

ANNUAL REPORT

JULY 2019 - JUNE 2020



ASSOCIATION FOR PREVENTION OF SEPTIC ABORTION,
BANGLADESH (BAPSA)



ANNUAL REPORT

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We want to remember the Founder President of BAPSA



Prof. (Retd) Syeda 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, SAAF, Guttmacher Institute, Ipas, Bangladesh, GFATM & Brac, Unicef and RFSU, Asian Development Bank (ADB) for their support and cooperation. Currently BAPSA runs 10 different projects and all are being supported by the development partners. All the current projects of BAPSA are working for improving the quality of SRHR services in urban and rural areas of Bangladesh. BAPSA is emphasizing for improving the adolescents'

reproductive health and rights in the country. We also would like to express our deep appreciation to NGO Affairs Bureau, DG Health and DGFP of MOHFW for their continuous support and co-operation to BAPSA.

We do appreciate the hard labor of BAPSA 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 39 years back in early 1982, as a pioneer organization to combat unsafe abortion in the country. BAPSA is providing Sexual Reproductive Health & Rights (SRHR) services with a view to providing quality services primarily targeting the slum dwellers, garment workers, low and lower-middle income groups and disadvantaged urban and rural population. BAPSA deeply believes in promoting quality SRHR services by engaging different stakeholders and actors. BAPSA is thriving for achieving sustainability and all the current activities are being reshaped taking this into consideration. This will be possible with the concerted effort of all stakeholders and actors. BAPSA started working exclusively with the urban and rural adolescents and considering the growing demand of the adolescents reproductive health services, BAPSA established two Youth Friendly Service centre in Mirpur Area of Dhaka City. BAPSA extended its collaboration, cooperation and network to other national and international reproductive health providing organizations and NGOs. This impacted on skill development and organizational improvements.

BAPSA is grateful to the Ministry of Health and Family Welfare, the Directorate General of Health Services

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

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

Finally, I am indebted to all my colleagues and 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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ABOUT BAPSA

Being concerned about the alarming situation caused by the multifarious hazards of septic abortion and mortality out of 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 “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 to SRHR through research initiatives

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.

NGO Affair Bureau (Reg. # DSS/FDO/R-203 dt.23-01-86).

MAIN ACTIVITIES OF BAPSA





EXECUTIVE COMMITTEE OF BAPSA

SL. NO	NAME OF THE MEMBER	POSITION IN THIS COMMITTEE
01	Mrs. Mahnur Rahman	President, EC, BAPSA
02	Dr. Sabera Rahman	Vice-President, EC, BAPSA
03	Prof. (Retd.) Kohinoor Begum	Secretary General, EC, BAPSA
04	Mohammad Delwar Hossain	Treasurer, EC, BAPSA
05	Prof. A.K.M. Anowar-ul Azim	Member, EC, BAPSA
06	Mrs. Begum Tahmina	Member, EC, BAPSA
07	Retired professor Dr. Nilufar Nahar	Member, EC, BAPSA
08	Dr. Md. Murtaza Majid	Member, EC, BAPSA
09	Mrs. Shamsun Nahar Jolly	Member, EC, BAPSA
10	Mollah Mahmud Ahmed	Member, EC, BAPSA
11	Zakir Hossain	Member, EC, BAPSA

INTRODUCTION

This annual report covers the period from July 2019 to June 2020. 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.

Table-01: The reports covered the following projects activities

Project title	Supported by	Location
Strengthening of Safe MR and Family Planning services and Reduction of Unsafe Abortions for Improving SRHR Situation in Bangladesh (Safe MR Project)	Sida	<ul style="list-style-type: none"> ○ 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
Ipas_ Bangladesh Supported projects I) Family Planning in Bangladesh- Improving Quality and Access (QFP) II) Adaptation and Testing of the ARCHES (Addressing Reproductive Coercion within Healthcare Setting) (ARCHES Study) III) Emergency Response for Availability and Accessibility of Quality MR, PAC Service for Rohingya Refugees in Bangladesh. (UNFPA)	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.
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	RFSU	<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

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 improved SRHR services and Policy influence;
- VI. Strengthening ICT for transparency, accountability and better management of the project;
- VII. Achieve sustainability of the SRHR Consortium partners

MAJOR ACTIVITIES OF THE PROJECT

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

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

Table-02: Consolidated Clinical Performance of BAPSA Clinics for the period of July 2019 to June 2020

WBS	Name of Activity	Total of BAPSA Clinics		%
		Target	Achievement	
130	Refresher MR Training to Deputed FWV/ Paramedic/ Nurse/Medical Assistant etc.	35	17	49%
200	Staff Capacity Development Training	31	30	97%
320	MR Related Services	20,730	10,651	51%
	MR Counseled	8,454	4,527	54%
	MR Procedure	7,978	4,399	55%
	MR Rejection		128	0%
	Anti -D Injection		4	0%
	Management of MR Complication		0	0%
	Follow-up visit of MR Clients	3,357	1,136	34%
	Management of abortion related complicated cases (PAC)	941	585	62%
330	Contraceptive Services (Post MR Clients)	4,399	4,384	100%
	Contraceptive Services (Non MR Clients)	26,889	10,340	38%
	Management of side effects of Contraceptive service	2,850	1,070	38%
340	Provide Safe Motherhood Support to Women Clients	13,978	12,265	88%
	Antenatal Care	8,341	8,951	107%
	Provision of TT to Pregnant/Non-Pregnant Women	2,958	2,603	88%
	Delivery	1,103	617	56%
	Perinal tear repair		0	0%
	Post-natal care	3,431	2,080	61%
350	Management of OB/Gyn. Problems	23,170	12,169	53%
360	Screening and identifying of cervical cancer through Paps. Smear test, Via test in clinics	2,232	873	39%
370	Provide Limited Curative Care (LCC) Support to Clients	52,416	29,670	57%
	Limited Curative Care at Clinic	25,230	9,502	38%
	Limited Curative Care at Educational Institute	5,610	1,702	30%
	Limited Curative Care at Community	4,492	4,147	92%
	Limited Curative Care at Garments	263	177	67%
	Immunization	16,821	13,349	79%
	TT for Clients other then Pregnancy		793	0%
	Pathological Service	29,022	21,891	75%
	Blood test	14,015	11,157	80%
	Urine test	5,615	4,677	83%
	Ultrasonogram	9,392	6,057	64%
400	Door to Door Visit (Marketing Clients for Services)	42,000	31,729	76%

Table-03: Poor Patient Treated for the period from July 2019 to June 2020

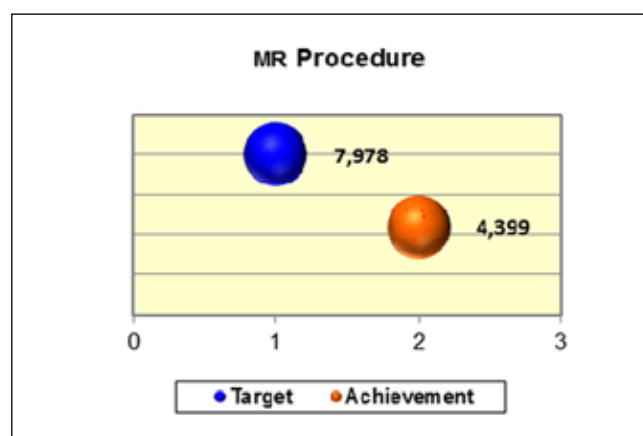
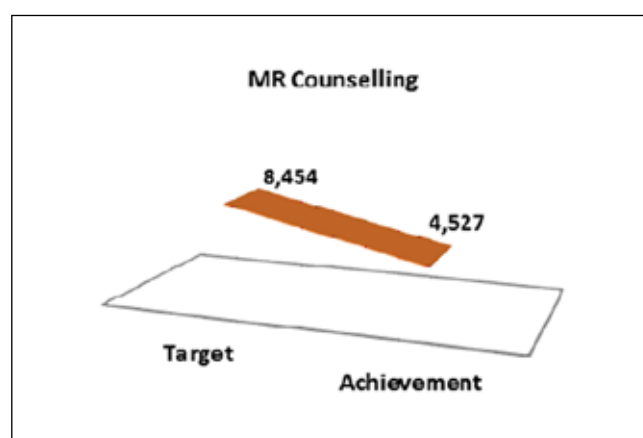
Period (October 2019 to September 2020)	Total of BAPSA Clinics	
	No. of Patient Treated	
	Free	Disc. Rate
TOTAL	55,310	14,395

WBS 320. M.R 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 done 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 better understands their queries and issues. In the mentioned period, BAPSA targeted to counsel 8,454 clients and against the target 4,527 clients came for the counseling. This is 54% of the total target.

WBS 320. M.R. Procedure:

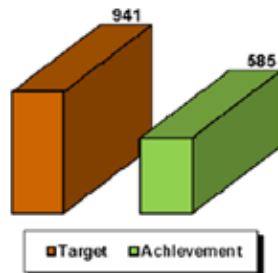
To combat unwanted pregnancies or to get rid of anxieties caused due to delayed period, many women came for M.R. services. A total of 7,978 M.Rs have been targeted for the mentioned project period. Out of the targeted number, 4,399 have been achieved. Follow-up visit of M.R. clients is highly encouraged and a total of 3,357 M.R. clients were targeted for follow-up, but 1,136 clients came for follow-up services. It was found from the service statistics that a total of 4,527 clients appeared for counseling but 128 M.R. clients were rejected. It is almost only three percent of the total clients appeared for counseling. The reason may be the longer duration, or due to bulky uterus. It was difficult to identify the actual size of the uterus, or many of them appear before six weeks of amenorrhea.



WBS 320. Management of Abortion Related Complication:

BAPSA always gave priority in treating abortion complication cases in its facilities. In this reporting period, a total of 941 cases were targeted for treatment. But 585 cases were treated which is 62% of the total target. Target for D&C was overachieved by 27%. And treatment for medicine was given for 20% of the cases. For severe cases, 7 clients were referred to higher facilities which are 13% of the targeted number.

Management of Abortion Related Complications (PAC)

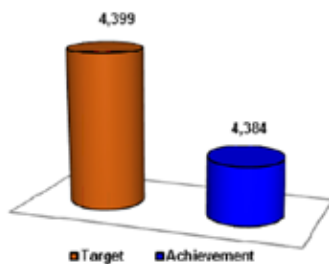


it is 61% of the targeted numbers. Injectables were given to 2,589 clients which are 24% of the targeted number, IUD is reported to be accepted by 69 clients. It is 52% of the targeted number and Condom by 2,316 clients. For Implant & VSC services, 50 clients were referred to other clinics for services.

WBS 330. 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 2,850 clients have been targeted and out of this 1,070 clients came for follow-up services. It is 38% of the total target. Target for follow-up for oral pill was set for 973 but 348 clients came for services.

Post MR Contraceptive



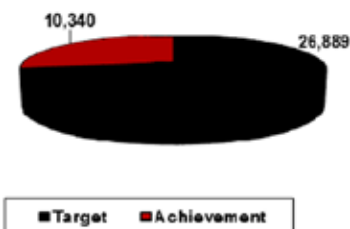
WBS 330. Post M.R. Contraception:

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 100% of the M.R. clients received effective contraceptives. The most used method as reported is Oral pill (109%), Condom (13%) and IUD (63%).

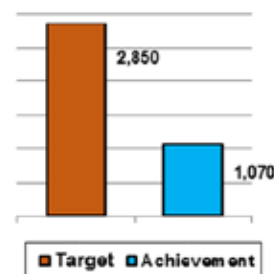
WBS 330. Contraceptive Services for Non-M.R. Clients:

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 26,889 contraceptives clients have been targeted and out of those 10,340 clients came for services and it is 38% achieved of the targeted number. Among the contraceptive users, most frequently used method is Oral pills, a total of 5,316 clients were given pill and

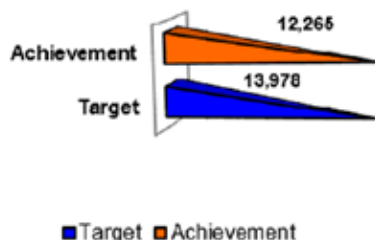
Contraceptive Services for Non-MR Clients



Follow-up of Contraceptive Acceptors



Provide Safe Motherhood Support to Women Clients



WBS 340. Provide Safe Motherhood Support to Women Clients:

BAPSA clinics provide Safe Motherhood Support to Women Clients. It includes antenatal and post natal check-up, delivery and emergency obstetric services and referral of emergency cases. Target of Safe Motherhood Support to Women Clients were **13,978** and the achievement is 88% of the targeted number.

Target for Antenatal check-up was 8,341 it was overachieved by 7% and post natal checkup was achieved by 61%. BAPSA started its maternity services in May, 2008 and target for delivery was set for 1,103 clients. In this reporting period, a total of 617 deliveries have been conducted and it is 56% of the targeted number. Maternity operates in only one centre of BAPSA under this SRHR project.

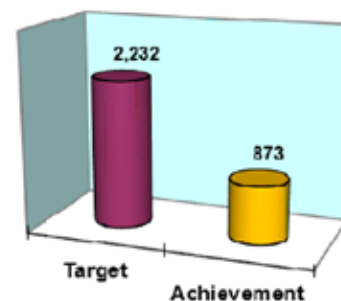
WBS 350. Management of Ob/Gyn. Problems:

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 2019 to June 2020, a total of 23,170 clients have been targeted to treat. Out of this target, 12,169 clients have been treated. This is 53% of the total target. Target for treating dysmenorrhoea was 15,560 but 54% of the target has been achieved. Target for RTI/STI management has been set at 7,550 and 3,676 has been achieved which is 49% of the target. No cases were referred to the higher facilities.

Management of Ob/Gyn. Problems

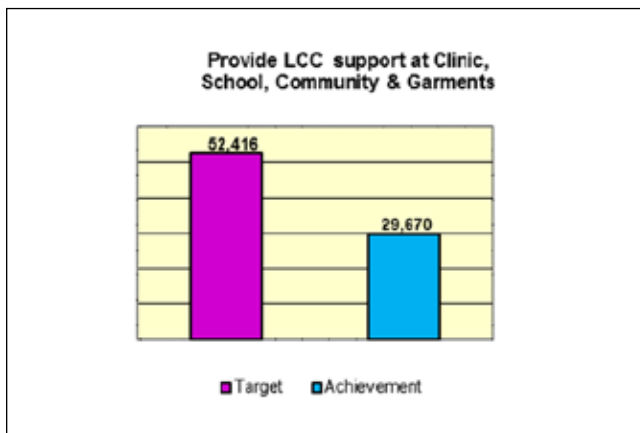


Provide reproductive organ cancer diagnostic support to clients



WBS 360. Provide reproductive organ cancer diagnostic support to clients:

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 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 BSMMU. They are providing technical support and if in the preliminary test suspected case is being detected, for final test the clients have usually been referred to BMSSU. This is a good collaborative work with a reputed government institution. So far, a total of 873 cases have been screened for cancer. All the dictated cases have been referred to BMSSU for treatment.



WBS 370. Limited Curative Care Service:

Under this service provision, two categories of clients were being served **a)** Limited Curative Care at Clinic **b)** Limited Curative Care at Educational Institute. **c)** Limited Curative Care at Community and **d)** Limited Curative Care at Garments. Target for all these categories were set at 52,416 and it was achieved by 57%. For child immunizations target was 16,821 and it was achieved by 79 percent (including Vitamin "A").

WBS 370. Pathological Services:

For providing pathological services BAPSA, established pathological units in four of its clinics-MRHC-1, MRHC-2, MRHC-3, Mirpur, Dhaka. These units help to provide quality services to the reproductive health and abortion complication clients. The three units provide services are; blood test, urine test, and other necessary test for proper diagnosis of the clients. A total of 29,022 clients have been targeted and out of those 21,891 clients came for this services and it is 75% 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 total four clinics of BAPSA have these ultrasound facilities. A total of 9,392 ultra sonograms have been targeted and 6,057 clients were served which is 64% of the target.

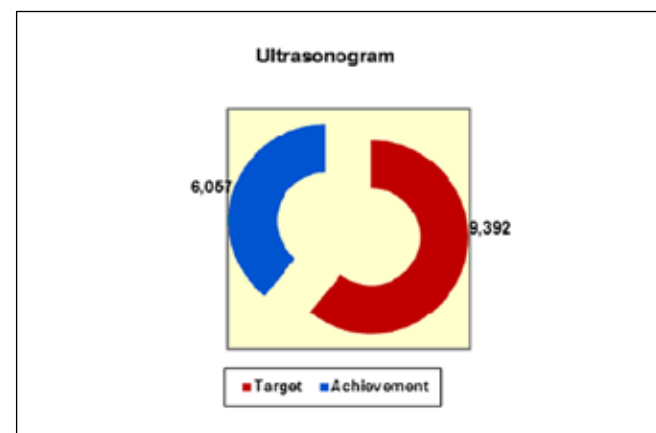
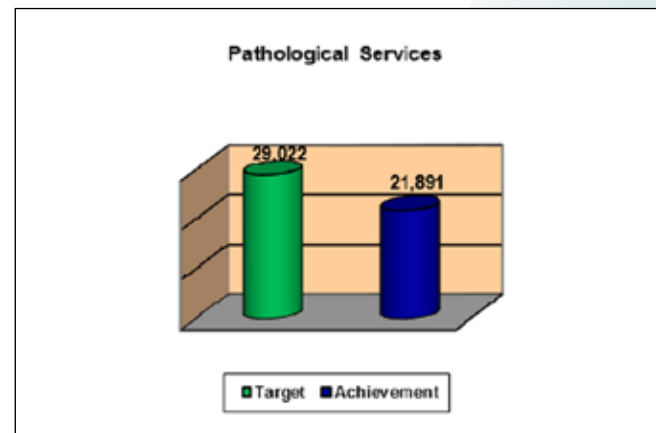


Table-04: Non-Clinical Performance:

		July 2019 to June 2020		
		Target	Achievement	%
01.	Workshop/Seminar/Meeting/Fair			
	Seminar/Workshop/Discussions with Garments Authorities	6	4	67%
	Seminar/Workshop with Community Support Group (CSG)	6	5	83%
	Workshop/Seminar on Adolescent Reproductive Health	6	5	83%
	Workshop/Seminar on M.R. Program and Unwanted Pregnancy	6	5	83%
	Network Meeting with Stakeholder/Like-minded organization	6	5	83%
	Organize Adolescent Fair in the Catchment Area	3	1	33%
02.	Maintaining Liaison and Organizing for M.R. Training			
	Organize Refresher Training for FWV/Paramedic	106	50	47%
	Organize Training for FWV/SACMO/Nurse	131	38	29%
03.	Community Volunteer/ Peer educator Training	60	38	63%
04.	Refresher Training for FWV/Paramedic	35	17	49%
05.	BCC/Advocacy Activities			
	Door to Door Visit (Marketing Clients for Service)	42,000	31,729	76%

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

Special 02 (Two) Non-Clinical Program:

1. Adolescent Conference “We Want to Say”:

BAPSA arranged a conference with adolescents and others persons who are related to adolescent issues. Adolescent sexual and reproductive health and rights issue is one of the priority areas of BAPSA. Currently the government developed adolescent’s health strategy 2017 to 2030. It is a long term vision and along with reproductive health mental health of the adolescent was taken into consideration seriously. The prevailing socio-cultural norms in the society prohibit disclosure of information about sexuality and reproductive health; adolescents are highly ignorant about the STDs and RTIs and less informed



about unwanted pregnancy and unsafe abortion. In this backdrop, to address the above mentioned problems, the project undertakes the activities for educating, motivating and encouraging Community People to: create awareness on reproductive health of adolescent, consequence of early marriage, personal Hygienic of adolescent girl, drug addiction among the adolescent, use of contraception, Sexual abuse, Nutritional status of Adolescent and other related issues; improve their health status; provide counseling services as and when necessary; distribute related materials to the participants regarding adolescent health problems. DD Family Planning (Dhaka), TFPO (Mirpur), Ward Secretary, School Teacher, Other NGO's Repetitive, ED, Director & other Staff of BAPSA & Adolescent were present in this conference. Some cultural activities were presented on the occasion.

2. Workshop of SRHR Including Early Marriage issue::

BAPSA organized two adolescent workshops specially focusing on early marriage issue. Some adolescent was to share their experience and what they want from the community. During the workshop, Adolescent boys and Girls, community leaders such as: Upzila Chairmen, College/School teachers, Madrasa teachers, Chairman/Counselors/ members, Imam and others elite people were present. Two workshops were held in Mirpur, Dhaka & Begumgonj, Noakhali.



CHAPTER –II

URBAN PRIMARY HEALTH CARE SERVICES DELIVERY PROJECT-II (UPHCSDP-II)

The Government of the People's Republic of Bangladesh has been implementing Urban Primary Health Care Project since 1998 in 03 (three) phases. After successful completion of previous phases, the present project has started to function in April, 2018 and it will continue up-to March, 2023. The Government of People's Republic of Bangladesh has received a loan from the Asian Development Bank (ADB) and the Government of Bangladesh is also the co-financer for this project. The Local Government Division of the Ministry of Local Government Rural Development and Cooperatives is the Executive Agency for the Project, which is implemented by the Health Departments of the City Corporations and Municipality. Currently the project is being run in 10 City Corporations and 34 Municipalities in the country. The performances of the project are being evaluated by the PMU, UPHCSDP. The goal of the project is to improve the health status of the urban population, especially the poor, through improved, efficient, effective and sustainable Primary Health Care (PHC) Services. At least 30% of services are provided free of cost to poor people under this project.

The overall objective: To improve health, nutrition and family planning status of the urban population, particularly the poor, women, and children.

Specific Objective: The specific objectives of the project will contribute to achieve the outcome. The

specific objectives are:

- (i) Ensure the delivery of quality PHC services to urban populations-the project will ensure essential service delivery package (ESD+), focused maternal and child health in urban areas, particularly for the poor;
- (ii) Improve accessibility (financial and physical) to PHC services in the urban areas covered by the project;
- (iii) Increase the utilization of PHC services by the urban poor, especially women, new-born and children;
- (iv) Strengthen institutional arrangements for the delivery of PHC services in urban areas;
- (v) Increase capacity of the Urban Local Bodies (ULBs) to ensure the delivery of PHC services, according to their mandate; and
- (vi) Increase sustainability of the delivery of urban PHC services by strengthening ownership and commitment of the ULBs to ensure the delivery of PHC services particularly for the poor.

Association for Prevention of Septic Abortion, Bangladesh (BAPSA) has been implementing Urban Primary Health Care Service Delivery Project since November, 1999. Until August, 2018, BAPSA was working in Partnership Area-3 of Dhaka South City Corporation and currently BAPSA is working in three Partnership Areas in three City Corporations. The project locations are given below:

Table 05: information about the UPHCSDP Project

Name of the PA	Location of the PA	Wards covered	Total Population	Name & address of The CRHCC	Name & address of The PHCC	Satellite Clinic Number & Address	MoU with other organization (Gov. Ngo. School etc)
Partnership Area-2	Dhaka South City Corporation	30	21484	Nagor Matri Shodon 51, Kasaituli, Banshal Lane, Dhaka- 1100	Nagor Shastho Kendro # 1, House # 47, Nolgola, Imamgonj, Dhaka -1100.	08	
		31	39377		Nagor Shastho Kendro # 2, House # 15, Begum Bazer, Dhaka -1100.	10	
		33	76798		Nagor Shastho Kendro # 3, House # 26, Majed Sarder Road, Dhaka - 1100.	09	BRAC
		34	59747		Nagor Shastho Kendro # 4, House # 25/1 Aga Sadek Road, Dhaka – 1100.	08	
		35	34010		Nagor Shastho Kendro # 5, House # 76 Malitola Road, Dhaka-1100.	11	
		43	45183		Nagor Shastho Kendro # 6, Farashgonj, Imamgonj, Lalkuthi, Dhaka – 1100.	10	Sajeda Foundation
Partnership Area-4	Dhaka North City Corporations	Ward-06	87434	House # J-2/A, Extension Pallabi, Mirpur, Dhaka-1216	House No#A-09,Road NO#6,Arambag R/A, Section-7,Mirpur,Dhaka	12	
		Ward-06	76336		House #J-2/A, Extension Pallabi, Mirpur,Dhaka-1216	12	
		Ward-07	109512		House #01,Road #05,Block#H, Mirpur,Dhaka-1216	12	
		Ward-08	111251		Shahid Commissionar Saedur Rahman Nagar Shasths Kendro , Block-F, Road#6, Mirpur-1,Dhaka-1216	12	
					House No#A-09,Road NO#6,Arambag R/A, Section-7,Mirpur,Dhaka	12	
Partnership Area-2	Khulna City Corporation	Ward no-16,	29213	Ward no-22, SK Abdul Kader Len, 2 No Custom Ghat. Ward no-22, SK Abdul Kader Len, 2 No Custom Ghat	Hazi Faiz Uddin Cross Road, Aziz Mor, Choto Boyra, Khulna, PHCC-1	12	00
		Ward no -17	33163		Sonadanga Moilapota, Pourocolony, Khulna, PHCC-2	12	00
		Ward no -18,	27896		Goborchaka Road, Beside Khalashi Madrasa, Khulna PHCC-4	12	00
		Ward no -21,23	34013		Ward no -21, Sir Iqbal Road, Golocmony Shishupark, Khulna Sir Iqbal Road, Golocmony Shishupark, Khulna PHCC-50	12	00
		Ward no-25,	21274		Boshupara besite Kobor Staner PHCC-3	12	00
		Ward no-26,	21011		Shere Bangla Road, Amtola Borobari, Khulna PHCC-6	12	00

Table-06: PA wise Manpower

Name of the PA	Target Population (Female)	Target Population (Male)	Total Target Population
Partnership Area-2	97	35	132
Partnership Area-4	78	23	101
Partnership Area-2	102	31	133
Total	277	89	366

Major areas of Services:

Urban Primary Health Care Services Delivery Project-II (UPHCSDP-II) of BAPSA is being implemented in the above mentioned areas from August 2019. And the motto of the services is “Sebar Alo Shobar Kase” The major areas of services as provided by UPHCSDP-II are given below:

- Reproductive Health Care;
- Child Health Care;
- Limited Curative Care;
- Behavior 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;
- BCC on HIV/AIDS, STI and RTI; and
- Communicable Disease Control.

It can be seen that in three PAs, BAPSA is providing services in 17 wards through 16 Primary Health care centers, 03 Comprehensive Reproductive Health Care Centers (CRHCCs) and 188 Satellite Clinics. A total of 366 employees are working in three PA areas. Out of them, 38 doctors, 12 Nurses, 80 paramedics are working in the base and Satellite Clinics.

Target Population:

The essential target populations under this component are urban poor, small factory workers, transport workers, small business men and disadvantaged adolescents and their partners and other low -income population. As it was mentioned, the aim of such services is to reduce the risk of maternal death and neonatal death among these groups. Since beginning of the implementation of the Maternal & Child Health Care component, the following activities are carried out so far by BAPSA.

Table-07: The PA wise Target Population is given below

Name of the PA	Target Population (Female)	Target Population (Male)	Target Population (Adolescents)	Target Population (Child)	Total Target Population
Partnership Area-2	131224	138012	29417	31600	330253
Partnership Area-4	187268	197265	83828	39991	384533
Partnership Area-2	103071	102105	82206	5128	205176
Total	421563	437382	195451	76719	919962

Table-08: Training and Services Provided by the PAs (July 2019 to June 2020) are given bellow

A. Training

SI No	Service name	PA-2, DSCC			PA-4, DNCC			KCC		
		Target	Achievement	%	Target	Achievement	%	Target	Achievement	%
01.	Staff Capacity Development Training									
	Training/ workshop/ Seminar name	9	1	11	17	1	6%			
	Participants Category	SP,FWA, Admin	SP,FWA, Admin		F.P. Coordinator, MIS, Manger Admin, Doctor, Nurse, Admin, F.S, Paramedic, S.P, FWA,	SP, FWA, FS				
	Number of Participants	40	40	100	84	84	100			
	Duration	1 Day	1 Day	100	1Day	1 Day	1Day			

B. Services

01.	MR Related Services									
	MR Counseled	960	948	99	900	604	67.11%	625	443	70.88
	MR Procedure	960	948	99	900	604	67.11%	625	272	43.52
	MR Rejection							12	3	25
	Anti -D Injection							12	3	25
	Management of MR Complication	120	120	100				625	271	43.36
	Follow-up visit of MR Clients	220	221	100	900	604	67.11%	625	272	43.52
	Management of abortion related complicated cases (PAC)	60	60	100		26		625	443	70.88
02.	Family Planning Services									
	Counseling	2000	2020	101	21000	4731	23%	29333	31517	107
	Pill	1500	1580	105	6000	2433	41%	4800	5760	120
	Condom	1700	1728	102	7200	992	14%	2731	2857	105
	Injectable	1500	1530	102	7000	1165	15%	2339	2522	108
	IUD	300	301	100	200	27	14%	65	32	49
	Implanan	240	245	102	360	96	27%	216	200	93
	Vasectomy	120	121	100	100	0	0	60	48	80
	Tubectomy	60	60	100	60	18	30%	58	72	124
	ECP	0	0	0	80			120	130	108
	Management of side effects of Contraceptive service	120	115	96				60	72	120



ANNUAL REPORT

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SI No	Service name	PA-2, DSCC			PA-4, DNCC			KCC		
		Target	Achievement	%	Target	Achievement	%	Target	Achievement	%
03.	Provide Safe Motherhood Support to Women Clients									
	Antenatal Care	21000	19520	93	18000	15908	88.37%	10600	8919	84
	Provision of TT to Pregnant/Non-Pregnant Women	8640	8645	100	1881	4399	233.86%	3200	2768	86.5
	Delivery	1320	264	20	1440	935	65%	660	340	52
	Post-natal care	4200	4155	99	4000	5172	129.3%	3060	3275	107
04.	Management of OB/Gyn. Problems	120	122	100				3200	3175	99
05.	Screening and identifying of cervical cancer through Paps. Smear test, Via test in clinics	240	241	100				600	120	20
06.	Provide Limited Curative Care (LCC) Support to Clients	90720	88521	98	35000	24592	70.26%	32000	26500	83
07.	Immunization	14400	13889	96	15000	23343	155.62%	6500	6682	102
08.	TT for Clients other then Pregnancy	5220	4903	94		3108		2400	2427	101
09.	Primary Eye Service	360	345	96	20	172	860%	120	70	58
10.	Adolescent Health Service	6000	4980	83	7200	5986	83.13%	10800	7606	70
11.	Red Card Service	42000	41220	98		26115		8291	9120	110
12.	NVD				324	143	44.13%	102	112	109
13.	CS				108	39	36%	99	105	108
14.	Pathological Service									
	Blood test	9840	10764	109	4646	17375	373.97%	7000	6271	89.6
	Urine test	51840	71		1200	4727	393.91%	3000	2351	78.4
	Ultrasonogram	1440	1020		120	1034	861.6%	1200	501	41.8
17.	Door to Door Visit (Marketing Clients for Services)	24000	23500	98	20000	13737	69	40899	28629	70



Table-09: Other Reproductive Health Services provided by PAs of BAPSA

Sl. No.	Services	PA-2, DSCC	PA-4, DNCC	PA-2, KCC	Total Services
01.	Infertility Care	324	222	58	604
02.	Cervical Cancer	0	0	0	0
03.	Other reproductive Tract Infections	2832	2147	2218	7197
04.	TT Vaccination-1	620	270	516	1406
	TT Vaccination-2	624	243	484	1351
	TT Vaccination-3	248	291	642	1181
	TT Vaccination-4	212	262	499	973
	TT Vaccination-5	145	249	538	932

Table 10: Service & Achievement

Sl. No.	Services	Number
01.	Infertility care	222
02.	Cervical cancer	69
03.	Other Reproductive Tract Disease	2147
04.	T.T. vaccination-1	270
05.	T.T. vaccination-2	243
06.	T.T. vaccination-3	291
07.	T.T. vaccination-4	261
08.	T.T. vaccination-5	249
	Follow-up of Other Reproductive Health Care	-



Attend Local Female Ward Counsellor

Neonatal and Child Health Care: UPHCSDP-II Project of BAPSA provided neonatal and child health care services in 3 PAs through 16 primary health care centres and three Comprehensive Reproductive Health Care Centres. Besides, counselling services were provided to the clients about neonatal care, exclusive breast feeding and Acute Respiratory Infections of the new-born babies. The project also provided primary health care services and necessary treatment for neonatal and children. A total of 48268 children of 59 months' age group and 15870 other children have received the neonatal and child health care services during the reporting period from DSCC areas and KCC had provided a total of 13,735 children of 1 to 59-month age group and 6,745 children have received the neonatal and child health care services during the reporting period. From DNCC clinics during the reporting period, a total of 15908 ANC services have been provided.



Out of this, a total of 15908 poor women received services and again 2375 women received full free services and 1749 received partial free services. During this reporting period, a total of 5172 received full free services and 1846 received partial free services. For the first visit for ANC, a total of 3153 clients appeared and for the second visit it was 2019 clients. A total of 1082 NVDs and 651 C-section deliveries were conducted and out of this, a total of 683 normal deliveries and 252 caesareans were conducted free of cost.

Adolescent Care: The program focuses on adolescents' reproductive health and their physical and mental development. Adolescents are imparted with knowledge on their reproductive health and education on puberty, safe sexual behaviour 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. The services provided to the adolescent are: TT vaccination; free Iron tablet distribution, and blood grouping and other services for combating malnutrition and reproductive health related issues

Table-11: PA wise NVD and C. Section Deliveries of BAPSA

Sl. No.	Service Name	DSCC	DNCC	KCC	Total
01.	NVD	134	683	265	1082
02.	C. Section	130	252	269	651
03.	NVD free of Cost	24	143	94	261
04.	C. Section free of Cost	14	39	60	113

Table-12: PA wise NVD and C. Section Deliveries of BAPSA

Sl. No.	Services name	Dhaka South City Corporation	Dhaka North City Corporation	KCC, Khulna
1.	Violence against women	292	88	101
2.	Limited Curative Care	45122	26221	12,840
3.	Anemia treatment	128	1635	130
4.	Behavior Change Communication (BCC) session took	23424	1994	2927
5.	TT Vaccine	1638	5799	1538
6.	Adolescent health care services	328	6498	330

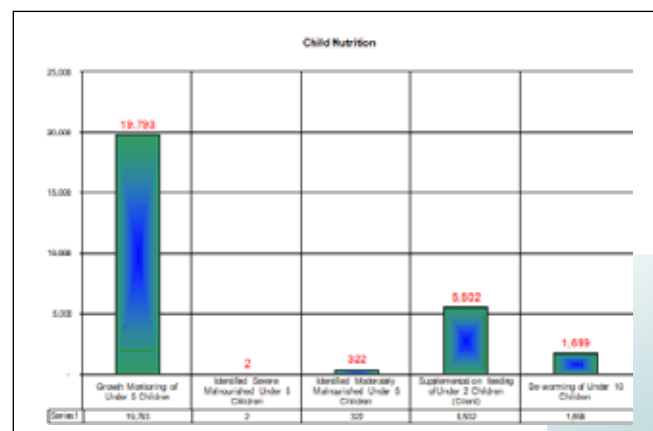
for the girls. Counselling and awareness sessions were also organized in this regards. In three PAs of BAPSA, a total of 18572 adolescents received services during the reporting period.

Limited Curative Care: It includes: basic first aid for common injuries; general treatment and treatment of medical emergencies. Both PHCC and CRHCC were provided under this project. BAPSA provide a total of 139613 LCC during the reporting period.

Violence against women: Management of violence against women includes identification of early marriage, dowry, acid throwing, physical assault, mental abuse, provisioning of providing psycho-medical care. PA-4, BAPSA UPHCSDP-II, provided 3349 neonatal services; out of this 1220 were provided free services

Nutrition Services: A range of services about nutritional counselling, prevention of malnutrition and ensuring food supplementation for mother, children and adolescent based on findings from BMI as well as growth monitoring chart for children under five were provided. During this period 1018 malnourished mothers and 664 malnourished children were identified. In this period, UPHCSDP distributed nutrition supplementation to 825 woman and 722 children. A total of 7850 children received growth monitoring services by DSCC clinics. In KCC During this period a total of 709 malnourished mother and 737 malnourished children identified. In this period, UPHCSDP-II distributed nutrition supplementation to 709 women and 739 children. A total of 2698 children growth monitoring was

conducted by the PAs of BAPSA. Child nutrition included growth monitoring, identification of malnourished children, De-worming of under 1699 children, anemic children given Fe/ Floated and follow-up of vulnerable children. Child nutrition services were provided to 27318 by DNCC PA-4 clinics. A total of 23343 children were immunized.





Reproductive health care: In the settings of Urban primary health care Services Delivery project-II, 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.

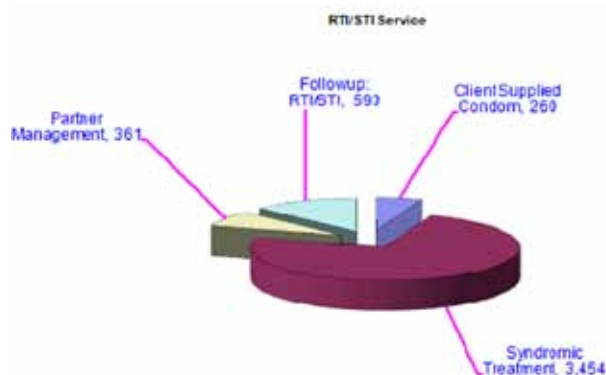
Reproductive health service is another significant activity of ESD package. A total of 2,035 patients received services under reproductive health care. The project screened 361 women VIA (Visualize Inspection Method with Acetic Acid) for Cervical Cancer. Positive sign of Cervical Cancer was found among 01 women and they were referred for higher treatment. The project put emphasis on male participation, it is important for increasing access for the women to reproductive health care services. The clinics are also providing male health care services with special emphasis.

EPI Service and NID program: Expanded program on Immunization (EPI) and National Immunization Program (NID) are important parts of child health care. During this period, National Vitamin A Campaign and de-worming week were also observed with due importance. A total of 18580 children were given EPI and 27,434 children were brought under de-worming campaign from South clinic. From KCC, 7867 children services and 32,019 children were brought under de-worming campaign which has been shown in the chart.

Diagnosis Services: There is a pathological laboratory in all PHCCs and CRHCCs and different tests are being conducted there. For promotion of pathological

services, special lab camps were organized in different schools and communities. In this reporting period, DNCC clinics organized 15 such camps in the working areas. A total of 33218 people received pathological tests from these lab-camps. Out of those, a total of 7966 services were given free of cost. The KCC organized 10 such camps in their working areas and a total of 14,400 pathological tests were conducted and free services were given to 2160 clients.

Medicine Distribution: Poor patients received medicine at free of cost as part of the safety net mechanism of the poorest section of the community. Under this mechanism, approximately 30% patients received medicine with 100% free of cost. Other people who are able to pay also get medicine at reduced rate up to 10-20% less.



ARI Services: In DNCC clinics during this reporting period, 3939 ARI cases were treated by the project. It can be seen that almost one fourth of the client's (24.93%) cases were treated free and partially free.

Prevention and Control of RTIs, STDs and HIV/AIDS:

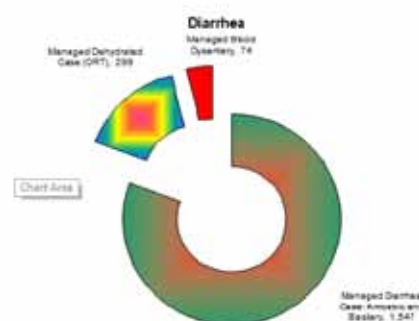
Emphasis was given on the treatment and management of RTI and STD cases. During this period 4075 RTI/STD cases were treated.

Behavior Change Communication: Awareness development on health related issues and creating sustained demand for health services are the main objectives of the BCC activities. The PAs of BAPSA involve Service Promoters, Field Supervisors for organizing BCC activities. They are promoting intensive BCC activities in the project areas. The main aim of such activities is to inform the community people about the availability of ESP services at the PHCCs and CRHCCs and also other information such as Pathological services, treating of eye services by conducting door-to-door visit, organizing court-yard discussion sessions, and displaying different type of educative materials-flipchart, posters, booklets for educating and informing the community people in a very effective manner. Meetings with pregnant mothers are being organized regularly in the Project areas. The purpose of such meeting is to motivate the mothers for coming to CRHCC for antenatal check-ups and also for clinical deliveries. They are informed about the consequences of home deliveries and advantages of clinical deliveries. By the Pas a total of 65866 population were covered by the BCC activities.

Field based health and awareness & Door to door visit:

One to one counselling is very much effective for awareness as well as to ensure the services. For this, 24 field workers visit door to door and inform mother and their family about ANC, PNC, Hospital delivery, delivery plan, child health care and imparting other health related information also. They refer the patients to PHCCs and CRHCCs for health services. During this reporting period by the three PAs of BAPSA, 65866 Clients were conducted directly by the field functionaries of BAPSA.

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, 1920 cases were treated for diarrhea diseases by DNCC clinics. All are treated free of cost

Rally on World AIDS Day: PA-2, DSCC, BAPSA under UPHCSDP-II celebrated "World AIDS Day 2019" on 1st December'2019. Getting to Zero. Zero new infection, zero discrimination and Zero AIDS related death was the themes of World AIDS Day. A week long different programs were conducted to observe world AIDS day by PA-2, DSCC, BAPSA.



Attend Chief Health Officer, DSCC

Observation of Family Planning Week: In DSCC clinics, family planning weeks were observed from 14 to 19 March, 2020. As part of different activities during the week, discussions and motivation campaigns were organised involving the eligible couples, rickshaw pullers etc. Besides, three meetings with adolescent groups were organised and the demerits of early marriage, dropping out of schools and other related issues such as unintended pregnancies and the consequences of unsafe abortions were also discussed. With the married adolescents, the usefulness of using effective methods, birth spacing, consequences of home deliveries were discussed. PA-2 of KCC took part in organizing a two-week family planning program from 14 to 19 March, 20 and 12 to 17 November 2019.

Primary Eye Care: The DNCC-PA-4 is fully equipped for providing Primary Eye Care services to the disadvantaged population of the urban areas. A total of 234 clients were served during the reporting period. Out of these total, 148 clients were provided free and partial free treatment.

Local Female Ward Counselor, Project Manager,
Medical Officer & FP Co-ordinator



Local Female Ward Counselor, Project Manager,
Medical Officer & FP Co-ordinator

Service Week: To promote the services, the project observed service week from 23 to 28 April 2020 at Comprehensive Reproductive Health Care Centre (CRHCC). During this week, Breast cancer Screening was conducted and counselling on diet was provided for underweight and overweight mother, children and diabetics patients.

Activities of the Satellite Clinic: Every month, 208 Satellite Clinics are being organized in the slum areas and also to some difficult areas of PA-4 are being served by SCs. These clinics are 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.



School based Awareness Program: Married Adolescents are at risk of early and unwanted pregnancy. They are not aware of contraceptive measures and teenage pregnancy results in increased morbidity and mortality. To create awareness BAPSA organized school based awareness program in different schools in the working areas. The adolescents were informed about their personal hygiene, advantage of Immunization/TT, adolescent health, gender and its implications, early marriage, RTI/STI and HIV/AIDS, types of violence's as occurred in the society and its consequences, physical and mental change in this stage. Moreover, adolescents





were provided counselling /create awareness on sexuality, safe sex, menstruation, special nutrition, hygiene, TT vaccination; reducing early marriage, pregnancy; high risk behaviour, psychological issues, gender issues to both girls and boys.

Staff Training Provided: To provide urban primary health care service, management team organized different training for the different level of project staff of CRHCC, PHCC: like Doctors, Nurse, paramedic, FWV, Filed supervisor, Counselor, Receptionist, and Admin Assistant. The project also organized training for administration and finance, store management, BCC marketing, IPC & Counseling, VAW, quality assurance, MIS & Monitoring and Evaluation, and training on ESD, EPI, FP Service & RTI, STI/HIV-AIDS, Infection prevention & Clinical waste management. Done

Free Service for Red Card Holder: This project has a provision to provide at least 30% full free service by each category of services. A total of 42,425 Households exist in the working area of PA-

2, DSCC. Out of those, 11425 are red card holders. The red card holders and their family members receive free treatment in all components. In this year the red card holders receive 48122 services in different components. In KCC PA-2, a total of 38,276 Households were identified and among those 15995 are red card holders. In this year, the red card holders received 45084 services in different components.





OTHER HIGHLIGHTS FROM “THE STATE OF THE REGION’S HEALTH”

- **Cities offer great Health Advantages:**
Residential density, walk able streets, extensive public transportation systems and access to large networks of health care professionals, supermarkets and open space are all urban resources that can be improved to support resident’s health.
- **Corona Situation:** COVID’19 is the grate challenge for functioning of the project activities because of locked downs, shut-downs, smoothly project running huge losses, income earning, breaking free movement of general public, promotion home delivery, service provider team do not working smoothly till now all people supping a disturbing life let. Infection of health workers and death of workers created panic among the health workers and as well as among the clients of the catchment areas of the clinics. Though the clinic was open by the order of the UPHCSDP-II authority, the client flow was very low at the beginning of the pandemic, gradually it increased and still it is not at the expected levels.

BAPSA, DSCC, PA2, 10000 distributed brochures and leafleted and hanged many banners in the project areas. Three-week long miking continued for creating public awareness on COVID- 19 and how to remain safe and where to go for testing and medical services if needed. A total 280 PPE, 7000 pairs of Hand Gloves, 8000 Masks, 800 Pcs Hand sanitizer for service provider were given. BAPSA, KCC, PA2, also distributed 75000 brochures and leaflets and hanged 20 banners in different places of the project areas and 15 Days miking continued to create awareness on COVID-19 pandemic. KCCC PA -2 also distributed 250 PPE, 5000 Hand Gloves, 5000 Masks, and 500 Paces Hand sanitizer for service providers safety.

CHAPTER – III

IPAS BANGLADESH SUPPORTED PROJECTS, 2019-2020

FAMILY PLANNING IN BANGLADESH- IMPROVING QUALITY AND ACCESS (QFP)

Ipas has created great opportunity for BAPSA as a program implementing partner from the inception of its activities in Bangladesh. BAPSA is an implementing agency 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 with expertise in capacity building on comprehensive family planning, menstrual regulation and postadoption care. MRM training, skill update and conduction of post training need based follow-up support to Doctors, Nurses and FWVs working in the public facilities and private Medical College Hospitals with the financial support of Ipas, was very remarkable to improve the quality of services, record keeping and reporting systems.

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

Main Activities of QFP project:

- Meeting with concerned GOB Officials at Central level and Site level for organizing training.
- 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 FWV
- Provide training on Comprehensive Family Planning, MR and Post Abortion Care (PAC) Services for Nurses
- Provide training on Postpartum IUD for SSN
- Provide training on Implants for Doctors.
- Provide refresher Training on Comprehensive Family Planning, MR and Post Abortion Care (PAC) Services for trained SSN
- On site follow up for Service providers.

Table-13: Activities and Target of QFP Project:

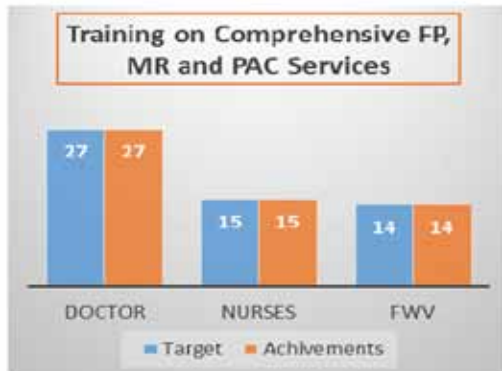
Activity	Participant Level	Training Duration	Target/Goal (July'19- June'20)	Achievements July'19-June'20	Remarks (%)
Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services.	Doctor	06 days	3 batches for 22 Doctors	3 batches for 22 Doctors	100%
	Doctor	03 days	1 batch for 5 Doctors	1 batch for 5 Doctors	100%
	Nurse	14 days	2 batches for 15 SSNs	2 batches for 15 SSNs.	100%
	FWV	08 days	2 batches for 14 FWVs	2 batches for 14 FWVs.	100%
Training on Implants for Doctors.	Doctors	2 days	1 batch for 6 Doctors	1 batch for 6 Doctors	100%
Training on Postpartum IUD(PPIUD)	Nurses	5 days	2 batches for 16 SSNs	2 batches for 16 SSNs	100%
Refresher Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services for Trained Nurses	Nurses	2 days	2 batches for 20 SSN	2 batches for 20 SSN	100%
Orientation on FP counseling, IP & Record keeping for nurses on site.	Nurses	1 day	7 batches 70 SSNs.	7 batches 73 SSNs.	100%
Orientation on FP, MR and PAC Services and Record keeping on Sites.	Doctors	1 day	3 batches 30 Doctors.	3 batches 29 Doctors	100%
Need based Onsite Support by Clinical trainer.	Doctors and Nurses		12 Sites	12 Sites, 43 Trained Service Providers (Doctors-9 and Nurses-34) follow-up on Comprehensive Family Planning, MR and PAC Services.	100%

DESCRIPTION OF THE ACTIVITIES

Training on Comprehensive Family Planning, MR and Post Abortion Care (PAC) Services:

During the reporting period from July'19 to June'20, Training on Comprehensive Family Planning, MR and PAC Services, 5 batches for 27 Doctors, 2 batches for 15 Nurses and 2 batches for 14 Family welfare Visitors (FWVs) were completed. The training session was conducted by Dr. Nilufar Begum Training Coordinator, and Dr. Fharhan Famida Clinical Trainer, Ipas-BAPSA project. During the training period, Line Director

CCSDP, DGFP, Dr. Md. Muniruzzaman Siddiqui, Director, MFSTC, Dr. Md. Mushair-UI-Islam, PM (MH, MNC&AH), DGHS, and Dr. Farid Uddin Ahmed, Deputy Director, MCH-Unit, DGFP attended the training as resource person, Dr. Altaf Hossain, Executive Director, BAPSA, Dr. Kamal Kanti Biswas, Project Manager, QFP and Dr. Sharmin Sultana, Sr. Advisor Health Service, Ipas Bangladesh attended the training session. Participants learnt the technique of IUD & PPIUD insertion and removal for general & postpartum clients through dummy and clinical practices. The participants were also trained on MVA procedure, MRM, PPFP and PAFP.



Training on Implanon for Doctors



Training on Implants for Doctors:

1 batch Training on Implants Services for 8 Doctors at BAPSA Training Room was completed. Total number of 8 Doctors were trained on Implants Services. The training sessions were conducted by Dr. Nilufar Begum, Training Coordinator and Dr. Fharhana Famida, Clinical Trainer, Ipas-BAPSA project. Dr. Altaf Hossain, Executive Director, BAPSA and Dr. Kamal Kanti Biswas Project Manager, Ipas Bangladesh were attended innovation session of the training. Dr. Sharmin Sultana, Sr. Advisor Health Service, Ipas Bangladesh attended the closing session of the training at BAPSA. The participants learnt the technique of Implanon insertion and removal through dummy and clinical practices.

Training on Postpartum IUD for Nurses:

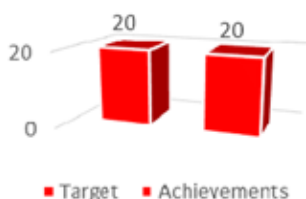
2 batches Training on Postpartum IUD Services for 16 Nurses were completed. Total number of 16 SNs were trained on Postpartum IUD Services from

different health facilities. The training sessions were conducted by Dr. Nilufar Begum, Training Coordinator and Dr. Fharhana Famida, Clinical Trainer, Ipas-BAPSA project. During the training period, Dr. Md. Muniruzzaman Siddiqui, Director, MFSTC, Dr. Md. Mushair-UI- Islam, PM (MH, MNC & AH) attended the training as resource persons. Dr. Altaf Hossain, Executive Director, BAPSA also attended innovation session of the training. The participants learnt the technique of IUD & PPIUD insertion and removal for general & postpartum clients through dummy and clinical practices. The participants were also trained on MVA procedure, MRM, PPFP and PAFP. Dr. Kamal Kanti Biswas, Project Manager, Ipas Bangladesh attended the closing session.

Refresher Training on Comprehensive Family Planning, MR and Post Abortion Care (PAC) Services for Trained Nurses:

2 batches Refresher Training on Comprehensive Family Planning, MR and PAC Services for 20 Nurses were completed. Total number of 20 Nurses attended the Family Planning, MR and PAC Services refresher training. The training sessions were conducted by Dr. Nilufar Begum, Training Coordinator and Dr. Fharhana Famida, Clinical Trainer, Ipas-BAPSA project. During the training period, Dr. Hamida Khatun, Senior Advisor, Ipas and Dr. Altaf Hossain, Executive Director, BAPSA were attended the refresher training as resource persons. The participants learnt the technique of IUD & PPIUD insertion and removal for general & postpartum clients through dummy and clinical practices. The participants were also trained on MVA procedure, MRM, PPFP and PAFP.

Refresher Training on Comprehensive Family Planning, MR and Post abortion Care (PAC)...



Orientation on FP counseling, IP & Record keeping for nurses on site:

7 batches orientation on FP counseling, infection prevention and record keeping for 70 Nurses were completed at different GoB and Private Hospital at on site. The orientation Sessions were conducted Dr. Nilufar Begum, Training Coordinator and Dr. Fharhana Famida, Clinical Trainer, Ipas-BAPSA project. The participants were oriented with family planning counseling, infection prevention and maintaining record keeping like as family planning, Menstrual Regulation and post abortion care services register. During the Orientations Period Directors, superintendent, UHFPO and head of Gynae of relevant hospital attended as resource persons.

Orientation on FP, MR and PAC Services and Record keeping on Sites.

3 batches on FP, MR and PAC Services and Record keeping for 29 Doctors were completed at different Private Medical College Hospitals on site. The orientation Sessions were conducted by Dr. Nilufar Begum, Training Coordinator and Dr. Fharhana Famida, Clinical Trainer, Ipas-BAPSA project. The participants were oriented with family planning, Menstrual Regulation and post abortion care services and maintaining record keeping like as family planning, Menstrual Regulation and post abortion care services register. During the Orientations Period Directors and Head of Gynae of these hospitals attended as resource person.

Need based Onsite Support by Clinical trainer:

During the reporting period, 43 trained Service Providers (Doctors-9 and Nurses-34) follow-up on Comprehensive Family Planning, MR and PAC Services from 12 health facilities. Dr. Nilufar Begum, Training Coordinator and Dr Fharhana Famida, Clinical Trainer, Ipas-BAPSA project completed Service Providers follow-up on Comprehensive Family Planning, MR and PAC Services.

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 their reproductive health. ARCHES has tried to reduce reproductive coercion among family planning clients in the U.S., but it has not previously been used in Asia or specifically with MR/PAC clients. 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 adopted 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.

The objectives of the Study:

- Study will adopt the ARCHES intervention for use with MR/PAC clients in Bangladesh, and test its effectiveness
- Overall goal is to reduce RC and improve reproductive health among MR/PAC clients
- Goal is to educate women on RC and GBV and create a supportive environment for women who want assistance with these issues
- To understand RC in the Bangladesh context/ develop RC measures

- To explore provider perspectives on RC and IPV and existing referral protocols

Main Activities of the Study:

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

Table-14: Program Achievement & Progress as per Target

Activity	Target/Goal (July'19- June'20)	Achievements (July'19-June'20)	Remarks
Data Collection of MR and PAC Clients from RHSTEP Clinic during Baseline Survey.	2000 MR and PAC Clients.	1773 MR and PAC Clients.	88.6%
3-month follow-up interview of MR and PAC Clients.	2500 MR and PAC Clients.	2245 MR and PAC Clients.	89.8%
12-month follow-up interview of MR and PAC Clients.	1986 MR/ PAC Clients	1706 MR/ PAC Clients	85.9 %
In-depth Interview of Process Evaluation of ARCHES Study	26 IDIs MR/PAC Clients	26 IDIs MR/PAC Clients	100%
Bangla transcription and English translation of In-depth Interview	26 IDIs MR/PAC Clients	26 IDIs MR/PAC Clients	100%

DETAILS OF ACTIVITIES

Data Collection of MR and PAC Clients from RHSTEP Clinic during Baseline Survey:

During the reporting period, total target 2000 of Data Collection of MR and PAC Clients from 6 RHSTEP Clinics during baseline Survey but in this time 1773 MR and PAC Clients were interviewed 12 Research Assistants.

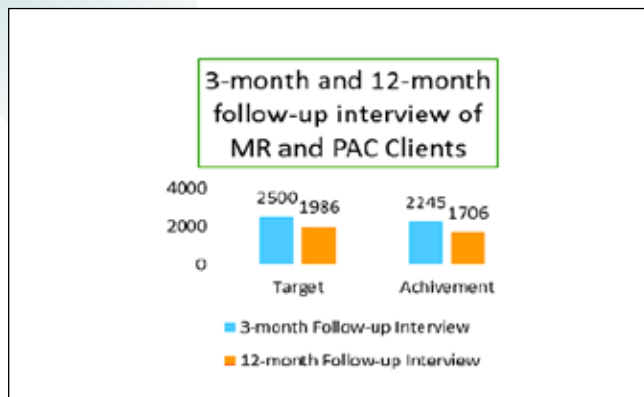
3-month and 12-month follow-up interview of MR and PAC Clients:

3-month follow-up of 2500 MR and PAC Clients were targeted but 2245 MR and PAC Clients interviews were completed. 12 -month follow-up of 1986 MR and PAC Clients were targeted but 1706 MR and PAC Clients interview were completed during the reporting period from 6 RHSTEP Clinics. 3-

month follow-up interviews were completed by 12 Research Assistants and 12- month follow-up interviews were completed by 6 Research Assistants through telephone due to the pandemic situation of Corvid-19.

In-depth Interview of Process Evaluation of ARCHES Study:

During the reporting period, 26 In-depth interviews on Menstrual Regulation(MR) and Post Abortion Care (PAC) clients from 6 RHSTEP clinics including transcriptions in Bangla and English translation were completed.



EMERGENCY RESPONSE FOR AVAILABILITY AND ACCESSIBILITY OF QUALITY MR, PAC SERVICE FOR ROHINGYA REFUGEES IN BANGLADESH. (UNFPA)

The massive influx of Rohingya population from neighboring country in our southern part specially in Teknaf and Ukhiya Upazila, Cox's Bazar district in last August and September 2017 period created humanitarian disaster in that area. Ipas Bangladesh has responded to the proposal from UNFPA for ensuring availability and accessibility of quality MR and PAC services for the worst affected segment i.e. women and girls of the Rohingya Refugees. As part of providing safe MR, PAC and FP services, Ipas Bangladesh decided to enhance the knowledge to Rohingya Population regarding sexual and reproductive health through field facilitator. This is an activity for extension of 3 months starting from October to December 2019 aiming 31 strategically located facilities (including 10 facilities with 24/7 service) 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 12 years, will 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 group. The Rohingya

Refugees regardless of age, marital status or any other considerations, receive education and are empowered to access and avail MR and PAC services.

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

There were 31 sites up to December, 2019 but now we are working only in 19 facilities from January-2020 till now and 65 Service providers up to December, 2019 but now from January, 2020 we are working with 22 service providers including two mentors.

Objectives of the Project are to:

- Build the capacity on short & Long Acting Family Planning methods for Service Providers Doctors and midlevel providers like as 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.
- Provide support through midlevel providers (Paramedics) to build the capacity of UH&FWCs and Camps.
- Take Initiatives establish linkage with community through Field workers.

Main Activities of the Project:

- Provide training on MR, PAC & FP for Paramedics
- Provide training on Implanon 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.

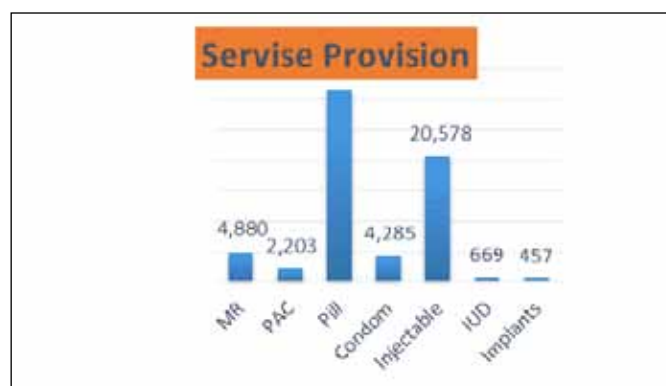
Table 15: Activities and Target of QFP Project

Activity	Participant Level	Training Duration	Target/Goal (July'19- June'20)	Achievements July'19-June'20	Remarks
Training on Comprehensive Family Planning, MR and Post Abortion Care (PAC) Services	Midlevel provider	14 days	2 batches for 18 midlevel providers	2 batches for 18 midlevel providers	100% Completed. Paramedic - 11 Midwife – 05 Medical Asst.-01 Doctor- 01
	During this training period, trainees or participants learnt about key component & different methods of MR & PAC services, parts of the MVA aspirator & Ipas easy grip cannula & prepare instruments for use, insert IUD, perform MVA procedure though simulation using the pelvic model before moving to clinical practice. Provide client assessment for MVA, MRM, MPAC, POST MR, Post insertion or removal infections of IUD.				
Counselling training on MR and PAC Services for Paramedics	MLP	2 Days	4 batches 51 MLP	4 batches 51 MLP	100% Completed. Paramedic - 34 Midwife – 15 Medical Asst.-01 Psychosocial Counsellor-01
	During this training period, trainees or participants learnt about how to support informed choice & maintain confidentiality, how to choice clients for FP methods & negotiate for LARC. Identify beliefs behavior for choosing LARC, MR & PAC Services.				
Training on Complication Management on FP, MR and PAC Services	MLP	2 Days	3 batches 36 MLP	3 batches 36 MLP	100% Completed. Paramedic – 33 Midwife - 03
	During this training period, trainees or participants learnt about how to manage common side effect & complication associated with MRM,MVA,MPAC ,during insertion & removal of IUD				
Training on LARC	MLP	6 Days	2 batches 19 MLP	2 Batches 19 MLP	100% Completed. Midwife -16 Paramedic- 01 Family planning Assistant- 01 Medical Supervisor-01
	During this training period, trainees or participants learnt about how to screening & counsel clients who are interested to using specific contraceptives & IUD as a contraceptive method, Insert & removal IUDs though simulation using pelvic model before moving to clinical practice with clients.				
Training on DMPA-SC	MLP	1 day	4 batches 42 MLP	4 Batches 42 MLP	100% Completed. Paramedic – 15 Midwife - 24 Medical Asst. – 01 Nurse- 01 Doctor - 01
	During this training period, trainees or participants learnt about how to give S/C DMPA, how to select the client for DMPA, how to manage common side effect & complication associated with DMPA				

Activity	Participant Level	Training Duration	Target/Goal (July'19- June'20)	Achievements July'19-June'20	Remarks
Coordination Meeting	MLP of BAPSA	1 Day	2 batches 143 MLP	2 batches 143 MLP	100% Completed.
	During this coordination, meeting mid-level providers came to know about next quarter planning of services & also learnt about how to fill up new logbook of MR & FP & how to fill up imprest fund for LARC				
Imprest Fund Orientation	Supervisor & coordinator	1 day	1 batch 20 supervisor & coordinator	1 batch 20 supervisor & coordinator	100% Completed. Doctor – 07 Supervisor, Coordinator,others-13
	During this Orientation, trainee or participants learnt about how to implement imprest fund for LARC & how to fill up the register book for imprest fund.				
Mentoring Orientation	Mentor	1 Day	1 Batch 2 mentors	1 Batch 2 mentors	100% Completed.
	During this Orientation, mentors were oriented about how to work & maintain the field & how to mentor paramedics. They also knew about the job description of them.				

Table 16: Service Provided: Duration (July 2019- June 2020)

Activity	July'19-June'20
No of Sites:	31 sites up to December-2019 but now we are working only in 19 facilities from January-2020 till to date
No of Service Providers:	65 Service providers up to December-2019 but now from January, 2020 we are working with 22 service providers including two mentors.
Menstrual Regulation (MR)	4,880
Post Abortion Care (PAC)	2,203
Pill	31,461
Condom	4,285
Injectable	20,578
IUD	669
Implants	457



PROGRAM PICTURE OF IPAS- BAPSA PROJECT



Orientation on FP Counseling, IP and Record keeping.



Training on Comprehensive FP, MR and PAC Services



Training on Short and Long Acting Contraceptives



Training on Implanon



Training on Comprehensive FP, MR and PAC Services



Training on Comprehensive FP, MR and PAC Services

CHAPTER – IV

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

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

Vision

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

The specific objectives of the project are:

- Increasing access to and quality of sexual reproductive health and rights (SRHR) education /Comprehensive Sexuality Education (CSE) through in and out of school education
- Creating access to quality YFSRH through UBR health clinics and ensuring Government clinics 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 about 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 which 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 it aims to ensure that the proposed interventions address better understanding between boys and girls and to improve their relationships. It is necessary 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 sharing 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. The 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 that have been established in UBR program area of Mymensingh with the aim to provide SRHR services to adolescents and young. So, for institutionalization of YFS work with UHCs. BAPSA UBR2 closely work with Upazila Health and Family Planning Officers, Upazila Family Planning Officers, Medical Officers, Nurses or Health Inspectors. Under UBR, the focus will lie on the delivery of Youth Friendly Services, these are: Legal counselling (GBV related), Psycho-social support, STI/RTI testing and treatment, Family Planning services, including emergency contraceptive, MR and PAC services, Limited pathological services (e.g. Hb %, blood grouping, pregnancy test, CBC, Urine R/E, RBS), Sanitary napkin distribution.



Psychosocial Counseling for adolescent in schools:

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

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

Enabling environment:

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

Some highlighted activities based quantity data:

- Supportive supervision with Taskforce (including School Management Committee (SMC) and Trained teacher on Whole School Approach (WSA) schools at upazila level are as follows.

IPs	Target Meeting	Achieved	Target Participant	Achieved			Total
				SMC	Teachers	others	
BAPSA	01	1	15	2	3	10	15

- Training of Teachers on Whole School Approach is given below:

IPs	Teachers Participation					
	Meetings		Target 14	Achievement		Total
	Target	Achievement		Male	Female	
BAPSA	1	1		5	9	14

- Refreshers on MMW/SRM for Youth Leaders in identified community is given below:

IPs	Target Meeting	Achieved	Target Participant	Achieved		Total
				Male	Female	
BAPSA	1	1	19	11	8	19

- Counseling support to young people in UBR Health Centers by IPs in 2020 -18 is given through skype:

IPs	Counselling (Puberty)				Counseling (GBV)			
	Male	Female	GD	Total	Male	Female	GD	Total
BAPSA	49	139	0	0	0	0	0	188

- Health Camp in EDI &Community level

Activities	BAPSA
Health Camp in EDI &Community level	
School	
Madrasah	
Community	465
Total	465
Target	465

- Coordination with GoB departments to ensure school health camp is as follows:

IPs	Target Meeting	Achieved	Target Participant	Achieved		Total
				Male	Female	
BAPSA	1	1	12	5	5	10

- Follow up meeting with relevant management bodies were organised

IPs	Target Meeting	Achieved	Target Participant	Achieved		Total
				Male	Female	
BAPSA	1	2	35	17	18	35

- The following Joint Supervisory visits were organized

IPs	Target Visit	Achieved	Target participants	Number Participated		Total
				Male	Female	
BAPSA	1	1	13	7	6	13

- The following Day observations were organized

IPs	Young People		Parents		GO* Officials		Community Member		Community Leader		Teachers		GD*	Total
	M*	F*	M	F	M	F	M	F	M	F	M	F		
BAPSA	68	171	0	0	7	15	10	20	0	0	0	0	0	291

- Youth friendly services provided by BAPSA from 2016- 2020 in UBR areas

IPs	2016	2017	2018	2019	2020	Total
BAPSA	5839	15138	32857	29319	653	83806

CHAPTER – V

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 and 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 menstrual regulation (MR) and family planning. The project is also working to increase awareness on violence against women (VAW), prevent early marriage, and increase participation and empowerment of women in making decisions for their own health, particularly in seeking SRH services and information. To prevent and address VAW, the project is 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 will also work together with communities and Ready Made Garments. The project is working in both rural and urban areas and will work at the sub district, district, national and policy level. In rural areas, Nirapod-2 is working directly with community people and local government at the ward and union level. In semi urban areas, Nirapod-2 is working together with Community Support Groups (CSGs), NGOs (local and national), GoBs, local media and other stakeholders.

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 2019 to June 2020 and some of the progress is very significantly impacted in the community which is interesting and 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 Sexual Reproductive Health and Right (SRHR) that has influenced policy and improve ties between the government, NGO as well as 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 2019 to June 2020, the project has provided unwanted pregnancy and unsafe MR, Right Base Approach (RBA), VAW and Early Marriage (EM) related information to **51,551** peoples living in the project areas. To provide SRHR related information, the project has mobilized and supported different community support group i.e. Female Community Support Group (FCSG), Male Community Support Group (MCSG), and Community Adolescent Group (CAG) at the respective new project area. Besides this, the project also motivated, organized and incorporated non-health Micro Credit NGOs to involve field workers to disseminate SRHR information among the micro credit beneficiaries. The project also worked with trained teacher groups in new upazilas to disseminate Adolescent Reproductive Health information among the students and parents.



The project also successfully referred 14,879 clients for SRHR and FP services. Among them, permanent FP service received 18 couples and long term FP service received 715 couples. During the reporting period, total of 37,910 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 improving 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:

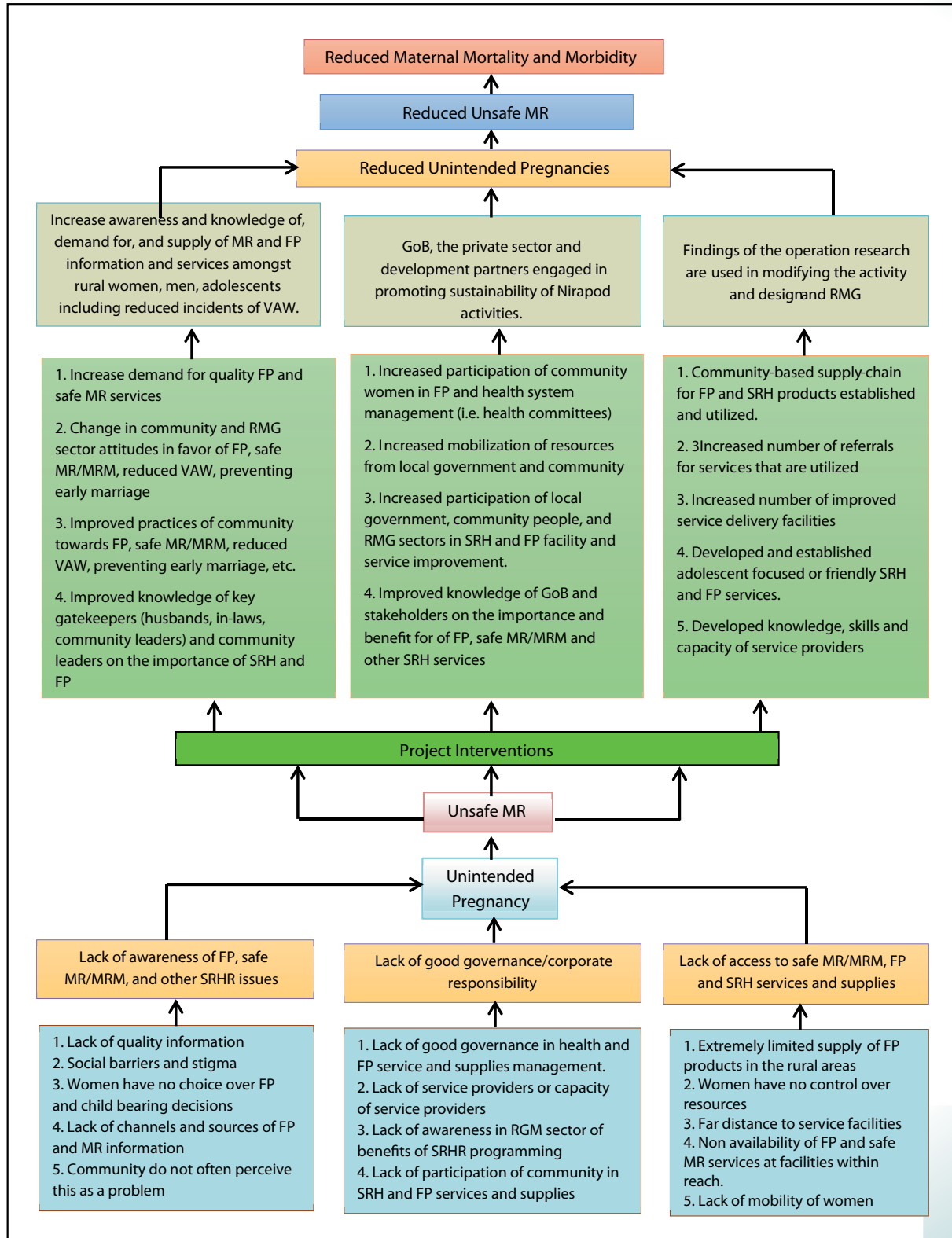


Table-17: During reporting period (July 2019 to June 2020), the Community Support Group (CSG) members disseminated SRHR information to the following groups:

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	34,116	35,210	103%
Adolescents (Girls & Boys) receiving ASRHR information from Community Adolescent Group (CAG) members	5,247	5,719	109%
Students (Girls & Boys) receiving information from their Teachers	2,880	3,365	117%
Men of reproductive age receiving information from Male Community Support Group (MCSG)	7,104	7,257	102%
Total Dissemination of SRHR information to the Community	49,347	51,551	104%

Table-18: Target & Achievement are given below (July 2019 to June 2020):

Sl. No	Name of the activities	Target	Achievement	%	Remarks
1	Print BCC/IEC materials for information dissemination		140,130	N/A	Flyer on MHM, Brochure on Wet Dream, ARH, Call Center Sticker
2	Day Observation	7	7	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)	273	230	84%	Due to Covid-19 couldn't organize the same from Mar.-Jun. 2020
4	Training of FCSG on SRH Product Business management (Pill, Condom & Sanitary Napkin)/ basket product*	883	580	66%	Due to Covid-19 performance was less
5	Organize monthly session/activity with District Family Planning coordination committees and advocacy to include one member from CSGs.	24	24	100%	
6	Organize monthly session/activism with Upazila Family Planning coordination committees and advocacy to include one male & one female member from CSGs.	114	114	100%	
7	Organize quarterly session with UH&FWC committees and advocacy to include one male & one female member from CSGs.	318	239	75%	Due to Covid-19 performance was less
8	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%	
9	Total received amount (BDT.) through as referring LAPM clients to the GoB Facilities by Community Support Group (CSG) members		54,864		
10	Participations in courtyard session by Project Coordinators (PCs) # of sessions	816	844	103%	

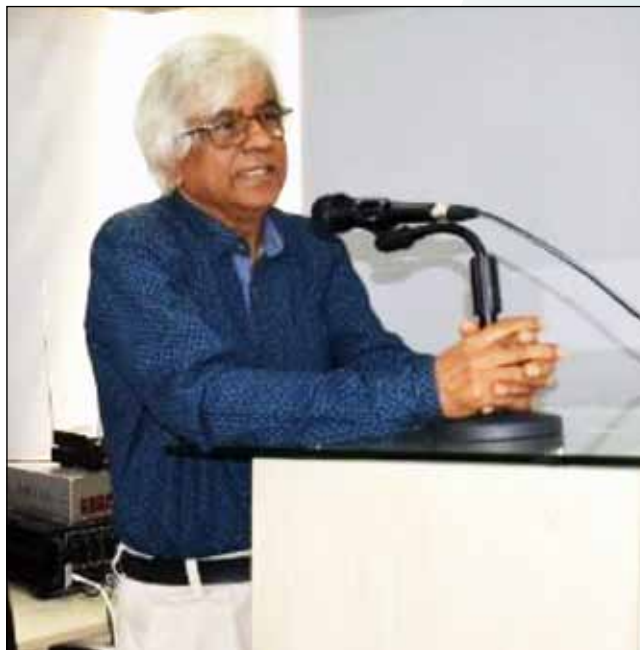
ANNUAL PLANNING WORKSHOP OF NIRAPOD-2, 2020

Focusing on evaluation of the previous Strategic Plan of Nirapod-2 and execution of the upcoming year plan-2020, the Annual Planning Workshop of Nirapod-2, 2020 was held at training center, 5th floor, Marie Stopes Bangladesh, Dhaka on 12 February 2020 with the participation of MSB, Shushilan and BAPSA. This workshop was arranged to develop a detailed work plan of Nirapod-2 project for next 6th months. Specific concern was put on lessons learned, challenges of the previous years and how to overcome those strategically to ensure full-fledged sustainability. Focusing on evaluation of the whole project period, the implementation plan was illustrated. Identify the scopes and components for future working areas with valuable inputs from the senior management was another important discussion point of this workshop.

The senior managements of partners: Mr. Masrurul Islam, Country Director, MSB; Mr. Altaf Hossain, Executive Director, BAPSA; Dr. Farhana Ahmad, Director – External Relation & New Business Development, MSB participated.

This time it was a great opportunity to unite the senior management level of three partners under an umbrella namely Mr. Masrurul Islam, Country Director, MSB, Dr. Altaf Hossain, Executive Director, BAPSA; Md. Shawkat Hossain, Team Leader, Nirapod, MSB and all the Staff of Nirapod-2 were present. ,

The workshop was moderated by Mr. Shawkat Hossain, Team Leader, Nirapod-2. After the self-introduction, a welcome speech was delivered by Mr. Altaf Hossain, Executive Director, BAPSA. In his speech, he shared the emerging history of Nirapod project. He mentioned that the project has successfully overcome all the problems with sustainable solutions. Nirapod-2 has many successes in prevention of unsafe MR and increase the use of modern FP methods, women entrepreneurship, prevention of child marriage and violence against women, in functioning UH&FWCs and many others which have been contributed in achieving SDG's targets. On that basis, it's time to highlight our strength by creating a model on 'what we have done



better and what we can do further' and submit to the Government and EKN. He also suggested all the staff to give Nirapod a beautiful end. At the end of his speech, he drew the attention of all relevant managerial bodies to preserve the best learnings as it can be used further effectively and innovatively.

This day-long event has ended with a wonderful sharing of experiences of all project staffs of Nirapod-2. The following experiences were also shared-

- The information about safe MR and FP has saved many women's lives from maternal mortality. Significant changes happened in people's mentality and thinking regarding MR



which are the most conservative, hard-to-reach and coastal areas of Bangladesh.

- All the members of Community Support Groups are very vocal to speak about MR, FP, women empowerment, MHM, child marriage and VAW prevention.
- Without any hesitation, teachers are now teaching ASRH in the classes and students are also participating.
- After capacity building of Government service providers, it improved the service quality and care seeking behaviors. The officials who had been transferred in the outside of Nirapod areas are practicing those which they learnt from the project.

Four (4) Female Community Support Group (FCSG) Members received "**Joyeeta Award-2019**". The participants enjoyed this wonderful event as well as a fruitful planning session after passing one-year planned work.



Special Achievement:

Main objective of the project is Women's Empowerment. To meet that motto, the project aimed to empower the Women not only in decision making and in adopting Family Planning Methods but also in other decision making process as well as economic empowerment. Total 162 Female Community Support Group (FCSG) Members are being 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 teachers, 8 FCSG Members were being employed at other Governmental Departments and 75 FCSG members are employed at other NGOs and Private sectors. In addition Project Coordinator, Sadar, Lakshmipur was rewarded as "Joyeeta" 2019 and 4 FCSGs are rewarded as "Joyeeta" at Union, Upazila and one of them (FCSG) was rewarded at Divisional Level.

Table-19: 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

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 1,002 different reproductive health care services have been provided by the two 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 2019 to June 2020) is stated below:

Table-20: MR, FP & PAC Corner Performance (July 2019 to June 2020)

District	MR	PAC Information								
		Short term method			Long term method		Permanent method		Total	VIA Test
		Con-dom	Pill	Injectable	IUD	Implant	Liga-tion	NSV		
Noakhali	42	3	39	0	0	0	0	0	42	407
Lakshmipur	145	49	65	20	10	1	0	0	145	595
Total	187	52	104	20	10	1	0	0	187	1,002

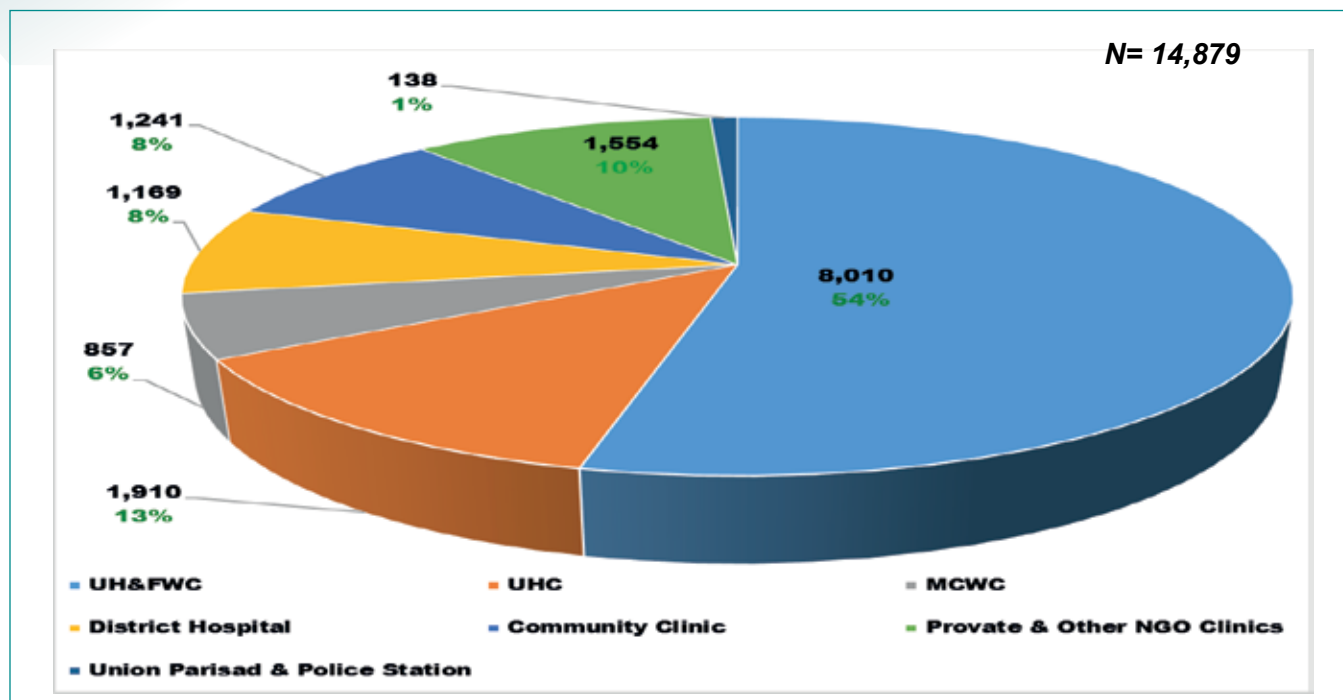
Nirapod-2 project, BAPSA has a large number of the project volunteers, both male and female, are referring community men and women for different kinds of reproductive health care services, such as - short and long term family planning methods and also for permanent methods; MR, facility delivery, VIA 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 14,879 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 2019 to June 2020 is stated below:

Table-21: Referral Performance Record by CSG Members: Nirapod-2, BAPSA (July 2019 to June 2020)

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	Chittagong	5,503	139	248	9	-	164	16	23	938	242	24	7,306
	Lakshmipur	5,972	106	222	7	2	343	4	8	760	95	54	7,573
Total		11,475	245	470	16	2	507	20	31	1,698	337	78	14,879

Figure-23: Where Clients Referred by the Community Volunteers



Graphical Presentation of Referral Cases

The Chart Shows that around 90% clients are being referred to various GoB services Facilities and only

10% clients are being referred to NGO and Other Private Clinics from July 2019 to June 2020.

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 information. The PCs, APO and PO various SRHR related issues like- All Family Planning Methods, Safe MR/MRM (proper timing, proper place and

proper service providers), Puberty, Adolescent Reproductive Health related Issues, Menstrual Hygiene Management, Early Marriage, Prevention of VAW, Health Rights etc related issues were taken into considerly. Concern Deputy Directors, Family Planning (DD-FP), Additional Director- Clinical Contraception (AD-CC), Upazila Nirbahi Officers (UNO), Upazila Family Planning Officers (UFPOs) were presented at the training sessions as resource person.

PROJECT SUSTAINABILITY

At the very beginning of the project implementation of all activities sustainability was considered. The issues included sustaining quality of FP, MR, post MR contraception and ARH services as well as creating awareness and positive changes of the services providers. The project has included direct and indirect service providers including field workers to provide quality FP, MR and post MR contraception services and ARH services to the clients of the catchment area especially to the poor and vulnerable through developing their capacity. As the project is being implemented with the involvement of all stakeholders and gradually their ownership of the project and



its initiatives has increased this is very supportive to sustain the initiative for the long run. Moreover, the project has already brought positive impact on the quality of life of the project stakeholders. The knowledge level of the community on safe MR, MRM and MHM has noticeably increased and practice and behaviour are being changed.

The skilled and capable community support group members are contributing effectively to bring the positive changes and it will be continued for the long run.



Table-22: Challenges faced and mitigation/overcomes (Major)

Challenges	Ways to Overcome
Operating in hard to reach areas is challenging for the Project Staff to manage more than 13 unions.	By rescheduling the planned activities as priority. ICT based monitoring system is supporting for distance monitoring.
Long intervals between meetings held with the project volunteers.	Number of courtyard sessions have been increased to reach the community volunteers within the same budget.
Unavailability of committee head/potential members was a challenge for the project staff to organize meetings on time.	Sensitized all the committee head/potential members to organize regular meetings on time as priority basis.
Staff turnover and replacement had hampered the flow of progress of different activities.	Staff pool were in place, from where the project mitigate the issue.
COVID 19 virus spread out and created a pandemic situation	By rescheduling the planned activities considering priority. ICT based monitoring system is supporting for distance monitoring.



LESSONS LEARNED

The project has observed that significant changes have been made on SRHR issues among the community; quality of services have improved; strong relationships have developed with stakeholders. The project has achieved a recognition for covering not only large intervention areas but also establishing result-based advocacy initiatives and achievement of several indicators. Government staff are very much positive with services delivery and continuous support of logistics and proper supervision could be supportive for ensuring the quality services. Some of the major learnings were:

- The coordinated approach of the project works successfully
- Motivation and commitment of the service providers can ensure better-quality services
- Appropriate counselling can motivate teachers to disseminate messages among the students including religious institutions
- Developing a strong liaison and sharing with local level GoB service providers and officials of Health and Family Planning can make the project interventions smoother.

FINANCIAL STATEMENT AT A GLANCE

Table 23: Financial Statement at a Glance

Particular	Amount in BDT
Total Budget (July 2019 to June 2020)	12,080,381.00
Expenditure (July 2019 to June 2020)	9,617,278.00
% Utilization of Budget	80 %

CONCLUSION

After this extended period of completion of project activities and according to the end line, it has been seen that the project is in line with satisfying all its indicators, thus ensuring the sustainability. Significant changes have been made on SRHR issues among the community at rural areas and quality of services has improved, relationship developed with Local Govt., GoB, NGOs, RMGs, Media and Private sectors who are continuing the practices of the project. The capacity of the project staff has also enhanced to implement such type of project successfully. Empowerment of the community volunteers worked as the backbone of project sustainability. Nirapod-2 consortium partnership is working effectively with an excellent team approach. All the consortium members i.e. BAPSA, Shushilan including lead organization Marie Stopes Bangladesh (MSB) have performed their part appreciably well which has brought complete result in achieving project goal. The donor also helped with intensive support, valuable feedback and guidance time to time. In conclusion, it can be said that, Nirapod-2 has made appreciable progress and successfully reached many of pre-set targets. It effectively worked together with Government, Non- Government and private organizations as well as community people. The country needs this type of intervention more to ensure the women's rights on SRH, safe MR/MRM, choice of FP and make them more empowered and independent.

CHAPTER –VI

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 serving the adolescents to meet the constantly growing demand of friendly health services by them.

OVERALL GOAL AND OBJECTIVE 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 would serve as model AFHS clinic for NGO as well as for public sector to provide quality health and counseling services to adolescent. Moreover, the objective is to strengthen 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 provide SRHR information to them, increase the adolescents access to quality SRHR services, maintain 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. The project takes 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 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:

- i) Adolescents of urban areas with special focus on slums in targeted areas
- ii) Out of school Adolescents,
- iii) Street Adolescents and
- iv) Vulnerable Adolescents (Disabled, Gender diversified adolescent etc.).



BAPSA has 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 concerned providers as a technical partner with the support of UNICEF..

BAPSA is working in a networking system with other reproductive health providing organizations and is in a position to utilise the experts of those organizations as resource persons for capacity building of the adolescents and young population in the project areas, use their developed materials for disseminating SRHR knowledge. BAPSA is closely working 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 intends 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.



Table-24: 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'

SL	Name of Activity	Yearly Target Achievement as per Activity				Yearly Target Achievement as per Participants					Remarks
		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.											
1.1	Formation of youth club at school/ community for promoting CSE.	4	4	Club	100%						
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%	
1.3	Trained up a group of youth through peer approach training.	2	2	Training	100%	40	20	20	40	100%	
1.4	Conduct group sessions by trained peer members in the community on CSE.	60	60	Group	100%	600	270	319	589	98%	
1.5	Provide SRHR knowledge to youths & adolescents through forming group in the community level through trained field staff.	44	44	Group	100%	660	321	330	651	99%	
1.6	Development of CSE/SRHR messages and materials.	1	1	Print	100%				-		
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.	24	24	Group	100%	288	151	141	292	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.	11	11	Months	100%	1,500	2,317	1,130	3,447	230%	
2.3	Provide help-line counseling service for outreach people through counselor within service hour.	12	9	Months	75%	Unde-fined	158	132	290		
2.4	Provide SRHR counseling & services at Schools, other out of schools through satellite sessions.	10	10	Months	100%	500	441	293	734	147%	
2.5	Provide livelihood skill development training in project areas.	2	2	Training	100%	41	19	22	41	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	2	2		100%	40	23	17	40	100%	

SL	Name of Activity	Yearly Target Achievement as per Activity				Yearly Target Achievement as per Participants					Remarks
		T	A	Unit	%	T	M	F	TOTAL	%	
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%	
4.1	Coordination meeting with parents, SMC, local organizations, social leaders, NGOs and Media.	2	1	Meeting	50%	40	21	4	25	63%	
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%	
5.3	Produce a project-end report and distribute among different stakeholders to attract new donors/groups of donors/GOB for future funding opportunities. (Outsourcing)	1	1	Report	100%				-		
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%				-		
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%	

CHAPTER –VII

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 2021, a total of 775 TB Cases (all forms) were diagnosed and treatment in the BAPSA supported urban areas of Dhaka. BAPSA is conducting different types of advocacy and social mobilization program to raise awareness about TB in the community of the project areas, for early case detection and successful treatment outcome TB case.

The programme has taken special initiatives to strengthen referral linkages with private practitioners

for enhancing case finding and ensuring treatment. BAPSA is observing world TB day 24 March every year.

Objectives:

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



Table 25: Performance of NFM TB control Project

SL	Orientation name	Target	Achieved	Participant target	Participant achieved
01	Teacher/ Religious Leader	02	02	52	52
02	Cured TB Patients	02	02	52	52
03	GPP	02	02	40	36
04	Staff Meeting	04	04	0	45
05	World TB day	01	0	0	0

Table 26: Case detection and outcome: (July 2019 to June 2020)

Presumptive examined for (Sputum/ Gene X-pert/X-ray)	Patients identified	Cured & Treatment completed	Remarks
2902	647	97%	

CHAPTER –VIII

CLAIMING THE RIGHT TO SAFE ABORTION: STRATEGIC PARTNERSHIP IN ASIA

In 2018, BAPSA became one of the partners of ARROW and initiated a project titled 'Claiming the right to safe abortion: Strategic Partnership in Asia', funded by RFSU. As a sequel of baseline evidence generated in Bangladesh from ARROW supported project, ARROW and BAPSA signed another agreement under which BAPSA has started implementing a pilot project in line with the recommendations of the baseline. The overall goal of the project is to increase access of women to MRM services by raising awareness and reduce post MRM complications.

Objectives of the proposed interventions were to:

- increase knowledge and awareness of the prospective users on the availability of MRM drugs and its proper use;
- increase the capacity of the frontline field workers in selected areas so that they are able to provide adequate information about MRM for raising awareness;
- reduce the level of post MRM complications among the users through improved quality of service especially counseling that would reduce the economic burden on the poor and marginalized resulting from treatment of complications; and
- Develop and design a replicable model of counseling on MRM in Bangladesh to reduce maternal morbidity and improve post MRM contraception.

The expected outcome under these interventions included but not limited to the followings:

- Knowledge and awareness level of the beneficiaries on MRM drug increased;
- Women's access to MRM services increased giving them their right to decide about their pregnancy;
- Capacity of the frontline workers and Counselors strengthened to prepare them to provide adequate and appropriate information to raise awareness and rational and appropriate use of drugs;
- Improved quality counseling at the service delivery level ensured;
- Major barriers for women to access MRM in a timely and safe manner removed.
- MRM related complications reduced; and
- Post MRM contraceptive use increased.

All these are commensurate with the set vision and mission of the organization and BAPSA fought for combating maternal mortality from unsafe abortion



and related mortality. Guttmacher –BAPSA study of 2014 mentioned that the abortion related mortality has been reduced but unsafe abortion has increased significantly and it may be due to indiscriminate use of MRM in the country. Now BAPSA's aim is to reduce complications from unsafe abortion, provide treatment and develop human resources at the public and private sector to provide quality PAC. BAPSA is also working for wider dissemination of information with the professionals and provide training to the public and NGO sector frontline workers for educating the community people on availability and accessibility of safe MR/MRM and PAC services.



Table-27: Program Activity performance Report, 2018 July, 2019-June, 2020

SL.	Name of the activity		Yearly Target Achievement as per Activity				Yearly Target Achievement as per beneficiaris			
			T	A	Unit	%	T	A	Unit	%
1.	Provisioning quality MRM services by BAPSA clinics through specialized counseling services in 03 clinics of BAPSA.	C counseling	12	12	12 months at BAPSA clinics and Facilities of Barishal and Barguna	100%	1900	3099	WRA Women	
		Services	Do		Do		900	6914	Do	
		PAC	Do		Do		960	486	Do	
2	TOT on MRM to Doctors including New Sub-District		1	1	TOT	100%	4	4	MO	100%
3	Training on MRM for FWVs/ Paramedics/Counselor/Nurse in New Sub-District		2	2	Training	100%	32	32	Front line worker	100%
4	Orientation on MRM to front line workers in New Sub-District		2	2	Orientation program	100%	64	64	Front line worker	98%
5	Orientation on MRM for Drug sellers including New Sub-District		10	10	batch	100%	200	198	Drug seller	99%
9.	Printing & Publications		9	9	Months	75%	Unde-fined	132	Authority	



CHAPTER – IX

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. The entire BAPSA employees took part in the rally with colourful banner, festoons and placards with a festive mood. The theme of the day was **“25 years of the ICPD: accelerating the promise.”** This is for the fourth time that BAPSA participated in the exhibition of IEC and BCC materials organized by the same ministry at **Krisibid Institute, Khamar Bari, Farmgate**. Various information and communication materials on sexual reproductive health and rights were displayed. In the exhibition, BAPSA's materials were appreciated by many visitors and also by the representatives of the DGFP and DGH services.

World AIDs Day

Bangladesh is no more HIV/AIDS free country. This deadly disease has slowly but surely become a major threat to the society. Bangladesh, till now, has relatively low prevalence but high risk behavior and practices have thrown the population into the



threat of epidemic if urgent interventions are not taken. In this backdrop, BAPSA through this project 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’** on **01 December, 2019** with special attention. **“Communities make the difference”**. 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 2019 of Bangladesh in collaboration with Mirpur Baddhabhumi & Jolladkhana under the Ministry of Liberation. The adolescents of BAPSA participated there.

Family Planning Service Week:

BAPSA actively participated in family Planning Service week **from 07 to 12 December, 2019**. 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. We also arranged discussion session at clinic & garment level.



Table-28: Days observed by BAPSA: At a glance

Sl. no	Name of the Day	Date	Theme
01.	World Population Day	July 11, 2019	25 years of the ICPD: accelerating the promise.
02.	World AIDS Day	December 01, 2019	Communities make the difference
	Family Planning Week	December 07-12, 2019	
03.	Victory Day	December 16, 2019	
04.	International Women's Day	March 08, 2020	I am Generation Equality: Realizing Women's Rights
05.	World TB Day	March 24, 2020	It's time for action! It's time to End TB.
06.	World Health Day	April 07, 2020	Support Nurses and Midwives



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 this project of BAPSA. All these are being used to provide appropriate messages to the different segment of clients, some for taking away at home as a referral materials, some for in-depth information and some for pictorials for easy understanding.

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

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

Urban Primary Health Care Project (UPHCSDP)

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

Saving Women from Unwanted Pregnancy and Unsafe MR

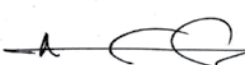
- Flipchart on SRH issues
- Brochure on Project brief
- Brochure on VAW
- Booklet on FP Method (DGFP)
- Brochure on Adolescent
- Poster on RBA
- Booklet Field level MR guideline.

FINANCIAL REPORT


CHAPTER XI

<p style="text-align: right;">HUDA HOSSAIN & CO. CHARTERED ACCOUNTANTS</p> <p style="text-align: center;">Association For Prevention of Septic Abortion, Bangladesh (BAPSA) Balance Sheet As at 30 June 2020</p>			
	Notes	Amount in Taka	
		30-June-2020	30-June-2019
<u>PROPERTY & ASSETS</u>			
Fixed Assets	3.00	33,531,576	21,853,964
Fixed Deposit	4.00	21,308,303	13,317,115
Cash and Cash Equivalent	5.00	14,230,274	39,098,628
UPHC Sustainability Fund	6.00	15,903,105	15,903,105
Loan & Advances	7.00	990,581	990,581
Advance Deposit and Prepayments	8.00	2,458,781	2,149,344
		88,422,620	93,312,737
<u>FUND AND LIABILITIES</u>			
Fund	9.00	84,897,550	80,307,514
Accrued Expenses	10.00	1,469,315	2,783,660
Bank Interest	11.00	2,055,755	2,055,755
Loan Account	12.00	-	8,165,808
		88,422,620	93,312,737


Note: The aaexed notes form part of these accounts



 Executive Director




 Treasurer

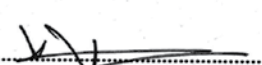


 Director

As per our separate report of even date annexed.

Dhaka
 15 february 2021




 (MD AMINUL ISLAM FCA)
HUDA HOSSAIN & CO.
 CHARTERED ACCOUNTANTS

HUDA HOSSAIN & CO.
CHARTERED ACCOUNTANTS

Association for Prevention of Septic Abortion, Bangladesh (BAPSA)

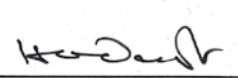
Income and Expenditure Account
For the Year ended 30 June 2020

	Note	Amount in Taka 30-Jun-20
Income		
Grant/Donation		211,447,428
Service Income	13.00	31,366,334
Others Income URBAN		715,088
Overhead Income		9,618,600
Interest on FDR		297,443
Bank Interest		566,964
Mislineous Income (Sale of Old/Damage Furniture & Equipments)		3,000
		254,014,857
Expenditure		
Pay & Allowances		180,869,722
Out Reach/BCC Activities		776,122
Conference & Festival		150,026
Adolescent Health Care Program		68,960
Utilities, News Papers & Periodicals		3,685,504
Contingency		26,494,991
Traveling, Supervision & Monitoring		2,136,609
Meeting		605,263
Overhead Cost		2,643,096
Office Accommodation		2,149,472
Others Cost		3,659,087
Consultancy Fee		1,830,037
Benevolent Fund		1,219,688
Training		7,291,304
Orientation for Front-lineFP Worker/Workshop		480,275
Project Office Cost		493,787
Project Activities, Other. Services		1,882,302
Program/Activity Cost		7,068,665
Bank Charge		7,647
Interest on Bank Loan		127,119
Consultancy and Audit Fee		831,786
Supplementary Nutrition		131,778
Medicine		3,633,046
		248,236,286
Excess of Income over expenditure transfer to Fund Ac		5,778,571
		254,014,857

Note: The annexed notes form part of these accounts


Executive Director

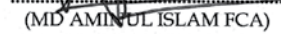

Treasurer


Director

As per our separate report of even date annexed.

Dhaka
15 february 2020




(MD AMINUL ISLAM FCA)
HUDA HOSSAIN & CO.
CHARTERED ACCOUNTANTS

HUDA HOSSAIN & CO.
CHARTERED ACCOUNTANTS

Association for Prevention of Septic Abortion, Bangladesh (BAPSA)
Receipts and Payments Account
For the Year ended 30 June 2020

	Note	Amount in Taka 30-Jun-20
Receipts		
Opening Balance		39,098,629
Cash in Hand		737,703
Cash at Bank		38,360,926
Grant/Donation		211,447,428
Service Income	13.00	31,366,334
Others Income URBAN		715,088
Overhead Income		9,618,600
Interest on FDR		297,443
Bank Interest		566,964
Mislineous Income (Sale of Old/Damage Furniture & Equipments)		3,000
FDR Encashment		9,899,399
		303,012,885
Payments		
Pay & Allowances		180,869,722
Out Reach/BCC Activities		776,122
Conference & Festival		150,026
Adolescent Health Care Program		68,960
Utilities, News Papers & Periodicals		3,685,504
Contingency		26,494,991
Traveling, Supervision & Monitoring		2,136,609
Meeting		605,263
Overhead Cost		2,643,096
Office Accommodation		2,149,472
Others Cost		2,389,234
Consultancy Fee		1,830,037
Benevolent Fund		1,219,688
Training		7,291,304
Orientation for Front-lineFP Worker/Workshop		480,275
Project Office Cost		493,787
Project Activities, Other, Services		1,882,302
Program/Activity Cost		7,068,665
Bank Charge		7,647
Interest on Bank Loan		127,119
Consultancy Fee		598,646
Supplementary Nutrition		131,778
Medicine		3,633,046
Payments for Operations		246,733,293
Fixed Assets Purchases		11,677,612
FDR		17,890,587
Accured Expenses		2,817,338
Donor Fund Refund		1,188,536
Advance Deposit and Prepayments		309,437
Loan Refund (DBBL)		8,165,808
Total Payments		288,782,611
Closing Balance		14,230,274
Cash in Hand		302,737
Cash at Bank		13,927,537
Total Payments		303,012,885

Note: The aaexed notes form part of these accounts



GLOSSARY

ADB	Asian Development Bank	GI	Guttmacher Institute
ADCC	Additional Director of Clinical Contraception	GOB	Government Of Bangladesh
AFWO	Assistant Upazilla Family Welfare Officer	HIV	Human Immune deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome	ICT	Information and Communication Technology
ANC	Ante-natal Care	IDI	In-depth Interview
AUFPO	Assistant Upazilla Family Planning Officer	IEC	Information, Education and Communication
BAPSA	Association for Prevention of Septic Abortion, Bangladesh	IP	Infection & Prevention
BCC	Behaviour Change Communication	IUD	Intra Uterine Device
BMRC	Bangladesh Medical Research Council	KII	Key Informant Interview
CAG	Community Adolescent Group	LARC	Long and short Acting Reversible Contraceptives
CDM	Community Dialogue Meeting	LCC	Limited Curative Care
CEI	Clients Exit Interview	LMP	Last Menstrual Period
CHCP	Community Health Care Provider	MCH	Maternal and Child Health
CHT	Chittagong Hill Tract	MCH&FP	Maternal Child Health and Family Planning
CRHCC	Comprehensive Reproductive Health Care Center	MC-RH	Maternal Child and Reproductive Health
CSG	Community Support Group	MCSG	Male Community Support Group
DDFP	Deputy Director, Family Planning	MCWC	Mother and Child Welfare Centers
DGFP	Directorate General of Family Planning	MDG	Millennium Development Goal
DGH	Directorate General Of Health	MIS	Management Information System
DOTs	Direct Observation Treatment short course	MOHFW	Ministry of Health and Family Welfare
EC	Executive Committee	MOLGRD&C	Ministry of Local Government and Rural Development
ECP	Emergency Contraceptive Pill	MMR	Medical Menstrual Regulation
EKN	Embassy of the Kingdom of Netherlands	MR	Menstrual Regulation
EOC	Emergency Obstetric Care	MRHC	Model Reproductive Health Clinic
EPI	Expanded Program on Immunization	MWRA	Married Women and Reproductive Age
ESP	Essential Service Package	NGO	Non-Government Organization
FCSG	Female Community Support Group	NGOA,B	NGO Affairs Bureau
FDG	Focus Group Discussion	NTP	National Tuberculosis Program
FP	Family Planning	OB/GYN	Obstetrics and Gynecology
FPI	Family Planning Inspector	PAC	Post Abortion Care
FWA	Family Welfare Assistant	PAP	Project Advisory Panel
FWC	Family Welfare Center	PHCC	Primary Health Care Centre
FWV	Family Welfare Visitor	PMDUP	Prevention of Maternal Death from Unwanted Pregnancy
GFATM	Global Fund to Fight Aids ,Tuberculosis and Malaria		



ANNUAL REPORT

JULY 2019-JUNE 2020

PNC	Post-natal Care
RBA	Right Base Approach
RFSU	Swedish Organization for Sexuality Education
RH	Reproductive Health
RHSTEP	Reproductive Health Services Training and Education Program
RRHC	Rural Reproductive Health Clinic
RTI	Reproductive Tract Infection
SAAF	Safe Abortion Action Fund
SACMO	Sub-Assistant Community Medical Officer
Sida	Swedish International Development Cooperation Agency
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