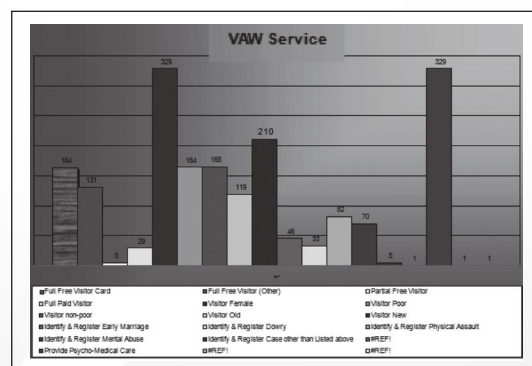
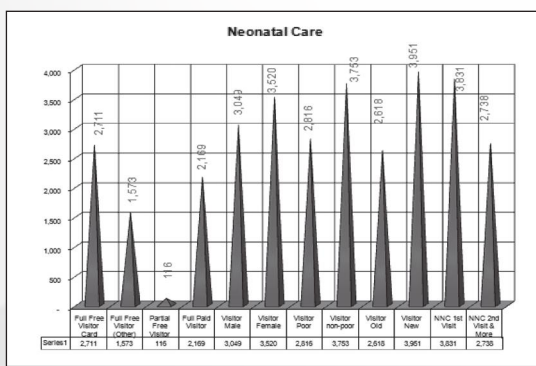
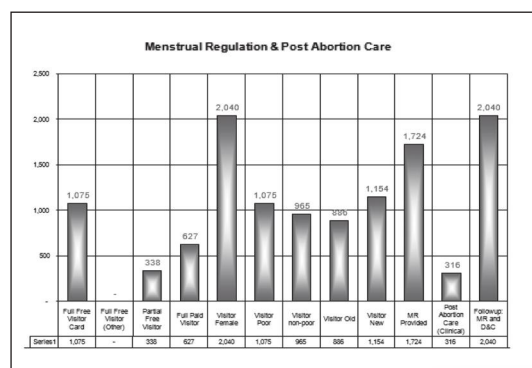
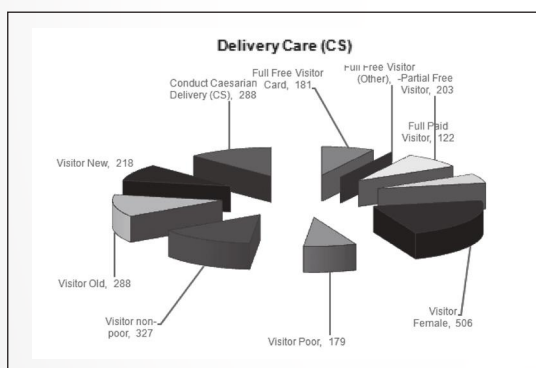
Control of Diarrhea Disease:

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, 8651 cases were treated for diarrhea diseases. All are treated free of cost.



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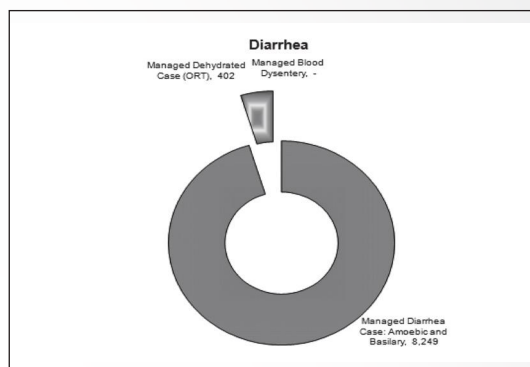
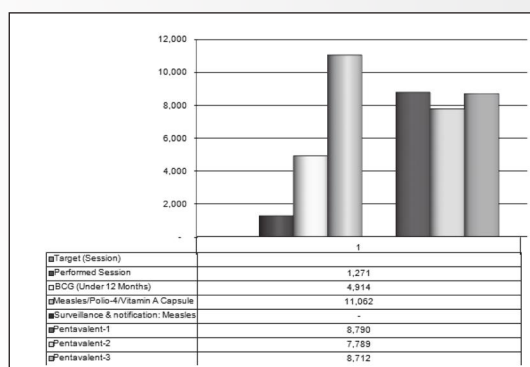
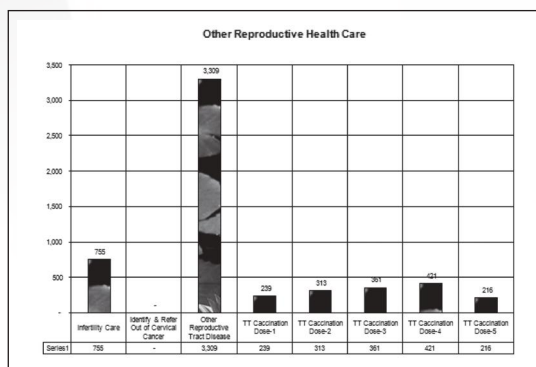
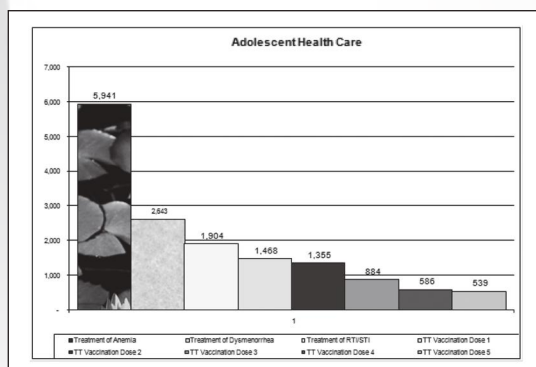
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ARI Services:

During this reporting period 11306 ARI cases were treated by the project. 48.65% cases were treated free and partially free.

Child Nutrition:

Child nutrition included growth monitoring, identification of malnourished children, De-worming of 1282 children, anemic children were given Fe/ Floate and follow-up of vulnerable children was done. Child nutrition services were provided to 28242.

Limited Curative Care:

LCC includes treatment for children, women, adolescent and people for all primary diseases. In this reporting period 54260 LCC services have been provided. Out of the total, 46.68 percent were provided free treatment, 11.58 percent partial free treatment.

Behavior Change Communication:

Awareness development on health related issues and creating sustained demand for

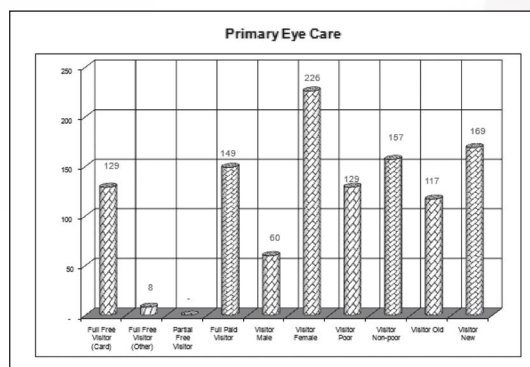
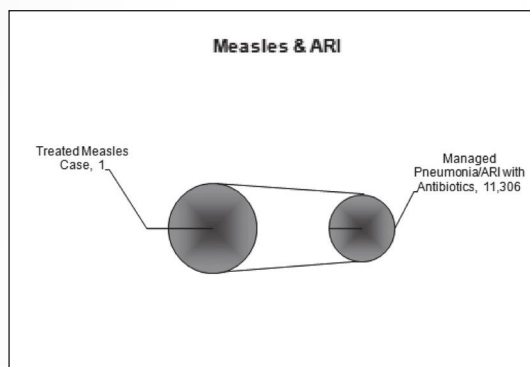
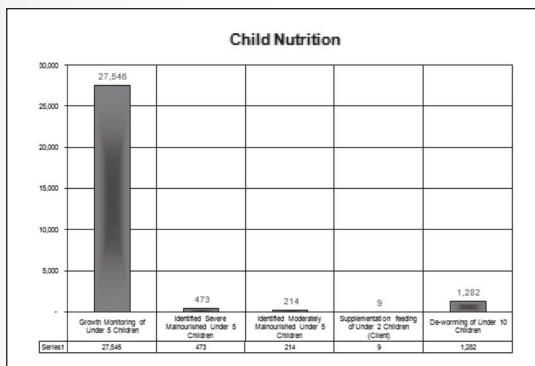
health services were the main objectives of the BCC activities. PA-3 of BAPSA involved 24 Service Promoters, and six Field Supervisors. They are promoting intensive BCC activities in the project areas. The main aim of such activities was to inform the community people about the availability of ESP services at the PHCCs and MC and also other information such as Pathological services, treating of eye services by conducting door-to-door visit, organizing court-yard discussion session, and displaying different types 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 center was fully equipped for providing Primary Eye Care services to the disadvantaged population of the urban areas. A total of 286 clients were served during the reporting period. Out of these total 129 clients were provided free and partial free treatment.

Activities of the Satellite Clinic:

Every month, 300 Satellite Clinics were being organized in the slum areas and also in some difficult areas of PA-3. These clinics were run by Paramedics and supported by the field workers and they help to establish good referral linkage with the Primary Health Care Centers and Maternity Center.



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CHAPTER III

IMPROVING SRHR SITUATION THROUGH COMPREHENSIVE SEXUALITY EDUCATION (CSE) AMONGST ADOLESCENTS AND YOUTH IN SELECTED AREAS OF

Project Objective:

The objective of the project was to equip young people with the knowledge, skills and values to make responsible choices about their sexual and social relationship through CSE /SRHR Education in project areas (2018).

The project “Improving SRHR Situation in the Urban and Rural Areas of Bangladesh” which was implemented by BAPSA was to bring changes to the adolescent, teachers, parents, and community through the SRHR Education in 2018.

Addressing SRHR issues, a total of 21 activities were performed all over the year. Among these the important programs are highlighted here during this reporting period:

1. An advocacy meeting titled ‘Project Phase-out Learning and Sharing & Advocacy for Sustainable SRHR Education for Adolescents and Youth has taken place in December, 2018. This was the last event under the project to share the experiences – Success, Failure, Constraints, Opportunities, Barriers & acceptance of SRHR issues by the community was shared with the policy makers, representatives of INGO & NGOs with an appeal to create enabling environment to support integrated CSE Education and services for adolescents and inclusion of CSE components in the regular education curriculum.



2. Focus group discussions with young people, teachers and community gatekeepers/parents to document what they have learned and how it can benefit the young and adolescents on SRHR. The objective of this study was to explore the changes brought to the adolescent, teachers, parents, and community through the SRHR Education.
3. Meeting with potential donors and disseminate learning of the project for future funding opportunities. This event was organized with potential donors in Bangladesh for future funding



opportunities after phasing out of the current project supported by RFSU for more than nine (9) years and contributed towards mainstreaming of CSE in the education system of the country. A documentary showed the successful achievement of the project. In that Meeting, International Program Managers, Christine Gave and Ulrika Persson from RFSU, Sweden participated. Representatives from UNICEF, EKN, Plan Bangladesh, Save the Children, World Bank, DGFP, DGHS and other RFSU Partner organizations also attended the event. In this meeting, UNICEF gave their consent for future funding, IPPF is now funding BAPSA on Youth and adolescents' CSE issues, UNFPA visited BAPSA and praised BAPSA as an excellent service model for adolescents.

4. Round table discussion with teachers & students on the sustainability of CSE at school after the withdrawal of the project. A successful round table discussion took place during this reporting period with teachers and students on the sustainability of CSE at school after the withdrawal of the project. A discussion session took place and it was moderated by the senior

journalist Tarik Hasan Shahriar. Speakers expressed their positive attitude and mentioned the need of counting such activities for the adolescents and their parents, and teachers.





Table 08: Activities and performances during this reporting period (July- December, 2018)

SL	Name of Activity	Yearly Target Achievement as per Activity				Yearly Target Achievement as per Participants				
		T	A	Unit	%	T	M	F	TOTAL	%
Result 1 / Empowered young people with necessary sexual and reproductive health information that enables them to advocate for their own rights.										
1.2	Organize different types of events (satellite session, peer group form, youth club sessions, materials distribution, individual contact, etc.) by engaging youth forum members.	1	1	Satellite	100%	10	5	5	10	100%
1.4	Conduct group sessions by trained peer members in the community on CSE.	30	30	Group	100%	300	140	295	3	98%
Result 2 / : Strengthened adolescent sexual and reproductive health information and services through Youth Friendly Services Centers in project Areas.										
2.1	Provide sessions on CSE to youths & adolescents through forming group at YFS Center.	12	12	Group	100%	144	76	70	146	101%
2.2	Provide Limited reproductive health care services (Counseling on SRHR, dysmenorrhea, STIs/RTIs, malnutrition, blood grouping etc.) to poor adolescents through YFS Center.	6	6	Months	100%	750	1176	560	1736	231%
2.3	Provide help-line counseling service for outreach people through counselor within service hour.	6	4	Months	66%	Unde- fined	60	53	113	
2.4	Provide SRHR counseling & services at Schools, other out of schools through satellite sessions.	5	5	Months	100%	400	220	115	335	83%
2.5	Provide livelihood skill development training in project areas.	1	1	Training	100%	20	10	10	20	100%
Result 3 / Short-term Outcome 3: Strengthened the capacity of teachers through `Compulsory SRHR Training` to conducting good quality CSE sessions in respective fields.										
3.1	Trained a set of teachers on CSE	1	1		100%	20	13	7	20	100%
Result 4 / Short-term Outcome 4: Created enabling environment to support and integrated CSE Education & Services for youth and adolescent to improve their well-being										
4.1	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 (MP) and law enforcement agency to informing them the achievement of the project and future developments.	1	1	Meeting	100%	50	30	19	49	98%

Result 5 / Short-term Outcome 5: Documented learning and disseminated with potential donors, media and others for future sustainability.

5.1	Focus group discussion with young people, Teachers & community gatekeepers/parents to document what they have learned and how it can benefit the young and adolescents on SRHR.	12	12	FGD	100%	96	39	57	96	100%
5.2	Round table discussion with teachers & students about sustainable SRHR program.	1	1	Meeting	100%	30	26	15	41	137%
5.4	Organize meetings with potential donors and disseminate leanings of the project for future funding opportunities.	1	1	Meeting	100%	30	27	19	46	153%
5.5	Invite potential Donors at BAPSA and visit YFS centers and the work that BAPSA have done, its successes and lessons learnt.	1	1	Visit	100%				-	

Result 6/ Organizational Development

6.1	Staff Capacity Building through attending national/ international training/workshop/conference.	1	2	Training	200%	Unde-fined	5	15	20	
6.2	Organize a training for senior staff members on "Quality Project Proposal Writing and Donor Search"	1	1	Training	100%	10	7	3	10	100%

Analysis of outcomes and lessons learned from the project during this reporting period:

During the implementation of this project i) the improved situation has been observed by the relevant local government authorities ii) outputs have been visible iii) Actions have been tested and iv) ideas on required resources have been generated by the relevant authorities. It could be seen clearly that the project has capacitated the human resources especially youths and adolescents (Including teachers, local government representatives, gate keepers, government officials and BAPSA staff) through trainings, workshops, orientations, meetings and group sessions; some community youth clubs have been empowered with CSE information and BCC materials and it enabled to develop human resources in promoting CSE in absence of BAPSA. Counselling on SRHR issues was provided to all willing youths and adolescents in the project areas. It was also observed that these SRHR information have been transferred to their peer students and friends and it will continue to spread. Trained teachers are expected to

continue providing the information in their respective schools as this (CSE) is a part of their regular curriculum. The demand for SRHR information is a continuous process and the government is now being pursued to continue CSE education, introducing it in national curriculum and CSE training into the foundation training of the school teachers and thus promoting the replication, scaling up of CSE education across the country.



CHAPTER IV

IPAS- BAPSA PROJECTS

Family Planning in Bangladesh- Improving Quality and Access (QFP):

BAPSA is an implementing partner of Ipas Bangladesh for strengthening and capacity building of service providers, Doctors, Nurses and Family Welfare Visitors (FWVs) through training on comprehensive Family Planning, Postpartum IUD, Implants and MR –PAC services. BAPSA, is a technical partner of Ipas with expertise in capacity building on family planning, MR and PAC training. The extensive experience of BAPSA in implementing MRM, MR-PAC and Family Planning Training Programs in its own clinical set ups and conducting research work for national and international partners is may useful.

Objectives of QFP Project:

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

Main Activities of QFP project:

- Provide training on Comprehensive Family Planning, MR and Post Abortion Care (PAC) Services for Doctors.
- Provide training on Comprehensive Family Planning, MR and Post Abortion Care (PAC) Services for Doctors and FWVs.
- Provide training on Comprehensive Family Planning, MR and Post Abortion Care (PAC) Services for Nurses.
- Provide training on Postpartum IUD for SSNs.
- Provide training on Implants for Doctors.
- Provide refresher Training on Comprehensive Family Planning, MR and Post Abortion Care (PAC) Services for trained SSNs
- On site follow up for Service providers.

Table 09: Activities and Target of QFP Project July 2018 –June 2019:

Activity	Participant Level	Training Duration	Target	Achievements	Remarks
Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services.	Doctor	06 days	2 batches for 15 Doctors	2 batches for 16 Doctors	100%.
	Doctor	03 days	5 batches for 36 Doctors	5 batches for 47 Doctors	100%.
	Nurse	14 days	5 batches for 41 SSNs	5 batches for 47 Nurses.	100%.
	FWV	08 days	3 batches for 24 FWVs	3 batches for 21 FWVs.	100%.
Training on Implants for Doctors.	Doctors	2 days	11 batches for 70 Doctors	11 batches for 80 Doctors	100%.
Refresher Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services for Trained Nurses.	Nurses	2 days	1 batch for 10 SSN	1 batch for 10 SSN	100%.
Orientation on FP, MR and PAC Services and Record keeping.	Doctors & Nurses	1 day	2 batches 50 Service Providers.	2 batches 65 Service Providers	100%
Need based Onsite Support by Clinical trainer.	Doctors, Nurses and FWVs		11 Sites	11 Sites, 32 Trained Service Providers (Doctors-11 and Nurses-21) follow-up on Comprehensive Family Planning, MR and PAC Services.	100% .

Support to Rohingya Population (UNFPA):

The massive influx of Rohingya population from neighboring country in our southern part specially in Teknaf and Ukhiya Upazila, Cox's Bazar districts in last August and September, 2017 period created a masiver humanitarian disaster. Ipas Bangladesh has responded to the proposal from UNFPA for ensuring availability and accessibility of quality MR and PAC services for the worst affected and vulnerable women and girls of the Rohingya Refugees . As part of providing safe MR , PAC and FP services , Ipas Bangladesh decided

to enhance the knowledge of Rohingya Population regarding sexual and reproductive health through field facilitators .This was an activity for extension of 3 months starting from October to December 2019, aiming 31 strategically located facilities (including 10 facilities with 24/7service) through providing capacity building , community engagement to enhance knowledge , infrastructural and logistics support for ensuring quality FP, MR and PAC services through these outlets.



BAPSA, as proven successful partner of Ipas in other projects for last 11 years, was selected to provide support in implementation of training, clinical capacity building and post training follow up for providers and community engagement activities at Teknaf and Ukhiya upazila, Cox's Bazar to serve women and girls of the most persecuted ethnic groups, the Rohingya Refugees regardless of age, marital status or any other considerations, receive education on and are empowered to access and avail MR and PAC services

BAPSA was assigned for implementing in Capacity building on Family Planning (FP), Menstrual Regulation (MR) and Post Abortion Care (PAC) Services, through training, need base follow-up of service providers in Ipas intervention facilities. 65 Service Providers (Paramedics) providing Family Planning (FP) MR and PAC services at 31 facilities.

Objectives of the Project was to:

- Build the capacity on short & Long Acting Family Planning methods for Service Providers Doctors and midlevel providers like Paramedics, Nurses and FWVs.

- Build up capacity on insertion and removal of Implants for Doctors
- Provide onsite support to providers for ensuring MR, PAC and Family Planning Services.
- Support RHSTEP and Ipas Bangladesh for training implementation and Whole Site Orientation.
- Provide support through midlevel providers (Paramedics) to build the capacity of UH&FWCs and Camps.
- Take Initiatives to establish linkage with community through Field workers.

Main Activities of the Project were to:

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

Table 10: Program Achievement & Progress as per Target July 2018- June 2019:

Activity	Target	Achievements	Remark
Coordination Meeting	4 Coordination Meetings	4 Coordination Meeting	100%
Training on Postpartum IUD	11 Midwives	11 Midwives	100%
Training on Implants for Doctors	9 Doctors	9 Doctors	100%
Training on MR and PAC Services for Paramedics	9 Paramedics	9 Paramedics	100%
Comprehensive Training on FP, MR & PAC services	8 Midwives	8 Midwives	100%
Training on 2 nd Trimester PAC Services for Doctors	8 Doctors	8 Doctors	100%
Training on Complication Management on FP, MR and PAC Services	7 Doctors	7 Doctors	100%
Training on Comprehensive FP, MR & PAC Services	9 Midwives	9 Midwives	100%
Training on LARC & SARC	7 Doctors	7 Doctors	100%
Training on LARC & SARC	10 Paramedics	10 Paramedics	100%
Training on DMPA-SC	150 Paramedics & Midwives	150 Paramedics & Midwives	100%

Table 11: Service Provided: Duration July 2018- June 2019:

Activity	Number
No of Sites covered	31
No of Service Providers trained	65
Provided Menstrual Regulation (MR)	5,440
Provided Post Abortion Care (PAC)	1,781
Contraceptive services provided	
Pill	21,137
Condom	1730
Injectable	12,589
IUD	567
Implants	759

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

In Bangladesh, unmet need for contraception stands at 12 percent, which includes 5 percent for spacing and 7 percent for limiting births. Women in rural areas have a higher unmet need than urban women (13 compared with 10 percent).

Women's Access to and choice of modern contraception continues to be restricted due to various reasons such as cultural and local regulations and stigma by the existing political and regulatory landscape. Among the most prominent challenges to meeting women's reproductive health needs are limited access to contraceptive services, low quality of services and an environment that fails to support women in accessing contraception and menstrual regulation (MR).

This client Exit Interview was done to:

This client Exit Interview was done to evaluate interventions in Ipas Bangladesh-supported facilities to increase access to quality of Family Planning(FP), (General, Postpartum and Post abortion), Menstrual Regulation (MR) and Post Abortion Care(PAC) services from perspective of women seeking care at these facilities.

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):

- Developed a plan of Action in collaboration with R&E Unit of Ipas Bangladesh.
- Recruited and organized training of Research Assistants and Supervisors
- Conducted Client exit interview with 400 Clients from 40 Ipas supported health Facilities.
- Completed data collection, entry, and other tasks according to the agreement.



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Table 12: Program Achievement & Progress as per Target July 2018 – June 2019

Activity	Target	Achievements	Remarks
MR / PAC Clients Exit Interview	200 MR/ PAC Clients	200 MR/ PAC Clients	100%
PPFP Clients Exit interview	140 PPFP Clients	142 PPFP Clients	101%
General Clients Interview	60 General client's interviews	60 General client's interviews	100%
Data Entry/ Tabulation	402 Clients Exit Interview	402 Clients Exit Interview	100%

Adaptation and Testing of the ARCHES (Addressing Reproductive Coercion within Healthcare Setting) (ARCHES Study):

Reproductive coercion and partner violence are associated with unwanted pregnancy and abortion globally. In Bangladesh, women reporting partner violence are more likely to access abortion outside the health system and less likely to access post-abortion contraception, especially if accompanied to the clinic by their partner, which suggests that additional intervention is needed to support clients' reproductive autonomy and ultimately their ability to safely control their fertility. ARCHES (Addressing Reproductive Coercion in Health Settings) is a clinic-based harm reduction intervention that empowers women to implement strategies that mitigate the impact of reproductive coercion on reproductive health. This study seeks to adopt the ARCHES intervention for use with MR/PAC clients in Bangladesh and

to test its effectiveness through a cluster randomized controlled trial. Overall, this study is expected to result in 1) evidence of the effectiveness of the adapted ARCHES intervention in increasing contraceptive use and reducing reproductive coercion, and ultimately in reducing the risk for future unintended pregnancy and unsafe abortion, and 2) evidence on the elements required for successful implementation in high volume MR/PAC clinics. The Project is to reduce reproductive Coercion (RC) among women seeking MR/PAC Services in Bangladesh. This study is being conducted by IPAS and BAPSA is facilitating the fielding of and other need based activities shortly.

Main Activities of the Study:

- Data Collection of MR and PAC Clients from RHSTEP during baseline survey
- 3- months follow-up of baseline interview of MR and PAC Clients.

Table 13: Program Achievement & Progress as per Target July 2018 – June 2019

Activity	Target/Goal	Achievements	%
Data Collection of MR and PAC Clients from RHSTEP Clinic during Baseline Survey.	1000 MR and PAC Clients.	943 MR and PAC Clients.	94.3%
3-month follow-up of baseline interview of MR and PAC Clients.	200 MR and PAC Clients.	160 MR and PAC Clients.	80%

CHAPTER V

BAPSA, UNITE FOR BODY RIGHTS (UBR)-2 PROGRAM

The Unite for Body Rights (UBR) Programme is supported by the Embassy of the Kingdom of Netherlands and needs 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). This report covers the performance from July 2018 to June 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 an 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 compliance 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 and it has 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 group 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 aims 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 that 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 are 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 which 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 UHC, 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 be available 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 is it only the responsibility of health workers or teachers. Community leaders and policy makers need to create an enabling environment.



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Table 14: Some highlighted activities based quantity data:

SI	Activity	Target		Achievements			
		Event	Participants	Event	Male		Total
01	ToT for Teachers on MMW/NCTB/WSA	3	88	3	42	46	88
02	Train Teachers on psycho-social counseling	1	15	1	3	11	14
03	Orient headmasters and SMC about the importance of CSE	16	320	11	116	131	247
04	Orient teachers/Head masters to support our advocacy agenda	1	17	1	14	3	17
05	Organize exhibitions on MMW after completion of SRHR lesson	15	1500	15	468	1016	1484
06	Meeting with Alumni Group	30	210	30	120	90	210
07	Extracurricular events (Quiz, Essay, Debate, Wall Magazine)	45	3515	45	1300	2215	3515
08	ToT on MMW for Youth Organizers	1	20	1	10	10	20
09	MMW Graduation in EDI	15 EdIs	600		220	380	600
10	MMW Graduation in Community	20	400	20	200	200	400
11	NCTB Graduation in EDI	30 EdIs	15000		5961	7523	13484
12	Courtyard meeting for group formation at community	20	400	20	223	174	397
13	Established youth corner in EdI	6	0	6	0	0	6
14	Meetings with community leaders to sensitize them about SRHR	3	45	2	19	7	26
15	Parents meetings in community	20	800	20	114	672	786
16	Parents meetings in EDI	45	1800	45	427	1335	1762
17	Sharing meeting between parents & youth in community	20	800	20	212	578	790
18	Provide Youth Friendly SRHR services to young people.		15625		10602	26372	37974
19	Train UBR service provider on gender diversity, treatment literacy and counseling	1	5	1	3	2	5
20	Train board of community clinics on SRHR and Youth Friendly Service (YFS)	1	15	1	10	5	15
21	Organize Health camp in Community & EdI	50	0	50	0	0	50
22	Establish linkages to build referral system between NGOs, government hospitals/ institutes, helplines and other services including One Stop Crisis Centers	1	15	1	12	1	13
23	Train health service providers on SRHR and Youth friendliness in line with the National Adolescent Health Strategies	3	16	3	7	9	16
24	Orientation of the Government Official on Gender Diversity and GBV	2	53	2	30	23	53
25	Orientation on Social Accountability for community people	1	10	1	5	5	10
26	ToT of Advocacy Leaders of Youth Organizers to play role in UBR advocacy at national/ upazila level as youth advocates	1	24	1	11	13	24
27	Organize visits to UBR schools for Education Officers	4	4	4	4	0	4
28	Organized visit of UBR YFS centre for Upazila Government Health Officer	7	18	7	14	4	18
29	National/International day celebration	5	3781	5	1222	2559	3781
30	Number of Government Health Officers are trained to supervise YF SRH services at Upazila Health Complexes	1	15	1	12	3	15
	Number of young people visited youth center		6000		2274	4399	6673

CHAPTER VI

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 will 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 is 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 has 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 is also working together with communities and Ready Made Garments. The project is working in both rural and urban areas and working at the sub district, district, national and policy levels. In rural areas Nirapod-2 is working directly with community people and local government at the ward and union levels. 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.

This document outlines the progress and achievement during the period from July 2018 to June 2019 and some of the progress very significantly impacted in the community which is interesting and worth learning for others. During the period, the project



has focused to strengthen safe Menstrual Regulation (MR) and family planning (FP) services for the women and adolescents” in fourteen upazilas under Noakhali and Lakshmipur districts.

With the support of committed staff, volunteer and others, the project significantly contributed in awareness, demand and utilization of services and the improvement of service delivery to meet the demand for SRHR. Emphasis has been given to advocacy about SRHR that has influenced policy and improve ties between the government, NGO and the private sector. The project has implemented with full effort to increase awareness on safer Menstrual Regulation (MR), Menstrual Regulation with Medicine (MRM), Violence against Women (VAW) and youth sexuality through innovative education about Sexual Reproductive Health and Rights (SRHR), creating more demand for and utilization of related safe MR services particularly by the poor in selected project areas in partnership with the government, NGOs and private sector. From July 2018 to June 2019, the project has provided unwanted pregnancy and unsafe MR, RBA, VAW and early marriage related information to 1,43,506 peoples living in the project areas. To provide SRHR related informations the project has mobilized and supported different community support groups i.e.

Female Community Support Group, Male Community Support Group and Community Adolescent Support Group at the respective new project areas. Besides this, the project also trained the newly formed community support group members in new five upazilas of Khulna district. It also motivated, organized and incorporated non-health Micro Credit NGOs to involve field workers to disseminate SRHR information among the micro credit beneficiary. The project also worked with



trained teacher groups in new upazilas to disseminate Adolescent Reproductive Health information among the students and parents. Beside this, project also established 23 Adolescent Health Service Corner (AHSC) at different UH&FWC.

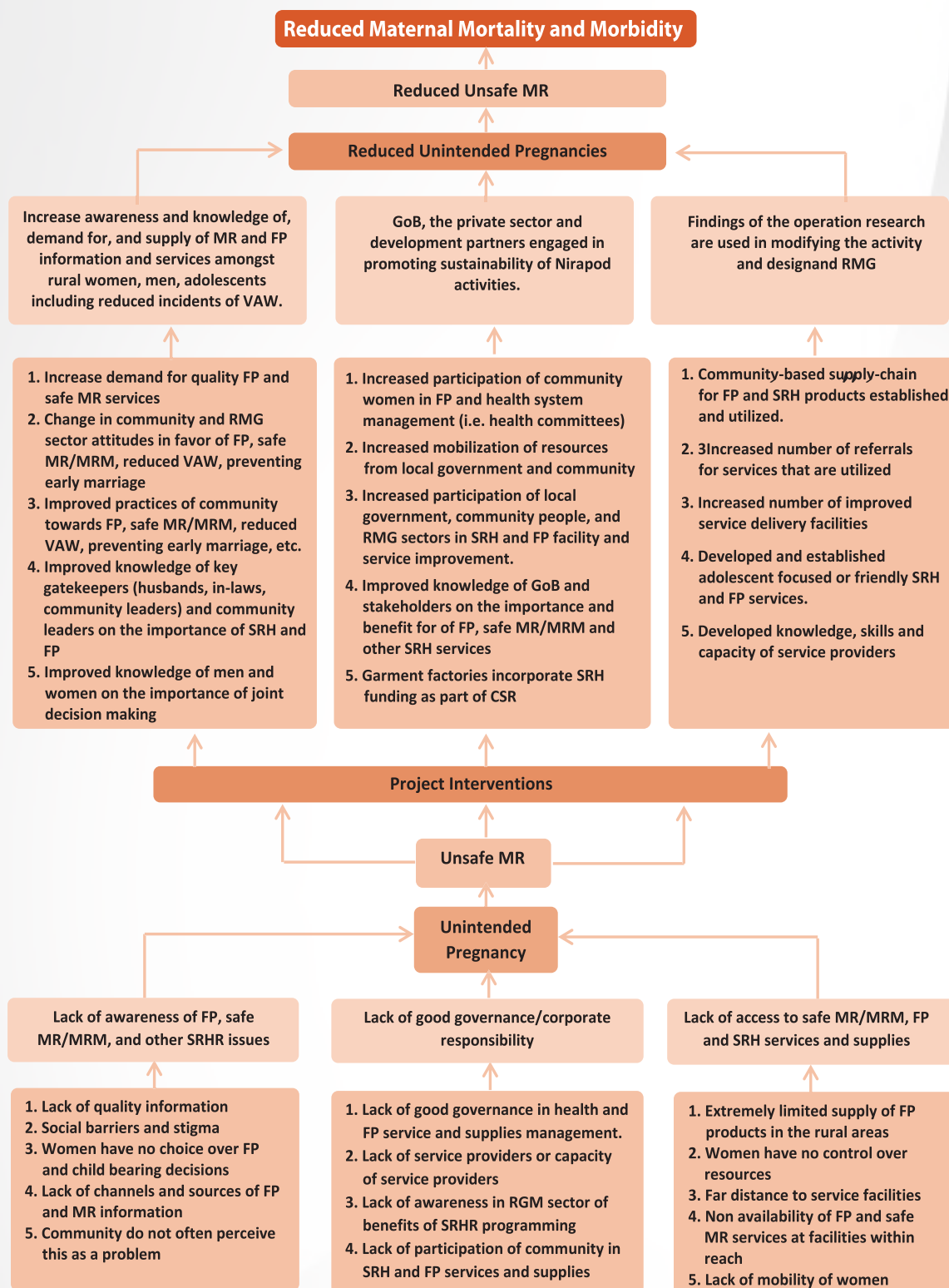
The project also successfully referred 21484 clients for SRHR and FP services. Among them permanent FP service received 293 couples and long term FP service received 4467 couples. During the reporting period total 36,672 condoms were distributed among the male in project areas.

Objective:

To empower women, men and adolescent girls in rural Bangladesh and garment factories, to exercise their sexual and reproductive health rights, ultimately improve maternal health outcomes

1. 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.
2. To Increase awareness and knowledge of, demand for, and supply of MR and FP information and services amongst rural women, men, adolescents including reduced incidents of VAW i.e. on SRHR Issues.

Our project design is rooted in our Theory of Change:



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Table 15: Major Target & Achievement are given below (July 2018 to June 2019)

Sl. No	Name of the activities	Target	Achievement	%
1	Print BCC/IEC materials for information dissemination		103,095	100%
2	Day Observation	10	10	100%
3	Conduct quarterly/Half-yearly courtyard session/assembly with various Community Volunteers (Female Community Support Group, Male Community Support Group, Community Adolescent Group and Teachers Group)	485	485	100%
4	Organize quarterly Meeting with school/college/madrassa teachers	32	32	100%
5	Publish bi-lingual Newsletter *	30,000	30,000	100%
6	Ward Level Awareness raising campaign to share the SRHR information including girls, boys and non-formal students	149	149	100%
7	Training of FCSG on SRH Product Business management (Pill, Condom & Sanitary Napkin)/basket product *	1,490	1,439	97%
8	Organize monthly session/activity with District Family Planning coordination committees and advocacy to include one member from CSGs.	24	23	96%
9	Organize monthly session/activism with Upazila Family Planning coordination committees and advocacy to include one male & one female member from CSGs.	168	148	88%
10	Organize quarterly session with UH&FWC committees and advocacy to include one male & one female member from CSGs.	408	364	89%
11	Advocacy meeting with the district level industries on SRHR (MR and FP) issues to ensure enabling environment in the industry premises (utilizing learning from Phulki).	2	2	100%
12	Establishing Adolescent Corners	23	23	100%
13	Total earnings through referring LAPM clients to the GoB by Community Support Group (CSG) members	-	1,25,458	
14	Outcomes of the meetings with UH&FWC management committees : (Connecting road, boundary wall, damping station, Electricity connection & repairmen, solar panel, repair of OT/Examination room, repair and establish Tube Well, Tank, pump, furniture, cash donation, staff deployment, etc.)		67	
15	Participations in courtyard session by Project Coordinators (PCs) # of sessions	1,512	2,650	175%

Table 16: The Community Support Group (CSG) members disseminated SRHR information to the following groups:

Different target audience for having awareness on SRHR information	Target	Achievement	Percentage
Women of reproductive age receiving information from Female Community Support Group (FCSG) members	73,620	75,188	102.1%
Adolescents (Girls & Boys) receiving ASRHR information from Community Adolescent Group (CAG) members	10,560	12,093	114.5%
Students (Girls & Boys) receiving information from their Teachers	5,760	6,798	118.0%
Men of reproductive age receiving information from Male Community Support Group (MCSG)	15,840	15,811	99.8%



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SRH Basket Product Business Initiative for rural women is the Brainchild of Nirapod-2 considered as one of the most unique and remarkable successes of the project. It unlocks the window of opportunity for rural women to flourish themselves as entrepreneur at six districts (Barguna, Patuakhali, Noakhali, Lakshmipur, Narail and Khulna) of project area. After receiving training on SRH business management, from 3,680 FCSGs 500 selective Nirapod-2 Community Women Volunteers already started this business on SRH basket product in 368 Unions and have been running successfully. As a result, women's economic empowerment is creating a strong stand in family decision making which has a positive impact on SRHR. It is also a great example of Govt (DGFP), Private sector (SMC and STL) and NGOs (MSB, Nirapod-2) partnership.

Agreement Signing Ceremony among DGFP, MSB, SMC, STL and Nirapod FCSGs on SRH Basket Product



To deliver Family Planning and Reproductive Health commodities (SRH Basket Product) at the door steps of Adolescent Girls and Women of rural and hard to reach areas, an Agreement was signed on 5th November 2018 among Government, Private Sectors and Nirapod-2 community volunteers. This achievement is a landmark of advocacy activities of Nirapod-2



Special Events:

Agreement Signing Ceremony with GoB, Private Sector and Nirapod-2 NGOs promoted sustainability and great advocacy:

Annual planning Workshop of Nirapod-2, 2019:

Focusing on evaluation of the previous Strategic Plan of Nirapod-2 and execution of the upcoming year plan-2019, the Annual Planning Workshop of Nirapod-2, 2019 were held at Zakaria City, Khadimpara, Sylhet on 28-29 January 2019 with the combined participation of MSB, Shishilan and BAPSA. It is one of the most valuable events of the project which unifies all the consortium members even the senior management level to share experience, lessons learned, challenges and way forward.

The senior management of three partners meet together were. Dr. Reena Yasmin, Director, Health System Strengthening, MSB; Dr. Altaf Hossain, Executive Director, BAPSA; Mr. Mostofa Nuruzzaman, Chief Executive, Shushilan; Mr. Zahidul Islam Ansari, Director (In charge), Finance & Accounts, MSB.

Throughout the workshop, major discussion topics were- SRH basket product selling profit rate and supply chain management related challenges and mitigation strategies, success and promotion of Call Centre, Male Community Support Group (MCSG) Members' more engagement on Violence Against Women (VAW), Child Marriage and

Decision making of women, Sustainability of Nirapod-2, Strengthening coordination with GoB and local Govt., Partnership Ethos: Financial Monitoring and Budgetary Control, What worked well, what didn't and Way forward, how to drive to the next phase etc. were in the general agendas of annual planning workshop. One of the serious issues discussed in the workshop was Phulki's partnership discontinuation and financial transparency, so that more emphasis was put on honesty, transparency, accountability and dedication in work.

The two days session has adjourned with wonderful sharing of experiences and discussions of all project staffs of Nirapod-2 such as- at the beginning of SRHR product business initiative, product selling of BDT 5 Lac within 12 Days, 90% budget utilization rate, prosperous success on call center, special media focus on Nirapod-2, 42 Female Community Support Group (FCSG) Members are working as paid volunteer of Government



in different district within project areas and so on. The participants enjoyed this wonderful event as well as a fruitful planning session after passing one-year planned work.

Organized Round Table Conference styled 'Family Planning is a Human Right':

The Daily Kaler Kantho and Marie Stopes Bangladesh and Nirapod arranged the event at the conference room of East West Media Group Limited (EWMGL) in the capital's Bashundhara Residential Area. The program was co-sponsored by the Netherlands Embassy, Shushilan, Phulki, and BAPSA.

Speakers said that Bangladesh has made a huge progress in curbing high population growth compared to the neighboring countries since independence. Family planning program through long and short term birth control services has been playing a crucial role in checking rapid population growth, cutting maternal and child mortality and ending early marriage, they said at a roundtable 'Family Planning is a Human Right'.

Among the distinguished speakers, Dr. Mainuddin Ahmed, Director, DG-FP, Dr. Sultan Mohammad Shamsuzzaman, Director, DG Health, Mr. Obaidur Rob, Country Director, Population Council, Dr. Abu Syed Hasan, Family Planning Services Specialist, UNFPA,



Mushfika Zaman Satiar, Sr. Policy Adviser (SRHR & Gender), EKN, Dr. Ikhtiar Uddin Khondoker, Head of Health Program, Plan Bangladesh, Mr. Toslim Uddin Khan, Chief of Programs, SMC, Dr. Noor Mohammad, Executive Director, PSTC, Ms. Suraiya Haque, Executive Director, Phulki, Md. Mostafa Monwar, Director, BKMEA, Sheikh Amirul Islam, Advisor, Shushilan, Mr. Imrul Hasan Khan, General Manager, Marie Stopes Bangladesh were present. The Kaler Kantho Editor Imdadul Haq Milon moderated the event.

Special Achievement:

Main Objective of the project is Women's Empowerment. Taking this into consideration, the project aimed to empower the Women not only in the decision making in adopting Family Planning Methods but also in decision making process which respect to economical empowerment. Total 162

Table 17: Major Successes (Economic Empowerment) of Female Community Support Group (FCSG) Members

SL.	Category	Number
1	Employed as National Paid Volunteer under DGFP	21
2	Elected as Union Parisad Member	24
3	Employed as Teacher	34
4	Employed under Other Governmental Departments	08
5	Employed under NGOs and Other Private Organizations	75
Total Employment		162



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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 Parisad Members, 34 FCSG members are being employed as teacher; 8 FCSG Members were being employed at other Governmental Departments and 75 FCSG members were employed 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.

Referral Performance by the Community Support Group (CSG) Members:

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 2018 to June 2019) is stated below:

Table 18: MR, FP & PAC Corner Performance (July 2018 to June 2019)

District	MR	PAC Information								
		Short term method			Long term method		Permanent method		Total	VIA (Visual Inspection with Acetic Acid) Test
		Con-dom	Pill	Injectable	IUD	Implant	Ligation	NSV		
Noakhali	63	-	41	3	19	-	-	-	63	1,762
Lakshmipur	167	30	68	50	9	10	-	-	167	1,089
Total	230	30	109	53	28	10	-	-	230	2,851

In 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

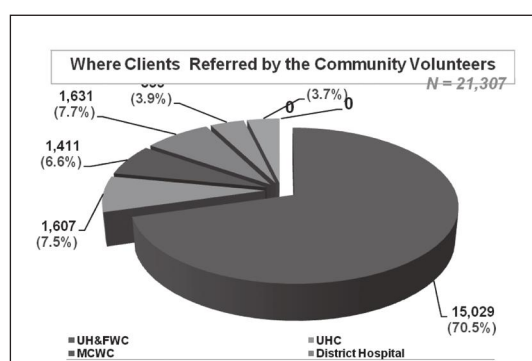
of child marriage was also done by the community support group members along with the project staff. A total number of 21,384 Males and Females were referred by the CSG Members of Nirapod-2 Project, BAPSA, to various Gob, NGO and Private clinics for receiving Health and Family Planning services during July 2018 to June 2019 is stated below:

Table 19: Referral Performance Record by CSG Members: Nirapod-2, BAPSA (July 2018 to June 2019):

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	5,542	97	424	34	3	288	31	36	865	157	241	7,718
	Lakshmipur	7,988	225	592	14	4	624	17	29	1,688	1,256	1,229	13,666

Referral Cases

The Chart Shows that around 96% clients were being referred to various GoB services Facilities and only 4% clients were referred to NGO and other Private Clinics. Please note that our CSG members received a total amount of BDT. 1,25,458.00 (Taka- One Lac Twenty Five Thousand Four Hundred Fifty Eight) only as referral fees from the government.



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, concerned 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 desent with 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. Concerned Deputy Directors, Family Planning (DD-FP), Additional Director- Clinical Contraception (AD-CC), UpazilaNirbahi Officers (UNO), Upazila Family Planning Officers (UFPOs) were present at the training sessions as resource persons.

Ward Level Awareness Campaign

Ward level awareness raising campaign- an activity to raise awareness among the broader community on SRHR, RBA, VAW and Early Marriage was also undertaken. During the reporting period, total 149 ward level campaigns have been conducted in six existing and new intervention districts.



The program was organized and conducted by the community support group members of Nirapod-2. A decorated paddle van was moved around the union with lots of BCC/IEC materials and it played recorded Pot Song on Safe MR, MRM, FP Method, RBA, VAW and Early Marriage prevention. In this campaign program, community people, local government representative and Member of Parliament also participated. The community support group members visited most grassroots places, growth center and distributed BCC/IEC materials to the community people. The program was very effective and had drawn attention of the mass people. Through this campaign, the CSG members effectively gained attention and disseminated essential information on SRHR, MR/MRM, FP and others.

Local Level Media Campaign (Pot Song):

Pot Song is a message dissemination method through which a group of performers present the local problems or issues through picture and folk song. The picture and song language and the script were prepared in such a way that any participant regardless at being illiterate could understand easily. It's a visual picture drama with attractive picture through which the participants enjoy messages, remember the messages and eventually it contributes to their day to day practice. Shushilan has its own team to develop and disseminate the Pot Song. The Pot Song utilize sheet paintings that are unfurled as the performance proceeds. This type of picture drama session organized with people gathered around the performers and can be



presented in the outdoors or indoors. A group of team member presents the messages by using relevant picture with different types of music instrument and colorful dress. In general, community people enjoy the drama with high satisfaction and it is considered to be a very strong media for disseminating the messages on SRHR.

During this period, Shushilan cultural team has performed 7 Pot songs in Noakhali and Laxmipur district to create awareness among the targeted beneficiaries on SRH Rights through which the following areas have been covered: # Safe MR # MRM # Women violence # Early marriage # Gender # Utilization of family planning method # Others reproductive health services & rights.

Table 20: Empowerment Status of FCSGs under Nirapod-2, BAPSA

Category	No.	Remarks
National Service Volunteer (Paid Volunteer at DG-FP)	21	
Union Parisad Members	24	
Teachers	34	
Employed at various Govt. Departments	8	DG-Health, Ansar VDP etc.
Employed at Other NGOs	75	Office Assistant, Aya, Cleaner, Nurse Aide/Clinic Aide etc.
Total :	162	

CHAPTER VII

COMMON SENSE AND EDUCATION: A PRACTICAL APPROACH FOR IMPROVING SRHR AND CSE AMONG THE ADOLESCENTS AND YOUTH (CSE PROJECT)

Bangladesh has an adolescent and youth population of approximately 52 million, approximately 1/3rd of the country's total population. This significant percentage, however, will not remain unchanged for very long and it is projected that by 2050, only 10-19% of Bangladesh's population will consist of young people (UNFPA 2014). Although the health and well-being of this group is critical to the country's future, issues surrounding sexual and reproductive health (SRH) remain a cultural taboo, especially for adolescents and young unmarried people.

Initiatives to address adolescent sexual and reproductive health (ASRH) in Bangladesh have been implemented by both the Government and non-governmental organizations (NGOs). This CSE project is one of such initiatives of BAPSA supported by the (International Plan Parenthood Federation (IPPF). The project is being implemented in Joypurhat district of Bangladesh by BAPSA from September 2018 to August 2019 at the initial phase.

With the support from IPPF, the CSE project in Joypurhat has been successfully focusing on improving SRHR knowledge and access to services, through providing Comprehensive Sexuality Education (CSE) in selected schools and in the community as well. Working with communities to create a more supportive environment in which young people can exercise their SRH rights is underway.

Project Objectives:

The overall objective of the project was "To enhance the capacity of the organization and increase accessibility to CSE and SRHR services and information for adolescents and young population of the project areas and creating enabling environment to contribute to the SDG 3&5".

Specific Objectives were to:

- Conduct CSE sessions in formal and non-formal settings in the project area.
- Provide SRHR and CSE training to the school, College and Madrasha teachers to enable them to facilitate CSE sessions in selected educational institutions in the project area.
- Establish a Youth Friendly Service Centers at the district HQ levels and corners at the Upazila (Sub-district) levels for providing CSE and SRHR information and services.

Target Groups:

The primary target of the program is the Adolescents and Young people in schools/ Madrasa/ Colleges and in the community aged between 10 to 24 years living in semi urban and rural areas.

Secondary target groups of the project are: the parents, teachers, School Management Committee (SMC), different community leaders, health-workers and government officials at health and education departments.



Project Areas:

The project area included three Upazilas of Jaipurhat District under Rajshahi Division (Jaipurhat at Sadar, Kalai & Akkelpur Upazilas) reaching to almost 12,000 young people out of 151,721 young people living in these three Upazilas with SRH information, CSE and SRH services and to almost 1,500 other community members.

Orientation of DDFP, Education authorities, local administration & NGO representatives at the district level:

Orientation of the district administration and different related government department officials including Deputy Commissioner, DDFP, Civil Surgeon, Dist. Education Officer, District Youth Officer, District Women & Child affair Officer, District Narcotics Officer and three Upazila Executive officers were present. All the district level officers welcomed BAPSA IPPF initiative to introduce SRHR/ CSE program under the banner "Common Sense and Education" in Jaipurhat. This project will help create awareness of the adolescents as well as the adult population on SRHR/ CSE.

Orientation of Local Government bodies on the project activities at the Upazila levels:

Local Government and Representative at all three Upazilas (Kalai, Akkelpur and Joypurhat sadar) have been oriented on the project and the necessity for creating the access to SRHR/CSE information for the adolescents for a healthy nation in future. All were happy to receive BAPSA at their places and promised to extend their assistance wherever required.

Sensitization meetings with gatekeepers and key stakeholders:

The purpose of this event is to sensitize the gatekeepers like parents/ guardians and community leaders about the needs of young people, importance of Comprehensive Sexuality Education (CSE).

Recruiting and Training of Youth Organizers:

During this reporting period 75 (31 boys and 44 girls) youth organizers have been recruited (25 at Akkelpur, 25 at Kalai and 25 at Sadar upazila) to organize community and school sessions Youth Organizer which play important role in awareness development on

SRHR/CSE among the adolescents, increase demand for access to information, and quality, and also to establish partnerships with school and community.

CSE Program in Schools:

The program has been implemented in 75 selected Educational Institutions (EdIs) in the 3 Upazilas. The trained youth organizers have been organizing group sessions (formed with 20 students in each group) each in their assigned School and Madrasahs. In line with the project objectives, a total of 160 (78 boys and 82 Girls) groups were formed at institution level. During the reporting period, 1280 CSE sessions were organized in Schools and Madrasahs in 3 upazillas. In total 3180 (Boys-12899, Girls-1892) boys and girls received information on SRH, gender, gender diversity, sexual abuse and relationship through the CSE sessions.

Sensitization meetings with gatekeepers and key stakeholders:

The purpose of this event was to sensitize the gatekeepers like parents/ guardians and community leaders about the needs of young people, importance of Comprehensive Sexuality Education (CSE).



Meeting with Parents and other Gate-keepers in the community:

A total number of 5 Meetings took place at the community level at different places like Union Health and Family Welfare Center under sadar Upazila, kalai Upazila and Akkelpur Upazila where 540 parents (157male and 383 female) were present.

Several parents shared stories of their adolescent boys and girls. Parents were asked to share about the relationship with their children and time they pass with their children for an interactive betterment of their children.

Introduction meeting with representatives of UH&FWC and CC committees at the union levels:

Although, we have been participating in biweekly meeting with representatives of UH&FWC but yet we not have arranged 3 meetings in three upazila by IPPF-BAPSA due to busy government schedule. Within running collaboration with FP workers, it has been planned to conduct it in July, 2019.

Establishing Youth Center & Corners:

One Youth Friendly center was established in Joypurhat Sadar along with the district office of BAPSA. Youth corner at sadarupazila was established in first week of April, 2019 at Women and Child Welfare center (MCWC), Joypurhat with the collaboration of Family Planning Department. During this period a total number of 1063 young people (414 boys and 649 girls) received counseling services on contraceptive STI-RTI, Gynecological counseling, specialized-relationship, GBV, life skill, sexuality-counseling from "MonerJanala" Youth center and corners at IPPF-BAPSA.



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CSE Sessions in Youth Centers/ Community:

To address community young people, a total of 130 (63 boys and 67 Girls) groups (20 in each group) were formed in the community. During this reporting period, 1040 CSE sessions were organized in the community in 3 Upazilas. A total of 2595 (Boys-1022, Girls-1573) boys and girls received information on SRH, gender, gender diversity, sexual abuse and relationship through the CSE sessions. It was observed that young people started to feel free to disseminate the SRHR information among their friends. Participants feel proud as they realize that they know more now than before.

Partnerships with likeminded organizations:

The project has established relationship with Family planning department at District and Upazilalavel, education authority at District and Upazilalavel, Ansar and Village Defense Party (Ansar and VDP) at KalaiUpazila, district and upazila administration (DC, UNO) through organizing events, participating in monthly and weekly meetings and regular liaison.

Provision of counseling services through mobile hot-lines:

A number of 163 (Male 90, Female 73) Tele-Counseling was provided during this reporting period through mobile hot-lines. Most of the counseling was on White discharge, Menstruation, Complexity of relationship, Family planning method, STIs, RTIs and Puberty related aspects.

Day observance:

Day observation is one of the major activities of the project under Result-2. During this reporting period "Women's day" "National Health Service Week" and "MHM day" were observed. Women's day and National Health Service Week were observed jointly with the government and non-government organizations working in Jaipurhat. A total number of 685 (male 130, female 555) participated in Women's day and MHM day. It was the best opportunity to work with the government at District level as well as Upazila level during this reporting period.



Skill development training for poor Youths/ Adolescents:

Under this activity we have introduced 3 months diploma course in computer for 30 (10 from Sadar, 10 from Akkelpur and 10 from Kalai) adolescents (male 4, female 26) from our school/community learners group through MOU with a local computer organization under Bangladesh Technical Education Board (BTEB) in sadar Upazila, Bangladesh Association for Social and Economic Development (BASED) in AkkelpurUpazila, Upazila Community E-Center in KalaiUpazila. KalaizUpazila Nirbahi Officer has helped to arrange computer training program in their E-center.

Teachers are capacitated on providing CSE education

To create an enabling environment for the young people in schools, one Orientation of teachers and SMC on CSE/ SRHR was organized at Upazila Council Hall room, Kalai, Joypurhat where 356 (258 male and 98 female) teachers and SMC members participated. District education officer, Upazila Executive Officer and Upazila Higher Secondary education officer were present in this event.

Table 21: Total Coverage Youth and Adolescent coverage along with Local authorities, Teachers, Gatekeepers, & parents

Sl.	Indicators	Male	Female	Total
1.	Staff Employed for the project	9	7	16
2.	SRHR/ CSE/ YFS Training for project staff	8	6	14
3	Orientation of DDFP, Education authorities, local administration & representatives at the district level	22	2	24
4.	Orientation of Local Government bodies on the project activities at the Upazila levels.	249	63	312
5.	Meeting with Parents and other Gate keepers in the community	157	383	540
6.	Printing f IEC/BCC Materials	-	-	60%
7.	Establish YFS Center at the district level	1	1	2
8.	Training of youth organizers on CSE/SRHR (25/ Upazila)	31	44	75
9.	Courtyard Meeting with Young People in the community/ youth clubs by Youth Organizers (1 group/YO/ Quarter; 8 sessions per group to complete the CSE/SRHR course)	1022	1573	2595
10.	Provide Psychosocial Counseling to the Adolescents/ Youth	414	649	1063
11.	Provide help-line counseling services from YFS Center	90	73	163
12.	Skill development training for poor Youths/ Adolescents	4	26	30
13.	Establish YFS Corner at Upazila levels	3	0	3
14.	Day observance (5 day observance in a year) both at Upazila and District levels.	130	555	685
15.	Group meeting with School learners group (8 sessions per group to complete the CSE/SRHR course) by the trained teachers with the assistance of YO.	1289	1892	3181
16.	Orientation of teachers and SMC on CSE/ SRHR	98	30	128
17.	Make MHM friendly toilet in 2 schools in each Upazila using existing facilities.	6(M&F both)	0	6
18.	YP received CSE (Single sessions)	2262	2836	5098
Grand Total		5795	8140	13995



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CHAPTER VIII

STRENGTHENING AND FUNCTIONALIZE GENDER RESPONSIVE ADOLESCENT FRIENDLY HEALTH SERVICES (AFHS) IN URBAN AREAS

BAPSA has started collaboration with UNICEF, Bangladesh, since November, 2015 under the signing of Small Scale Fund Agreement (SSFA) partnership. From the beginning, the project has started its work by name 'Establishing Adolescent Friendly Health Services (AFHS) in Zone II of Dhaka North City Corporation'. Following the main objective, BAPSA has established an 'Adolescent Friendly Health Service (AFHS) Centre' in Ward -5 under zone 2 of DNCC with a view to serve the adolescents to meet the constantly growing demand of friendly health services by them.

Overall Goal and objective of the project was:

The goal of the project was to create demand generation of Adolescent Friendly Health services through establishing Adolescent Friendly Health Services (AFHS) with the help of UNICEF. It serves as model of AFHS clinic for NGO as well as for public sector to provide quality health and counseling services to adolescent. Moreover it stands for strengthening the Government Outdoor Dispensary and provide support to UPHCSDP's for providing good quality of ASRH services including education among the adolescents.

After the successful interventions of the project, the project continued till January, 2019 by using same name with same objectives. Since 15th March, 2019 the project has started its new phase with different name 'Strengthening and Functionalize Gender



Responsive Adolescent Friendly Health Services (AFHS) in Urban Areas' with different objectives.

The purpose of this running project is to supplement the SRHR program of the government, make the mid-level and field workers easy in dealing with Adolescent's SRHR requirements and are capable of providing SRHR information to them, increasing the adolescents' access to quality SRHR services, maintaining confidentiality and privacy at the AFHS centers. The project will also make the targeted AFHS centers popular to the adolescents so that they visit

the center whenever any SRHR issue arises in their daily life. The project will also organize the community stakeholders (Parents, Teachers, and Local leaders, Religious leaders and youth organizations / Clubs) in support of SRHR information needs for the adolescents. Take every step towards strengthening the government SRHR program for the adolescents.

The role of BAPSA in this project is to provide technical support to the government for Adolescent Program within Dhaka along City Corporation(DNCC), Directorate General of family planning, Directorate General of Health Services and BSMMU. The major support will be on:

- i) Demand Generation-(to keep the AFHS functional by providing support to the providers and create in-flow of adolescents in the AFHS set by City Corporation).
- ii) HR support as per need,
- iii) Strengthen Referral linkage for Adolescents to the government established AFHS for Maternity(MFSTC & MCHTI), DNCC (UPHCDP), OGSB and BSMMU. SRHR services and Counseling support including Psychological support
- iv) Partnership in Good Governance and
- v) MIS.

The primary target will be approximately 150,000 Adolescents that will cover:

- vi) Adolescents of urban areas with special focus on slums in targeted areas ;
- vii) Out of school Adolescents,
- viii) Street Adolescents; and
- ix) Vulnerable Adolescents (Disabled, Gender diversified adolescent etc.).

BAPSA organized all events under this project on behalf of the City Corporation, DGFP, OGSB, BSMMU to Provide Counseling services and in some cases, provide and refer RH services until it is provided by the staff of the concern providers as a technical partner with the support of UNICEF.



BAPSA is working in a networking system with other reproductive health providing organizations and in a position to utilise the experts of those organizations as a resource person for capacity building of the adolescents and young population in the project areas, use their developed materials for disseminating SRHR knowledge. BAPSA closely worked with UNICEF under PCA as CSO in North and South City Corporations, Directorate General of family planning, Directorate General of Health Services and in this particular issue, BAPSA intended to work more closely with their help and guidance. Youth organizations, OGSB, BRAC and other NGOs working in this area will also be involved to mobilize the adolescents and young population to conduct satellite sessions on SRHR. All these efforts will be given to make the established AFHS centres functional and make it sustainable.



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Table 22: Target & Achievement (by Table) for the period of July, 2018 to 31 Jan, 2019 under the project 'Establishing Adolescent Friendly Health Services (AFHS) in Zone II of Dhaka North City Corporation'

Act. #	Name of the activities	Target	Achievement	%
1.3	Organize coordination meeting on AFHS with Go's, NGOs, City corporation and Local authorities.	1	1	10 %
2.2	Session organized at AFHS Center to provide Comprehensive Sexuality Education (CSE) at AFHS Center by Trained Counselors.	48	48	100%
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.	2000	2330	117%
2.4	Provide counseling on SRHR Issues by Help line (using cell phone) by Counselor during office hours.	400	432	108%
2.5	Adolescent boys & girls received basic computer training & tailoring training	800	1290	161%
2.7	Quarterly Report on AFHS in NDCC prepared and shared with NDCC and UNICEF	2	2	100%
3.1	Outreach session conducted at Adolescent Club (Formal/ Informal) to provide SRHR services & Counseling at GOD/ NGO clinics / UPHCP/ OGSB Hospitals Adolescent Clubs by trained Counselor/ Paramedics /Peer Educators.	20	20	100%
3.2	Satellite sessions held SRHR services & Counselling at Schools, other out of schools and small garments through satellite camp.	12	12	100%
3.3	Adolescent Health Day /Heath Fair organize by SMC in Zone II	2	2	100%
3.4	Campaign Program on SRHR Issues with Adolescents within the project area.	2	2	100%
3.5	Community sessions by trained peer educator through making group of adolescent.	40	40	100%
3.6	Essay / Quiz Competition held in Secondary schools	2	2	100%
3.8	Arrange some recreational event on SRHR Issues with Adolescents within the project area.	1	1	100%
3.10	Individual contact with adolescents by field staff.	1500	1623	108%

Table 23: Target & Achievement (by Table) for the period of 15 March 2019-June 2019 under the project Strengthening and Functionalize Gender Responsive Adolescent Friendly Health Services (AFHS) in Urban Areas:

Sl. no	Name of the activities	Target	Achievement	%
1.1	Coordination meetings on AFHS with GO, NGOs, City corporation and Local authorities	1 prog.	1 program	100%
1.3	Community parents meeting on ASRHR/AFHS and nutrition Issues in project catchment areas	3 meeting	3 meeting	100%
1.4	Mapping of surrounding schools of 6 AFHS centres			
1.5	Orientation meeting with SMC, Teachers & Parents in government schools on Adolescent health & nutrition.	4	4	100%
1.7	Develop and Reprinting of Substantial Amount of IEC/BCC materials and other register & logistics	1	1/2	50%
2.1	Staff joined and served at AFHS centre.	15	15	100%
2.2	Staff Orientation and Planning workshop organized at the inception of the project	1 Event	1 Event	100%
2.3	Counseling services provided at 7 AFHS centers	3750	906	24%
2.4	Sessions on ASRHR conducted by trained staff through group approach.	24 ses.	0	0%
2.5	Puberty related Reproductive Health (RH) services provided to the Adolescents.	5250	349	6.65%
2.6	Peer Adolescents trained on ASRHR and adolescent nutrition practices	40 adol.	20 adol.	0%
2.7	Adolescents provided Counseling Services through mobile help line.	3500	156	4.46%
3.1	Courtyard Sessions in the community conducted by trained Peer Educators on ASRH & Nutrition	480 session	0	0%
3.2	Satellite Health Camps conducted by the Service Providers in the schools/ Garment Factories.	6	6	100%
3.5	Individual Contact with the Adolescents done by Staff	1152	1344	117%
3.6	Individual contact with adolescents by Peer Educator/Adolescent forum member.	8640	0	0%
4.1	Cultural team developed and functioning at the BAPSA AFHS Center	1	1	100%
4.2	Underprivileged adolescents received basic computer and other livelihood skill development training.	9 (com)	9 com.	100%



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CHAPTER IX

NFM TB CONTROL PROGRAM

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 3 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 2018 and June 2019 a Total of 775 TB Cases (all forms) were diagnosed and treated in the BAPSA supported urban areas of Dhaka. BAPSA conducted 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 is observing world TB day 24 March every year along with government and stakeholders.

Objectives:

- Every year new patients identified 221 per 1.00000 Population.
- All TB Patients bring under the DOTS.
- 93%TB Patients cured and treatment completed every year.
- All TB Patients ensure quality services.

Activities:

SI	Program	Target	Achieved
1	GPP	2 (40)	2 (40)
2	Teacher	2 (52)	2 (50)
3	Cured TB Patient	2 (52)	2 (51)
4	Staff meeting	4	4 (92)
5	World TB day	1	1

Case detection and outcome:

Patients target	Patients Achieved	Target Treatment success	Achieved Treatment success
781	775	93%	98%

CHAPTER X

CLAIMING THE RIGHT TO SAFE ABORTION: STRATEGIC PARTNERSHIP IN ASIA

In 2018, ARROW initiated the project “Claiming the Right to Safe Abortion: Strategic Partnership in Asia” funded by RFSU, a Swedish organization. The Project aims to facilitate and strengthen capacities to improve engagement and ensure rights around access to safe abortion services and access, including post-abortion care in five countries in the South Asian and South-East Asian regions with national partners namely: Bangladesh (Naripokkho), India (CommonHealth), Nepal (Beyond Beijing Committee (BBC)), Cambodia (Reproductive Health Association Cambodia (RHAC)) and the Philippines (Women’s Global Network on Reproductive Rights (WGNRR)).

More specifically this work aims to:

- Strengthen the evidence base that can help advocate and call for accountability to ensure the right to safe abortion at the national, regional and international levels;
- Help build perspectives and value clarification on the critical issues that impede the recognition of these rights and provision of information and services on the same to women and girls;
- Tackle the multitude of issues and complexities within the scope of abortion that are often used to deny rights;
- Establish an inclusive, multi-country regional partnership to strengthen efforts to advocate for the right to safe abortion

through evidence based advocacy and accountability in Asia and at the country level.

Building, strengthening and sustaining partnerships nationally and regionally are strong features of this project. The evidence generation comprised of baseline surveys that were tailored for each focus country and include the identified areas of focus relevant to each country context. As with the advocacy, the evidence generation was done in close collaboration with the five national partners, Naripokkho, CommonHealth, BBC, RHAC, and WGNRR. National partners were also identified opportunities for engagement at the national level and participate in regional and international advocacy together with ARROW and others.

For this initiative, the overall substantive focus of the project was provided by ARROW and the Association for Prevention of Septic Abortions Bangladesh (BAPSA) came in as the Resource Partner to further strengthen this approach.

As Resource Partner, BAPSA was engaged with ARROW and all national partners to ensure that the evidence generation component of the project is robust and rigorous as well as to provide specific and substantive inputs to all aspects of the evidence generation process in order to ensure that evidence-based interventions are developed to support and design advocacy initiatives in each country.



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Together with ARROW, during the first year (2018), the role of BAPSA was involving for supporting all five country teams to:

1. Fine-tune the focus of their evidence generation to ensure effective development of national baselines from conceptualization to presenting results and designing advocacy initiatives.
2. Provide detailed and substantive written inputs to ARROW's conceptual framework and literature review developed for the project.
3. Provide detailed and substantive written inputs to baseline concept note/research proposals developed by each partners.

CHAPTER XI

OTHERS ACTIVITIES (DAYS OBSERVATION)

World Population Day

BAPSA, on July 11, 2018, celebrated the World Population Day. This day was observed with great fanfare. BAPSA participated in the rally organized by the MoHFW and the UNFPA. About all the 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 : is a Human Rights".. 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 Milanaitan), various information and communication materials on sexual reproductive health and rights were displayed and distributed. 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 has 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, 2018 with special attention. 'Know Your Status' 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 celebrated the Victory day 2018 of Bangladesh with the collaboration with Mirpur Baddhabhumi & Jolladkhana under the Ministry of Liberation and war. The adolescents of BAPSA participated there.



Family Planning Service Week

BAPSA actively participated in family Planning Service week from 24 to 29 November, 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.

Safe Motherhood Day

BAPSA celebrated the Safe Motherhood day-28 May-2019 at its all clinics. The theme of the day was “Dignity and Right: Pledge to Midwife Service at Health Centers”. The day was observed to create awareness among the mothers and also the women of reproductive age including adolescents because many of them lack 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. 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, 2019 and the theme was: “Think Equal, Build Smart, Innovate for Change”. 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, 2019. The theme of the day was “It's the right time to make a pledge to create TB-free Bangladesh”. Rally and different discussion sessions were organized at the BAPSA Center premises to mark the day.

World Health Day

On April, 2019, BAPSA observed the World health day and the theme was: “Universal Health Coverage (UHC) for Primary Health Care (PHC) with a focus on equity and solidarity”. On 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 Jointly with DG-FP at Adarsho High School, Mirpur, Dhaka, March 11, 2019. The objective of the program was “Awareness about how to maintain personal hygiene and prevent early marriage.” Director IEM unit of DG-FP presided over the Conference. Divisional Director, Dhaka Division attended

the conference as Chief Guest. A total of 100 adolescent girls& boys attended the conference and raised voice against early marriage and maintain personal hygiene. Another conference for Adolescent was Jointly organized with DG-FP 19 March, 2019 at Hazaribag Girls High School, Hazaribagh, Dhaka. Main objective of the program was to create awareness 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 & boys attended the conference and raised their voice against early marriage, violence against women and other related issues.

Independence Day:

BAPSA also celebrated the Independence day 2019 of Bangladesh in collaboration with Mirpur Baddabhami, Jolladkhana under the Ministry of Liberation & war. The 20 number of adolescent of BAPSA participated in the cultural activities there.



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Table 24: Days observed by BAPSA: At a glance.

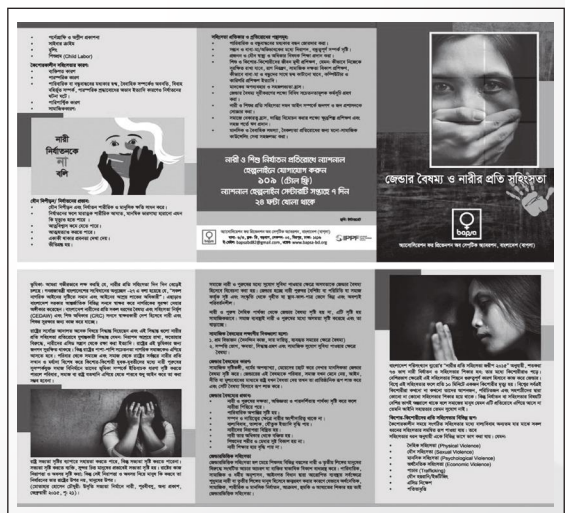
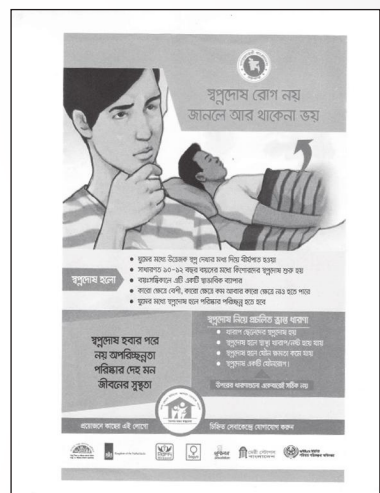
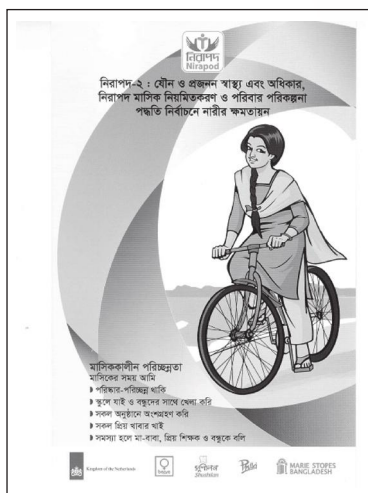
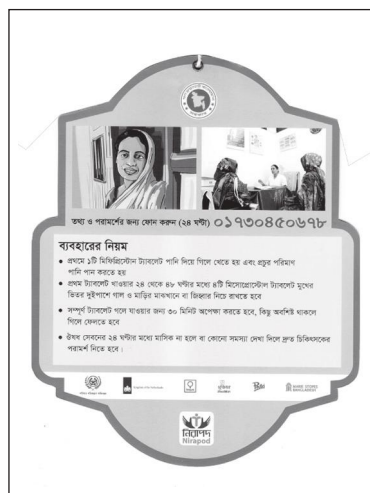
Sl. no	Name of the Day	Date	Theme
01.	World Population Day	July 11, 2018	Family Planning is a Human Rights.
02.	World AIDS Day	December 01, 2018	Know Your Status.
	Family Planning Week	November 24-29, 2018	
03.	Victory Day	December 16, 2018	
04.	International Women's Day	March 08, 2019	Think Equal, Build Smart, Innovate for Change.
05.	World TB Day	March 24, 2019	It's the right time to make a pledge to create TB-free Bangladesh.
06.	Independence Day	March 26, 2019	
07.	World Health Day	April 07, 2019	Universal Health Coverage (UHC) for Primary Health Care (PHC) with a focus on equity and solidarity.
09.	Safe Motherhood Day	May 28, 2019	Dignity and Right: Pledge to Midwife Service at Health Centers.

CHAPTER XII

PRODUCTION OF IEC/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 above mentioned 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.



CHAPTER XIII

FINANCIAL STATEMENTS

Shiraz Khan Basak & Co. Chartered Accountants


Association For Prevention of Septic Abortion, Bangladesh (BAPSA)

Consolidated Balance Sheet

As at 30 June 2019

	Notes	2019	2018
PROPERTY & ASSETS			
Fixed Assets	3.00	21,853,964	19,965,052
Fixed Deposit	4.00	13,317,115	12,565,199
Cash and Cash Equivalent	5.00	37,923,766	38,724,044
UPHC Sustainability Fund	6.00	15,903,105	10,000,000
Loan & Advances	7.00	990,581	970,439
Advance Deposit and Prepayments	8.00	2,149,344	1,475,673
Advance Income Tax			
		<u>92,137,875</u>	<u>83,700,407</u>
FUND AND LIABILITIES			
Fund	9.00	79,132,652	69,286,199
Accrued Expenses	10.00	2,783,660	3,061,350
Bank Interest	11.00	2,055,755	1,947,371
Loan Account	12.00	8,165,808	9,405,487
		<u>92,137,875</u>	<u>83,700,407</u>

Note: The aaexed notes form part of these accounts

 Executive Director
  Treasurer
  Deputy Director
(Finance & Accounts)

As per our separate report of even date annexed.

Dhaka
19 January 2020




 Shiraz Khan Basak & Co
 Chartered Accountants

CHAPTER XIV

GLOSSARY

ADCC	:	Additional Director of Clinical Contraception
AFWO	:	Assistant Upazilla Family Welfare Officer
AIDS	:	Acquired Immune Deficiency Syndrome
ANC	:	Ante-natal Care
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
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
DOTs	:	Direct Observation Treatment short course
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
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
NGO	:	Non-Government Organization
NGOA,B	:	NGO Affairs Bureau
NTP	:	National Tuberculosis Program
OB/GYN	:	Obstetrics and Gynecology
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



ANNUAL REPORT

JULY 2018-JUNE 2019



ANNUAL REPORT

JULY 2018-JUNE 2019

SACMO	:	Sub-Assistant Community Medical Officer
Sida	:	Swedish International Development Cooperation Agency
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



**ASSOCIATION FOR PREVENTION OF SEPTIC
ABORTION, BANGLADESH (BAPSA)**

**House # 6/3, Block-D, Borobagh
Section-2, Mirpur, Dhaka-1216
Bangladesh
Email : bapsabd82@gmail.com
www.bapsa-bd.org**