ANNUAL REPORT

42 Years of our SRHR Journey

2022-2023

Association for Prevention of Septic Abortion, Bangladesh (BAPSA)

Annual Report

July 2022- June 2023

Association for Prevention of Septic Abortion, Bangladesh (BAPSA)

Message from the President

On behalf of Association for Prevention of Septic Abortion, Bangladesh (BAPSA) we would like to thank our development partners: Sida, Government of Bangladesh, ADB, Guttmacher Institute, Health Bridge Canada, Ipas, Bangladesh, GFATM through BRAC, and ARROW. Currently BAPSA runs 07 different projects and all these are being supported by the development partners. All the current projects of BAPSA are working for improving the quality of SRHR services in urban and rural areas of Bangladesh. BAPSA is emphasizing for improving the adolescents reproductive health and rights in the country. We also would like to express our deep appreciation to NGO Affairs Bureau, DG Health and DGFP of MOHFW for their continuous support and co-operation to BAPSA.

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

Dr. Sabera Rahman

President, BAPSA

Message from the Executive Director

Association for prevention of Septic Abortion, Bangladesh (BAPSA) started its journey, 41 years back, in early 1982, as a pioneer organization to combat unsafe abortion in the country. BAPSA's focus area is Sexual Reproductive Health & Rights (SRHR). BAPSA is providing quality services primarily targeting the slum dwellers, garment workers, low and lower-middle income groups and disadvantaged urban and rural population. The one of the important aims of the organization is to achieve sustainability by offering quality reproductive health care services to the women and the girls of urban and rural areas of Bangladesh. Another focus area of BAPSA is working exclusively with the urban and rural adolescents and considering their growing demand of RH services, BAPSA offering these services through it all clinics and especially established a Youth Friendly Service Centres in Mirpur Area of Dhaka City. BAPSA actively working in collaboration with other stakeholders, right based organizations, Civil Society Organizations (CSOs), and networking with international organizations and NGOs. This is 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, Guttmacher Institute, ADB, and GFATM, Ipas and ARROW 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 guidance and invaluable advices for improving the management and project implementations including the financial management.

BAPSA is thankful to RHSTEP for providing support and cooperation in implementing the Safe MR (SRHR) project jointly funded by Sida.

Finally, I am deeply 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

CONTENTS	Page

About BAPSA

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

Vision:

The cardinal vision of BAPSA is to create

"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

Legal Status:

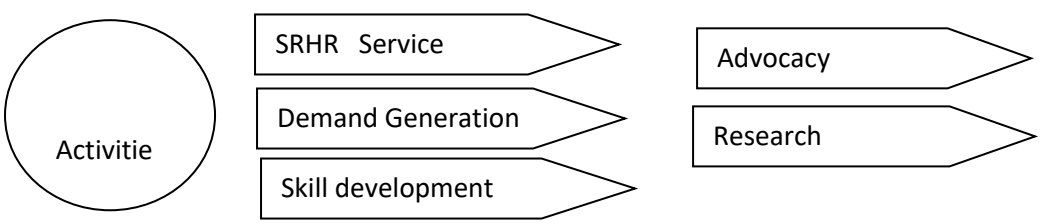
BAPSA is registered with

The Directorate of Family Planning (Reg. # DFP/MIS/83/90/220 dated, 10-04-94,

Department of Social Welfare (Reg. # Dha - 08987, dated, 27-12-11

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

Main Activities of BAPSA:



Introduction

This annual report covers the period from July 2022 to June 2023. BAPSA is currently 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:

Sl. no	Project Name	Location	Staff	Project Activities	Supported by
01.	Sexual Reproductive Health and Rights Program Focusing on Safe MR and Reduction of Unsafe MR in Bangladesh.	▪ Dhaka ▪ Gazipur ▪ Noakhali	87	Clinical Service, Advocacy, Awareness, Skill Development	Swedish Sida
02.	Urban Primary Health Care Service Delivery Project (Two Partnership Areas in Dhaka City and One Partnership Area in Khulna City)	▪ PA 2, DSCC, Dhaka ▪ PA 4, DNCC, Dhaka ▪ PA 2, KCC, Khulna	366	Clinical Service, Advocacy, Awareness, Skill Development	Asian Development Bank, Government of Bangladesh
03.	Emergency Response for Availability and Accessibility of Quality MR, PAC Service for Rohingya Refugees in Bangladesh. (Through Ipas, Bangladesh and funded by UNFPA).	• Ukhia, Cox's Bazar • Bhasanchar, Noakhali	100	Service & Training	Ipas Bangladesh
04.	Improving Sexual and Reproductive Health and Rights in Dhaka.	• Dhaka	37	Awareness, FP & MR related service, Training	Health bridge of Canada
05.	BAPSA Integrated TB care and prevention Program.	• Dhaka South City Corporation	18	Provide DOTS & Microscopy Services	GFATM
06.	Claiming the Rights to Safe Menstrual Regulation Strategic Partnership in Asia.	• Dhaka • Noakhali	02	Awareness	ARROW
07.	A study on Menstrual Regulation and Post Abortion Care among Rohingya Refugees in Bangladesh.	▪ Cox's Bazar ▪ Ukhia	05	Research	Guttmacher Institute, USA

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 Sida.

GOAL

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

PURPOSE

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

OBJECTIVE(s):

The objectives of the project are to:

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

Major performances of the project during the Reporting period

- 19 FWVs/Nurses / Medical Assistants received refresher training on FP/MR/MRM/PAC.
- 32 Staffs Provided Capacity Development Training
- 2757 MR clients Served
- 3010 Post MR Contraceptive Services provided
- 7767 Contraceptive Services provided (Non MR Clients)
- 520 clients received services for contraceptive side effects
- 10051 Safe Motherhood Support provided.
- 9925 clients received treatment for OB/Gyn. Problems
- 722 via test conducted for screening and identifying of cervical cancer
- 26865 Limited Curative Care (LCC) Support provided
- 17915 Pathological service provided.
- 37,985 Door to Door Visit conducted
- 9145 Poor Patient treated

Non-Clinical Services

BAPSA carried out some of the non-clinical services those are closely related with the improvement of M.R. program and prevention of unsafe abortion in the country. The non-clinical activities are as follows:

Table-4: Non-Clinical Performance:

		July 2022 to June 2023		
		Target	**Achievement**	**%**
01.	**Workshop/Seminar/Meeting/Fair**			
	Seminar/Workshop/Discussions with Garments Authorities	4	4	100%
	Workshop/Seminar on Adolescent Reproductive Health	2	2	100%
	Workshop/Seminar on M.R. Program and Unwanted Pregnancy	2	2	100%
	Seminar on Violence Against Women (VAW) & GBV	3	3	100%
	Networking Meeting with Stakeholder/Like-minded organizations	3	3	100%
	Organize Adolescent Fair in the Catchment Area	1	1	100%
02.	**Maintaining Liaison and Organizing for M.R. Training**			
	Organize Training for FWV/SACMO/ Paramedics/Nurse	25 (person)	19	76%
	Organize Refresher Training for FWV/Paramedic	20(person)	20	100%
03	**Door to Door Visit (Demand generation and marketing))**	45,000	37,958	84%

Adolescent Health Fair

For developing understanding and modern outlook among the adolescents on SRHR, BAPSA organized many activities during this reporting period under this project. Adolescents fair was one of these activities. This Year 'Adolescent Health Fair' was organized in Kingshuk Participatory High Schools on December 22, 2022. The main objective often fair was to raise awareness on SRHR issues during adolescence, encourage positive health practices and to organize health education through amusement among adolescents and their gate-keepers. Each fair boasted of fairly elaborated display of BCC materials. Besides, to make the adolescents familiar, there were stalls in each fair to display cheap and available fruits, vegetables and other nutritious foods vital for the physical and mental development of the adolescents. Each fair began its activities with several events such as discussion of health related different important issues for the adolescents, debate on different prescribed health topics and issues :child marriage, necessity of health awareness during adolescence, negative impact of drugs on health and on family. Competition on writing essay and poems on health issues, reciting poems, art competition, health quiz contest, and dress as you like were arranged. Music, dance, Jarigan, group dramas on health issues were also staged in the fair as a competitive basis. The winners were rewarded. More than 200 adolescents were present in the fairs along with teachers, parents, and they were found very active.

Chapter –II

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

Background

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

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, which will contribute to achieve the outcome. The specific objectives are:

(i) Ensure the delivery of quality PHC services to urban populations-the project will ensure Essential service delivery package (ESD+) focused maternal and child health in urban areas, Particularly for the poor;

(ii) Improve accessibility (financial and physical) to PHC services in the urban areas covered by

The project;

(iii) Increase the utilization of PHC services by the urban poor, especially women, new-born and children

(iv) Strengthen institutional arrangements for the delivery of PHC services in urban areas;

Increase capacity of the Urban Local Bodies (ULBs) to ensure the delivery of PHC services,

according to their mandate; and

(v) 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.

Our Approach:

Our approach has been driven by the organizations overall mission, vision and values with a holistic approach to poverty reduction and empowerment of the poor**.** We aim to improve reproductive, maternal, neonatal, and child health and nutritional status, reduce vulnerability to communicable diseases, combat non-communicable diseases, and enhance the quality of life. We have combined preventive, promotive, curative and rehabilitative health services to reach the poor, disadvantaged, socially excluded, and heard to reach populations. Our integrated service delivery model utilizes our frontline health workers and health centers, connecting them with public and private health facilities to improve access, coverage, and quality of health services at the individual, community, and facility levels.

Association for Prevention of Septic Abortion, Bangladesh (BAPSA) has been implementing Urban Primary Health Care Service Delivery Project since November, 1999. Until August, 2018, BAPSA was working in Partnership Area-3 of Dhaka South City Corporation and since 2019, BAPSA is working in three Partnership Areas in three City Corporations. The project locations are given below:

Name of the PA	Location of the PA	Wards covered	Total Population	Name & address of The CRHCC	Name & address of The PHCC	Satellite Clinic Number
Partnership Area-2	Dhaka South City Corporation(DSCC)	30	21484	Nagor Matri Shodon 51, Kasaituli, Banshal Lane, Dhaka – 1100.	Nagor Shastho Kendro # 1, House # 47, Nolgola, Imamgonj, Dhaka – 1100.	08
		31	39377		Nagor Shastho Kendro # 2, House # 15, Begum Bazer, Dhaka – 1100.	10
		33	76798		Nagor Shastho Kendro # 3, House # 26, Majed Sarder Road, Dhaka – 1100.	09
		34	59747		Nagor Shastho Kendro # 4, House # 25/1 Aga Sadek Road, Dhaka – 1100.	08
		35	34010		Nagor Shastho Kendro # 5, House # 76 Malitola Road, Dhaka – 1100.	11
		43	45183		Nagor Shastho Kendro # 6, Farashgonj, Imamgonj, Lalkuthi, Dhaka – 1100.	10
Partnership Area-4	Dhaka North City Corporation(DNCC)	06	87434	House #J-2/A, Extension Pallabi, Mirpur,Dhaka -1216	House No#A-09,Road NO#6,Arambag R/A, Section-7,Mirpur,Dhaka	12
		06	76336		House #J-2/A, Extension Pallabi, Mirpur,Dhaka-1216	12
		07	109512		House #01,Road #05,Block#H, Mirpur,Dhaka-1216	12
		08	111251		Shahid Commissionar Saedur Rahman Nagar Shasths Kendro , Block-F, Road#6, Mirpur-1,Dhaka-1216	12

					House No#A-09,Road NO#6,Arambag R/A, Section-7,Mirpur,Dhaka	12
Partnership Area-2	Khulna City Corporation(KCC)	16,	29213	Ward no-22, SK Abdul Kader Len, 2 No Custom Ghat.	Hazi Faiz Uddin Cross Road, Aziz Mor, Choto Boyra, Khulna, PHCC-1	12
		17	33163		Sonadanga Moilapota, Pourocolony, Khulna, PHCC-2	12
		18,	27896		Goborchaka Road, Beside Khalashi Madrasa, Khulna PHCC-4	12
		21, 23	34013		Ward no -21, Sir Iqbal Road, Golocmony Shishupark, Khulna Sir Iqbal Road, Golocmony Shishupark, Khulna PHCC-50	12
		25	21274		Boshupara besite Kobor Staner PHCC-3	12
		26,	21011		Shere Bangla Road, Amtola Borobari, Khulna PHCC-6	12

Table of PA wise Manpower:

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

Major areas of Services:

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

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

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

Target Population:

The target population include: urban poor, small factory workers, transport workers, small business men and disadvantaged adolescents and their partners and other low -income group of population. The PA wise target population is given below:

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

Clinical Service: Service Name and Achievement (July 2022 to June 2023):

Sl No	Service Name	PA4,DNCC		PA 2 DSCC		PA2 KCC		Total	
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
01.	FP service	23500	23649	23376	30384	14857	19208	61733	73241
02.	MR Procedure	700	745	960	652	750	799	2410	2196
03.	Follow-up visit of MR Clients	700	745	960	652	799	799	2459	2196
04.	Management of abortion related complicated cases (PAC)	60	181	60	25	15	12	135	218
05.	Antenatal Care	18731	21204	21000	21204	12600	13411	52331	55819
06.	TT to Pregnant/Non-Pregnant Women	1957	7117	8640	11031	3200	3709	13797	21857
07.	Delivery (Normal)	1080	1084	1080	345	720	403	2880	1832
08.	Delivery (c/s)	360	398	360	341	420	491	1140	1230
09.	Post-natal care	4162	5688	4200	5878	5600	6085	13962	17651
10.	Paps. Smear & Via test	200	284			110	112	310	396
11.	Limited Curative Care (LCC)	36061	36282	30600	48210	32000	34407	98661	118899
12.	Immunization	15000	38522	20000	25312	8129	11176	43129	75010
13.	Primary Eye Service	20	170	120	170	300	258	440	598
14.	Adolescent Health Service	7200	8305	14500	15408	10080	9993	31780	33706
15.	Child Nutrition	433	23274	1200	1167	1200	1513	2833	25954
16.	RTI/STI	3400	5363	3560	7541	1200	1798	8160	14702
17.	Red Card Service	65000	104096	79500	79250	55000	56023	199500	239369
18.	Blood test	6596	9138	9840	27076	18000	16736	34436	52950
19.	Urine test	2000	6091	21840	19472	4500	4910	28340	30473
20.	Ultrasonogram	360	476	1440	870	1200	1023	3000	2369
21.	Door to Door Visit	60000	120000	180000	180000	240000	260000	480000	560000

Neonatal and Child Health Care: UPHCSDP-II Project of BAPSA provided neonatal and child health care services through 118107 primary health care centres and Comprehensive Reproductive Health Care Centres. Besides counselling services were provided to the clients about neonatal care, exclusive breast feeding and Acute Respiratory Infections of the new-born babies. The project also provided primary health care services and necessary treatment for neonatal and children.

Adolescent Care: The program focuses on adolescents' reproductive health and their physical and mental development. Adolescents are imparted with knowledge on their reproductive health and education on puberty, safe sexual behaviour and how to avoid health risk including STD/HIV/AIDS. Also advices on proper nutrition and hygiene and information and assessment of various services were provided. The services provided to the adolescent are: TT vaccination; free Iron tablet distribution, and blood grouping and other services for combating malnutrition and reproductive health related issues for the girls. Counselling and awareness sessions were also organized in this regards. By the all PA of BAPSA a total of 33706 adolescents was served during the reporting period.

Nutrition Services: A range of services about nutritional counselling, prevention of malnutrition and ensuring food supplementation for mother, children and adolescent based on findings from BMI as well as growth monitoring chart for under five children were provided. During this period 25954 malnourished children were identified. In this period UPHCSDP distributed nutrition supplementation of them.

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

Behavior Change Communication: Awareness development on health related issues and creating sustained demand for health services are the main objectives of the BCC activities. The PAs of BAPSA involves Service Promoters, Field Supervisors for organizing BCC activities. They are promoting intensive BCC activities in the project areas. The main aim of such activities is to inform the community people about the availability of ESP services at the PHCCs and CRHCCs and also other information such as Pathological services, treating of eye services by conducting door-to-door visit, organizing court-yard discussion sessions, and displaying different type of educative materials-flipchart, posters, booklets for educating and informing the community people in a very effective manner. Meetings with pregnant mothers are being organized regularly in the Project areas. The purpose of such meeting is to motivate the mothers for coming to CRHCC for antenatal check-ups and also for clinical deliveries. They are informed about the consequences of home deliveries and advantages of clinical deliveries. By the Pas a total of 96546 population were covered by the BCC activities.

Field based Work

Field based health and awareness and Door to door visit: One to one counselling is very much effective for awareness as well as ensures the services. For these 64 field workers visit door to door and raising awareness among the mothers and family about ANC, PNC, hospital delivery, delivery plan, child health care and imparting other health related information. They refer the patients to PHCCs and CRHCCs for health services. During this reporting period by the three PA's of BAPSA, a total of 560,000 Clients were conducted directly by the field functionaries of BAPSA.

Activities of the Satellite Clinic: Every month, 218 Satellite Clinics are being organized in the slum areas and also to some difficult areas of BAPSA run-Pas, are being served by SCs. These clinics are run by Paramedics and supported by the field workers and helps to establish good referral linkage with the Primary Health Care Centres and Maternity Centre.

Free Service for Red Card Holder: This project has a provision to provide at least 30% full free service by each category of services. The red card holders and their family members are being received free treatment in all components with necessary medicines. In this year the red card holders received 239,369 services from the PHCCs and CRHCCs of the Pas.

Service Week: To promote the services the project observed service week from 23 to 28 April'2023 at Comprehensive Reproductive Health Care Centers (CRHCCs). During this week, Breast cancer Screening was conducted and diet counseling was provided for underweight and overweight mothers, children and diabetics patients.

School based Awareness Program: Adolescence is the period of physical, psychological and social maturation from childhood to an adult. Adolescents complete their physical, psychological and emotional journey to adulthood in a world that contains both opportunities and dangers. Adolescents are at risk of early and unwanted pregnancy. They are not aware of contraceptives.

Chapter-III

Emergency Response for Availability and Accessibility of Quality FP, MR and PAC services in Rohingya Refugees in Bangladesh

BAPSA is working a project : Emergency Response for Availability and Accessibility of Quality FP, MR and PAC services. This project is being supported by Ipas Bangladesh through UNFPA. Under this project 29 SBCC Camp Officers in 32 Camps (including Bhasan Char) are currently working. In the camps FP, MR & PAC services are considered to be a most essential reproductive health care services.

The SBCC team working under the guidance of the Project Manager (PM) and the Deputy Project Manager (DPM) to carry out all the activities: Meetings/ Trainings/ Orientations according to the project plan. It was observed that a good number of participants were present at all events organized from **July, 2022-June, 2023**. BAPSA's efforts proved that it is not difficult to change negative perceptions on FP, MR & PAC issues in the camps where the displaced Rohingyas are living. All the meetings/Trainings were successfully organized. All CiCs requested to continue the project activities in all camps for ensuring Family planning, MR & PAC awareness and services. Some of the results of SBCC activities of the camps of Ukhiya, Teknaf & Bhasan Char are presented below.

Working Area of SBCC Team:

Ukhiya: Kutupalong RC, 1E, 1W, 2E, 2W, 3, 4,4Ex. 6, 7, 8E, 8W, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20/20Ex, 21

Teknaf: 22, 24, 25, 26, 27, Noyapara RC,
#Bhasan Char.
Summary reports are following which we have achieved.

Performance from July, 2022-June, 2023:

No	Name of event	Target	Achievement	Male Participants	Female Participants	Total
1.	Training on Family Planning messages for CHWs from different stakeholders of 25 UNFPA supported Camps (20 Participants for One day duration)	**87**	**87**	**354**	**934**	**1288**
2	Meeting with Majhi's in CiC Office by involving Imam of relevant camps for promoting FP message and for male engagement.	**84**	**89**	**1831**	**12**	**1843**
3	Training / Refresher training on Family Planning Messages for CHW Supervisors from different stakeholders	**08**	**06**	**69**	**37**	**106**
4	Training of Imam of FDMN community on Family Planning messages through five structured team consist of Imam's of Islamic Foundation and SBCC Monitoring Officer.	**48**	**80**	**1664**	**00**	**1664**

Best Practice of SBCC Team Activities

- Coordination with Camp in Charge for Need Assessment and events approvals
- Stakeholders Communication at UNFPA Supported 25 Camps
- Training to CHWs & Follow up accordingly
- Coordination with Islamic Foundation
- Continuous communication with CHW supervisor, Imam & Majhi
- Interpersonal communication with NGOs
- Provide respective facilities' & Provider's name to CHW, Imam, Majhi, Volunteer,
- Attending at Male engagement events (Formal/ informal).
- Helping Majhis to arrange Courtyard Session
- Participating at Morning Session with CHW
- Enhance FP knowledge of CHW to facilitate them the home visitation to individually/ Jointly
- Focus Family Planning in the Light of Islam
- Remove the prejudice/Stigma against family planning among Imams.
- Helping Majhis to talk about male engagement for keeping small family
- Support to SMS Team, FDMN Imam
- Planned Monitoring visit

Innovation of SBCC Team

- ✓ Majhis are supporting voluntarily and participating in SBCC program
- ✓ Identify and listed the best performed CHW/ CHV/ CHNW (Bhasan Char)
- ✓ Participation in 20 types events to make aware on FP, MR, PAC services
- ✓ At Community level SBCC officers are the focal person.
- ✓ Imams discuss on FP in Friday Sermon and provide follow-up visits

- ✓ Performance Analysis & step forward to improve
- ✓ SBCC Camp Officer collect data from health partners in 5 Camps
- ✓ Small meeting at mosque on FP issues
- ✓ Support to arrange special Campaign on FP through Provider which information spread SBCC team in CiC office, Coordination Meeting, Health Sector Meeting & Imam- Majhi-CHW.
- ✓ Created a strong team with Islamic Foundation Bangladesh & Host Communities' Imam.
- ✓ Engagement with protection team for client referral
- ✓ Counselling new Couple before marriage ceremony

Major Achievement from FDMN Imam Training since July 2022:

- Most of Rohingya Imams in camps are showing positive attitudes to Ipas approaches and giving importance to those quotes from Family Planning in Light of Islam.
- Portion of FDMN Imams are spreading & given messages to their communities especially through Friday sermon.
- A good bridging between Host and Rohingya Imams created and both are drawn together to work to address the issues
- Rohingya Imams are supporting SBCC activities through collaborating and supporting orientations including engagement.
- Stigma related to FP services appears to have reduced drastically specially incidences related to stigma about FP Issues compared to previous situations as community are aware of the quotes from holy book.

Major Achievement from CHW Training since July 2022:

- In Past CHW Supervisors didn't support but now supporting enthusiastically after receiving the training and built rapport with SBCC team.
- CHWs are now well conversant about the FP messages and understanding and emphasizing the contents in their regular works.
- Following the reviewing the referrals it was found that the CHWs are referring more clients for FP, MR PAC services from the community.
- Clients are now aware of the FP services at facilities including Short & LARC methods.
- CHWs have developed confidence in counseling and maintaining regular attachment with SBCC team after receiving the training.
- Most of the CHWs previously had prejudice about MR and PAC but their perceptions have been changed after Ipas training. Previously CHWs also felt shy to discuss SRH issues with their own community, however, now they do it easily.
- CiCs are encouraging collaboration among other sectors with FP services and now they are referring FP clients for services
- Collaboration between Majhi and Imams developed centering FP services.
- Partners from other NGOs are not only involved in the field but also given opportunities for providing counseling, which increases the diversity and effectiveness of the interventions.
- Religious teachings have been incorporated into FP education and awareness efforts, which has helped to address religious bigotry in the community

Chapter – IV

Improving Sexual and Reproductive Health and Rights in Dhaka

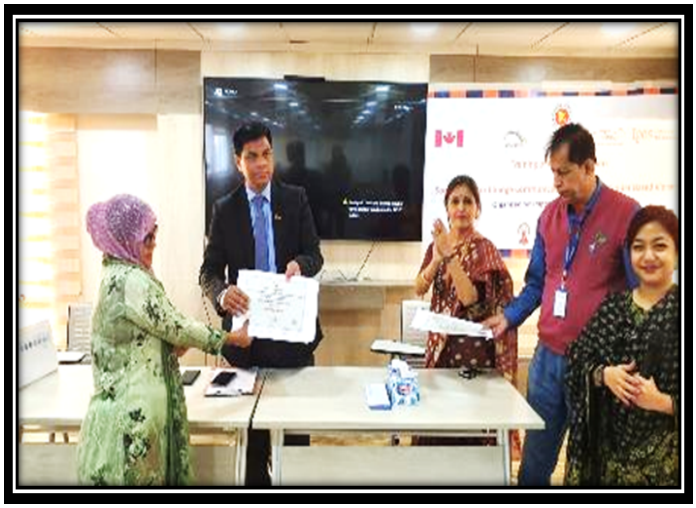
Background:

As urbanization patterns see adolescent girls and young women migrating from rural areas to slum settlements in Dhaka, they are facing multiple, intersecting vulnerabilities that impact their sexual and reproductive health and rights (SRHR). Improvement of SRHR, including access to and availability of high quality and affordable SRH services, specifically menstrual regulation (MR), post abortion care (PAC), and family planning (FP) is crucial for poverty reduction, health equity, and the empowerment of women and girls. Ipas Bangladesh, in collaboration with the Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C), the Ministry of Health and Family Welfare (MoHFW) is implementing a five-year project to cultivate an environment that supports women and girls in poor and ultra-poor socio-economic groups of Dhaka in accessing a full range of SRH services, and in strengthening women's and girls' rights, including sexual and gender-based violence (SGBV) response and referral. In collaboration with local partners, the project intends to work with 154 health facilities, including 30 Urban Primary Health Care Services Delivery Project (UPHCSDP) clinics, 15 garment health clinics, 100 General Practitioners (GPs), and 9 referral facilities to improve health workers' skills and strengthen their capacity to provide client-centered, gender-sensitive and trauma-informed SRH services, including during public health emergencies such as COVID-19 by developing public health emergency preparedness and response plans. The project also includes community engagement components to increase awareness of SRHR and to address social and gender norms that contribute to poor SRH outcomes. BAPSA implements this project in partnership with Ipas, Bangladesh. Other partners of this project are: Obstetrical and Gynecological Society (OGSB), Reproductive Health Service, Training and Education Program (RHSTEP), and SERAC Bangladesh. The objective of the project is to increase the use of SRH services that uphold the rights of women and adolescent girls and are responsive to the needs of underserved and vulnerable groups living in urban slums in Dhaka, including during public health emergencies.

The main activities of the project are:

Sl. No	Activities name	Target	Achievement	%
01.	Map and select slum areas, facilities (UPHCSDP, BGMEA, Garments-45), and private practitioners (100) for intervention	1. **30** 2. **100 GP**	3. After completing the mapping of CRHCC and PHCC areas, 10 CRHCC and 20 PHCC in poor areas were jointly selected with UPHCSDP 4. 78 potential GPs selected from DNCC & DSCC surrounding the 30 UPHCSDP clinics.	**1. 100%** **2. 78%**

02.	Conduct annual Client Exit Interview (CEIs) for assessing clients' perceived quality of care and satisfaction of MR, PAC and contraceptive services	**3**	Ipas Research Monitoring Evaluation (RME) team with BAPSA has started to draft the Client Exit Interview (CEI) protocol in Jan-Mar'23 quarter. The first draft of the CEI protocol along with CEI questionnaire was developed and submitted to BMRC	
03.	Conduct formative assessments, integrating user-centered design principles and processes, to identify and develop acceptable approaches for communicating messages on MR, PAC, contraceptive care, and GBV to women, adolescents, and other key stakeholders	**1**	The messages and the materials are ready to share with Information, Education and Communication (IEC) technical committee for getting their approval.	
04.	Capacity of selected UPHCSDP outreach workers strengthened to disseminate appropriate and standardized messages on MR, PAC, contraceptive	**100**	5 batches, a total of 51 outreach workers (11 field supervisors, 20 Service promotors, 20 Family welfare assistants) received the training from 10 PHCC facility sites under 10 partnership areas of UPHCSDP.	**51%**
05.	Orientation on GBV and RC (Counselling) of selected UPHCSDP Counsellors & Service providers	**150**	Provided five batches of trainings (3 days & 15 participants in each batch) on GBV and Reproductive Coercion counseling where a total of 75 counselors and service providers received the training from 10 CRHCCs & 10 PHCCs received the training.	**50%**
06.	Provide need-based support to encourage knowledge retention about SBC work and messages (Quarterly coordination & progress review mtg).	**4**	BAPSA organized three progress review meetings during the reporting period at Nagar Bhaban. Project Managers of all partnership areas under DSCC and DNCC, Service Promotion Officer (SPO)-MIS, SPO-M&E, SPO-BCC, SPO-RH, Deputy Project Director, and Project Director were present at the Meeting.	**75%**



Chapter-V

BAPSA Integrated TB care and prevention Program.

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

Between July 2022 and June 2023, a total of 995 TB Cases (all forms) were diagnosed and treated in the BAPSA supported centres. BAPSA is conducting different types of advocacy and social mobilization programs to raise awareness about TB in the community levels, for early case detection and successful treatment outcome TB case.

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

The objectives of the program are as follows:

- Every year new patients identified 221 per 1.00000 Population.
- All TB Patients bring under the DOTS.
- Ninety three percent TB Patients cured and treatment completed every year.
- Ensure quality services to all TB Patients.

Case detection and outcome of TB Patients: July 2022 to June 2023.

Name of Services	Target	Achievement	%
TB Patients	1068	995	93

TPT Target July 2022 to June 2023

Name of services	Target	Achievement	%
TPT Patients	396	299	76

HIV Target July 2022 to June 2023

Name of Service	Target	Achievement	%
HIV Test target for TB patients	390	582	149

Chapter- VI

Claiming the Rights to Safe Menstrual Regulation Strategic Partnership in Asia.

In 2018, ARROW, with funding from RFSU, launched the 'Claiming the Right to Safe Abortion: Strategic Partnership Asia' project, aiming to enhance capacities for safe abortion access across five Asian countries: Bangladesh, India, Nepal, Cambodia, and the Philippines. The project focused on strengthening evidence-based advocacy for safe abortion rights at various levels, fostering perspectives and value clarification on issues hindering recognition and provision of these rights to women and girls, and addressing complexities surrounding abortion. Implemented in collaboration with partners like Naripokkho, CommonHealth, BBC, RHAC, and WGNRR, the initiative entered its sixth and final year in 2023. Notably, BAPSA transitioned from a resource partner in 2018 to an implementation partner, addressing issues identified in joint baseline findings with Naripokkho. An international consultant evaluated the project in May, 2023.

The specific objectives of the interventions are:

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

Project performance

The project was implemented during the period in the district and Upazila levels- namely Mirpur area of Dhaka District, Saturia and Singair Upazila of Manikganj District (July-December, 20232) and in June 2023 Begumganj Upazilla of Noakhali district.

Target Achievement as per Activity and Participants (July 2022 – June 2023)

Name of the Activities			Target Achievement as per Activity		
			T	A	%
2.1.	Provisioning quality MRM services by BAPSA clinics through specialized counseling services in 03 clinics of BAPSA.				
		MRM Counseling	03	03	100%
		MRM Services	03	03	100%
		PAC Services	03	03	100%
2.2	Advocacy on MRM at District level.		01	01	100%
2.3	Orientation on MRM for FWVs/ Paramedics /Counselor /Nurse at Upazilla Level		02	02	100%
2.4	Orientation on MRM for front line FP workers at Upazilla Level		02	02	100%
2.5	Orientation on MRM for Drug sellers at Dhaka and Upazilla level		04	04	100%
2.6.	Workshop on MRM With Women of Reproductive age (National Level).		01	01	100%
2.7	Campaign on MRM (Safe Abortion/MR Day)		05	05	100%

Chapter VII

Menstrual Regulation and Post Abortion care Among the Rohingya Refugees in Bangladesh.

This is a collaborative research project which aims to explore menstruation regulation (MR) and post-abortion care seeking behavior among the forcibly displaced Rohingya women in Bangladesh. This study is implemented jointly by BRAC James P. Grant School of Public Health (JPGSPH)-BRAC University, BAPSA and Guttmacher Institute, USA. An Advisory panel is providing guidance on research design and protocols engage with and obtain input from Rohingya community member's perspectives. This project is being supported by Guttmacher Institute, USA.

Objectives of the Project:

- Understand the Provision of MR and Abortion care available in Cox's Bazar, Bangladesh which is home to one million FDMNs;
- Explore Community Member's Knowledge and use of MR, abortion and post-abortion care (PAC) through both formal an informal source, and to interrogate the role of preferences, stigma and health literacy influences on women's abortion-related care-seeking behavior, and
- To contextualize these experiences within the community through understanding the knowledge, attitude and behaviors of community leaders and men related to the management of unintended pregnancies.

Performances:

- BAPSA organized the Research Advisory Committee Meeting that took place on Tuesday Sept 26, 2023 at 8-9 pm through zoom. This committee has been formed comprising distinguished persons from DGHS, DGFP, UNFPA, Population Council, OGSB, Ipas, Marie Stopes, MSF, Refugee Relief & Repatriation Commissioner (RRRC), UNHCR, WHO, Foreign Commonwealth & Development Office (FCDO), Dhaka University, BRAC and representatives from Guttmacher Institute, New York.

- BAPSA provided supervisory support of data collections and participated in the training program of the Field numerators during the data collection phase of the study at the Rohingya camps.

The research findings were presented in the meeting including the socio-demographic characteristics of the Rohingya community, Methodology, stakeholders' perception on Menstrual Regulation and Abortion care, qualitative and quantitative data analysis and Policy implications and recommendations.

BAPSA also involves with the various journal articles to be produced by the study. The findings of this study will be disseminated nationally and at the Cox's Bazar early in the next year.

Chapter – VII

Every year BAPSA observes various national and International important days related to SRHR and some of the important day's list are given bellow:

Sl. no	Name of the Day	Date	Theme
01.	World Population Day	July 11, 2022	A world of 8 billion: Towards a resilient future for all - harnessing opportunities and ensuring rights and choices for all.
02.	World AIDS Day	December 01, 2022	Equalize.
03.	Family Planning Week	12 to17 November 2022	
04.	Victory Day	December 16, 2022	
05.	International Women's Day	March 08, 2023	Gender equality today for a sustainable tomorrow.
06.	World TB Day	March 24,2023	Invest to End TB. Save Lives.
07.	Independence Day	March 26, 2023	
08.	World Health Day	April 07, 2023	Our planet, our health.

Chapter – VII
(Financial Statement)

Association for Prevention of Septic Abortion, Bangladesh (BAPSA)
Consolidated Statement of Financial Position
As at 30 June 2023

	Notes	Amount in taka	
		30-Jun-2023	30-Jun-2022
PROPERTY & ASSETS			
A. Non Current Asset		**27,751,481**	**38,273,343**
Property, plant & equipment	3.00	17,651,024	18,342,804
Fixed Deposit Receipts (FDR)	4.00	10,100,457	19,930,539
B. Current Asset		**45,353,545**	**50,886,678**
Cash & Cash Equivalent	5.00	9,165,878	23,547,296
UPHC Sustainability Fund	6.00	15,803,105	15,803,105
Inter Project Loan	8.01	18,720,439	8,520,439
Margin against PG No-73/2019	9.00	-	2,200,000
Advance, Deposit & Prepayments	10.00	1,664,123	815,838
C. Total Property & Assets (A+B)		**73,105,026**	**89,160,021**
FUND AND LIABILITIES			
D. Non Current laibility		**970,439**	**4,579,590**
Long Term Loan	11.00	970,439	4,579,590
E. Current laibility		**72,134,587**	**84,580,431**
UPHC Income & Sustainability Fund	7.00	88,067	3,991,298
Inter Project Loan	8.02	11,050,000	1,850,000
Fund	12.00	39,440,136	73,679,166
Accrued Expense	13.00	18,234,640	3,649,570
Bank Interest	14.00	531,451	843,005
Deferral Interest (April+May, 2020)	15.00	-	13,525
Provision for Income Tax	16.00	445,192	-
Payable for Staff Salary	17.00	2,345,101	553,867
Payable to BAPSA PF	18.00	-	-
F. Total Fund & Liabilities (D+E)		**73,105,026**	**89,160,021**

The annexed notes form an integral part of the financial statements

Executive Director **Treasurer** **Deputy Director**

As per separate report of even date

M. J. Abedin & Co.
Chartered Accountants
DVC: 2405290564AS625450

Dated: Dhaka

29 MAY 2024

Association for Prevention of Septic Abortion, Bangladesh (BAPSA)
Consolidated Statement of Comprehensive Income
For the year ended 30th June, 2023

	Notes	Amount in taka	
		30-Jun-2023	30-Jun-2
Income (A)			
Grant/Donation	19.00	157,375,577	157,8
Income from Services	20.00	49,680,778	44,4
Interest on FDR	4.01	1,187,600	9
Bank Interest income	14.00	81,069	
Contribution Received from SIDA through RHSTEP		-	
BAPSA's Contribution	21.00	-	9,9
Overhead Fund Received	22.00	1,919,186	1,7
Others Income	23.00	2,951,927	2,8
Total		213,196,137	217,7
Expenditure (B)			
Pay & Allowances	24.00	174,964,532	144,1
Out Reach/BCC Activities	25.00	1,731,600	1,1
Adolescent Health Care Program	26.00	63,489	
Utilities, Newspapers & Periodicals	27.00	4,428,080	4,1
Contingency/Direct Expenses	28.00	30,065,713	29,6
Traveling, Supervision & Monitoring	29.00	10,142,539	4,0
Meeting	30.00	117,441	
Overhead Cost	31.00	428,239	2
Office Accommodation	32.00	1,832,142	1,7
Other costs	33.00	4,258,417	4,2
Consultancy Fee/Audit Fee	34.00	3,003,250	2,7
Contribution to SRHR (Sida) Project	35.00	-	9,9
Depreciation	3.00	1,125,830	9
Fixed Assets Purchases	3.01	1,513,336	5,2
Training	36.00	3,378,812	2,7
Interest Expenses	37.00	238,735	4
Program/Activity Cost	38.00	9,290,620	7,5
Contribution to overhead fund		-	
Sub total of expenditure		246,582,775	218,9
Income over Expenditure (A-B)		(33,386,638)	(1,2
Provision for Income Tax	16.00	(445,192)	
Income over Expenditure transferred to Fund Account		(33,831,830)	(1,2
Total expenditure		213,196,137	217,7

The annexed notes form an integral part of the financial statements

Executive Director **Treasurer** **Deputy Director**

As per separate report of even d

M. J. Abedin & Co.
Chartered Accountants
DVC:
24 05 29 05 64 AS

Dated: Dhaka
29 MAY 2024

5

	Notes	Amount in Taka	
		30-Jun-2023	30-Jun-2022
Bank interest income transfer to BAPSA Overhead Fund	14.00	258,523	
Bank Interest Refund to Doner, City Corporation& Govt.	14.00	197,644	225,833
Interest Expense	37.00	238,735	449,494
Paid for Staff Pay & Allowances	17.03	3,990,542	3,287,221
Program/ Activity Cost	38.00	9,270,620	7,541,881
Advance Deposit and Prepayments	10.00	1,054,785	229,718
Accrued Expenses	13.00	3,674,570	880,771
Deferral Interest (April+May, 2020)	15.00	-	-
Donor Fund Refund		-	-
Contribution to Overhead Fund		-	-
Payable to BAPSA (PF)	21.00	-	-
Sub total of payments		**253,159,305**	**213,519,528**
Closing Balance	5.00	**9,165,878**	**23,547,296**
Cash in hand	5.01	237,375	302,427
Cash at bank	5.02	8,928,503	23,244,869
Total payments		**262,325,183**	**237,066,824**

The annexed notes form an integral part of the financial statements

Executive Director | Treasurer | Deputy Director

7

M.J. Abedin & Co. Dhaka-1205 Chartered Accountants

Association for Prevention of Septic Abortion, Bangladesh (BAPSA)

Consolidated Statement of Receipt and Payment Accounts
For the year ended 30th June, 2023

	Notes	Amount in Taka	
		30-Jun-2023	30-Jun
Opening Balance		**23,547,296**	**2**
Cash in hand		302,427	
Cash at bank		23,244,869	2
Receipts			
Grant/Donation	19.00	157,375,577	15
Income from Services	20.00	45,777,547	4
Interest on FDR	4.01	1,187,600	
FDR Encashment	4.00	12,098,592	
Inter Project Loan Received	8.04	9,200,000	
Realization of the margin against PG	9.00	2,200,000	
Bank Interest received	14.00	225,682	
Contribution Received from SRHR service Charge	21.00	-	
Long Term Loan (NCCBL)	11.01	-	
Overhead Fund Received	22.00	1,919,186	
Receive for Staff Pay & Allowances	17.02	5,781,776	
Others Income	23.00	2,951,927	
Advance, Deposit & prepayment	10.00	60,000	
Sub Total of Receipts		**238,777,887**	**20**
Total Receipts		**262,325,183**	**23**
Payments			
Pay & Allowances	24.00	161,022,940	14
Out Reach/BCC Activities	25.00	1,731,600	
Conference & Festival		-	
Adolescent Health Care Program	26.00	63,489	
Utilities, Newspapers & Periodicals	27.00	4,201,429	
Contingency/Direct Expenses	28.00	26,704,491	2
Traveling, Supervision & Monitoring	29.00	10,142,539	
Meeting	30.00	67,441	
Overhead Cost	31.00	403,239	
Office Accommodation	32.00	1,710,642	
Other costs	33.00	3,915,342	
Consultancy Fee/Audit Fee	34.00	2,686,150	
Fixed Assets Purchases	3.01	1,947,387	
Fixed Deposit Receipts (FDR)	4.00	1,200,000	
Payment of FDR	4.02	1,068,510	
Inter Project Loan	8.03	10,200,000	
NCCBL (Bank Loan)	11.01	3,609,151	
Contribution to SRHR (SIDA) Project	35.00	-	

6

M.J. Ahedin & Co. Dhaka-1205 Chartered Accountants

Chapter –XIV

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	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	Expended 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
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
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
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


bapsa
Years of our SRHR Journey