



ANNUAL REPORT

2020
2021



Association for Prevention of Septic
Abortion, Bangladesh (BAPSA)



ANNUAL REPORT

JULY 2020-JUNE 2021

bapsa

ASSOCIATION FOR PREVENTION OF SEPTIC
ABORTION, BANGLADESH (BAPSA)

MESSAGE FROM THE PRESIDENT



On behalf of Association for prevention of Septic Abortion, Bangladesh (BAPSA), we would like to thank our development partners: Swedish Sida, EKN, ADB, Guttmacher Institute, Ipas, Bangladesh, RFSU, GFATM & Brac for their support and cooperation. Currently, BAPSA runs 07 different projects and all these are being supported by the development partners. BAPSA is also implementing Urban Primary Health Care Service Delivery Projects and the project is being supported by the LGRD&C of the Government of Bangladesh and Asian Development Bank (ADB). All the current projects of BAPSA are working for improving the quality of SRHR services in urban and rural areas of Bangladesh emphasizing the improvement of 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 as rendered 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 40 years back in early 1982, as a pioneer organization to combat unsafe abortion in the country. The capacity of BAPSA as one of the leading organizations in SRHR is a fact well known in Bangladesh. The organization is currently delivering SRH services in selected areas, providing and coordinating skill training of GO/NGO providers on SRHR, conducting research on MR, abortion and issues pertinent to SRHR, and advocating with policy makers for promoting the quality of service through adoption of requisite policy and regulatory measures and sensitizing the community on the consequences of unsafe abortion.

BAPSA is exclusively working with the urban and rural adolescents. Considering the growing demand of SRHR information and services, BAPSA provides reproductive health care services and information in all its clinics and acts as a centre of excellence for adolescents. The Youth Friendly Service Centre is attached to its Head office 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, GFATM, SAAF and Ipas for providing us with the opportunities to provide uninterrupted services to the underserved urban and rural population of the country.

The management got immense support and guidance from the Executive Committee of BAPSA on a regular basis. BAPSA is thankful to RHSTEP for providing support and cooperation for implementing Safe MR Project jointly. Finally, I am indebted to all my colleagues and staff as without their all-out supports 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

The Association for Prevention of Septic Abortion, Bangladesh (BAPSA), was established in 1982 – by a group of reputed OB/GYN specialists/ social workers, under the leadership of late Professor Syeda Firoza Begum, to combat maternal mortality from unsafe abortion.

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 SRHR through research initiatives.

MAIN ACTIVITIES OF BAPSA

SRH SERVICES

SKILL
DEVELOPMENT

ADVOCACY

DEMAND
GENERATION

RESEARCH

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).

INTRODUCTION

This annual report covers the period from July 2020 to June 2021. But some of the projects are of different periods. BAPSA has been providing SRHR services both at clinics and non clinical settings to the vulnerable urban and rural population including adolescents.

Table - 01: This report covers activities from the following projects

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 Projects-II (UPHCSDP-II)	Bangladesh Government and Asian Development Bank	<ul style="list-style-type: none"> • PA-2 of DSCC and PA-4 of DNCC • PA -2 of KCC
Ipas Supported Projects: <ul style="list-style-type: none"> • Emergency Response for Availability and Accessibility of Quality MR, PAC Service for Rohingya Refugees in Bangladesh • Improving Sexual and Reproductive Health and Rights of Women and Girls in Fragile and Crisis Settings 	Ipas, Bangladesh	<ul style="list-style-type: none"> • Cox's Bazar
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	ARROW	<ul style="list-style-type: none"> • Barishal • Borguna

CHAPTER –I

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

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

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

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

OBJECTIVES

The objectives of the project are to:

- I. improve access to MR and PAC services;
- II. improved availability of SRHR services to youth and adolescents;
- III. generate increased demands for SRHR services among the catchments area population;
- IV. strengthening advocacy and policy dialogue to create 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.

OUTCOME

- Outcome-1: Improved Skills of Service providers for SRHR services.;
- Outcome-2: Improved capacity of the consortium in SRHR program management.
- Outcome-3: Increased access to quality SRHR services for women, adolescents and men;
- Outcome-4: Enhanced knowledge of the women and adolescents in the project areas to make informed choice pertaining to their sexual and reproductive health needs;
- Outcome-5: Strengthened monitoring, Research, Evaluation and Documentation processes in the consortium.
- Outcome-6: Strengthened advocacy and social networking initiatives for improving SRHR situation.
- Outcome-7: Sustainability of the consortium improved.



Table - 02: Target & Achievements of Safe MR Project of BAPSA. Period: July 2020 to June 2021

SL. NO	NAME OF THE ACTIVITIES	TARGET	ACHIEVEMENT	%
01.	Refresher MR Training	30	15	50%
02.	Staff Capacity Development Training	38	20	53%
03.	MR Related Services	18,501	10,290	56%
04.	MR Counseled	7,545	4,318	57%
05.	MR Procedure	7,120	4,127	58%
06.	Management of abortion related complicated cases (PAC)	730	398	55%
07.	Follow-up visit of PAC Clients	110	144	131%
08.	Contraceptive Services (Post MR Clients)	4,127	4,104	99%
09.	Contraceptive Services (Non MR Clients)	24,056	10,285	43%
10.	Management of side effects of Contraceptive service	2,226	879	39%
11.	Provide Safe Motherhood Support to Women Clients	14,674	12,508	85%
12.	Antenatal Care	7,988	7,707	96%
13.	Provision of TT to Pregnant/Non-Pregnant Women	2,640	2,878	109%
14.	Delivery	984	344	35%
15.	Post-natal care	3,062	1,568	51%
16.	Management of OB/Gyn. Problems	20,679	11,157	54%
17.	Screening and identifying of cervical cancer through Paps. Smear test, Via test in clinics	1,974	902	46%
18.	Provide Limited Curative Care (LCC) Support to Clients	46,778	25,288	54%
19.	Blood test & Urine test	17,520	12,962	74%
20.	Ultra sonogram	8,382	6,239	74%
21.	Door to Door Visit (Marketing Clients for Services)	44,100	37,073	84%

NON-CLINICAL ACTIVITIES

Based on the past experience, BAPSA under this project carried out the following non-clinical activities. These activities are closely related with the improvement of M.R. program and prevention of unsafe abortion in the country.

Table - 03: Performances of Non-Clinical Activities

		SEPTEMBER 2020 TO OCTOBER 2021		
		TARGET	ACHIEVEMENT	%
01.	Workshop/Seminar/Meeting/Fair			
	Divisional/District level Workshop with MR Services Providers/Front line FP workers and others	2	2	100%
	Seminar/Workshop/Discussions with Garments Authorities	6	5	83%
	Seminar/Workshop with Community Support Group (CSG)	6	4	67%
	Workshop/Seminar on Adolescent Reproductive Health	6	6	100%
	Workshop/Seminar on M.R. Program and Unwanted Pregnancy	6	6	100%
	Network Meeting with Stakeholder/Like-minded organization	6	6	100%
	Organize Adolescent Fair in the Catchment Area	3	-	0%
02.	Maintaining Liaison and Organizing for M.R. Training			
	Organize Training for FWV/SACMO/ Paramedics/ Nurse	50	43	86%
	Organize Refresher Training for FWV/Paramedic	40	29	73%
03	Community Volunteer/ Peer educator Training	60	56	93%
04	Refresher Training for FWV/ Paramedic	30	15	50%
05.	BCC/Advocacy			
	Door to Door Visit (Marketing Clients for Service)	44,100	37,073	84%



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. BAPSA participated in this project since November, 1999 and is continuing till to date. After successful completion of previous phases, the current project has started in April, 2018 and will continue up-to March, 2023. The Asian Development Bank (ADB) has granted a soft loan and the Government of Bangladesh is also the co-financer of this project. The Local Government Division of the Ministry of Local Government Rural Development and Cooperatives is the Executive Agency for the Project and the Project is being implemented through the Health Departments of the City Corporations and Municipalities. Currently, the project is being implemented in 10 City Corporations and 34 Municipalities of the country. The performances of the project are being evaluated by the Project Implementation Unit (PMU), UPHCPSPD-II. At least 30% of the services are provided free of cost to the ultra-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 ARE AS FOLLOWS:

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

BAPSA is currently providing primary health care services in three Partnership Areas (PAs): i) PA-2, Dhaka South City Corporation (DSCC), ii) PA-4, Dhaka North City Corporation (DNCC), iii) PA-2, Khulna City Corporation. The project locations with basic information are shown below:

Sl no	PA area	Location of the PA	Wards covered	Total population	# of CRHCC	# Of PHCC	# Satellite Clinics
01	PA-2	DSCC	30,31,32, 33,34, 35,43	330254	01	06	56
02	PA-4	DNCC	6,7,8,	384533	01	04	60
03	PA-2	KCC	16,17,18,21,23, 25,26	205176	01	06	60

TARGET POPULATION

The essential target populations are urban poor, small factory workers, transport workers, small business men and disadvantaged adolescents and their partners and other people of low-income group. As mentioned earlier, the aim of such services is to reduce the risk of maternal death and neonatal death among these groups. The target population and the manpower of the PAs is given below separately:

THE PA WISE TARGET POPULATION

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

PA WISE MANPOWER

Name of the PA	Female	Male	Total
Partnership Area-2, DSCC	97	35	132
Partnership Area-4, DNCC	78	23	101
Partnership Area-2, KCC	102	31	133
Total	277	89	366

- Wards Covered -17 by all three PAs
- Primary Health Care Centers -16
- Comprehensive Reproductive Health Care Centre(CRHCC) -03
- Satellite Clinics organized -188
- Total Manpower: 366
- Doctors :38
- Nurses:12
- Paramedics: 80 (included base and satellite clinics).

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 Light of Service is for Everyone). 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 services;
- Management and Control of STI/RTI;
- BCC on HIV/AIDS, STI and RTI; and
- Communicable Disease Control.

Table - 05: Clinical Service: Service Name & Achievement (July 2020 to June 2021)

Sl. No		Target	Achievement	%
01.	Training/workshop /Seminar name	21	14	67%
02.	Number of Participants	574	152	26%
03.	Duration	22	20	91%
04.	MR Counseled	2486	2120	85%
05.	MR Procedure	2486	1887	76%
06.	MR Rejection	12	0	0
07.	Anti -D Injection	12	2	16%
08.	Management of MR Complication	680	71	10%
09.	Follow-up visit of MR Clients	1759	966	55%
10.	Management of abortion related complicated cases (PAC)	680	82	12%
11.	Counseling for FP service	23645	24378	103%
12.	Pill	11900	13960	117%
13.	Condom	7931	9983	126%
14.	Injectable	8639	10167	118%
15.	IUD	585	280	48%
16.	Implanant	816	474	58%
17.	Vasectomy	280	89	37%
18.	Tubectomy	202	104	51%
19.	ECP	200	16	8%
20.	Management of side effects of Contraceptive service	780	877	112%
21.	Antenatal Care (ANC)	51780	48022	93%
22.	Provision of TT to Pregnant/Non-Pregnant Women	15476	16562	107%
23.	Delivery	4229	2202	52%
24.	Post-natal care	13880	13432	97%
25.	Management of OB/Gyn. Problems	6420	6972	106%
26.	Screening and identifying of cervical cancer through Via test in clinics	300	244	81%
27.	Provide Limited Curative Care (LCC) Support to Clients	258762	239722	93%
28.	Immunization	37831	56022	148%
29.	TT for Clients other then Pregnancy	11292	9472	84%

Sl. No		Target	Achievement	%
30.	Primary Eye Service	500	1254	251%
31.	Adolescent Health Service	24145	21106	87%
32.	Red Card Service	101932	71912	71%
33.	NVD	2280	1216	53%
34.	CS	720	518	75%
35.	Blood test	42330	41699	99%
36.	Urine test	60639	60594	103%
37.	Ultra sonogram	2462	1939	79%
38.	Door to Door Visit (Marketing Clients for Services)	169899	154447	91%





CHAPTER – III

IPAS SUPPORTED PROJECTS

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

As part of providing safe MR, PAC and FP services, Ipas Bangladesh with the support of UNFPA, decided to enhance the knowledge of the Rohingya Population regarding sexual and reproductive health through reproductive health care service. The service providing organizations targeted 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. Ipas, Bangladesh, involved BAPSA as its proven successful partner in other projects for the last 12 years. BAPSA provided support in implementing the 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. BAPSA engaged 65 Service Providers (Paramedics) providing Family Planning (FP) MR and PAC services at 31 facilities.

OBJECTIVES OF THE PROJECT WERE TO

1. Build the capacity of 180 Midwives through onsite support and clinical mentoring on providing contraceptive and MR/PAC services.
2. Facilitate training on counseling, Infection Prevention, MR, PAC and FP services, IUD and Implant service, 2nd Trimester PAC in different batches for 112 service providers including Physicians and Mid-Level Providers (MLP);
3. Work on increase community awareness including male involvement for SRH care seeking through SBCC by involving Islamic Foundation, DGFP, RRRC & camp administrative officials, key gatekeepers and influential (Imam and Majhees) and SRH stakeholders with support of Ipas.
4. Ensure proper management of impress fund for providers providing LARC services to FDMN as per agreed policy and guideline with Ipsa support.
5. Mentoring support to service providers by 2 Clinical Mentors 3 MLP, Mentors according to need basis on site/ over phone.
6. Support Ipas BD for training Implementation, data collection and logistics management.
7. Aware Community regarding Safe MR, PAC and FP through involving CHW of other stakeholders and establish linkage with community.

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 & Long Acting Reversible Contraceptive
- Provide counseling training on FP, MR and PAC Services
- Provide FP, MR and PAC Services

Table - 056 Program Achievement & Progress as per Target

Activity	Target/Goal (July'20- June'21)	Achievements (July'20-June'21)	Remarks
Experience learning, sharing on imprest fund implementation by SRH partners	01 batch	01 batch	100%
Experience learning, sharing on imprest fund implementation by UNFPA partners	08 Batch	08 Batch	100%
Counselling training on MR and PAC Services for Paramedics	62 MLP	62 MLP	100%
Comprehensive Training on FP, MR & PAC services	14 MLP	14 MLP	100%
Training on LARC	9MLP	9MLP	100%
Imprest Fund Orientation	38MLP Govt. participants 10	38MLP Govt. participants 10	100%
Implant training for doctors	17 Doctors	17 Doctors	100%
Field facilitator training for community linkage	13 Field facilitator	13 Field facilitator	100%
Webinar 2 nd tri-PAC management	2 batch Participants-Senior consultants. Professors, medical officers, Intern Doctors, Nurse, Midwives	2 batch Participants-Senior consultants. Professors, medical officers, Intern Doctors, Nurse, Midwives	100%
Midwives' assessment on MR,PAC and FP services	188 midwives	188 midwives	100%
2 days Orientation on MR, PAC and FP services	89 midwives	89 midwives	100%
CHW orientation on FP services	582 CHW	582 CHW	100%
Capacity building of imam, majhi CIC OFFICE FOR PROMOTING FP message and male engagement	209 imam/Majhi	209 imam/Majhi	100%
Information sharing with CIC and other stakeholders	244 Other stakeholders	244 Other stakeholders	100%

Table - 07: Service Provided: During (July 2020- June 2021)

Activity	July'20-June'21
No of Sites:	20 sites up to December-2020 but now we are working in 25 facilities from January-2021.
No of Service Providers:	20 Service providers were provided services and from January 2021, 27 service providers including two mentors are working in the camps.
Menstrual Regulation (MR)	4837
Post Abortion Care (PAC)	1702
Post Abortion FP	5016
Pill	28436
Condom	3353
Injectable	16685
IUD	1376
Implants	845

II. IMPROVING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN AND GIRLS IN FRAGILE AND CRISIS SETTINGS

This is another project of Ipas, Bangladesh and is being supported by UNFPA to provide FP, MR and PAC services with GBV case management (identify victim, explore service need, provide MR/PAC & FP service if needed and refer as per victim's requirement) and capacity building. Needless to mention, BAPSA is a longtime partner of Ipas, Bangladesh in implementing similar projects and extensively experienced in implementing MRM, MR-PAC and Family Planning training programs in its own clinical set up and with Ipas-supported other projects in Cox's Bazar. Ipas, Bangladesh, therefore, decided to make BAPSA a trusted partner in this project.

BAPSA explored several options to build and ensure providers' confidence and competence: holding didactic, model practice and clinical practice components for training at all supported facilities and besides it included:

- Competency based providers training
- Need based provider follow up
- Rights-based approach
- Values clarification and attitude transformation (VCAT)
- Capacity building on Gender Based Violence and Survivor trauma



centered care.

Objectives of the projects:

- To build capacity of 06 project service provision on MR, PAC and FP including GBV component.
- To build capacity of 08 doctors of partner NGOs on MR, PAC and FP with GBV component.
- To support other Ipas supported intervention sites and providers if required.
- To support Ipas project coordinator in organizing and conducting onsite orientations on VCAT, SCC & GBV for facility staff and community workers.

Objective wise activities:

- To build skill capacity of 06 service providers, BAPSA continuously monitored their activities and provided support to their needs.
- 18 Doctors got training on Implanon
- Ipas, Bangladesh and BAPSA Project coordinator also provided on onsite orientation on Value Clarification and Attitude Transformation (VCAT) about GBV and monitoring to improve the facility activities.

Table - 08: Service Based Performance

MR with MVA	27	Oral Pill	9213
MR with Medicine	652	Condom	641
Total MR	935	Injectable	3636
PAC	256	IUD	90
Post Abortion FP Service	891	Implanon	454

CHAPTER –IV

NFM TB CONTROL PROGRAM

BAPSA has been implementing TB Control Program since the year 2000. 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 on TB control in the community for early case detection and successful treatment outcome of all forms of TB cases. Between July 2020 and June 2021, a total of 775 TB Cases (all forms) were diagnosed and treatment provided in the BAPSA Centres.

The program has taken special initiatives to strengthen referral linkages with private practitioners for enhancing case findings and ensuring treatment. BAPSA observes world TB Day 24 March every year.

Objectives:

- Every year new patients identified 221 per 100,000 Population.
- All TB Patients bring under the DOTS.
- 93%TB Patients cured and treatment completed every year.
- Quality service is insured to all the TB Patients.

Table - 9: Case detection and outcome: (July 2020 to June 2021)

Patients Report

Positive	Negative	EP	Relapses	Child	MDR	Remarks
301	146	346	70	50	6	

Presumptive Report

Microscopy	Positive	X-ray	Gene-X pert
1814	112	1654	711

Treatment Outcome

Treatment	Treatment Success	Treatment Success rate	Remarks
507	498	98.22	



CHAPTER—V

CLAIMING THE RIGHT TO SAFE ABORTION: STRATEGIC PARTNERSHIP IN ASIA

In 2018, ARROW initiated the project “Claiming the Right to Safe Abortion: Strategic Partnership in Asia” funded by RFSU. The Project aims to facilitate and strengthen capacities to improve engagement and ensure rights around access to safe abortion services and access, including post- abortion care in five countries in the South Asian and South-East Asian regions with national partners namely: Bangladesh (Naripokkho), India (CommonHealth), Nepal (Beyond Beijing Committee (BBC), Cambodia (Reproductive Health Association Cambodia (RHAC)) and the Philippines (Women’s Global Network on Reproductive Rights (WGNRR). The Association for the Prevention of Septic Abortions Bangladesh (BAPSA) was a resource partner in this initiative and now in this extended phase, BAPSA is implementing a short assignment in order to address the problems identified in the base-line findings conducted by Naripokkho and BAPSA jointly. This initiative has been proposed to implement at multiple levels: sub-national, national, and regional and international ones.

More specifically this work aims to:

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



Claiming the Right to Safe Abortion project’s all staffs monthly meeting after new recruitment



Orientation on MRM in others events of BAPSA

Table - 10: Activities wise achievement

#	Event/ Activity	Target Event	Achievement	%	Target People	Achievement		Total	%
						M	F		
1.	Provisioning quality MRM services by BAPSA clinics through specialized counseling services in 03 clinics of BAPSA.	3 clinics	3 clinics	100%	MRM Counseling -900,		844	844	93%
				100%	MRM/MR services = 450		221	221	49%
				100%	PAC Services =800		370	778	46%
2	TOT on MRM to Doctors including New Sub-District	1.0	1	100%	6 persons	4	1	5	83%
3	Training on MRM for FWVs/ Paramedics/ Counselor/Nurse in New Sub-District	1.0	1	100%	16		15	15	94%
4	Orientation on MRM to front line workers in New Sub-District	2. 30 per batch 0		100%	60 persons	10	39	59	98%
5	Orientation on MRM for Drug sellers including New Sub-District	10.0	10	100%	200	195	5	200	100%
6.	Networking Meeting on SAIGE with concern stakeholders	1.0	Organized together by the approval of Donor	100%	23		23	23	100%
7.	Dialogue with MRM committee and other doctors association	1.0		100%	20	15	14	29	68%
8.	Campaign on MRM	3.0	3.		90	90		93	103%
	Information on MR & MRM	No target					426	6769	4195
	MR Services Provided by FWV's	No target						103	103

CHAPTER –VI

OTHERS ACTIVITIES (DAYS OBSERVATION)

Table - 11: Days observed by BAPSA: At a glance

SL. NO	NAME OF THE DAY	DATE	THEME
01.	World Population Day	July 11, 2020	Impact of the COVID-19 pandemic on fertility.
02.	World AIDS Day	December 01, 2020	Global solidarity, shared responsibility.
03.	Family Planning Week	December 06 to 12, 2020	
04.	Victory Day	December 16, 2020	
05.	International Women's Day	March 08, 2021	Women in leadership: Achieving an equal future in a COVID-19 world.
06.	World TB Day	March 24, 2021	The Clock is Ticking.
07.	Independence Day	March 26, 2021	
08.	World Health Day	April 07, 2021	Building a fairer, healthier world
09.	Safe Motherhood Day	May 28, 2021	Stay at home during Coronavirus, Keep mother and newborn safe from Coronavirus.

CHAPTER – VII

PRODUCTION OF IEC/BCC MATERIALS

আমার জ্ঞানার অধিকার আছে!
আমি জানতে চাই!!
আমি জানতে চাই!!

কনস্টিটিউশনাল
সার্বিক ও
মানসিক
পরিবর্তন

শত্রু ও
সম্পদ

শেখ হাসিনার ও
অধিপত্য

কো-পুত্র
সমতা

এক নারী
এক

এক ও
জ্ঞানার অধিকার

এক ও জ্ঞানার অধিকার

শিয়ার এডুকেশনাল জন্ম

যুব-বান্ধব স্বাস্থ্য শিক্ষা সহায়িকা

(যা ১০-১৪ বছর বয়সীদের জন্য প্রযোজ্য)







শিক্ষা
মন্ত্রণালয়
গণপ্রজাতন্ত্রী বাংলাদেশ



rfsu

আপনি জানেন কি?

শুধুমাত্র প্রসবকালীন জটিলতায় আরও বেশ
 রাত্তি লম্বা **১৯৪ জন** মা মরছে যায়। **কিশোরী**
 মায়ের ক্ষেত্রে এ মৃত্যুর হার **৪ গুণ** বেশি।

মেয়েদের ৯৮ বছরের নিচ আর ছেলেদের ২৯ বছরের নিচ
 বিয়ে হচ্ছেই বাল্যবিবাহ।

বাল্যবিবাহ আইনত **দণ্ডনীয় অপরাধ**।
 বাল্যবিবাহের কারণে অল্প বয়সে দর্ভাধর হন-

১৯৮০ সাল থেকে ১৯৮৫ সাল



১৯৮৫ সাল থেকে ১৯৯০ সাল



১৯৯০ সাল থেকে ১৯৯৫ সাল



এ আমাদের কাম্য নয়

“অসুস্থ প্রসবিকারক মা”কে
 “অসুস্থ প্রসবকালীন নারীকে” বলা হবে

এই সময় তার কোনো কিছু নেই তার কেউ মা নয় তার শিশু -



আন্তর্জাতিক মহা মহিলাদের দিবস প্রতিষ্ঠা করেছিল, বাংলাদেশ (১৯৮৫)



rfsu

[illegible]

CHAPTER –VIII

FINANCIAL STATEMENT

Association for Prevention of Septic Abortion, Bangladesh (BAPSA)
Consolidated Balance Sheet
As at 30 June 2021

Property & Assets	Notes	Amount in Taka	
		2020-2021	2019-2020
Fixed Assets	3.00	17,691,717	18,834,485
Fixed Deposit Receipts (FDR)	4.00	19,101,190	17,890,587
Cash & Cash Equivalent	6.00	27,131,756	14,235,490
UPHC Sustainability Fund	7.00	15,803,105	15,803,105
Loan & Advance	19.00	6,660,199	6,470,439
Margin Against PG No.-73/2019	5.00	2,200,000	2,200,000
Receivable from Sida through RHSTEP	14.00	-	7,557,009
Advance Deposit and Prepayments	8.00	690,017	1,456,982
		89,277,984	84,448,097
Fund & Liabilities			
Fund	9.00	77,589,262	70,874,368
Accrued Expense	10.00	952,429	1,153,352
Bank Interest	17.00	2,591,905	2,574,538
Long Term Loan	12.00	6,825,358	8,621,584
Deferral Interest	12.04	13,526	121,736
Provision for Income Tax	18.00	-	128,830
Payable for Staff Salary	20.00	1,305,504	648,656
Payable to BAPSA PF	21.00	-	325,033
		89,277,984	84,448,097

Note: The annexed notes form part of these accounts


 _____ Executive Director	 _____ Treasurer	 _____ Deputy Director (Finance & Accounts)
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As per our separate report of even date annexed.

G Kibria & CO.
Chartered Accountants
Firm Registration Number: N/A

Dhaka
25 May 2022




Mohammad Showket Akber FCA, Partner
Enrolment Number : 970
DVC : 2205250970AS475113

Association for Prevention of Septic Abortion, Bangladesh (BAPSA)
Consolidated Summary of Income and Expenditure Accounts
For the Year ended 30 June 2021

	Notes	Amount in Taka	
		2020-2021	2019-2020
Income			
Grant/Donation	13.00	156,740,519	211,447,428
Income from Services	15.00	40,139,473	31,363,114
Others Income	16.00	2,237,120	10,190,409
Bank Interest	17.00	50,567	229,249
Bank Interest on FDR	11.00	1,418,606	468,533
Contribution Received from SRHR service Charge	34.00	15,767,140	-
Contribution Receivable	14.00	-	7,557,009
		216,353,425	261,255,742
Payments of Expenditures			
Pay & Allowances :	25.00	151,792,477	181,796,472
Program/ Activity Cost:	26.00	4,656,380	10,986,937
Utilities, News Papers & Periodicals	27.00	4,359,720	3,685,504
Contingency/Direct Cost	28.00	25,222,804	26,592,491
Traveling, Supervision & Monitoring	29.00	2,469,930	2,162,614
Meeting	30.00	38,997	605,263
Overhead Cost	31.00	1,027,640	2,996,879
Office Accommodation	32.00	3,476,509	2,149,472
Others Cost	33.00	11,366,234	12,694,753
Training	35.00	3,738,653	7,291,304
Compensation to BAPSA PF	21.00	-	561,285
Contribution to Overhead Fund	24.00	277,894	-
Fixed Assets Purchases		391,463	12,115,561
Depreciation Expense	3.00	1,142,769	1,051,559
Payment for non operational Expense		209,961,470	264,690,094
Income over Expenditure transferred to Fund Account		6,391,955	(3,434,352)

Note: The annexed notes form part of these accounts





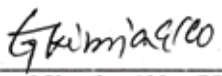
Executive Director Treasurer Deputy Director
 (Finance & Accounts)

As per our separate report of even date annexed.

G Kibria & CO.
 Chartered Accountants
 Firm Registration Number: N/A

Dhaka
 25 May 2022




Mohammad Showket Akber FCA, Partner
 Enrolment Number : 970
 DVC : 2205250970AS475113

Association for Prevention of Septic Abortion, Bangladesh (BAPSA)
Consolidated Receipt and Payment Accounts
For the Year ended 30 June 2021

	Notes	Amount in Taka	
		2020-2021	2019-2020
Receipts			
Opening Balance		14,235,490	39,098,629
Cash in Hand		297,737	737,703
Cash at Bank		13,937,753	38,360,926
Grant/Donation	13.00	164,297,528	211,447,428
Contribution Received from SRHR service Charge	34.00	20,591,670	-
Advance Deposit and Prepayments	8.00	181,755	-
Income from Services	15.00	40,139,473	31,363,114
Others Income	16.00	2,237,120	10,190,409
Office Rent Advance		-	11,400
Bank Interest	17.00	344,045	567,388
Long Term Loan	12.00	3,000	7,838,105
Loan Account	19.00	18,450,833	66,776,271
Bank Interest on FDR	11.00	1,418,606	468,533
Receive for Staff Pay & Allowances	20.00	3,619,387	4,007,960
FDR Encashment	4.00	-	13,317,116
Total Receipts		265,518,907	385,086,353
Payments for Operational Expense			
Pay & Allowances	25.00	151,316,834	180,869,722
Program/Activity Cost:	26.00	4,654,502	10,920,137
Utilities, News Papers & Periodicals	27.00	4,359,720	3,685,504
Contingency/Direct Cost	28.00	25,222,804	26,494,991
Traveling, Supervision & Monitoring	29.00	2,461,430	2,136,609
Meeting	30.00	38,997	605,263
Overhead Cost	31.00	952,640	2,643,441
Office Accommodation	32.00	2,736,009	2,149,472
Others Cost	33.00	11,233,984	12,564,753
Training	35.00	3,738,653	7,291,304
Benevolent Fund	22.00	-	1,219,688
Payment for non operational Expense		206,715,573	250,580,884
FDR	4.00	1,210,603	17,890,587
Fixed Assets Purchases		391,463	11,677,612
Long Term Loan	12.02	1,799,226	8,231,032
Accured Expenses	10.00	660,867	2,817,338
Contribution to Safe MR Project	34.00	4,824,530	-
Advance Deposit and Prepayments	8.00	291,526	413,047
Deferral Interest (April+May, 2020)	12.04	108,210	-
Paid Staff Pay & Allowances	20.00	2,962,539	3,359,304
Payable to BAPSA (PF)	21.00	325,033	236,252
Donor Fund Refund	23.00	179,094	1,188,536
Margin Against PG No.-73/2019	5.00	-	2,200,000
Contribution to Overhead Fund	24.00	277,894	-
Loan Account	19.00	18,640,593	72,256,271
Payments		238,387,151	370,850,863
Closing Balance		27,131,756	14,235,490
Cash in Hand	6.01	351,174	297,737
Cash at Bank	6.02	26,780,582	13,937,753
Total Payments		265,518,907	385,086,353

Note: The annexed notes form part of these accounts

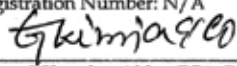

Executive Director


Treasurer


Deputy Director
(Finance & Accounts)

As per our separate report of even date annexed.

G Kibria & CO.
Chartered Accountants
Firm Registration Number: N/A


Mohammad Showket Akber FCA, Partner
Enrolment Number : 970
DVC : 2205250970AS475113

Dhaka
25 May 2022



GLOSSARY

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

MCSG	Male Community Support Group
MCWC	Mother and Child Welfare Centers
MDG	Millennium Development Goal
MIS	Management Information System
MOHFW	Ministry of Health and Family Welfare
MOLGRD&C	Ministry of Local Government and Rural Development
MMR	Medical Menstrual Regulation
MR	Menstrual Regulation
MRHC	Model Reproductive Health Clinic
MWRA	Married Women and Reproductive Age
NGO	Non-Government Organization
NGOA,B	NGO Affairs Bureau
NTP	National Tuberculosis Program
OB/GYN	Obstetrics and Gynecology
PAC	Post Abortion Care
PAP	Project Advisory Panel
PHCC	Primary Health Care Centre
PMDUP	Prevention of Maternal Death from Unwanted Pregnancy
PNC	Post-natal Care
RBA	Right Base Approach
RFSU	Swedish Organization for Sexuality Education
RH	Reproductive Health
RHSTEP	Reproductive Health Services Training and Education Program
RRHC	Rural Reproductive Health Clinic
RTI	Reproductive Tract Infection
SAAF	Safe Abortion Action Fund
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 Toxoid
UCEP	Under Privilege Children Education Program
UFPO	Upazila Family Planning Officer
UFWC	Union Family Welfare Center
UHC	Upazila Health Complex
UHFPO	Upazila Health and Family Planning Officer
UHFWC	Union Health and Family Welfare Center
UNO	Upazila Nirbahi Officer
UNFPA	United Nations Fund for Population Activities
UPHCSDP	Urban Primary Health Care Service Delivery Project
USA	United State Of America
VAW	Violence Against Women
VIA	Visual Inspection of Cervix with 5% Acetic Acid
YFS	Youth Friendly Service



**Association for Prevention of Septic
Abortion, Bangladesh (BAPSA)**

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