



# ANNUAL 2016-17 REPORT



ASSOCIATION FOR PREVENTION OF SEPTIC  
ABORTION, BANGLADESH (BAPSA)



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## 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 type of projects and all these are being supported by the development partners. All the current projects of BAPSA are working for improving the quality of SRHR services in urban and rural areas of Bangladesh. BAPSA is emphasizing for improving the adolescents reproductive health and rights in the country. We also would like to express our deep appreciation to NGO Affairs Bureau, DG Health and DGFP of MOHFW for their continuous support and co-operation to BAPSA.

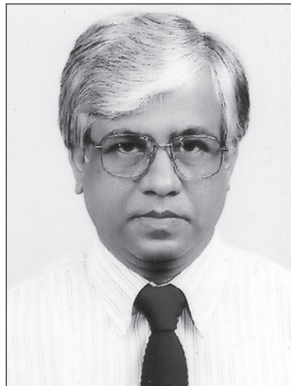
We do appreciate the hard labor of BAPSA staff and their efforts for bringing out this Annual Report.

A.K.M. Anowar-UI-Azim  
President  
BAPSA





## Message from the Executive Director



Association for prevention of Septic Abortion, Bangladesh (BAPSA) started its journey 35 years back in early 1982, as a pioneer organization to combat unsafe abortion in the country. BAPSA is providing comprehensive reproductive health care services with a view to providing quality services primarily targeting the slum dwellers, garment workers, low and lower-middle income groups and disadvantaged urban and rural population. BAPSA deeply believes in promoting quality SRHR services by engaging different stakeholders and actors. BAPSA is thriving for achieving sustainability and all the current activities are being re-shaping taking this into consideration.

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

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

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

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

Altaf Hossain  
Executive Director  
BAPSA

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## BAPSA

Being concerned about the alarming situation caused by the hazards of septic abortion and mortality out of unwanted pregnancies, a group of reputed gynecologists and obstetricians headed by late Prof. Syeda Firoza Begum founded BAPSA (Association for Prevention of Septic Abortion, Bangladesh) in 1982. The underlying objectives of its formation were to:

- i) Improve women's health by ensuring quality reproductive health care services;
- ii) Cultivate awareness among the underserved urban and rural citizens about reproductive health and rights;
- iii) Sensitize the community people on the issues of unsafe abortion and develop human resources in reproductive health;
- iv) Address adolescent reproductive health (emphasizing adolescent girls);
- v) Provide quality reproductive health care services to the disadvantaged women of the community;
- vi) Prevention and management of unwanted pregnancies;
- vii) Establish a system for prevention of septic abortion by organizing training and services;
- viii) Create center of excellence and maintain standard for treatment of septic abortion cases;
- ix) Create database for all MR/MRM providers in the country, organize training, and keep them informed with latest development in the field of MR/MRM;
- x) Undertake research on reproductive health, incidence of septic abortion, and pertinent areas of concern to women and health care providers; and
- xi) Develop an institutional framework for the community people through a process by advocacy on women rights, human rights and environmental issue for institutionalizing gender towards sustainable development.

## Vision

The cardinal vision of BAPSA is "To improve the reproductive health care services to reduce maternal mortality and morbidity of under-served rural and urban population".

## Mission

- Improve reproductive health care services.
- Provide quality reproductive health care services.
- Prevention of unsafe Abortion and provide post abortion care (PAC) services.
- Creating awareness at the community level through health education.
- Provide adolescent reproductive health care services.

## Legal Status

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



## Project brief

This annual report covers the period from July 2016 to June 2017. All the projects are of different reporting periods. BAPSA has been providing SRHR services both at clinics and at non clinical settings to the vulnerable urban and rural population including adolescents.

The reports covered the following projects activities

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

## Chapter I

# Promotion of Sexual and Reproductive Health and Rights: Provisioning of SRH Services Focusing on Safe MR and Reduction of Unsafe Abortion in Bangladesh

This project Promotion of Sexual and Reproductive Health and Rights: Provisioning of SRH Services Focusing on Safe MR and Reduction of Unsafe Abortion in Bangladesh was being implemented in collaboration with Reproductive Health Services Training & Education Program (RHSTEP).

**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.

## Objectives

The objectives of the project were to-

- i) improve access to MR and PAC services;
- ii) provide SRHR services to the youth and adolescents ;
- iii) create awareness and generate demands for SRHR services;
- iv) strengthen advocacy and policy dialogue to create enabling environment for safe MR and SRHR services;
- v) Generate and disseminate evidence for improved SRHR services and policy influence;
- vi) use of ICT for transparency, accountability and better management; and
- vii) improve sustainability of the SRHR consortium.



## Major Activities of the Project

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

- A) Clinical services and
- B) Non-clinical services.



A) Clinical Services: activities & performances.

SI #	Name of Activity	TOTAL OF 9 CLINICS		%
		Target	Achievement	
1	Refresher MR Training	38	20	53%
2	MR/MRM Related Services	25,950	11,983	46%
3	Contraceptive Services (Post MR Clients)	4,630	4,568	99%
4	Contraceptive Services (Non MR Clients)	29,000	20,216	70%
5	Management of side effects of Contraceptive services	4,000	2,432	61%
6	LCC	56,098	46,168	82%
7	Maternal Health Care	14,310	15,049	105%
8	PAC	900	629	70%
9	OB/GYN Problems	25,250	20,034	79%
10	Via tests	2,650	1,484	56%
11	Pathological Services	25,100	23,174	92%
	Blood tests	9,353	11,423	122%
	Urine tests	5,747	5,448	95%
	Ultra sonogram	10,000	6,303	63%
12	BCC /Out Reach Program	39,000	37,856	97%

Poor Patient Treated for the period from July 2016 to June 2017.

Period (July -2016- June 2017)	TOTAL OF BAPSA CLINICS	
	No. of Patient Treated	
	Free	Disc. Rate
TOTAL	77,579	11,024





## B) Non-Clinical Services: activities &amp; performances.

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

## Non-clinical Performance:

SL.		July 2016 to June 2017		
		Target	Achievement	%
01.	Workshop/Seminar/Meeting			
	Organize Network meetings with like-minded organizations, GoB on SRHR issues.	6	1	17%
	Divisional/District Level Seminar/Workshop with MR Services Providers/Front line FP Workers on SRHR Issue	4	5	125%
	Workshop/Seminar on Adolescent Reproductive Health	8	1	13%
	Workshop/Seminar on M.R. Program and Unwanted Pregnancy	8	3	38%
02.	Maintaining Liaison and Organizing for M.R. Training			
	Organize Refresher Training for FWV/Paramedic	70	30	43%
	Organize Training for FWV/SACMO/Nurse	86	20	23%
	Adolescent fair at School	02	02	100%
03.	BCC/Advocacy Activities			
	BCC/Advocacy on creating awareness on the consequences of unwanted pregnancy and septic abortion in the community (Door to door visit)	39,000	37,856	97%





## Chapter II

## Urban Primary Health Care Services Delivery Project

The Urban Primary Health Care Services Delivery Project (UPHCSDP) has been initiated by the Bangladesh Government through the Ministry of Local Government and Rural Development, and is being implemented by Dhaka South City Corporation by involving partner NGOs/City corporations. The main development partner of this project is the Asian Development Bank (ADB) and the Swedish International Development Cooperation Agency (Sida).

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

## Objective

1. Access to and use of urban PHC services in the project area, with a particular focus on services provision for free to the poor;
2. The quality of urban PHC services in the project area; and
3. The cost-effectiveness, efficiency, and institutional and financial sustainability for the urban primary health care delivery system to meet the needs of the urban poor.



## Activities

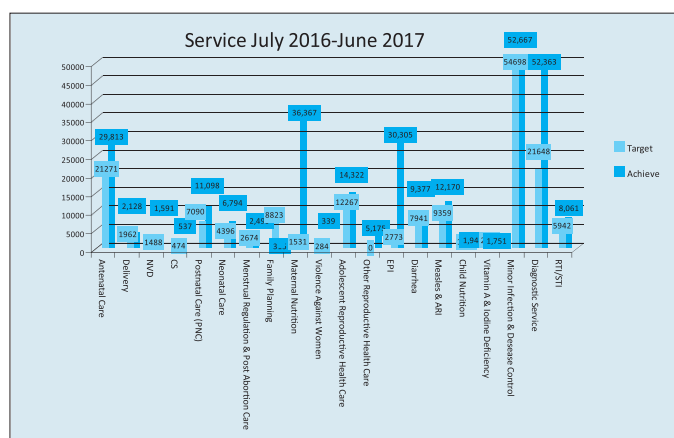
The Project provides following services, based on the national expanded Essential Services Delivery (ESD+) package of the government

1. Antenatal Care	11. Adolescent Reproductive Health Care
2. Delivery	12. Other Reproductive Health Care
3. NVD	13. EPI
4. CS	14. Diarrhea
5. Postnatal Care (PNC)	15. Measles & ARI
6. Neonatal Care	16. Child Nutrition
7. Menstrual Regulation & Post Abortion Care.	17. Vitamin A & Iodine Deficiency
8. Family Planning	18. Minor Infection & Disease Control
9. Maternal Nutrition	18. Diagnostic Service
10. Violence against Women	19. RTI/STI

# Target & Achievement: July 2016 to June-2017

SI No	Name of the activities	Target	Achievement	%	Free treatment (Person)
1	Antenatal Care	21,271	29,813	140%	10496
2	Delivery	1962	2,128	108%	
3	NVD	1488	1,591	107%	766
4	CS	474	537	113%	219
5	Postnatal Care (PNC)	7090	11,098	157%	5387
6	Neonatal Care	4396	6,794	155%	2965
7	Menstrual Regulation & Post Abortion Care	2674	2,499	93%	1017
8	Family Planning	8823	24459	277%	10928
9	Violence Against Women	284	339	119%	181
10	Adolescent Reproductive Health Care	12267	14,322	117%	6151
11	Other Reproductive Health Care	0	5,175	0	1594
12	EPI	2773	30,305	1093%	5793
13	Diarrhea	7941	9,377	118%	4422
14	Measles & ARI	9359	12,170	130%	5714
15	Child Nutrition	1531	1,944	127%	1012
16	Vitamin A & Iodine Deficiency	2009	1,751	87%	728
17	Minor Infection & Disease Control	54698	52,667	96%	23734
18	Diagnostic Service	21648	52,363	242%	18487
19	RTI/STI	5942	8,061	136%	3935

\* No target was fixed for this services.



## Chapter III

## Improving SRHR Situation in Selected Urban and Rural Areas of Bangladesh

Project 'Improving SRHR Situation in selected Urban and Rural Areas of Bangladesh' is continuing its 4th year of its implementation. The project as a whole is aimed to Improved SRHR Situation among Youth/ Adolescents irrespective of marital status, gender, social backgrounds, sexual preference & have excess to high quality of youth friendly sexual and reproductive health services through creating enabling environment in project areas within project period.

## Main Activities

1. Organize different types of program (meetings, orientations, observation of days show exhibition) with GO's INGO's, NGO's Policy Makers, Managers, gatekeepers, Local Leaders, religious leaders, parents in project areas.
2. Capacity building of youth /Adolescents living in urban and rural areas with a view to aware and educated on SRHR knowledge which will, make them interested to receive services from youth friendly services center.
3. Organize a series of SRHR Sessions, satellite programs, campaign on SRHR Issues at schools as well as project catchment areas by trained staffs and Teachers.
4. Train youth/ adolescents as Peer Educator through providing peer approach training.
5. Provide quality of SRHR services (Knowledge, Counseling, Information, health services on malnutrition, menstrual hygiene, RTIs/STIs, SRHR training, Skill development Training, Peer Approach training etc) of the disadvantaged Youth and Adolescents of the project area.)
6. Limited curative reproductive health care services to youth /adolescents including blood grouping free of cost.
7. Provide Special counseling on SRHR Issues and help line counseling by telephonic conversation.
8. Provide livelihood skill development training to disadvantaged youth/adolescents on computer, photography, tailoring, beautification, driving with a view to make them sustainable and change their living standard in project catchment areas.



9. Provide training in SREHR, Gender & HRBA to staffs to serve good quality of SRHR education in YFS centre as well as community project areas.
10. Consolidated the understand of SRHR Situation among the adolescents and Youth through workshop and Veodio documentary with the participation of Youth and Adolescents.

Achievements related to result 1 to result 5 ( July-December, 2016)

SL.	Name of the activities	Target	Achievements	%
1.1	Community Advocacy meeting on SRHR with Gatekeepers.	1	1	100%
1.3	Networking with relevant organizations including school/ College.	1	1	100%
2.4	Campaign Program on SRHR Issues with grassroots People.	2	2	100%
2.5	Community Advocacy meeting on SRHR with grassroots people.	48 sessions	49 sessions	101%
2.6	Observation of Days.	3 Days	3 days	100%
2.7	Print/ re-print & distribute BCC Materials.	1 time	1 time	100%
3.3	Workshop/Orientation with teachers on SRHR issue	1	1	100%
3.4	SRHR training for selected teachers	1	1	100%
4.1	Training on NGO/Development issues.	1	1	100%
4.5	Training on Finance & Accounts.	2	1	50%
4.7	Exposure visit for sharing experiences			
5.2	Provide SRHR knowledge to youths & adolescents through organized sessions at the YFS Center	1	1	100%
5.3	Provide SRHR knowledge to youths & adolescents through making group in the community level.	48 sessions	48 sessions	100%
5.4	Conduct group sessions by trained peer members in the community.	120	120 sessions	100%
5.5	Organize adolescent Fair to promote SRHR issues in project area	1	1	100%
5.9	Provide Peer approach training/refresher training to youths & adolescent peer members.	1	1	100%
5.10	Provide livelihood skill development training in project area( Computer, Trailoring, Photography, Driving)	4 course	4 course	100%

Reporting period: January, 2017-June 2017

SL	Name of the activities	Target	Achievement	%
1.2	Community Advocacy meeting/ orientation on SRHR with grassroots people. (Parents, Local leaders, Religious leaders, etc.)	1	1	100%
1.6	Print/ re-print & distribute the substantial amount of IEC/ BCC Materials on SRHR Issues and other publications.	1	1	90%
2.1	Provide SRHR knowledge to youths & adolescents through individual contact in the community level.	2700	2350	87%
2.2	Provid SRHR knowledge to youths & adolescents through forming group in the community level.	36 Group	36	100%
2.3	Conduct group sessions by trained peer members in the community.	25 Group	25	100%
2.4	Campaign Program on SRHR (Menstrual hygiene, nutrition, early marriage, unwanted pregnancy & FP) Issues with grassroots People within the project area.	2	2	100%
2.5	Provide SRHR services & counseling at Schools, other out of schools & distribute health cards through satellite camp with contact details of service Providers to YFS Center.	5	5	100%
2.6	Conduct SRHR sessions at school through trained teachers.	160 Sessions	160	100%
2.7	Focus Group Discussion	6	6	100%
3.1	Provide comprehensive SRHR education to youths and adolescents through forming group in the Youth friendly services center.	12 Group	12	100%
3.3	Provide livelihood skill development training in project areas.	45	42	93%
3.4	Create 'Center Youth Forum' & organize regular meeting at YFS center.	10	10	100%
3.5	Workshop with youth forum member with a view to collect information from community and disseminate the information.	10	11	110%
3.6	Provide Limited reproductive health care services (dysmenorrheal menstruation, STIs/RTIs, malnutrition, blood grouping etc.) to poor adolescents through YFS Center.	750	630	84%
3.7	Provide help-line counseling service for outreach people through counselor within service hour.	unlimited	130	
4.1	Staff orientation on current & Future project activities & Strategies	20	20	100



## Special Achievement

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



**Chapter IV****Study on Menstrual Regulation and Unsafe Abortion in Bangladesh: Incidence and Impact on Women's Health**

Menstrual Regulation and Unsafe Abortion in Bangladesh: Incidence and Impact on Women's Health this collaborative research project was being implemented by Guttmacher Institute, USA and Association for Prevention of Septic Abortion, Bangladesh (BAPSA).

Overall goal of the research was to improve women's health by providing new evidence to inform policies and programs to prevent unintended pregnancies (for example, through improvements in contraceptive services), and to improve access to MR services and post abortion care. It was also to strengthen skills and knowledge exchange among partners, through collaboration and communication between Guttmacher and BAPSA.

**Major Activities**

Co-ordination and Consultation with Guttmacher Institute: BAPSA maintained close liaison with Guttmacher Institute to keep track with the study team and be informed about the development of the data entry and analysis procedure. BAPSA also communicated with the relevant government organizations. These communication and coordination were maintained through regular email, contact over phones and mutually agreed upon organized meetings at different stages of the survey.

Organizing Project advisory Board Meeting and Brief of the findings: During the visit of the Principle Investigator, Dr. Sushela Singh, Vice President Research and Mr. Gustavo, Director Communication, a meeting was held. In the meeting Advisory committee members and resource persons of DG health and FP and other stakeholders were present.

Products and dissemination: Guttmacher and BAPSA produced two peer-reviewed journal articles, one on estimates of induced abortion (current levels and trends between 2010 and 2014 and the other on the conditions under which abortion services are provided (safety and accessibility and health consequences). Guttmacher and BAPSA also published a research brief based on the study findings. The research brief summarized the new findings on incidence and trends of MR and unsafe abortion, contextualized with results from other studies to highlight the role of MR in reducing maternal mortality.

**Fact Sheet**

A total of 8,000 copies of fact sheet were published. Out of these 3,000 copies in English and 5,000 copies in Bangla were published and distributed among the key stakeholders.

Access to and Quality of Menstrual Regulation and Post Abortion Care in Bangladesh: Evidence from a Survey of Health Facility-2014. A total of 5,000 copies of Access to and Quality of Menstrual Regulation and Post Abortion Care in Bangladesh were published. Out of these 2,000 copies in English and 3,000 copies in Bangla were published and distributed among the key stakeholders. The Incidence of Menstrual Regulation Procedures and Abortion in Bangladesh, 2014: A total of 500 copies of the article of Incidence of Menstrual Regulation Procedures and Abortion in Bangladesh were published and distributed among the participants of the seminars.

Post Card: A total of 1,200 copies Post Card on key findings were printed for distribution.

Reproductive Health Research Policy Brief: A total of 1,200 copies Reproductive Health Research Policy Brief on

Effects of being denied Safe MR in Bangladesh were published. Fact sheet /news releases were translated from English to Bangla. All materials produced in the course of the project were posted to the Guttmacher Institute's Web sites.

## Dissemination seminars

BAPSA disseminated the findings of the study to key stakeholders within Bangladesh, including government officials, the medical community, donors and advocates at National Level on March 22, 2017 at Hotel Six Season, Dhaka.

News Release Preparation and distribution: A news Release were prepared and distributed.

among the reports of different Electronics and Daily and online News Papers.





## Chapter V

## Providing Orientation and Data Collection from the Public Facilitates for the Project of Prevention of Maternal Death from Unwanted Pregnancy (PMDUP) and Long and Short Acting Reversible Contraceptives (LARC)

BAPSA is implementing this project in partnership with Ipas Bangladesh for strengthening and capacity building of service providers, Doctors, Nurses and Family welfare Visitors (FWVs) through training on comprehensive Family Planning, Postpartum IUD, Implants and MR –PAC services of the public health providers. BAPSA worked as a technical partner, with expertise in capacity building on family planning, MR and PAC training.

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

### Programs of Ipas-BAPSA Project

1. Prevention of Maternal Deaths from Unwanted Pregnancy (PMDUP) (July'16- March'17).
2. Expanding Family Planning (EFP) of Long Acting Reversible Contraceptive (LARC- July'16- September'16).
3. Scale up Comprehensive Menstrual Regulation (MR) and Post Abortion Care (PAC-July'- August'16).
4. Improving Access of Quality Family (QFP) in Bangladesh -January'17-June'17).
5. Community Access Health System Linkage Study (April'17-June'17).

Area Covered Under Ipas -BAPSA Project:

Facility type	Total
Medical College Hospital (MCH)	11
District Hospital (DH)	32
MCWC/MFSTC	35
UHC- Health Unit	57
UHC- FP Unit	57
UH& FWC	200
RHSTEP	16
Total	408



## **Main Activities of Ipas-BAPSA Project**

### **PMDUP:**

- Log-sheet Orientation (Record keeping) on MR and PAC Services
- Log-sheet Data collection From Health Facility
- Quarterly Site progress report (SPR) data Collection
- Training on Woman Centered MR-PAC Services
- Trained Providers on Site Follow-up

### **EFP-LARC:**

- Training of Short & Long Acting Reversible Contraceptives for Doctors
- Skill updates Orientation on LARC for Doctors and SSN at District Hospital
- On site follow up for Service providers on LARC
- FP Log-sheet data collection from Health facilities and submit to Ipas Bangladesh
- Quarterly FP Site progress reports data collection (SPRs) from Health Facilities
- Contraceptive Summary Report Collection From Facilities
- Contraceptive Summary Report Collection From FWCs at Union level

### **Scale Up Comprehensive MR and PAC Services:**

- Orientation on MR-PAC Log-book and MR-PAC Register (Record keeping)
- Log-sheet data collection from Health facilities and submit to Ipas Bangladesh
- Facility based orientation on MR-PAC and MRM for Service Providers (Doctors and SSNs)

### **Quality Family Planning:**

- Meeting with Concerned GOB Officials at Central level and Site level for training
- Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services for Nurses
- Training on Postpartum IUD for Doctors
- Training on Implants for Doctors
- Skill Update on FP Method
- On site follow up for Service providers

### **Community Excess-Health Service Linkage Study:**

- Training of 4 Research Assistants and 8 IDI and FGD Facilitators and 1 Supervisor
- House hold listing
- House hold Interview
- In-depth Interview (IDI)
- Focus Group Discussion (FGD)
- Processing of data entry, tabulating and analysis of House hold interview

## Program Achievement & Progress

PMDUP (July'16-March'17)

Activity	Target/Goal (July'16-March'17)	Achievement up to March'17)	Remarks
Log-sheet Orientation (Record keeping)	Orientation: 8	Orientation: 8	100% Completed Total Pxs: 208 (Doctors , Nurses and FWVs)
Log-sheet Data collection From Health Facility	177 Units of 120 Facilities	177 Units of 120 Facilities	100%
Quarterly Site progress report (SPR) data Collection	177 Units of 120 Facilities	177 Units of 120 Facilities	100%
Training on Woman Centered MR-PAC Services	Batches: 2 Pxs : 18	Batches: 2 Pxs : 18	100% Total Pxs: 18 SSN: 8, FWV: 10
On site Providers(Trained) Follow-up Visit on MR & PAC Services	15 Providers	15 Providers	100% Doctors: 4 SSN: 7, FWV: 4

EFP-LARC (July'16-September'16)

Activity	Target/Goal (July'16-September'16)	Achievement up to September'16)	Remarks
Training of Short & Long Acting Reversible Contraceptives for Doctors	1 batch for 7 Doctors	1 Batch for 7 Doctors	100% completed
On site follow up for Service providers on LARC	15 Trained Service providers	15 Trained Service Providers	100% Completed PXs: 15 (Doctor-08 Nurses-05 and FWV-02)
Skill updates Orientation on LARC for Doctors and SSN at District Hospital	2 Skills update Orientations.	2 Skills update Orientation	100% Completed PXs: 16 (Doctor-10 Nurses-06)
FP Log-sheet data collection from Health facilities and submit to Ipas Bangladesh.	74 units of 43 Facilities.	74 units of 43 Facilities	100% Completed.
Quarterly FP Site progress reports data collection (SPRs) from Health Facilities.	74 units of 43 Facilities.	74 units of 43 Facilities	100% Completed.
Contraceptive Summary Report Collection From 68 Facilities	115 Units of 68 Facilities.	115 Units of 68 Facilities.	Monthly Collection
Contraceptive Summary Report Collection From FWCs at Union level	217 FWCs	200 FWCs	Monthly Collection

#### Scale Up Comprehensive MR and PAC Services (July'16-August'16)

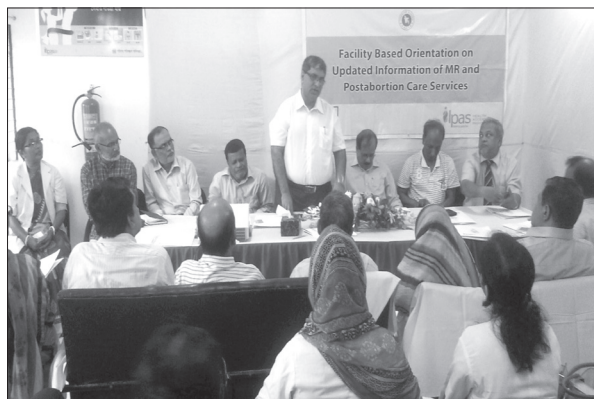
Activity	Target/Goal (July'16- August'16)	Achievements up to August'16)	Remarks
Orientation on MR-PAC Log-book and MR-PAC Register (Record keeping)	Orientations: 2	Orientations: 2	100% Completed. PXs: 48 Doctors: 20 , SSNs: 20 FWVs: 8
Log-sheet data collection from Health facilities and submit to lpas Bangladesh	41units of 25 Facilities	41units of 25 Facilities	Monthly Collection
Facility based orientation on MR-PAC and MRM for Service Providers (Doctors and SSNs)	Orientation: 1	Orientation: 1	100% Completed PXs: 14 Doctors:10 , SSNs: 4

#### Improving Access of Quality Family Planning (QFP) in Bangladesh (Jan'16-June'16)

Activity	Target/Goal (Jan'16- June'17)	Achievements up to June'17)	Remarks
Meeting with Concerned GOB Officials at Central level and Site level for training	2 Coordination meetings	2 Coordination meetings	100% Completed
Training on Comprehensive Family Planning, MR and Post abortion Care (PAC) Services for Nurses	1 batch for 8 SSNs	1 batchfor 8 Nurses	100% Completed
	1 batch for 9 FWVs	1 batch for 8 FWVs	100% Completed
Training on Postpartum IUD for Service Providers	1 batch for 7 Doctors	1 batch for 7 Doctors	100% Completed
	2 batches for 15 SSNs	2batches for 15 Nurses	100% Completed
Training on Implants for Doctors	1 batch for 8 Doctors	1 batch for 6 Doctors	100% Completed
Skill Update on FP Method	6 batches skill update for 36 Service Providers	6 batches skill update for 42 Service Providers	100% Completed Px: Doctors-28SSNs-11 Paramedics-3
On site follow up for Service providers	5 Trained Service providers on	5Trained Service Providers (Nurses-3 and FWV-02) follow-up on Comprehensive Family Planning	100% Completed

**Community Access Health System Linkage Study (April '17- June '17)**

Activity	Target/Goal (April '17- June '17)	Achievements up to June '17)	Remarks
Training of 4 Research Assistants and 8 IDI and FGD Facilitators and 1 Supervisor	2 batch training of 4 RAs, 8 IDI interviewers and 1 supervisor	2 batch training of 4 RAs, 8 IDI interviewers and 1 supervisor	100% Completed. PXs: 9 Research Assistants: 4 IDI Interviewers : 8 Supervisor: 1
House hold listing	House Hold:600	House Hold: 600	100% completed Form 4 Upzila
House hold Interview	House hold Interview: 200	House hold Interview: 200	100% completed From 4 Upazila
In-depth Interview (IDI)	IDIs: 64	IDIs: 63	98.4% Completed Provider: 22 MR: 27,MRM: 14
Focus Group Discussion (FGD)	FGDs: 8	FGDs: 8	100% Completed
Processing of data entry, tabulating and analysis of House hold interview	All study data	All study data	100% completed





## Chapter VI

### Unite for Body Rights (UBR)- 2 Program

Unite for Body Rights (UBR) Project was initiated by Dutch Sexual and Reproductive Health & Right (SRHR) alliance funded by the Government of Netherlands is being 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 four years (January, 2016 to December, 2019).



#### The specific objectives of the project are:

- Increasing access to and quality of sexual reproductive health and rights (SRHR) education /Comprehensive Sexuality Education (CSE).
- Increased utilization of comprehensive SRHR services, targeted to youth and poor people.
- Creating an enabling environment for SRHR, within and outside communities through lobby and advocacy.

Under this project BAPSA is assigned to make the young people of Mymensingh Sadar Upazila aware on SRHR issues through different interventions in selected Schools/Madrasas and in the Community involving Teachers, Parents, Community leaders, Government officials and like minded NGOs. Youth volunteers termed as Youth Organizers played 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 2005, were 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 been proved to be an effective tool for sexuality education for the youths and adolescents.



A brief of the activities done by the organization within July, 2016 to June, 2017 are as follows:

Sl no	Activities	Target	Achievement
01	Train teachers on the implementation of the CSE (MMW) curriculum	28	28
02	Train teachers on the implementation of the NCTB curriculum	24	22
03	Train school teachers on psycho-social counseling	8	7
04	Coordination meetings with teachers	120	111
05	Orient Headmasters on Monitoring tools	60	53
06	Organize exhibitions on MMW	15	15
07	Meeting of Alumni Group students	480	326
08	Wall Magazine organize on MMW	790	790
09	Organize Quiz Competition	120	120
10	Implementing NCTB in School & Madrasa	30	30
11	Implementing MMW in School & Madrasa	30	30
12	Young People" attend in Courtyard meetings	180	120
13	MMW graduation in Youth Centre/community	160	80
14	Young people visit youth center	3200	5307
15	Youth Center Integrated in Schools	3	3
16	Train Youth Organizers to create awareness of the availability of YFSRHR services	40	20
17	Train service providers (UBR) to deliver YFSRH services	5	5
18	Organize Health Camps in School & Madrasa	30	26
19	Trained to young people to monitor quality of service	20	20
20	Set-up Referral Linkages		5
21	Organize meetings with community leaders, parents in Youth Centers & EDI	60	60
22	Day Celebration (International Women's Day, Menstrual Hygiene Management Day, World Population Day, International Youth Day, Violence Against Women Day)	6	6
23	Provide Clinical Services at YFS center and Health Camps:		
24	RTI/ STI		362
25	Limited Curative Care		1256
26	Counseling on Puberty		202
27	Counseling Others		1104
28	Psychosocial Counseling		55
29	Tele Counseling		23
30	ANC		52
31	PNC		5
32	Lab Test		394

## Chapter VII

### Nirapod-2: Saving Women from Unwanted Pregnancy and Unsafe MR

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 will empower women, men and adolescents to understand their rights in rural areas and garment factories. The project is working closely with communities, government officials, and the private sector to institutionalize activities and improve the enabling environment to empower adolescent girls and women in rural Bangladesh to freely exercise their right to safe MR and family planning. The project is 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 involve male groups, the wider community and local authorities to break the widespread culture of stigmatisation, which constitutes a barrier for reporting of VAW by victims.

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

Nirapod-2 project is rights based project and is also working together with communities and RMGs. The project is working in both rural and urban areas and working at the sub district, district, national and policy level. In rural areas Nirapod-2 will work directly with community people and local government at the ward and union level. In semi urban areas Nirapod-2 is working together with CSGs, NGOs (local and national), GoBs, local media and other stakeholders. For urban areas Nirapod-2 is working together with GoB, NGOs (National and International), development partners, and national media and RMG sectors.





## Objectives

The objectives of the project are as follows:

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

## Activities

The major activities of the project:

1. Conduct Capacity Development training to various Community Support Group Members (CSG) i.e. Female Community Support Group (FCSG); Community Adolescent Group (CAG-Both Girls and Boys), Male Community Support Group (MCSG) members, Teachers (School/College/Madrasha) Group Members	2. Disseminate project related information (Safe MR and MRM, Violence Against Women-VAW, Prevent Early Marriage, RTI/STI, HIV/AIDS, Puberty and Adolescent Health Related Information, Health Rights including other SRHR issues) to the women and men at reproductive age of the community as well as the Adolescents (Both Girls and Boys) of the Community through CSG Members.
3. Conduct quarterly courtyard session/assembly with the New CSG (FCSG, CAG, Male & Teacher) Members	4. Conduct half yearly courtyard session/assembly with the Old CSG (FCSG, CAG, Male & Teacher) Members
5. Publish bi-lingual Newsletter	6. Observe various National and International Days
7. Ward Level Awareness raising campaign to share the SRHR information including girls, boys and non-formal students.	8. Training for capacity development of project staff members on Financial management, SRHR, BCC, Monitoring and Evaluation etc. and participation in international conference
9. Conduct training on Right Base Approach (RBA) to the FWVS, SACMOs of GoB facilities.	10. Conduct training on Infection Prevention (IP) to the FWVS, SACMOs of GoB facilities
11. Conduct training on MRM to GoB Service Provider (FWV, Nurse, and SACMO (female).	12. Conduct training on MR to GoB Service Provider (FWV, Nurse, and SACMO-female)
13. Conduction of participatory Facility need assessment, Improvement and Renovation of UH & FWCs and MR corners of district hospitals	14. Advocacy meeting on SRH Product (Pill, Condom & Sanitary Napkin)/ basket product with stakeholders of GoB, NGO, SMC/ACME/Square at District and National level.
15. Half Yearly Advocacy meeting with key decision makers, formal and informal leaders, gatekeepers to ensure male's supportive role in prevention of unwanted pregnancy and promotion of safe MR/MRM	16. Organize monthly session/activism with Upazila Family Planning coordination committees and advocacy to include one male & one female member from CSGs.

17. Organize monthly session/activity with District Family Planning coordination committees and advocacy to include one member from CSGs.	18. Organize quarterly session with UH & FWC committees and advocacy to include one male & one female member from CSGs.
19. Disseminate MR/MRM & FP information through consortium partners own website and Maya.com website & Face Book.	20. Management Information System (MIS) development using Information Communication Technology (ICT).
21. Monthly Staff Meeting.	22. Conduct Annual planning workshop at central level.
23. Organize Half Yearly work plan review meeting at District level.	24. Organize quarterly Project Management Meeting with consortium partners.
25. Conduct baseline Survey.	26. Conduct Midterm evaluation and sharing meeting.
27. Conduct End line Evaluation	28. Conduct operational research on increasing awareness of and access to MR and FP for rural women and men, adolescents.

Target & Achievement are given below (June 2016 to July 2017):

Sl. No	Name of the activities	Target	Achievement	%
1	Conduct Local Level Media Campaign (Picture song-Pot)	12	12	100%
2	Number of women at reproductive age received project related information from Female Community Support Group (FCSG) members	149,040	143,827	97%
3	Conduct quarterly & Half Yearly courtyard session/ assembly with FCSGs	306	306	100%
4	Number of adolescent received project related information from Community Adolescent Group (CAG) members	20,400	19,811	97%
5	Organize quarterly courtyard and Half Yearly session/assembly with CAG	44	44	100%
6	Number of male received project related information from Male Community Support (MCSG) group members	18,720	17,629	94%
7	Organize quarterly Meeting of courtyard session/ assembly with MCSG	44	44	100%
8	Organize Half Yearly Meeting with NGO Managers/ Supervisors	4	4	100%

Sl. No	Name of the activities	Target	Achievement	%
9	Number of students received project related information from their teacher	4,320	4,508	104%
10	Organize quarterly Meeting with school/college/ madrasa teachers	32	32	100%
11	Publish bi-lingual Newsletter	30,000	30,000	100%
12	Ward Level Awareness raising campaign to share the SRHR information including girls, boys and non-formal students	149	149	100%
13	Training for capacity development of project staff members on Financial management, SRHR, BCC, Monitoring and Evaluation etc. and participation in international conference	7	7	100%
14	Establishment of Community Information Centre (CIC) on MR/MRM, FP, VAW and Early Marriage	65	65	100%
15	Half Yearly Advocacy meeting with key decision makers, formal and informal leaders, gatekeepers to ensure male's supportive role in prevention of unwanted pregnancy and promotion of safe MR/ MRM	30	24	80%
16	Organize monthly session/activity with District Family Planning coordination committees and advocacy to include one member from CSGs	60	53	88%
17	Organize monthly session/activism with Upazila Family Planning coordination committees and advocacy to include one male & one female member from CSGs.	229	181	79%
18	Advocacy meeting with the district level industries on SRHR (MR and FP) issues to ensure enabling environment in the industry premises	2	2	100%
19	Conduct baseline Survey	1	1	100%
20	Monthly Staff Meeting	24	24	100%

## Special Achievement

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 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 manpower provided by the hospitals have been trained and equipped by the Project. A total of 1,283 different reproductive health care services have been provided by the five corners. 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 (June 2016 to July 2017) is stated below:

District	MR Information			PAC Information								
	MR Client	MR Reject	MR Successful	Short term method			Long term method		Permanent method		Total	VIA (Visual Inspection with Acetic Acid) Test
				Con-dom	Pill	Inject-able	IUD	Im-plant	Liga-tion	NSV		
Noakhali	136	27	109	50	43	8	14	3	0	0	118	539
Laksh-mipur	227	24	203	38	84	127	39	19	23	0	0	744
Total	363	51	312	88	127	47	33	26	0	0	321	1,283

Nirapod-2 project, BAPSA a large number of the project volunteers, both male and female, are referring community men and women for different kinds of reproductive health care services, such as - short and long term family planning methods and also for permanent methods; MR, facility delivery, VIA test and RTI/STI services. Prevention of child marriage was also done by the community support group members along with the project staff. A total number of 10,099 Males and Females were referred by the CSG Members of Nirapod-2 Project, BAPSA to various Gob, NGO and Private clinics for receiving Health and Family Planning services during June 2016 to July 2017 is stated below:



**Referral Performance Record by CSG Members: Nirapod-2, BAPSA (June 2016 to July 2017)**

Division	District	Short Term Method	Long term method		Permanent method		MR	Preven-ting Early Marriage	Preven-ting VAW	Institu-tional Deliver y	VIA (Visual Inspection with Acetic Acid) Test	ST I/ RT I	Total	Where Clients are referred	Total	Grand Total
Chittagong	Noakhali	3,371	153	642	78	5	587	53	60	677	288	325	6,239	1. FWC	3,089	6,239
														2. UHC	938	
														3. MCWC	285	
														4. District Hospital	643	
														5. Marie Stopes Bangladesh (clinic)	54	
														6. BAPSA	56	
														7. FPAB	52	
														8. Other Clinics (NGO & Private)	616	
														9. Community Clinic	380	
														10.Thana/Police Station	45	
														11.Un ion Parishad	403	
Lakshmipur	1,302	221	441	33	1	390	12	18	512	465	465	465	3,860	1. FWC	1,692	3,860
														2. UHC	00	
														3. MCWC	601	
														4. District Hospital	682	
														5. Marie Stopes Bangladesh (clinic)	20	
														6. RHSTEP	96	
														7. FPAB	1	
														8. Other Clinics (NGO & Private)	479	
														9. Community Clinic	278	
														10.Thana/Police Station	912	
														11.Union Parishad	22	
Total :		4,673	374	1,083	111	6	977	65	78	1,189	753	790	10,099		10,099	10,099



## Important Events

Quarterly/Half Yearly Courtyard session/assembly with Various CSG (FCSG, MCSG, CAG & Teachers) Members: As a part of project activities Nirapod-2 Project, BAPSA organized Quarterly/Half Yearly Courtyard session/assembly with Various CSG (FCSG, MCSG, CAG & Teachers) Members. At those sessions concern Project Coordinators (PCs) with the active support of Program Officer (PO) and Asstt. Program Officer (APO) collected the related information of the CSGH members' disseminated quarterly/Half Yearly. Not only that PCs, APO and PO various SRHR related issues like- All Family Planning Methods, Safe MR/MRM (proper timing, proper place and proper service providers), Puberty, Adolescent Reproductive Health related Issues, Menstrual Hygiene, Early Marriage, Prevention of VAW, Health Rights etc. related issues. . 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.



**Chapter VIII****Establishing Adolescent Friendly Health Services (AFHS) in Zone II of Dhaka North City Corporation**

By signing the agreement on November 08, 2015, BAPSA has started work with Unicef under the Small Scale Fund Agreement (SSFA) partnership agreement. BAPSA has been established an 'Adolescent Friendly Health Service (AFHS) Centre' in Ward -5 under zone 2 of DNCC and this centre serves the adolescents with the help of Unicef from November, 2015 to meet the constantly growing demand of friendly health services by the adolescents. It was also identified that in Zone -2 there are many youth clubs and the adolescents and young people are gathering there for recreation and other purposes, but SRHR are less discussed and not prioritized.

**Overall Goal and objective of the project**

To create demand generation of Adolescent Friendly Health services through establishing Adolescent Friendly Health Services (AFHS) with the help of UNICEF. It would serve as model AFHS clinic for NGO as well as for public sector to provide quality health and counseling services to adolescent in ward 5 and ward 2 (partial) of Zone-II of DNCC, Mirpur. Moreover to Strengthened the Government Outdoor Dispensary and provide support to UPHCSDP for providing good quality of ASRH services including education among the adolescents.

**The purposes of partnership included**

- i) To increase networking of organizations and clubs/groups working with adolescents in zone 2 of DNCC to promote ASRHR which minimize duplication and maximize wider coverage through concerted effort of all organizations and groups;
- ii) To establish Adolescent Friendly Health Service (AFHS) Centre and create SRHR supporting enabling environment in the working areas;
- iii) To collaborate with other public, private and NGOs infrastructure for promotion of sustainable ASRHR (Adolescent Sexual and Reproductive Health & Rights) ;
- iv) To increase involvement of educational institution of the community to foster better understanding on ASRHR;
- v) To involve community level organizations, Adolescent clubs/groups and increase ASRHR knowledge and utilize them as advocate of ASRHR. This promotion by providing counseling and organizing awareness sessions and strong referral system has been created for providing health services through AFHS centers to be established with the help of UNICEF. It would serve as model AFHS clinic for NGO as well as for public sector.

**Main Activities were**

- Mapping of Available Facilities Offering AFHS in Zone II developed and disseminated with NDCC.
- Coordination Committee Meetings on AFHS held in NDCC of coordination meeting on AFHS with GO, NGOs, City corporation and Local authorities of influential Parents oriented on SRHR/AFHS Issues in project catchment areas.
- Orientation meeting with teachers & SMC members, Schools & Madrasha on SRHR Issue at ward -3 (partial) of Zone-II Dhaka.
- Essay / Quiz competition held in Secondary schools.

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





Target & Achievement for the period of July, 2016-November, 2016:

sl	Name of the activities	Target	Achievement	%
1	Organize Workshop/ Orientation with 60 teachers & SMC from three (3) high schools on SRHR Issue	2	2	100%
2	Organize one (1) Networking meeting with relevant organizations including school and college (20 persons)	1	1	100%
3	Printing & publication of substantial amount of IEC/BCC materials	1	1/2	50%
4	Organize counseling training on SRHR issues for counselor and others	1	1	100%
5	Provide Comprehensive Sexuality Education (CSE) through AFHS Center: Counselors will deliver CSE education.	20	20	100%
6	Provide help-line counseling services at AFHS	unlimited	184	
7	Limited Curative reproductive health Care services (Medicine, Blood grouping, sanitary napkin distribution etc) to adolescents at the AFHS center with free medicine.	750	520	69%
8	Provide basic computer training to selected adolescent boys & girls at the AFHS center	24	12	50%
9	Provide SRHR services & Counseling at Schools, other out of schools and small garments through Counselor/ Paramedics	5	5	100%
10	Provide SRHR services & Counseling at Adolescent Clubs (Formal/ Informal) through trained Counselor/ Paramedics/ Peer Educator	20 Sessions	16	80%
11	Campaign Program (Video documentary show, Rally, drama etc) on SRHR Issues with Adolescents.	2	2	100%

Target & Achievement for the period of Feb, 2017-June, 2017:

SI	Name of the activities	Target	Achievement	%
Act. 1.4	Organize Community influential Parents Meeting on SRHR Issues at project catchment areas.	02	02	100%
Act. 1.5	Orientation with 100 teachers & SMC from Five (5) high schools & Madrasha on SRHR Issue at ward -3 of Zone	02	02	100%
Act. 2.1.1	Staff joined and served at AFHS centre.	1	1	100%
Act.2.1.3	Capital Equipment and Center renovation.	By Unicef		100%

Act. 2.2	Session held at AFHS Centre to provide Comprehensive Sexuality Education (CSE) at AFHS Centre by Trained Counselors.	48 Session	48 Session	100%
Act. 2.3	Provide Limited Curative RH Health Care (Puberty related diseases, Malnutrition, Blood grouping, STI/RTI, Menstrual Management & Sanitary napkin distribution	1000 Adolescent	405 Adolescent	92%
Act. 2.4	Provide counseling on SRHR Issues by Help line (using cell phone) by Counselor during office hours.	800 Adolescent	710 Adolescent	88%
Act. 2.5	Adolescent boys and girls received basic computer training and tailoring training	12 Adolescent	11	01
Act. 2.6	Trained a group of adolescent as Peer Educator for conducting the SRHR sessions to their peer.	20 Adolescent	20 Adolescent	100%
Act. 2.8	Staff / DNCC staffs oriented on project activities.	02	02	100%
Act. 3.1	Outreach session conducted at Adolescent Club (Formal/ Informal) to provide SRHR services & Counseling at GOD/ NGO clinics / UPHCP Adolescent Clubs by trained Counselor/ Paramedics /Peer Educators.	02 Group, 6 Session)	01	01 (05 Session)
Act. 3.2	Satellite sessions held SRHR services & Counseling at Schools, other out of schools and small garments through satellite camp.	08 Satellite	8 Satellite	100%
Act. 3.4	Campaign Program on SRHR Issues with Adolescents within the project area.	02 Program	02 Program	100%
Act. 3.9	Print or reprint of IEC/BCC/ Register/Others/ Souvenir	1	1	70%
Act 3.10	Individual contact with adolescents by field staff.	1500 Adolescent	692	46%



## Chapter IX

## BAPSA 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 1 comprehensive reproductive by healthcare centre. It has been implementing TB Control Programme since 2001. Currently, BAPSA is providing TB services through 3 Microscopic and 9 DOTS centers. BAPSA is conducting different types of advocacy and social mobilization programs to raise awareness about TB in the community for early case detection and successful treatment outcome of TB cases (all forms).

## Objectives

- Target population under the DOTS.
- 93%TB Patients should be cured and treatment complete.
- 20% TB Patients achieved for last year.
- All TB Patients DOTS quality insures.

Orientation organized with different groups are given below:

Name	Target	Achieved
Cured TB Patients	75	79
Teachers	50	51
Pharmacists	50	47
Staff meetings	100	121
World TB Day observed	20	25

TB Case Finding Report July2016 to June 2017

Target	Achieved
599	596



## Chapter X

### Others Activities (Days Observation)

**World Population Day:** BAPSA, on July 11, 2016, celebrated the World Population Day. This day was observed with great fanfare. BAPSA participated in the rally organized by the MoHFW and the UNFPA. The entire BAPSA employee took part in the rally with colourful banner, festoons and placards with a festive mood. The theme of the day was Vulnerable population in Emergency. This is for the fourth time that BAPSA participated in the exhibition of IEC and BCC materials organized by the same ministry at Osmani Memorial Auditorium (Osmani Smriti Milanaitan), 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' with special attention. Hands Up for HIV Prevention is the theme of World AIDS Day, 01 December, 2016. Different discussion sessions were organized at BAPSA Centers to mark the day. The main objective of all the discussions was to create awareness among the mass people to prevent HIV/AIDS.



**Victory Day:** BAPSA also celebrate the Victory day 2016 of Bangladesh with the collaboration with Mirpur Baddhabhumi & Jolladkhana under the Ministry of Liberation. The adolescent of BAPSA were participated there.

**International women Day:** BAPSA observed the International Women's day and the theme was: "Women in the Changing World of Work: Planet 50-50 by 2030" BAPSA actively participated in the on the day. Rally and different discussion sessions were organized at the BAPSA Center premises to mark the day.



**Independence Day:** BAPSA also celebrate the Independence day 2017 of Bangladesh with the collaboration with Mirpur Baddhabhumi & Jolladkhana under the Ministry of Liberation. The adolescent of BAPSA were participated there.

**World Health Day:** In April, 2017, BAPSA observed the World health day with the theme of: "Depression: Let's Talk". In this day, BAPSA organized Rally, discussion sessions to aware mass about the prevention of diabetes.



**Bangla Happy New Year:** BAPSA observed a very colorful festival of Bangla Happy New Year 1424 on April 14, 2017 at Hazaribag UPHCSDP office. DD of Family Planning, Programme Manager of UPHCSDP, Director of BAPSA was Present there. By this program BAPSA show off the Bengali culture. A very fantastic cultural event was organized by the adolescent of BAPSA.

**Safe Mother Day:** BAPSA celebrated the Safe Motherhood day-2017 at its all clinics. The theme of the day was “ Want Safe Motherhood Let’s Go Health Center” The day was observed to create awareness among the mothers and also the women of reproductive age including adolescents because many of them lack the appropriate knowledge and importance of ANC, PNC and TT during the pregnancy. To mark the day, different discussion sessions were organized and the medical officers participated. The community women also participated in the discussion sessions and they appreciated such endeavor at the community.



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

Sl	Name of the Day	Date	Theme
01.	World Population Day	July 11, 2016	Family Planning: Empowering People, Developing Nations
02.	World AIDS Day	December 01, 2016	Hands Up for # HIV Prevention
03.	Victory Day	December 16, 2016	
04.	International Women’s Day	March 08, 2017	Women in the Changing World of Work: Planet 50-50 by 2030
05.	Independence Day	March 26, 2017	
06.	World Health Day	April 07, 2017	Depression: Let’s Talk’
07.	Bangla Happy New Year	April 14, 2017	
08.	Safe Motherhood Day	May 28, 2017	Want Safe Motherhood Let’s Go Health Center

## Chapter XI

## 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

#### Improving SRHR Situation and Establishing Youth Friendly Services Center.

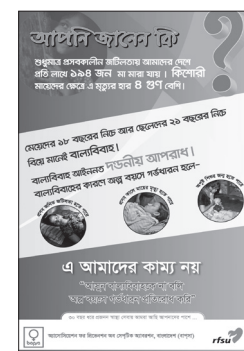
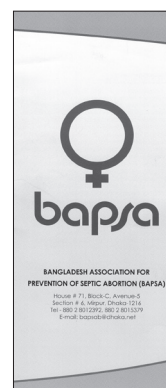
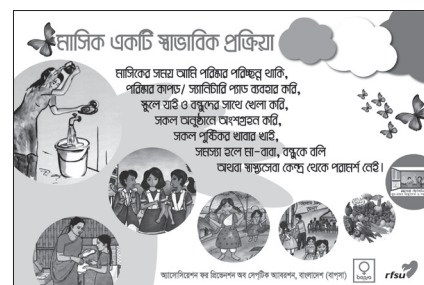
- Poster on Early Marriage
- Poster on SRHR Rights
- Poster on Youth Friendly Services Center
- Leaflet on Youth Friendly Services Center
- Flip chart on SRHR Rights

#### 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

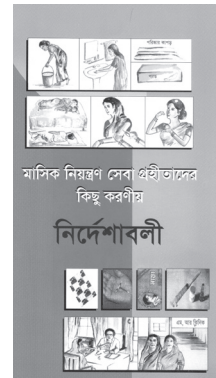
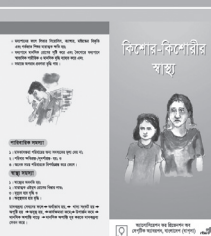
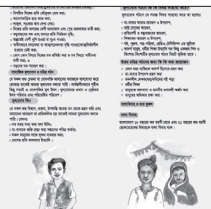
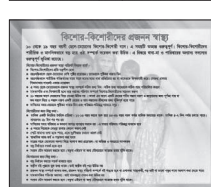
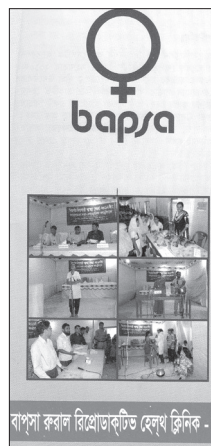
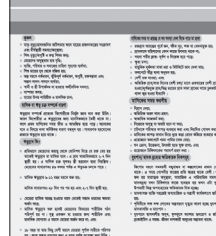
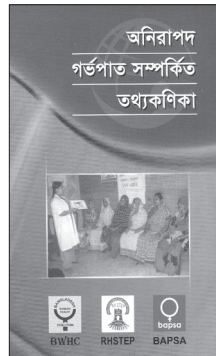
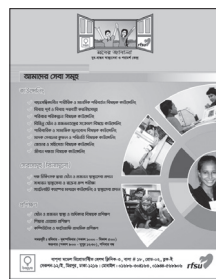
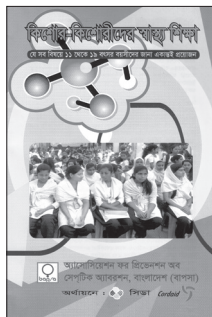
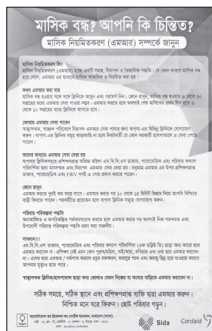
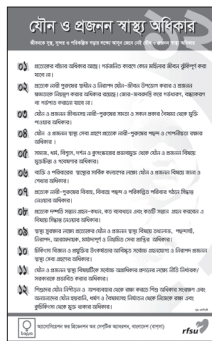
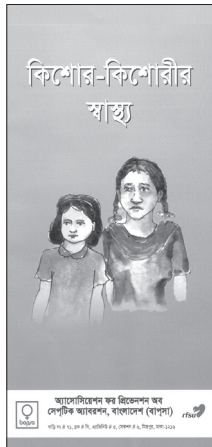
#### Saving Women from Unwanted Pregnancy and Unsafe MR

- 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



## Chapter XII

## Executive Committee of BAPSA

Sl	Name	Designation	Qualification	Profession
1.	Prof. (Retd.) A.K.M. Anowar-ul Azim	President	M.B.B.S., FCPS (Pak), FICS, FACS, FCPS (Bang.)	Ex. Prof. & Head of OB/GYN, Dhaka Medical College Hospital
2.	Mrs. Mahnur Rahman	Vice-President	Master of Social Welfare, U.S.A.	Ex. Director, Khulna Division, NIPORT, MoHFW
3.	Prof. (Retd.) Kohinoor Begum	Secretary General	M.B.B.S., FCPS	Ex. Prof. of OB/GYN, Dhaka Medical College Hospital
4.	Prof. (Retd.) Afzalunnessa	Treasurer	M.B.B.S.	Ex. Prof. of Anaesthesiology, Bangabandhu Medical College Hospital
5.	Dr. Sabera Rahman	Member	M.B.B.S.	Ex. Director, MFSTC, DG/FP
6.	Mrs. Begum Tahmina	Member	M.A.	Social Service
7.	Dr. M. Kabir	Member	Ph.D.	Ex. Prof. of Deptt. of Statistics, Jahangirnagar University
8.	Dr. Nilufar Nahar	Member	Ph.D.	Ex. Head of the Deptt. of Social Welfare, Notre Dame College
9.	Mr. Jamil Hussain Chowdhury	Member	M.A., M.Ph.	Private Service
10.	Dr. Md. Murtaza Majid	Member	M.B.B.S., M.Ph.	Private Service
11.	Mr. Mohammad Delwar Hussain	Member	M.A.	Social Service



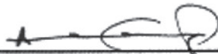
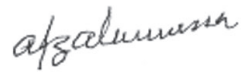

## Chapter XIII

## Financial Statements

**ASSOCIATION FOR PREVENTION OF SEPTIC ABORTION, BANGLADESH (BAPSA)**  
**CONSOLIDATED BALANCE SHEET**  
**AS ON 30 JUNE, 2017**

	Notes	Amount in Taka	
		30-Jun-17	30-Jun-16
<b><u>PROPERTY &amp; ASSETS</u></b>			
Fixed Assets	3.00	16,094,697	7,965,639
Loan & Advances	4.00	-	-
FDR	5.00	8,442,694	11,787,706
Cash and Bank Balance	6.00	34,287,178	41,502,537
Advance	7.00	84,880	-
		<b><u>58,909,449</u></b>	<b><u>61,255,882</u></b>
<b><u>FUND AND LIABILITIES</u></b>			
General Fund	8.00	58,393,525	57,349,331
Payable to SIDA		-	-
Accrued Expenses	9.00	515,924	1,007,657
Provision for Income Tax	10.00	-	2,898,895
		<b><u>58,909,449</u></b>	<b><u>61,255,882</u></b>


The accompanying notes form an integral part of these financial statements.

		
Executive Director	Treasurer	Deputy Director (F&A)

As per our separate report of even date annexed.

Dated, Dhaka  
28 November 2017



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

## Chapter XV

### Glossary

ADB	Asian Development Bank
ADCC	Additional Director of Clinical Contraception
AFWO	Assistant Uapzilla Family Welfare Officer
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-natal Care
AUFPO	Assistant Upazilla Family Planning Officer
BAPSA	Association for Prevention of Septic Abortion, Bangladesh
BCC	Behaviour Change Communication
BMRC	Bangladesh Medical Research Council
CAG	Community Adolescent Group
CDM	Community Dialogue Meeting
CEI	Clients Exit Interview
CHCP	Community Health Care Provider.
CHT	Chittagong Hill Tract
CRHCC	Comprehensive Reproductive Health Care Center
CSG	Community Support Group
DDFP	Deputy Director, Family Planning
DGFP	Directorate General of Family Planning
DGH	Directorate General Of Health
DOTs	Direct Observation Treatment short course
EC	Executive Committee
ECP	Emergency Contraceptive Pill
EKN	Embassy of the Kingdom of the Netherlands
EOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
ESP	Essential Service Package
FCSG	Female Community Support Group
FDG	Focus Group Discussion
FP	Family Planning
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWC	Family Welfare Center
FWV	Family Welfare Visitor

GFATM	Global Fund to Fight Aids ,Tuberculosis and Malaria
GI	Guttmacher Institute
GOB	Government Of Bangladesh
HIV	Human Immune deficiency Virus
ICT	Information and Communication Technology
IDI	In-depth Interview
IEC	Information, Education and Communication
IP	Infection & Prevention
IUD	Intra Uterine Device
KII	Key Informant Interview
LARC	Long and short Acting Reversible Contraceptives
LCC	Limited Curative Care
LMP	Last Menstrual Period
MCH	Maternal and Child Health
MCH&FP	Maternal Child Health and Family Planning
MC-RH	Maternal Child and Reproductive Health
MCSG	Male Community Support Group
MCWC	Mother and Child Welfare Centers
MDG	Millennium Development Goal
MIS	Management Information System
MOHFW	Ministry of Health and Family Welfare
MOLGRD&C	Ministry of Local Government and Rural Development
MMR	Medical Menstrual Regulation
MR	Menstrual Regulation
MRHC	Model Reproductive Health Clinic
MWRA	Married Women and Reproductive Age
NGO	Non-Government Organization
NGOA,B	NGO Affairs Bureau
NTP	National Tuberculosis Program
OB/GYN	Obstetrics and Gynecology
PAC	Post Abortion Care
PAP	Project Advisory Panel
PHCC	Primary Health Care Centre
PMDUP	Prevention of Maternal Death from Unwanted Pregnancy
PNC	Post-natal Care
RBA	Right Base Approach
RFSU	Swedish Organization for Sexuality Education



RH	Reproductive Health
RHSTEP	Reproductive Health Services Training and Education Program
RRHC	Rural Reproductive Health Clinic
RTI	Reproductive Tract Infection
SAAF	Safe Abortion Action Fund
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
UHC	Upazila Health Complex
UHFPO	Upazila Health and Family Planning Officer
UH&FWC	Union Health and Family Welfare Center
UNO	Upazila Nirbahi Officer
UNFPAm	United Nations Fund for Population Activities
UPHCSDP	Urban Primary Health Care Service Delivery Project
USA	United State Of America
VAW	Violence Against Women
VIA	Visual Inspection of Cervix with 5% Acetic Acid
YFS	Youth Friendly Service





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

House # 6/3, Block-D, Borobagh, Section-2  
Mirpur, Dhaka- 1216, Bangladesh  
Phone No:-9012400, 9032392  
E-mail: bapsabd82@gmail.com  
Website: bapsa-bd.org