

A program for better SRHR for young people vulnerable to HIV in Bangladesh

Narrative Progress Report

July 2017 – December 2017



Kingdom of the Netherlands



Submitted to:



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Table of Contents

List of Acronyms	5
Executive Summary	6
Background	8
Goal.....	8
Objectives.....	8
Results Achieved According to Logframe	9
Result 1: Young people are well informed and thus able to take better decision regarding healthier choices.....	9
Activity 1.1.1: Community mobilization and education to increase knowledge of VYKP for HIV/AIDS	9
Activity 1.1.2: Disseminate HIV/SRH Information through bill board & festoon beside road in implementing area.....	10
Activity 1.1.3: Staff orientation on project goal and objectives with organizational rules and regulations.....	10
Activity 1.1.4: Orientations on comprehensive sexuality education (CSE) of VYKPs for HIV by peers.....	10
Activity 1.2.1: Capacity building training for peers on entitlement, healthy choices and claiming SRHR rights for VYKP	11
Activity 1.3.1: Orientations on creating supportive socio-cultural environment for selected local committee members.....	11
Activity 1.3.2: Coordination meeting with local committees that create a supportive socio-cultural environment for the protection of SRH rights of VYKPs for HIV	12
Activity 1.3.3: National day celebrations.....	12
Activity 1.3.4: Develop and distribute Information Education and Communication (IEC)/Behavioural Change Communication (BCC) materials.....	12
Result 2: Young people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health (SRH).....	13
Activity 2.1.1: Orientation for service providers to promoting and distributing SRH services, commodities and medicines	13
Activity 2.1.2: Information on available health services and contact details	13
Activity 2.1.3: Distribute health referral cards.....	14
Activity 2.2.1: Coordination meeting with GoB Health Officials for improve access to the HIV/SRH services	14
Activity 2.2.2: Counselling for vulnerable young key people on HIV/STI/RTI.....	15
Activity 2.2.3: HIV/STI/RTI test and treatment for vulnerable young key people.....	15

Activity 2.2.4: Partnership with service providing organizations (STI/RTI services).....	16
Activity 2.3.1: Increase provision of user friendly services by GoB health centres - such as HIV treatment - to VYKPs	17
Activity 2.3.2: Organize health camps in the community	18
Result 3: Government service facilities provide improved integrated SRH& HIV service to more young people.....	19
Activity 3.1.1: Training for GoB health service providers to increase user friendly SRH/HIV services	19
Activity 3.2.1: Established 20 referral linkages in 7 working area- establishment of partnerships.....	20
Activity 3.2.2: Meeting with GoB health officials for increase affordable demand of VYKPs	21
Activity 3.3.1: Meeting with GoB service providers and civil society organizations to increase technical and programmatic capacity	21
Result 4: Advocacy for creating enabling environment sensitizing 300 stakeholders for increasing access to VYKPs to SRHR & HIV information and services	22
Activity 4.1.1: Inception meeting with key stakeholders	22
Activity 4.1.2: Advocacy with district level stakeholders	22
Activity 4.1.3 : Media campaigns with electronic media	23
Activity 4.2.3: Create linkages with other relevant networks	23
Gender Dimension	23
Monitoring activities	24
Overall Challenges.....	25
Way forward.....	25
Annex 1: Monitoring Report of SANGJOG Project	
Annex 2: Photo Gallery and Media Coverage	
Annex 3: Achievements against Yearly Action Plan	

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACPR	Associates for Community and Population Research
BCC	Behavior Change Communication
CSE	Comprehensive Sexuality Education
FSWs	Female Sex Workers
HIV	Human Immunodeficiency Virus
HTC	HIV testing and counselling
IDUs	Intravenous Drug Users
KPs	Key Populations
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NASP	National AIDS/STD Program
NGO	Non-Governmental Organization
NSP	National Strategic Plan
PC	Population Council
PLHA	People Living with HIV/AIDS
PSTC	Population Services and Training Center
RH	Reproductive Health
SGBV	Sexual and Gender-based Violence
SHR	Sexual Health & Rights
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
TGW	Transgender Women
UNAIDS	Joint United Nations Program on HIV and AIDS
UNESCO	United Nations for Education, Science and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VYKPs	Vulnerable Young Key Population
WHO	World Health Organization

Executive Summary

SANGJOG, a program for better SRHR for young people vulnerable to HIV in Bangladesh, is a partnership initiative of Population Services and Training Center (PSTC) and Population Council (PC) with the support of the Embassy of the Kingdom of the Netherlands. This Narrative Progress Report covers for the period of July 2017 to December 2017 of SANGJOG, a 2-year project that has been implementing since December 2016 and will be continued till November 2018. The project is covering seven districts of Bangladesh namely Dhaka, Gazipur, Chittagong, Cox's Bazar, Jessore, Kushtia and Dinajpur.

The overall goal of the project is to increase the Sexual and Reproductive Health and Rights (SRHR) to vulnerable young key people in Bangladesh through increasing better sexual practices and utilization of SRHR services by young people aged 15 to 24 years among the target groups of transport worker, pavement dwellers/street children, floating female sex workers and young people engaged in small trades and work as labor. SANGJOG aims to make a significant change to the integration of vital sexual and reproductive health and rights (SRHR) interventions and is working on to generate important evidence to aid the broader SRHR/HIV integration movement. During the period of July-December 2017, with the recommendation of government district authority of Cox's Bazar, SANGJOG has taken initiative to incorporate the SRHR needs of the Rohingya Refugee in Bangladesh considering their vulnerability to HIV/AIDS.

Reaching the Young People

SANGJOG reaches vulnerable young key populations (VYKPs) through peer network. From the Key Population networks (Sex Workers Network, Transport Workers Federation) and relevant organizational linkages, 70 Peer Educators were selected (10 for each working area) representing each group and were trained to work with SANGJOG as frontline cadres, 'Outreach Workers'. SANGJOG focuses on advocacy to address improving young Key Population's (KP's) SRHR needs through mobilization. Further, the program supplements SRHR services to street children/pavement dwellers, transport workers, floating female sex workers and young people engaged in small trade and work as labor. The program addresses the needs of vulnerable young key populations (VYKPs) which are recommended in the updated National RH Strategy and the Adolescent Health Strategy. Through its monitoring and evaluation activities, SANGJOG is also working for generating evidence-based knowledge related to SRHR.

During this reporting period, an emergency situation arisen in Ukhia, Cox's Bazar due to sudden influx of Rohingya population from neighboring country, Myanmar. Considering the vulnerability of Rohingya Refugees for HIV and AIDS, SANGJOG has set up 2 Primary Health Care centers, known as health camps, focused on Adolescent Sexual and Reproductive Health and Rights at Balukahli and Kutupalong, Ukhia, Cox's Bazar.

Activities Performed

- SANGJOG reached total 25,296 numbers of adolescent and young people through its different activities focusing on SRHR and HIV/AIDS.
- SANGJOG supported the health care needs of 13,178 numbers of young people through referral services.
- 168 number of service providers were capacitated from the identified 16 health services centers on SRHR and RTIs/STIs and HIV/AIDS as per national standard protocol.

- SANGJOG reached 553 number of stakeholders from different level that include community leaders, political leaders, government stakeholders to create enabling environment.
- With the recommendation of the government stakeholders SANGJOG provided health care services focusing SRHR needs among 6,870 number of Rohingya Refugee from Balukhali and Kutupalong health camps.

Conclusion

During the 1st year of implementation, SANGJOG has reached a significant number of VYKPs in 7 districts of Bangladesh. Challenges still remain to ensure nonjudgmental attitude from the service providers. The project already created an effective linkages with different level of stakeholders. With their support, SANGJOG will continue working towards creating optimal opportunities for getting SRHR services from the identified health centers. And definitely it will facilitate meeting the needs of vulnerable adolescents and bring VYKPs under the unique intervention, SANGJOG, thereby ensure their basic rights, especially right to health and well-being.

Background

Population Services and Training Center (PSTC) and Population Council (PC) partnered together, with the support of the Embassy of the Kingdom of the Netherlands (EKN), to implement SANGJOG, a program for better SRHR for young people vulnerable to HIV in Bangladesh from December 2016. Since then it has been working on to incorporate SRHR interventions to existing community-based HIV programs and create linkages with public and private sexual and reproductive health (SRH) services providers. SANGJOG intervention also focuses on addressing the needs of Young Key Peoples vulnerable to HIV aged 15 to 24 years, utilizing the consortium's technical expertise, creditability and good practice in programming for key populations (KPs).

SANGJOG aims to make a significant change to the incorporation of vital sexual and reproductive health and rights (SRHR) interventions and is working on to generate important evidence to aid the broader SRHR/HIV integration movement with the following Goal and Objectives:

Goal

Increased access to integrated SRHR & HIV services to vulnerable young key people (VYKP)

Objectives

1. Increase awareness and health seeking behaviour of 50,000 VYKP on SRH & HIV services.
2. Establish functional referral linkage with GoB and NGO health facilities for providing SRHR and HIV services to 25,000 VYKPs.
3. Increase capacity of 20 Government services facilities for providing integrated SRH and HIV services.
4. Advocacy for creating enabling environment sensitising 300 stakeholders for increasing access of VYKPs to SRHR & HIV information and services.

SANGJOG has been working with young key population groups such as street children/pavement dwellers, transport workers, floating sex workers, young people engaged in small trade and work as labor to integrate SRHR into existing programs as an entry point to reach young people vulnerable to HIV. The project locations are in large cities where street children/young pavement dwellers, transport workers, floating sex workers, young day laborers are living in large numbers: Dhaka, Gazipur, Chittagong, Cox's Bazar, Dinajpur, Jessore and Kushtia. SRHR information and services are tailored to groups to facilitate and overcome barriers to access such as fear of stigma, discrimination and arrest.

SANGJOG has been reaching VYKPs through Peer approach. From the Key Population networks (Sex Workers Network, Transport Workers Federation) and relevant organizational linkages 70 Peer Educators were selected (10 for each working area) representing each group and were trained to work with SANGJOG as frontline cadres, 'Outreach Workers'.

SANGJOG has been focusing the needs of target groups as mentioned above which are not addressed by most SRHR interventions that target mainstream youth. In particular, there is a gap in the provision of SRH services for VYKPs.

SANGJOG has focused on advocacy networks to address improving young KP's SRHR needs through mobilization. Further, the program supplements SRHR services to street children/pavement dwellers, transport workers, floating sex workers, young people engaged in small trade and work as labor. The program addresses the needs of KPs and vulnerable young populations which are recommended in the

National RH Strategy and the Adolescent Health Strategy. Also, through its operational research activities, SANGJOG is also working on generating evidence-based knowledge related to SRHR.

This report documents second six months' (July to December 2017) progress of SANGJOG, achievements vs target, identified gaps and provided way forward to accelerate the activities to achieve the targets.

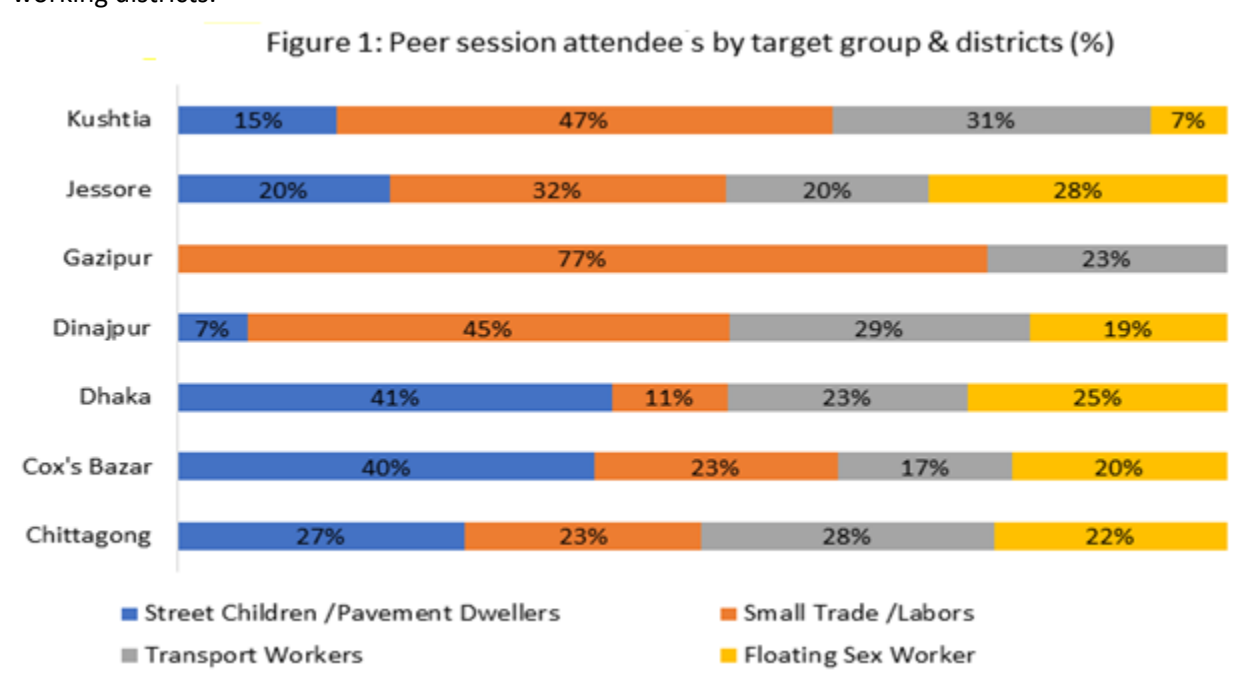
Results Achieved According to Logframe

Result 1: Young people are well informed and thus able to take better decision regarding healthier choices

Activity 1.1.1: Community mobilization and education to increase knowledge of VYKP for HIV/AIDS

At the beginning of the project, it was a major challenge to recruit qualified field level project staffs as well as suitable peer educators from the local communities. Also, the contents to train these staffs and the contents for peer sessions, development of online monitoring tools, etc. needed to be finalised before the community mobilization activities start on full fledged. Overcoming all these constraints, the project started to conduct peer sessions starting from May 2017. One of the key activities of the SANGJOG project is to mobilize the VYKPs through peer sessions (courtyard meeting) within their communities. On the first week of June 2017, the field supervisors were called to head office of PSTC for a day long training on SurveyCTO monitoring tools. Also, for enhancing the usage of this SurveyCTO tools, each of the 14 Field supervisors were provided with a Samsung Android mobile handset.

To achieve the objective 1 (mentioned in the background section), PSTC planned to conduct 180 peer sessions per year in each of the seven working districts (total of 1,260 sessions) in order to reach 25,000 VYKPs. By the end of 2017, the SANGJOG project successfully conducted 1,250 sessions (99% achievement rate) reaching 25,296 participants. During this reporting period 1133 sessions were conducted in the working districts.



Activity 1.1.2: Disseminate HIV/SRH Information through bill board & festoon beside road in implementing area

If bill boards are well positioned and located in strategic places, it would be easier to draw people's attention and achieve our purpose. Therefore, in the year of 2017, SANGJOG decided to set all the billboards in the hospital areas. In Kushtia, one billboard was placed in General Hospital, in Jessore two billboards were placed in Mother and Child Welfare Center (MCWC) and Sharasha Upazila Health Complex, in Dinajpur one billboard was placed in Sadar Hospital and another one is placed in Hili Upazila Health Complex, in Chittagong 1 bill board in Mother and Child Welfare Center (MCWC) and 1 in General Hospital were placed and in Cox's Bazar 1 bill board was placed in General Hospital. A total of 110 Festoons were displayed in suitable places in the implementing areas.

Activity 1.1.3: Staff orientation on project goal and objectives with organizational rules and regulations (2 Days)

This activity has been completed during the period 'December 2016- June 2017' and was reported accordingly in the 1st narrative progress report.

Activity 1.1.4: Orientations on comprehensive sexuality education (CSE) of VYKPs for HIV by peers

During the reporting period, annually, each of the seven SANGJOG project districts set a target to conduct 20 CSE sessions with 20 participants in each session (total of 140 sessions with 2,800 participants). Due to delayed project start-up and consequent budget revisions in Gazipur and Jessore, and because of the Rohingya crisis, the target number of CSE sessions varied between Dhaka and remaining districts. A total of 136 CSE sessions (against target 140) were held in 2017 (97%) with 2,734 participants where 48 percent were female participants. In the 2nd 6months (July – December 2017) 128 CSE sessions were conducted with a total of 2,617 participants. (Figure 2)

Objectives of the program

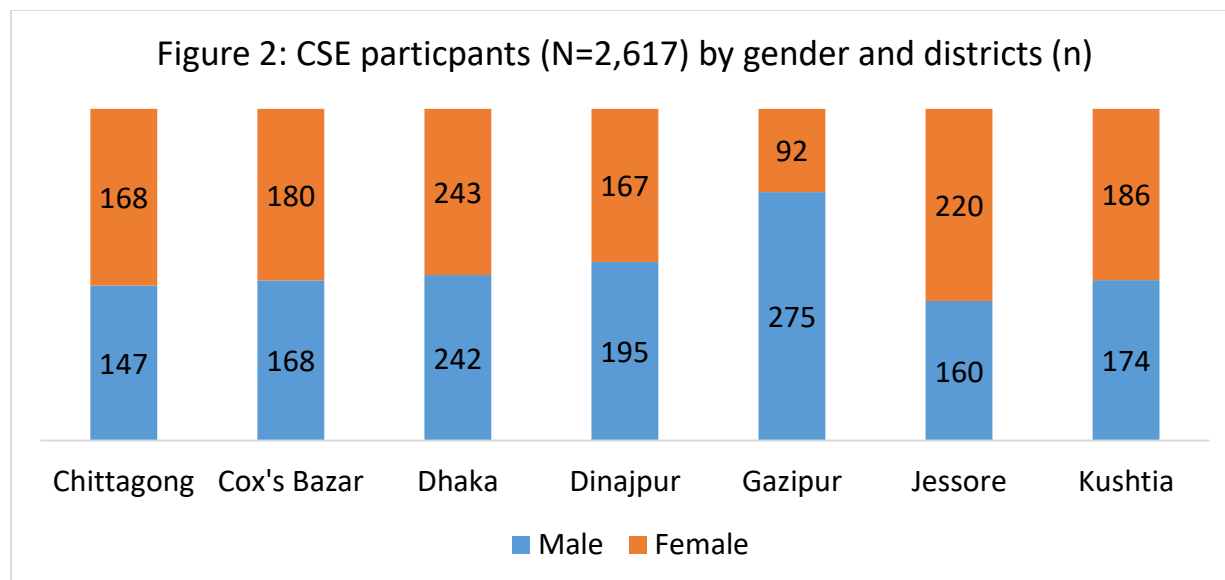
- Providing proper and comprehensive knowledge about HIV/AIDS and its prevention
- To identify and make aware of STI/STD
- Demonstration on using of condom in a safe and correct way

Immediate Results

Through the mentioned orientation of CSE, the participants were:

- motivated about the importance of safer sex
- sensitized regarding HIV/AIDS

- became committed to help SANGJOG to prevent HIV/AIDS
- inspired to make other peers aware
- motivated to have RTI/STI treatment



Activity 1.2.1: Capacity building training for peers on entitlement, healthy choices and claiming SRHR rights for VYKP (3 days)

This activity has been completed during the period 'December 2016- June 2017' and was reported accordingly in the 1st narrative progress report.

Activity 1.3.1: Orientations on creating supportive socio-cultural environment for selected local committee members

SANGJOG recognized the importance of creating the supportive socio-cultural environment for awareness raising. SANGJOG identified guardians of its target groups to be oriented for creating positive environment.

In Gazipur, 9 orientations were done where 143 males and 36 females participated. In Chittagong, 10 orientations were done where 111 males and 76 females participated. In Cox's Bazar, 10 orientations were given to 129 males and 71 females. In Jessore, 10 orientations were organized where 73 males and 127 females participated. In Dinajpur, 131 males and 76 females were oriented in 10 orientation sessions. In Kushtia 99 males and 121 females were oriented in 11 orientations. In Dhaka, 11 sessions were held where 106 participants were males and 133 were females.

Activity 1.3.2: Coordination meeting with local committees that create a supportive socio-cultural environment for the protection of SRH rights of VYKPs for HIV

Community people who can work as a pressure group participated in this activity. Community mobilization and education is needed for spreading awareness. Keeping the goal in mind, Gazipur had 3 sessions where 54 males and 5 females participated. Chittagong had 3 sessions with 29 males and 32 females. In Cox's Bazar, 4 sessions were held where 78 males and 13 females participated. In Dinajpur 4 sessions were done where 70 males and 11 females participated. In Kushtia, 4 sessions were held where 65 males and 16 females participated. In Dhaka, 5 sessions were conducted with 56 males and 55 females.

Activity 1.3.3: National day celebrations (World AIDS day, Youth day and other relevant days)

International Youth Day was observed by SANGJOG in seven working areas on 12 August 2017. Last year the theme was "Youth building Peace". Rally, cricket match and discussion sessions were the programs that were organized in every working area.

SANGJOG in each seven districts along with Government organizations and NGOs celebrated **World AIDS Day** on 1st December to make people aware about the danger of HIV/AIDS. SANGJOG provided cap, T-shirt with relevant messages. Discussion meeting and rally were held on the day. SANGJOG participated in Fairs with installation of stalls along with a number of organizations working for HIV/AIDS for disseminating the BCC materials and information.

Activity 1.3.4: Develop and distribute Information Education and Communication (IEC)/Behavioural Change Communication (BCC) materials

Sangjog developed and distributed IEC/BCC materials for changing the traditional behaviors, beliefs and perspectives of target people. Keeping local needs and issues in mind all the materials were developed. It was relevant, simple, accurate and available for target group. Brochure, posters, leaflet, flip chart, hand fan, ludo were developed and distributed where SRHR and HIV related awareness messages were ensured.

Item name	No. of items
Brochure	2000
Sticker	7000
Ludo	3500
Hand fan	5000
Wall calendar	7000
Leaflet	15000
Flipchart	100

Result 2: Young people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health (SRH)

Activity 2.1.1: Orientation for service providers to promoting and distributing SRH services, commodities and medicines

Under SANGJOG annual activities, a major activity under objective 2: *Established functional referral linkages with GoB facilities for providing SRHR and HIV services to VYKPs*, was meeting with service providers orienting them for promoting and distributing SRH services, commodities and medicines. A total of 12 meetings were held in 5 districts with 216 participants, of them 121 were males and 95 were females. While the meetings of other two districts have been planned to be held in early 2018.

Objectives:

- To make the department a thriving center of excellence in service providing including counselling with confidentiality for the VYKPs.
- To provide a comprehensive understanding of SRH issues
- To encourage the use of the available SRH services, commodities and medicines
- To promote positive relations between clients and service providers
- To develop informed and responsible service providers

Immediate Result:

- Very useful information delivered in an excellent manner
- The service providers were motivated enough to provide services to the VYKPs regarding SRH issues and maintain their confidentiality.

Activity 2.1.2: Information on available health services and contact details

A total of 49,000 leaflets containing addresses and contact details of Govt. hospitals and NGO clinics were printed where VYKPs could seek help for their SRH related issues which are being distributed throughout the year. This distribution helps the VYKPs to be informed about the list of health services providing organizations where they could seek support and make a choice amongst them.

Immediate Result:

- The number of VYKPs getting services has now increased in the service providing organizations listed in the leaflet.

Activity 2.1.3: Distribute health referral cards

A total of 20,000 referral cards were printed, of them 8,169 were distributed among VYKPs in 7 districts. The referral cards were distributed by peer educators at different events like Community mobilization and education sessions, comprehensive sexuality education orientations on demand of the VYKPs according to their SRH problems. The list of district wise referral slip distribution is given below

District name	No. of referral slips distributed
Chittagong	772
Cox's bazar	745
Dhaka	567
Dinajpur	2837
Jessore	332
Kushtia	2325
Gazipur	591

Activity 2.2.1: Coordination meeting with GoB Health Officials for improve access to the HIV/SRH services

16 Coordination meetings were held for establishing referral linkages with government health facilities in the 06 districts. In these meetings, a total of 208 service providers from different government hospitals took part. In Gazipur, no Coordination meeting was held which is scheduled in early 2018 and included in the 2018 plan.

Objectives:

- To share SANGJOG's activities on combating SRH and HIV issues.
- To discuss potential program options including ways to establish improved coordination.
- To chart out steps to expand and ensure effective coordination among stakeholders working on SRH and HIV.
- To improve performance of health organizations by inspiring and motivating staffs.

Immediate Result:

- Enhance referral service
- Set up Bill Board at hospital premises
- Youth friendly corner set up

Activity 2.2.2: Counselling for vulnerable young key people on HIV/STI/RTI

A major activity of SANGJOG project is to provide SRHR and HIV/AIDS services. Counselling is one of the essential part of HIV/STI/RTI service delivery. This service was provided by previously selected and trained nearby Government of Bangladesh (GoB) and/or NGO health facilities in all the working districts. A total of 2,028 VYKPs were counseled which include 709 males and 1,319 females.

Objectives:

- To provide an opportunity for VYKPs to know their HIV status and to avoid transmitting the virus to others.
- To receive personalized risk reduction counselling to help prevent acquisition or further transmission of HIV.
- HIV-positive individuals can be enrolled in rapidly expanding services for support, care, and treatment
- Make the connection between sexually transmitted diseases and HIV and explain how other STIs facilitate HIV transmission

Immediate Result:

- Increasing testing activity
- Improved partner notification
- Risk reduction communication
- Patient education and counselling
- Condom demonstration and provision

Activity 2.2.3: HIV/STI/RTI test and treatment for vulnerable young key people

In addition to counselling, 1,824 VYKPs, including 630 males and 1,194 females, received HIV/STI/RTI services including test and treatment from nearby government hospitals and NGO clinics. The district wise number of VYKPs who received test and treatment were given below

Name of District	Total VYKPs received Test and Treatment	Male	Female
Chittagong	160	74	86
Cox's Bazar	40	9	31
Dhaka	11	0	11
Dinajpur	1215	431	784
Gazipur	25	0	25
Jessore	73	29	44
Kushtia	300	87	213

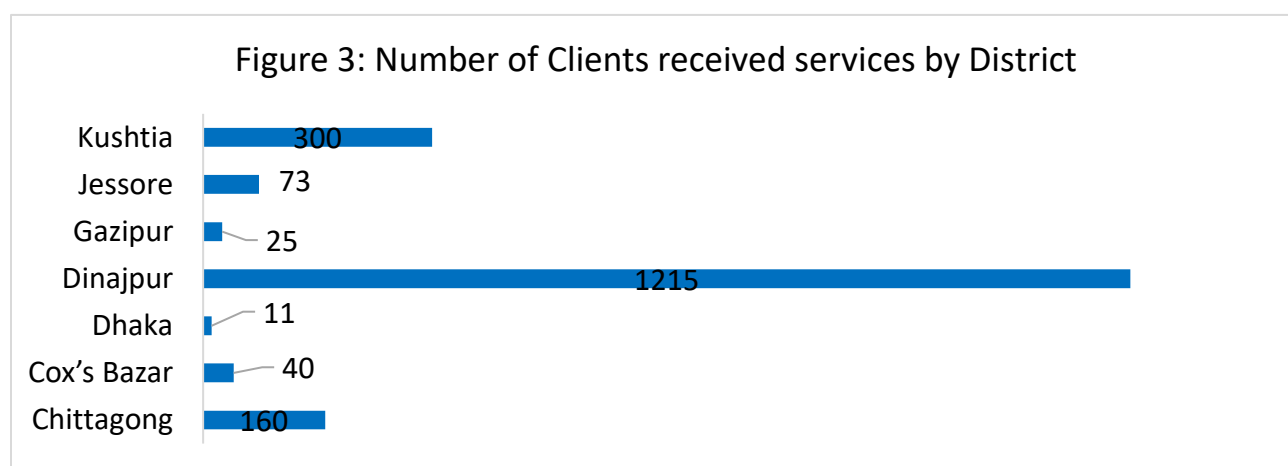
Objectives:

- Prevention of transmission of HIV
- Reduce the impact of HIV infection

- Prevention of STI
- Management of STI

Immediate Result:

- Reduced the prevalence of STI by Syndromic case management
- Presumptive Treatment
- Minimizing interval to treatment
- Treatment of partners
- Other necessary laboratory tests if required
- Referral to higher health center
- Referral to other services, as necessary



Activity 2.2.4: Partnership with service providing organizations (STI/RTI services)

The SANGJOG project additionally aimed to establish effective referral linkages with GoB and NGO health facilities to refer patients. So far, we have partnership with 16 government hospitals and nearby NGOs in the working areas.

Objectives:

- To improve SRH service delivery for the VYKPs through collaboration with GoB and NGOs
- To organize local and/or national seminars, workshops, trainings and meetings in order to promote SRH service development in the district.
- Strategic collaboration with public/private health service provider for access to treatment of PLHIV

Immediate Result:

- Good quality comprehensive and friendly services, as well as commodities, are available and affordable.

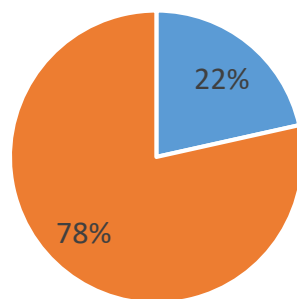
Activity 2.3.1: Increase provision of user friendly services by GoB health centres - such as HIV treatment - to VYKPs

Since the start of violence in Rakhine State, more than 700,000 people, with most of them being women and young children, have fled Myanmar to Cox's Bazar (part of Bangladesh). The momentum and scale of arrivals make this the world's fastest growing refugee crisis. The incoming refugees are housed or have sought shelter in the temporary make shifts at Ukhia, Cox's Bazar and its upazilas, where extensive pressure is being placed on resources. The Government of Bangladesh is responding to the crisis in partnership with national and international humanitarian and development agencies. To respond to this humanitarian emergency, SANGJOG is delivering health care, including reproductive health services, and has launched one health camp at Balukhali, Ukhia in September 2017 and another one at Kutupalong, Ukhia in December 2017 with the aims to:

- Provide child health care
- Provide maternal health care
- Provide reproductive health care
- Provide general health care
- Distribute medicines
- Distribute hygiene kit
- Provide Counseling
- Provide investigation facility for STI, HIV, Pregnancy, Diabetes, Hepatitis B & C

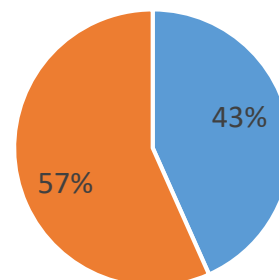
Figure 4: Gender wise distribution of patients

15-24 years patients



■ Male ■ Female

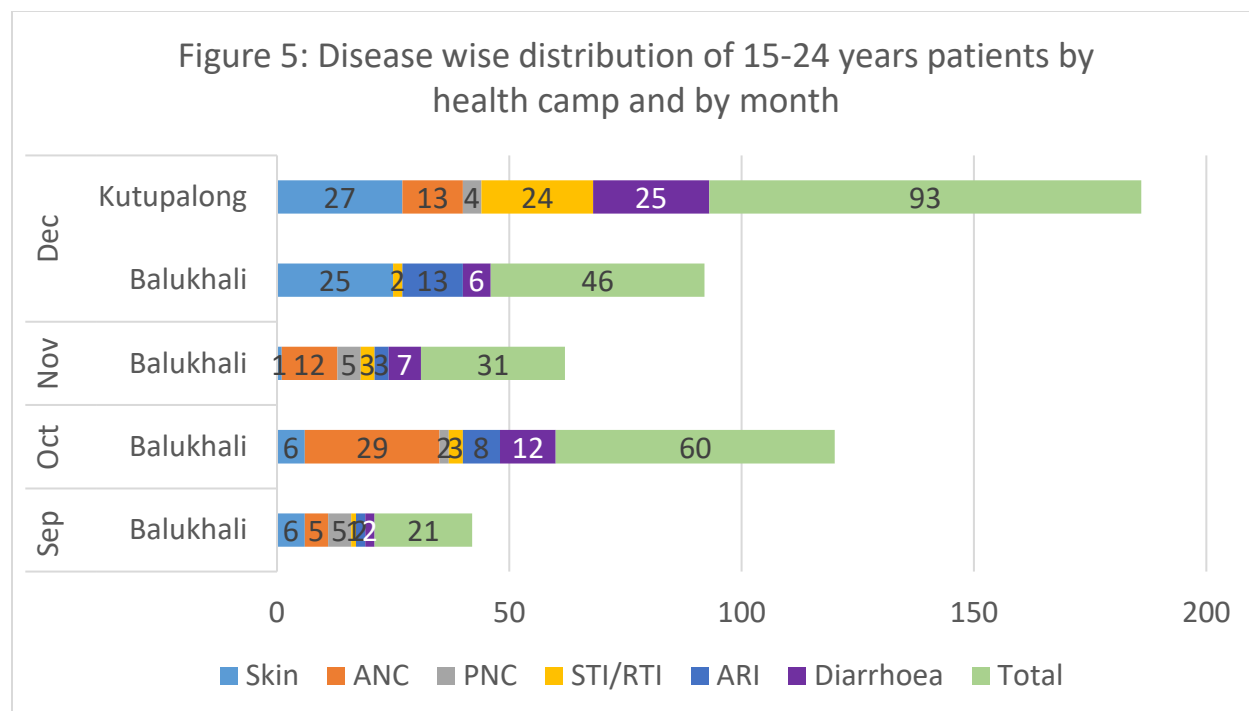
All patients



■ Male ■ Female

Immediate Result:

- A total of 6,870 patients (2,977 males and 3,893 females) from the Balukhali health camp and 709 patients (198 males and 511 females) from the Kutupalong health camp of all ages received services so far during the reporting period.
- However, 251 of these patients (54 males and 197 females) were at the age bracket of 15 to 24 years.



Activity 2.3.2: Organize health camps in the community

A major activity of SANGJOG project is to provide SRHR and HIV/AIDS services. The SRHR and HIV/AIDS services were provided by organizing health camps in each district and providing referrals to previously selected and trained nearby Government of Bangladesh (GoB) and/or NGO health facilities. In 2017, a total of 125 health camps were organized where Dhaka organized the maximum number of health camps (22).

In the 2nd 6 months of 2017, total 4,280 patients were provided services related to SRH and HIV/AIDS at the health camps. More patients were given services in Dinajpur (972) and Kushtia (905) and the least number of patients were provided services in Jessore (228). The number of visited patients in Jessore was low because of the fewer number of health camps.

Name of District	Total VYKPs received services through Health camps	Male	Female
Chittagong	496	127	369
Cox's Bazar	705	150	555
Dhaka	487	153	334
Dinajpur	972	383	589
Gazipur	505	260	245
Jessore	228	49	179
Kushtia	905	160	745

Objectives:

- Providing health care services on STI/RTI and Sexual and reproductive health problems
- Referring patients to the appropriate health care centre
- Counselling to reduce risk behavior

Immediate Result:

- Treated patients with RTI/STIs and other health problems
- Increased knowledge and awareness of risk behavior
- Changed attitudes and motivations
- Changed beliefs and perceptions

Result 3: Government service facilities provide improved integrated SRH& HIV service to more young people.

Activity 3.1.1: Training for GoB health service providers to increase user friendly SRH/HIV services (3 days)

A three-day long training session for GoB health service providers to increase user-friendly SRH/HIV services was a major activity under objective 3: *Increase capacity of selected Government services facilities for providing integrated SRH and HIV services*. 12 training sessions were conducted in 2017 that trained 168 service providers which include 90 males and 78 females.

Objectives:

- To be a resource for organizational and program development and skills building trainings in Sexuality and HIV/AIDS prevention, counselling, laboratory methods and clinical care

- To build capacities to use the best public health practices for the prevention, diagnosis and management of HIV and sexually transmitted diseases
- To increase access to and scale-up services that promotes quality of life and well-being of persons living with or affected by HIV.
- To educate the service provider in basic nursing and infection control of PLHA
- To inform the physical, psychosocial and spiritual needs of PLHA
- To cope with sufferings of PLHA

Immediate Result:

- Decrease the stigma and fear associated with HIV and AIDS through building local resources to provide services related to HIV/RTI/STI
- Develop skills of the medical personnel in diagnosis of HIV related illnesses and its treatment and update knowledge of medical practitioners and nurses
- Increase the capacity of volunteers and CBO representatives in nursing and counseling, building capacity in the community, to care for people with HIV/RTI/STI

Activity 3.2.1: Established 20 referral linkages in 7 working area- establishment of partnerships

For many countries, it is the responsibility of the government to assure health care provision for the whole population. But the public health agenda has become so large that the governments of some countries, like Bangladesh, have been unable to provide adequate health care. This has led organizations outside the government to assume part of that responsibility. Moreover, there is a growing recognition by government and international organizations that the involvement of all stakeholders is needed if health services are to reach the poor. Further, continued bilateral relationships between donors and non-governmental organizations (NGOs) have created a window of opportunity for government–NGO collaboration. Moreover, collaboration among health care providers can generate synergy and facilitate the flow of information. Government-NGO collaboration is an effective way of improving access to and quality of HIV and other SRH services. With these points keeping in mind SANGJOG has involved 16 government hospitals, so far, as partners in the working areas.

Objectives:

- To organize local and/or national seminars, workshops, trainings and meetings in order to promote SRH service development in the districts.

Immediate Result:

- VYKPs are getting good quality comprehensive and friendly SRH services

Activity 3.2.2: Meeting with GoB health officials for increase affordable demand of VYKPs

Identifying and scaling up effective strategies to help young people make informed, healthy choices about their sexual and reproductive lives is critical. We know that too many young people have limited information about SRH and many others face discrimination when they do try to seek services. Alongside education, ensuring that young people have access to a comprehensive package of SRH services delivered in a supportive and respectful environment is key to empowering young people and preventing poor health.

We want to ensure that when young people do seek services, they are met by highly qualified, non-judgmental providers offering services that are affordable to the many young people living at or below the poverty line. For the easy access and confidentiality of the VYKPs one youth friendly corner has set up at MCWC, Bakulia, Chittagong in 2017 and we look forward to set up more youth friendly corners at other districts in 2018.

A total of 6 meetings held in the working districts in 2017 with 125 participants including 101 males and 24 females.

Activity 3.3.1: Meeting with GoB service providers and civil society organizations to increase technical and programmatic capacity

6 meetings were held in the working areas of SANGJOG with 129 participants including 92 males and 37 females.

Objectives:

- Participants received an update on the National AIDS/STD programs
- Systematic feedback from stakeholders collated to inform further development of the SRH services
- To represent the collective voice of the Civil Society Organizations to influence decision-making processes
- To strengthen Civil Society response and contribution to fight against HIV and STI
- Strengthen partnership within Government, CSO and Private Sector for an integrated and expanded response to HIV/AIDS and STIs

Immediate Results:

- They effectively contribute to the attainment of the goals of SANGJOG
- Created supporting environment
- Increased number of services received

Result 4: Advocacy for creating enabling environment sensitizing 300 stakeholders for increasing access to VYKPs to SRHR & HIV information and services

Activity 4.1.1: Inception meeting with key stakeholders

At the beginning a mapping exercise was conducted by each of the district team to identify stakeholders for advocacy to ensure the sexual and reproductive health rights for the Vulnerable Young Key Peoples. Thereafter along with identified stakeholders, SANGJOG activities were formally initiated in every district. In Dinajpur, it was formally started on 18 July 2017 at the hall room of the DC's office. The deputy commissioner of Dinajpur Mr. Mir Khairul Alam attended the program as Chief Guest and assured all necessary support to make the project successful. In Cox's Bazar, on 6 August 2017 inception was held. The district's deputy commissioner Mr. Md. Ali Hossain wished success of the project. In Gazipur, it was launched formally on 8 November 2017. Earlier on 29 August 2017 in Jessore and on 27 September 2017 in Chittagong, SANGJOG was inaugurated along with its identified stakeholders. On 23 October 2017 the formal launching was held in DC's Conference room in Kushtia. To ensure local level stakeholders with the support of local administration, formal launching was delayed though the kick-off of the SANGJOG activities was initiated much earlier.

Among others by representatives of the concerned government officials, local elites, journalists and local youth were present in all the formal launching programs.

Immediate Results:

- National and local level stakeholders expressed their commitment and extended their support to organize and implement project activities positively.
- Initial discussion was held with Deputy Commissioners, Upazila Nirbahi Officer (UNO) local administrators and elected leaders about the project activities.

Activity 4.1.2: Advocacy with district level stakeholders

For being keeping safe from HIV, it needs to bring positive change in knowledge, attitudes, beliefs, and behavior regarding SRH, and to increase their demand for SRH. Therefore, SANGJOG decided to engage local health departments and other key stakeholders.

In Kushtia, 2 meetings were held with district level stakeholders where 57 males and 5 females took part. In Dhaka, 1 meeting held with 21 males and 2 females from different stakeholders. In Dinajpur, 1 meeting held where 18 males and 2 females participated. In Chittagong, 1 meeting held with 20 male and 23 female participants. In Cox's Bazar one meeting held with 20 participants.

Immediate Result:

- Necessity of identify opportunities for collaboration and coordination across all HIV and SRHR programs

- Need to develop strategies to communicate with target groups
- Need to develop strategies to reach the most risk populations
- We should disseminate the information of HIV/AIDS and RTI/STI prevention through “Khutbah” (address delivered by religious leader of the community).

Activity 4.1.3 : Media campaigns with electronic media

Campaigns through electronic media often have effective role in changing the negative behavior of target people. It can create mass awareness. SANGJOG decided to have media campaign with local media in each district.

SANGJOG successfully did 3 media campaigns in Kushtia, Dinajpur and Cox’s Bazar. SANGJOG was careful about the general acceptability of the message while it was disseminated through local cable channels.

Activity 4.2.3: Create linkages with other relevant networks

The purpose of this activity is to develop strategies and messages for advocacy in the area of Sexual and Reproductive Health & Rights to protect HIV. It requires involvement and action by all policy-making and implementing agencies working in SRHR and HIV from all levels.

In Jessore, 2 meetings were held where 16 males and 6 females attended. In Kushtia, 4 meetings were held where 52 males and 22 females attended. In Dinajpur, 4 meetings were held where 56 males and 24 females were present. In Dhaka, 3 meetings were held with 48 male and 24 female participants. In Chittagong 4 meetings were done with 43 male and 54 female participants. In Cox’s Bazar 2 meetings were held with 13 male and 15 female participants. In Gazipur 2 meetings were held with 23 male and 9 female participants from different related organizations.

Immediate Result:

- Needs assessment to develop standardized information and advocacy messages and strategies
- Involves the root level policy maker and practioner from related sector
- Better opportunity to share experiences and lesson learned
- Discussion about creating the space to integrate practice in related field

Gender Dimension

Traditional gender practices, norms and values influence sexuality, reproduction and its relations with HIV. Therefore SANGJOG committed to reduce the negative impacts of gender inequality in SRHR and HIV. SANGJOG ensured the participation of its target population regardless of gender, norms and stigma

related to gender identity with blindness. Meaningful and effective participation of women, girls, boys, men from all levels was ensured in the planning, design, recruitment and implementation of SANGJOG. From the very beginning, it was decided to keep gender equality in the processing of recruitment of peer educators in SANGJOG. And the project maintained gender balance successfully. Though it was not that much easy to get female peer educators.

Inequality of gender relations make sex workers vulnerable to make choices about safe sex with condom, as well as increasing their vulnerability to violence. During the SANGJOG activities, many of them told that even though they were contacted by one person they were bound to have sex with more than 3 people forcefully at a single call. They cannot report it as violence since they are sex workers.

We also found gender inequalities in health support. In terms of access to care for sex workers and other young girls are at disadvantageous situation. Young girls do not opt to have access to HIV testing services because of the fear of disclosing their status. Even health facilities and environment is not in their favor.

In many cases, SANGJOG found that young girls are often unable to change their behavior particularly relating to condom use for gender power relations and economic vulnerability. Still it is true that many young girls are not that motivated to use condom. Many of them think using condom can create problem and reduce pleasure of a client thus they do not want to use it.

Monitoring activities

The Population Council, being partner in SANGJOG project, the respective officials from PC along with PSTC officials monitor the activities of SANGJOG. The monitoring plan was finalized jointly by PC and PSTC.

During July to December 2017, Peer educators performed the primary role for organizing and conducting peer sessions to achieve the target of reaching 50,000 VYKPs during project tenure in all districts. Field supervisors were responsible for observing the sessions and collected necessary data using SurveyCTO (an android based tool). Session observation data were collected through SurveyCTO platform, stored in the Cloud-based server, and analyzed. The findings generated after the end of each month and were regularly shared with all levels of SANGJOG officials of both PSTC and the PC for their feedback. In addition, the Council staff conducted field visits to the seven project districts to observe SANGJOG activities and provided feedback to improve the performances of programmatic activities.

Other activities were monitored through monthly progress reports and event-based reporting format. Under the direct supervision of district coordinators, field supervisors were responsible for preparing their monthly activity plan. District coordinators consolidated the monthly activity plan by incorporating updates of all programmatic activities and submitted them to their supervising managers. In later stages, managers generated their monthly activity plans for all districts and submitted to the Team Leader. The PC obtained access to these monthly quantitative reports as the relevant PSTC officials have, at the end of December 2017 and presented a brief analysis in the annual coordination meeting in January 2018. Also, a detailed analysis of these findings was submitted to PSTC in the form of a *“First year (January 2017–December 2017) monitoring report of SANGJOG project”*. (Please see annex 1 for details)

Overall Challenges

Allocation of dedicated Space for the Youth Friendly Service (YFS) Corner is still a challenge in government hospitals. The existing YFS Corners are part of other service departments. SANGJOG provided support to organize YFS corners to make it more confidential and with visible information and signs. However, the recent government initiative on Adolescent Health Strategy and SANGJOG advocacy with the Hospital Administrator increase their responses identifying spaces for Youth Friendly Corners.

Most of the time Peer educators had to arrange community mobilization and education sessions in open places. As a result, many outsiders from different age group including children gathered to hear the sessions, which hampered the privacy and confidentiality aspects of the peer session. More over condom demonstration to VYKPs in these sessions is not possible at certain areas as the surrounding people are very conservative.

Another challenge is, due to the increased mobility of transport workers and female sex workers, peer educators from these two groups always drop out throughout the year and after replacing the vacant positions with new Peer Educator and providing them training are also found as one of the challenges.

Case Study

Stigma still remain for the People Living with HIV/AIDS (PLHA) which is a barrier for getting treatment

Rahsed and Rubel (pseudo name) are two brothers at the age of 19 and 21 years working in a workshop as laborers. Their father worked in abroad as migrant workers. 7 years back he returned back due to his illness. Since then they were struggling his father's treatment. His father was informed about his HIV positive status at abroad and owing to cause he returned back. He tried to disclose his status to his relatives but in spite of getting support their whole family was stigmatized.

During the discussion session on HIV/AIDS in a Peer Education session, Rashed and Rubel discussed their sufferings particularly about to get treatment support. In discussion with SANGJOG supervisor it was found that they were tried to get treatment from the outdoor department of Medical College Hospital but they unable to get access to VCT center. With further discussion, it seems that his father did not disclose about his status in the outdoor department due scariness. At that time his father in bed ridden. With suggestion and address from Peer Educator, they went to the VCT center. It was found that except his mother other family members are free of HIV infection.

Unfortunately their father died within a month due to secondary complications as he was not with Anti-Retroviral Therapy (ART). Now their mother is getting ART support and is in good health.

Way forward

In the first six monthly progress report, it was mentioned that the activities under SANGJOG project faced challenges to start with full swing. However, during the second six months it has been observed that SANGJOG project coped up in a remarkable way and achieved the annual target number to mobilize

25,000 VYKPs. This indeed was possible because of the crucial planning and dedication of high to root level staffs of SANGJOG.

It was observed that challenges still remain in achieving some targets for instance, to refer 12,500 VYKPs per year, building three effective referral linkages in each district, etc. More focus and caution will be employed for effective planning to achieve yearly goals not only of the year 2018 but also for the carry forward tasks from 2017.

Another remarkable contribution SANGJOG project is to respond to the “Rohingya emergency crisis”. We express our thanks to the Royal Netherlands Embassy to provide us the opportunity to work and help these refugees by mobilizing SANGJOG resources as these refugees found to be more vulnerable in the context of getting SRHR and HIV/AIDS related services.

Media exposure in different districts of SANGJOG project activities provide evidence that GoB local officials highly appreciated our activities and provided assurance to work with us to help VYKPs in their locality. In some districts, SANGJOG officials received recognitions from local GoB representative for their effort. (Annex 2).