Population Council

A report with benchmark and mapping exercise

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POPULATION COUNCIL

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Population Council
Bangladesh Country Office
House 12, Road 25/30, Gulshan 1
Dhaka 1212, Bangladesh

Email: info.bangladesh@popcouncil.org

popcouncil.org

LIST OF TABLES AND FIGURES

LIST OF ABBREVIATIONS

AFHS	Adolescent Friendly Health Services
AIDS	Acquired Immunodeficiency Syndrome
ART	Services on Anti-Retroviral Therapy
FSW	Female Sex Worker
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
MCWC	Mother and Child Welfare Centre
NGO	Non-governmental organization
PC	Population Council
PSTC	Population Services and Training Center
VYKP	Vulnerable Young Key Population
RTI	Reproductive Tract Infections
SBFSW	Street Based Female Sex Worker
SRHR	Sexual and reproductive health rights
STI	Testing services on Sexually Transmitted Infection
VCT	Voluntary Counselling and Testing and

INTRODUCTION

Based on UNAIDS estimate, Bangladesh is among the few developing nations which introduced early intervention in combating HIV/AIDS that keeps the overall HIV prevalence below one percent. Despite a high incidence of sexually transmitted infections (STI), a low literacy rate and porous borders with countries like India and Myanmar, HIV prevalence has remained low over the years (UNAIDS, 2014). Strong political commitment, timely donor support and effective GO-NGO collaboration contributed to Bangladesh's successes in this front. The country faces a concentrated epidemic, and very low HIV-prevalence rate that is partly due to prevention efforts, focusing on men who have sex with men, female sex workers, and intravenous drug users. During the past 30 years, the National AIDS/STD Program implemented numerous prevention efforts targeting high-risk populations and introduced guidelines on key issues including testing, care, blood safety, STIs, and service for youth, women, migrant populations, and sex workers. Although these activities have helped to keep the incidence of HIV low, the number of HIV-positive individuals has increased to approximately 11,000 in 2016 as estimated by UNAIDS.

While HIV prevalence is very low in the general population, among Most-at-Risk Populations (MARPs) it rises to 0.7%. In some cases, it is as high as 1.6%, for instance, among casual sex workers in Hili, a small border town in northwest Bangladesh. Many of the estimated 11,000 people living with HIV are migrant workers. While HIV prevalence among male homosexuals and sex workers has remained below one (1) percent, unsafe practices among injectable drug users, particularly needle sharing, have caused a sharp increase in the number of people infected, which shows a decreasing trend in the recent national survey.

Link Up was a global programme of the International HIV/AIDS Alliance, UK, funded by the Netherlands Ministry of Foreign Affairs implemented in Bangladesh, Myanmar, Burundi, Ethiopia and Uganda, to make a significant contribution to the integration of vital SRHR interventions. In Bangladesh, Link Up national consortium consisted of HASAB (country lead), Marie Stopes Bangladesh and Population Council. During the project period, HASAB/Linkup Bangladesh mapped the communities and prepared a list of young key populations (YKPs) in the age group 10 to 24 years, implemented advocacy and awareness raising activities, peer out-reach services and referral services; Marie Stopes Bangladesh provided onsite and/or mobile health services to high risk population in both rural and urban areas. Population Council conducted operations research on brothel based sex workers, stigma reduction among service providers and situation of youth living in the street. The project ended on 30 June 2016. Based on the experiences of working with the young key people, a new project is proposed by the Population Services and Training Center (PSTC) - Population Council (PC) partnership program under another project entitled "**SANGJOG, a program for better SRHR for young people vulnerable to HIV in Bangladesh**".

SANGJOG, a Partnership initiative of PSTC and PC, aims to make a significant change to the integration of vital Sexual and Reproductive Health and Rights (SRHR) interventions among Vulnerable Young Key Population (VYKP) aged 10 to 24 and will generate important evidence to aid the broader SRHR/HIV integration movement at local, national, and global context. It is also expected that this intervention will bring positive change in upcoming SRHR interventions to existing peer/community-based HIV programmes and create effective linkages with public and private health facilities who provide sexual and reproductive health information and services. The project locations are the busy cities of Dhaka, Gazipur, Chittagong, Cox's Bazar, Dinajpur, Jessore, and Kushtia where pavement dwellers, transport workers, street-based female sex workers, and young day laborers usually live.

To track progress of the activities, day-to-day monitoring and changes made by the interventions, an evaluation components are inbuilt in the proposed project. The PSTC would like to have the following technical assistance from Population Council:

a) Conduct a baseline situation analysis utilizing secondary data;
b) Mapping of different level stakeholders, SRH policy and legislative environment and rights violations and VYKP to determine numbers (size estimation), locations and types of key populations in the selected districts using key informant's approaches;
c) Routine program monitoring in the selected districts; and
d) Evaluation of the project activities.

PC is required to provide seven (7) deliverables including a) a contract signing; b) a report with benchmark and mapping exercise on the selected districts using key informant's approaches; c) a report on monitoring plan; d) a report of project monitoring activities for the first 12 months with copies of trip reports and monitoring reports; e) a report on the preparation of evaluation plan and tools; f) a draft report on the endline evaluation and g) a final report and shared in dissemination event, if PSTC organizes one. This is the second deliverable..

This report is based on the secondary analysis of various documents to understand the situation of field locations and targeted VYKP. The benchmarks are set up jointly by PC and PSTC after reviewing programmatic activities deeply. This report will provide useful insights to identify, measure and analyze the baseline study findings. The main objectives of this report are-

1. Setting up benchmarks from analysis of secondary data;
2. Mapping and size estimation of VYKP at working areas of SANGJOG based on the information provided by the key informants and available secondary sources; and
3. Mapping GoB and NGO health facilities at district level for providing SRHR and HIV services by establishing functional referral linkage.

METHODOLOGY

This report is based on the findings of the following activities-

Table 1: List of activities

Steps	Activities
1	**Collection of documents:** A total of **37** published documents (see Annex 1) were collected through an online search of electronic databases, including Google and Google Scholar. Search terms used included "HIV/AIDS Programs in Bangladesh," "SRHR in Bangladesh," "Female Sex Workers in Bangladesh," "Pavement Dwellers in Bangladesh," "Peer educators in HIV/AIDs projects," and "Transport Workers in Bangladesh". The search also included the names of the international and national NGOs engaged in SRHR and HIV/AIDS related projects in Bangladesh.
2	**Document review:** These literatures were reviewed to know what is already known about VYKPs geographical coverage and estimated size.
3	**Preparing mapping tools:** Checklists for observations and interviews were developed.
4	**Qualitative and quantitative data collection:** Rapid Situation Assessment (RSA) methodology was followed in order to collect data using qualitative and quantitative data collection tools.
5	Setting up benchmarks based on size estimation.
6	Compilation of data and preparing the report.

These activities were integrated with each other with some overlapping in order to collect valuable and reliable information.

Data Analysis

Extensive hand-notes of each interviews and group discussions were used by the team members that followed to prepare the transcripts as quickly as possible. Ongoing data analysis was manually performed in the framework of line-by-line content, contextual and thematic analytical procedure. Since a little amount of quantitative data were involved in this study, MS-Excel 2013 was used to collate and summarize data.

Mapping

Rapid Situation Assessment (RSA), mostly qualitative in nature, has been conducted (Chambers, 1992; Denzin, N.K., and Lincoln, 2000). RSA includes informal and formal interviews with informants and key-informants, formal focus group discussions and informal quick group discussions, and field observations. This was conducted by the PSTC staff at the field. Due to budgetary constraints, this mapping study emphasized more on readily available mapping information from recent studies. However, standard RSA was employed for those VYKPs for which recent district wise mapping study were not available. A total of seven (one from each districts) District Coordinators (DCs) attended the formal group discussions and served as the key informants to provide information of the VYKPs of his/her respective districts. Also, a number of NGO personnel (who have experience working in previous HIV programmes on similar VYKPs) were also interviewed and their input was combined in this mapping and size estimation.

For mapping GoB and NGO health facilities that provide SRHR and HIV services, another short tool was developed by SANGJOG personnel and circulated among DCs to collect required information about those facilities in his/her districts. These information was analyzed and presented in this report.

Size estimation

It is always challenging to estimate size for socially isolated and excluded hard to reach populations. This mapping study utilizes estimates from most recent published mapping information of VYKPs. However, indirect enumeration was undertaken by the field level staffs to capture the size of truckers and helpers from seven districts of SANGJOG project was also taken in consideration. These field staffs attempted to get an indirect enumeration of the truckers and helpers in different truck stands through a structured observational format by several consecutive visits during the peak hours of each day of a week. Truck union leaders and truck stand personnel served as key informants in this case.

Distribution of targeted VYKP

Available secondary resources and information from key informants indicate that the above target populations are not equally distributed in all seven districts where SANGJOG is working. To understand the local context the study team conducted consultation meetings with field level staff of SANGJOG project and based on their opinion and suggestion this report develops the following matrix to prioritize the existence and availability of target population in all seven districts-

Table 2: Availability and concentration of targeted VYKPs in selected districts of SANGJOG

VYKPs	Districts						
	Dhaka	**Gazipur**	**Chittagong**	**Cox's Bazar**	**Kushtia**	**Jessore**	**Dinajpur**
Pavement dweller	**	-	-	*	-	-	-
Transport workers	*	**	***	-	***	**	***
Street based FSW	***	*	*	***	*	***	**
Young labor	-	*** Garments worker	** Dock and port labor	** Seashell collector and Working	** Rice mill (Chatal) worker	* Sweeper	* Porter (Kuli)

				adolescent in Dry Fish Industry			
*** = high concentration; **= medium concentration; * = low concentration "-"= No concentration							

Young labor varies in district to district. PSTC considers young labor as garment workers in Gazipur district, dock and port labors in Chittagong, seashell collectors and working adolescents in dry fish industry in Cox's Bazar, rice mill (chatal) workers in Kushtia, sweepers in Jessore, and porters (Kuli) in Dinajpur districts.

RESULT

Mapping of Pavement dwellers

Under the broad shade of urban poverty in Bangladesh, pavement dwellers are the poorest of the urban poor. Most of the cases pavement dwellers are invisible in the mainstream policy documents and literature (Huda, 2014). Slum dwellers, squatter settlers or floating people are the population who characterize the urban poor in the mainstream discourse. **No evidence was found on the total size of pavement dwellers all over the country** (BBS, 2011; World Bank, 2007). World Bank estimated 120,000 pavement dwellers in Dhaka city (World Bank, 2007). However, one recent study documented 20,000 pavement dwellers in Dhaka city (McClair et al., 2017). The literature review did not come up with district-wise size estimation for pavement dwellers.

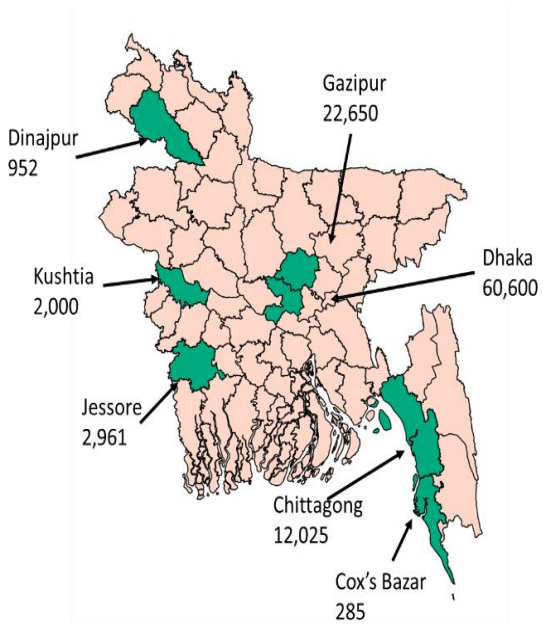
Pavement dwellers are more vulnerable in terms of powerlessness and insecurity than other urban poor. Slum dwellers live in houses though it is illegal in private or public owned land and can avail themselves of electricity, sanitation, and drinking water facilities. The floating people generally work in the urban area during the working hours and leave the place immediately after fulfilling their needs. On the other hand, pavement dwellers are generally live and sleep in the pavement or street under the open sky using temporary shelter made by cloth or plastic paper over the head while sleeping at night. They are deprived of basic needs including shelter and minimum sanitation facilities. Therefore, poor people who sleep in the pavement at night under the open sky and use temporary shelter of cloth or paper will be identified as 'pavement dwellers' in this project. The project will specifically work with pavement dwellers aged 10-24 years.

Mapping of Transport workers

In the context of Bangladesh the road and sea transport workers act as a bridge population, transmitting HIV and sexually transmitted infections (STIs) to their wives and sex workers (CARE, 2000; UNAIDS, 2002; Mandal et al., 2009; ICDDR,B, 2009). Transport workers' risks of acquiring and transmitting HIV are worsened for their regular external and internal mobility between rural and urban locations vis-versa and have sex where possible. Most transport workers especially truckers spend long periods away from home because of the nature of their work. It is also found that a large proportion of transport workers having sex with both commercial and non-commercial sex workers and that condom use was very low (Ministry of health, 2007).

A study conducted by CARE also indicate that more than half the truckers were married and have sexual contact with commercial sex workers or with their male helpers (CARE, 2006). Clients of street based female sex workers were largely transport workers or day laborers (Streatfield et al., 2008). SANGJOG project will specifically work with truckers and their helpers aged 15-24 years since the initial indirect enumeration found negligible number of helpers who are from 10-14 years. CARE, 2000 estimated 180,000 truckers, and an equal number of truckers' assistants, convey goods by road. However, SANGJOG field level staffs ended up with a total of 190,948 truckers and their assistants among them 101,140 belong to 15-24 years age group from the seven working districts. Figure 1 show their distribution.

Figure 1: Size estimation of transport workers



Mapping of Street-based Female Sex Workers

Street-based female sex workers are those who completed the negotiation for sex trade on the streets. Female Sex Workers (FSWs) have diversified clients that include students, businessmen, transport workers, and others. A recent report shows that total estimated number of FSWs in Bangladesh which range from a minimum of 82,884 to the maximum of 102,260, among which street-based female sex worker (SFSW) is estimated to be a minimum of 31, 837 to the maximum of 41,350 (NASP, 2016). The most recent mapping study of NASP estimated the SFSWs in all the seven working districts of SANGJOG project and presented in the following table.

Table 3: Mapping of Street based Female Sex Workers in selected districts

District	Street based Female Sex Workers
Dhaka	7,196
Gazipur	1,315
Chittagong	769
Cox's Bazar	378
Jessore	748
Kushtia	315
Dinajpur	1,206
Total	11,927
Source: NASP 2016	

Mapping of Young People Engaged in Small Trade and Work

Although this is a vague category, under this category, the project will work closely with young population who are engaged in risky occupations such as dock and port laborers, garments workers, seashell collectors, working adolescents in dry fish industry, rice mill (chatal) workers, sweepers, porters (Kuli) etc. **This category is open and comprehensive in terms of definition and**

characteristics. This category will be useful to identify specific group of VYKPs based on local context beside young pavement dwellers, transport workers and SFSW who are at risk of SRHR and HIV. For instance, garments factory workers in Gazipur and Dhaka (4million garment workers in Bangladesh most of them live in these 2 districts[1]), dock laborers in Chittagong, porters ("kuli") in Dinajpur, etc. **As this particular category of VYKP doesn't represent any certain profession, district-wise size estimation is not found in any literature and also indirect enumeration was not attempted due to limited opportunity of the current exercise.**

Available services on SRHR and HIV at Government and NGO Health Facilities in Selected Districts

One of the key objectives of SANGJOG project is to establish a functional referral linkage with GoB and NGO health facilities for providing SRHR and HIV services. In order to identify potential government and NGO health facilities for establishing referral linkage, it is essential to understand the current service delivery provisions of those facilities. It should be noted that to understand whether the facilities have the service provisions for SRHR and/or HIV-related issues, the current study considered the following four service provisions as the criteria of assessing SRHR and HIV services:

1. Adolescent Friendly Health Services (AFHS):
2. Testing services on Sexually Transmitted Infection (STI) and Reproductive Tract Infections (RTI):
3. Testing services on HIV testing and counseling (HTC) and Voluntary Counselling and Testing (VCT): and
4. Services on Anti-Retroviral Therapy (ART).

Government health facilities

In Bangladesh, ***Medical College & Hospitals*** are considered as the most advanced and well equipped tertiary health facilities at national level.

Table 4: Snapshot of Medical College & Hospital providing STI/HIV services in selected districts

District	STI/HIV related services			
	AFHS	RTI/STI test	VCT/HTC test	ART support
Dhaka	X	X	✓	X
Gazipur	X	✓	✓	✓
Chittagong	X	✓	✓	✓
Cox's Bazar	N/A	N/A	N/A	N/A
Jessore	X	X	X	X
Kushtia	✓	✓	X	X
Dinajpur	X	X	X	X
Note: ✓= Provide service; X= Do not provide service; N/A= Not applicable				

All districts have tertiary level specialized Medical College & Hospitals. However, at Cox's Bazar the medical college is integrated with the district hospital hence the service provisions of STI/HIV were reported under district hospital segment. The current exercise found that service related to RTI/STI test, VCT/HTC test and ART support are available in the specialized medical college and

[1] BGMEA official website.

hospitals in Gazipur and Chittagong. On the other hand, in Jessore and Dinajpur no services are available related to SRH/HIV test or counselling at tertiary level health facility. There are only AFHS and RTI/STI test services are available in Kushtia but no services related to VCT/HTC test and ART support. In Dhaka where SANGJOG project is working, VCT/HTC test facilities are available at tertiary level health facilities.

The District Hospitals are usually termed as secondary level hospitals in Bangladesh as they have fewer facilities than tertiary level hospitals.

Table 5: Snapshot of District hospital providing STI/HIV services in selected districts

District	STI/HIV related services			
	AFHS	RTI/STI test	VCT/HTC test	ART support
Dhaka	X	✓	✓	X
Gazipur	X	✓	X	X
Chittagong	X	✓	X	X
Cox's Bazar	✓	✓	✓	✓
Jessore	✓	✓	✓	X
Kushtia	✓	✓	X	X
Dinajpur	X	X	✓	X
Note: ✓= Provide service; X= Do not provide service				

In each district, there is a district hospital. In the working area of SANGJOG project, the district hospital at Cox's Bazar is found to be more equipped and advanced in terms of providing AFHS, RTI/STI test, VCT/HTC test and ART support services. Similarly, Jessore district is also providing AFHS, RTI/STI test and VCT/HTC test services. Except Cox's Bazar district hospital, no district hospital has the provision of providing ART support services. On the other hand, except Dinajpur district hospital all district hospitals provide RTI/STI test services.

Mother and Child Welfare Centres (MCWCs) under the Directorate of Family Planning (DGFP) are specialized hospital-based facility for providing MCH and FP services at district and upazila level. Upazila is a smaller administrative unit of Bangladesh which serves as a sub-district. The current exercise shows that no MCWC in all seven districts has the provision of providing ART support services.

Table 6: Snapshot of MCWC providing STI/HIV services in selected districts

District	STI/HIV related services			
	AFHS	RTI/STI test	VCT/HTC test	ART support
Dhaka	✓	✓	✓	X
Gazipur	X	✓	✓	X
Chittagong	X	✓	✓	X
Cox's Bazar	✓	X	X	X
Jessore	X	X	X	X
Kushtia	✓	✓	X	X
Dinajpur	X	X	✓	X
Note: ✓= Provide service; X= Do not provide service				

However, there are service provisions on ART/STI test and VCT/HTC test at the MCWCs of Dhaka, Gazipur and Chittagong where SANGJOG project is working. In Jessore, none of the listed services

related to SRHR AND HIV is available in MCWC. On the other hand, MCWC in Dinajpur has the provision of VCT/HTC test services and AFHS and RTI/STI test services are provided in MCWC in Kushtia.

The current exercise also tried to explore the situation of government health facilities at upazila level and found that there is no service provision related to SRHR and HIV at **Upazila Health Complex** where SANGJOG project working.

NGO clinic/health facilities

The current mapping exercise also tried to capture the NGO-led SRHR AND HIV service focused activities in selected field locations of SANGJOG project. There are three broad NGO-led service delivery activities working in the country. These are- 1) NHSDP- NGO health service delivery project, 2) UPHCSDP-Urban Primary Health Care Program and 3) Marie Stopes Bangladesh Clinics. Besides these, several donor funded NGOs are working on SRHR AND HIV-related health issues.

NHSDP Surjer Hashi/Smiling clinic funded by USAID supports the delivery of an essential service package (ESP) of primary healthcare through a nationwide network of 26 local NGOs; 334 static clinics; 9,018 satellite clinics; and 6,666 community service providers. USAID's NHSDP serves approximately 23 million people of Bangladesh (15% of the total population) who have had 37 million service encounters from the Surjer Hashi (SH) clinics (Health Bulletin, 2016). The current exercise shows that in Gazipur, Chittagong, Cox's Bazar and Jessore the Smiling Sun Clinics provide RTI/STI test and VCT/HTC test services. Whereas in Dhaka, the Smiling Sun Clinic has service provision of AFHS and RTI/STI test services. On the other hand, in Kushtia Smiling Sun Clinic no services related to SRHR and HIV is offered.

Table 7: Snapshot of NHSDP Smiling Sun Clinic providing STI/HIV services in selected districts

District	STI/HIV related services			
	AFHS	RTI/STI test	VCT/HTC test	ART support
Dhaka	✓	✓	X	X
Gazipur	X	✓	✓	X
Chittagong	X	✓	✓	X
Cox's Bazar	✓	✓	✓	X
Jessore	✓	✓	✓	X
Kushtia	✓	X	X	X
Dinajpur	X	X	X	X
Note: ✓= Provide service; x= Do not provide service				

Urban Primary Health Care Services Delivery Project (UPHCSDP) is an initiative of Government of Bangladesh under Local Government Division with the financial support of development partners. The project delivers primary health care services to the urban poor through partnership with urban local bodies and Non-Government Organizations. The current study found that UPHCSDP project is working in only three metropolitan areas of Dhaka, Gazipur and Kushtia where AFHS and STI/RTI test service provisions are present.

Table 8: Snapshot of UPHCSDP Clinic providing STI/HIV services in selected districts

District	STI/HIV related services			
	AFHS	RTI/STI test	VCT/HTC test	ART support

Dhaka	X	✓	X	X
Gazipur	X	✓	X	X
Chittagong	Do not exist			
Cox's Bazar	Do not exist			
Jessore	Do not exist			
Kushtia	✓	✓	X	X
Dinajpur	Do not exist			
Note: ✓= Provide service; x= Do not provide service				

Marie

Stopes Bangladesh is working all over the country through a range of clinical services, non-clinical activities and training to improve SRH care service and information. It provides training and services on Syndromic Case Management of RTI/STI. During the current exercise their clinics were found in all the seven districts where SANGJOG is working. This organization also has experiences on implementing HIV/AIDS focused programs in its working areas.

Table 9: Snapshot of Marie Stopes Bangladesh Clinic providing STI/HIV services in selected districts

District	STI/HIV related services			
	AFHS	RTI/STI test	VCT/HTC test	ART support
Dhaka	✓	✓	X	X
Gazipur	✓	✓	X	X
Chittagong		✓	X	X
Cox's Bazar	✓	✓	✓	X
Jessore	✓	✓	X	X
Kushtia	✓	✓	X	X
Dinajpur	✓	✓	X	X
Note: ✓= Provide service; x= Do not provide service				

Other NGOs who works on HIV/AIDS

Besides a couple of local NGOs were found during the rapid mapping exercise who directly work on SRHR AND HIV-related issues where SANGJOG is working. For instance, in Chittagong a local NGO named Young Power in Social Action (YPSA) is currently implementing a HIV/AIDS program for female sex workers and their clients. Similarly in Dinajpur FPAB; in Dhaka Save the Children and Light house; in Gazipur Sylhet Jubo Academy and PSTC under United Body Rights Alliance; in Cox's Bazar FPAB, Ashar Alo, Sylhet Jubo Academy and Bondhu; in Jessore and Kushtia Light house and FPAB have programmatic interventions on SRHR and HIV/AIDS that involve clinical and non-clinical services.

BENCHMARKS FOR SANGJOG PROJECT

Benchmarks comprise a set of activity-specific targets that must be met or exceeded to achieve the project results. This study identified six benchmarks for SANGJOG project. These benchmarks feeds into the ultimate goal for the project (i.e. '**Increased access to integrated SRHR & HIV services to vulnerable young key people**'). The following table presents an illustrative example of benchmarks.

Table 10: Illustrative benchmarks for SANGJOG project

Indicators	Baseline	Target	Endline
Benchmark 1: 45,360 participants (15-24 years) attend peer sessions	SFSW: 11,927 Transport workers: 101,473 Pavement dwellers: N/A Young labor: N/A	SFSW: 6,000 Transport workers: 20,000 Pavement dwellers: 4,000 Young labor: 15,360	
Benchmark 2: Increased capacity of health service facilities to provide integrated SRH and HIV	N/A	20 facilities	
Benchmark 3: Percentage increase in counselling and STI/RTI rates among young key people aged 15-24	**95.8%** Street Based Female sex workers sought treatment for STI in last 12 months (NASP 2016)		
Benchmark 4: Percentage increase HTC rates among young key people aged 15-24.	**66.9%** Street Based Female sex workers ever being tested for HIV (NASP 2016)	**75%** Street Based Female sex workers test for HIV	
Benchmark 5: Percentage increase in young people vulnerable to HIV aged 15-24 using condoms at last high-risk sex.	**69.7%** Street Based Female sex workers use condom at last high-risk sex (NASP 2016)	**75%** Street Based Female sex workers use condom at last high-risk sex	
Benchmark 6: Percentage increase in young people vulnerable to HIV aged 15-24 with comprehensive, correct knowledge of HIV/AIDS	**83.2%** Street Based Female sex workers reported to know a place for HIV/AIDS (NASP 2016)	Overall **90%** VYKPs show correct knowledge regarding SRHR & HIV/AIDS	
Note: The mapping study did not come up with any baseline value for practice indicators for pavement dwellers, transport workers and young labors.			

ANNEX-1

List of documents reviewed

SL.	Name of the publication	Published by	year of publication
1	Paying for Sex by Young Men Who Live on the Streets in Dhaka City: Compounded Sexual Risk in a Vulnerable Migrant Community	Journal of Adolescent Health	2017
2	Mapping study and size estimation of Key populations in Bangladesh for HIV Programs 2015-2016	National AIDS/STD Programme (NASP), UNAIDS and Save the Children	2016
3	Bangladesh: Transforming the lives of young people	Link up; International HIV/AIDS Alliance	2016
4	Global AIDS Monitoring 2017: Indicators for monitoring the 2016 United Nations Political Declaration on HIV and AIDS	UNAIDS	2016
5	Bangladesh Country Snapshort 2016	UNAIDS	2016
6	HEALTH BULLETIN 2016 (HIV/AIDS; page: 124-129)	DGHS	2016
7	Impact of peer education and on-site clinical services for female sex workers in Bangladesh brothels: A Link Up evaluation study, Link Up Study Brief	Population Council	2016
8	Reducing provider-held stigma and improving client satisfaction in Bangladesh: Results from a Link Up evaluation, Link Up Study Brief	Population Council	2016
9	Sexual and reproductive health and rights needs of young men who live in the streets in Dhaka City: A Link Up exploratory study, Link Up Study Brief	Population Council	2016
10	Paying for Sex by Young Men Who Live on the Streets in Dhaka City: Compounded Sexual Risk in a Vulnerable Migrant Community	Society for Adolescent Health and Medicine.	2016
11	Stigma Reduction Training Improves Healthcare Provider Attitudes Toward, and Experiences of, Young Marginalized People in Bangladesh	Society for Adolescent Health and Medicine.	2016
12	2015 Findings On The Worst Forms Of Child Labor	Bureau Of International Labor Affairs, Department Of Labor, United States	2016
13	GARPR Annual Progress Report Bangladesh 2015	National AIDS/STD Programme (NASP)	2015
14	Bangladesh country poster 2015	HIV and AIDS Data Hub for Asia-Pacific	2015
15	Sexual and reproductive health among young female sex workers in Bangladesh brothels—Baseline findings from Link Up, Link Up Study Brief	Population Council	2015
16	Bangladesh National Child Labour Survey 2013	Bangladesh Bureau of Statistics	2015
17	Labour Force Survey (LFS) Bangladesh 2013	Bangladesh Bureau of Statistics	2015
18	Training Manual on Basic Monitoring and Evaluation of Social and Behavior Change Communication Health Programs	PC	2014

19	The effects of an HIV and AIDS project on migrants at source and destination sites in Nepal, Bangladesh and India: findings from a quasi-experimental study	Care	2014
20	Bangladesh Report NCPI 2013	UNAIDS	2014
21	National HIV Risk Reduction Strategy for Most At Risk & Especially Vulnerable Adolescents to HIV & AIDS in Bangladesh (2013 – 2015)	National AIDS/STD Programme (NASP), DGHS	2013
22	Global AIDS Response Progress Report, 2012, Bangladesh	National AIDS/STD Programme (NASP)	2012
23	Mapping and Behavioral Study of Most at Risk Adolescents to HIV in Specific UrbanSemi Urban Locations in Bangladesh.pdf	National AIDS/STD Programme (NASP)	2012
24	The State of the World's Children 2012	UNICEF	2012
25	Report on Mapping for selecting activity sites and identifying un-served IDUs in Dhaka, Chittagong & Khulna divisions	National AIDS/STD Programme (NASP) and Save the Children	2011
26	Final Report on Mapping Geographical and Service Delivery Gaps and Estimating Size of Street, Hotel and Residence Based Female Sex Workers in Bangladesh	National AIDS/STD Programme (NASP) and Save the Children	2011
27	National HIV Serological Surveillance, 2011 Bangladesh	National AIDS/STD Programme (NASP)	2011
28	NASP operational plan July 11 - June 16	DGHS	2011
29	The status of un-served children in education Working Children in Bangladesh	CAMPE	2011
30	3rd NATIONAL STRATEGIC PLAN FOR HIV and AIDS RESPONSE 2011-2015	National AIDS/STD Programme (NASP)	2010
31	Youth led slum survey on the commercial sexual exploitation of vulnerable children & youth in Dhaka slum areas	Aparajeyo-Bangladesh	2010
32	Study to understand barriers to condom use among female sex workers in Bangladesh (final report).	ICDDR,B & Australian Government Overseas Aid Program.	2008
33	HSBS_2003_2004_5th_Round_Technical_Report	National AIDS/STD Programme (NASP)	2007
34	Transport Workers at Risk to HIV Documenting our Experience 2000-2004	CARE Bangladesh	2006
35	Dhaka: Improving Living Conditions for the Urban Poor. Bangladesh Development Series Paper No. 17	World Bank	2007
36	Results of Seventh Round Serological Surveillance	National AIDS/STD Program, DHGS, Ministry of Health and Family Welfare.	2007
37	NHSS_2002_Bangladesh_4th_Round_Technical_Report	National AIDS/STD Programme (NASP)	2002

ANNEX-2

Tools for mapping service facilities (developed in Bengali)

প্রকল্প এলাকা থেকে যে সকল সেবাকেন্দ্রে টার্গেট গ্রুপের সদস্যদের রেফারেল করা যেতে পারে:

১) সরকারি স্বাস্থ্যসেবা কেন্দ্র (Government health facilities)

১.ক) জেলা সদর (নাম:	**নিম্নোক্ত সেবাগুলো এই সেবাকেন্দ্র থেকে দেয়া হলে টিক চিহ্ন দিন**					**সদর বাদে যে উপজেলায় সংযোগ কাজ করে সেখান থেকে এই সেবাকেন্দ্রের আনুমানিক দূরত্ব**
মেডিকেল কলেজ ও হাসপাতাল ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		কি:মি:
জেলা হাসপাতাল/জেনারেল হাসপাতাল ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		কি:মি:
মা ও শিশু কল্যান কেন্দ্র (MCWC) ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		কি:মি:
অন্যান্য..... ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		কি:মি:
১.খ) উপজেলা (নাম:)						
উপজেলা স্বাস্থ্য কমপ্লেক্স ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		
অন্যান্য..... ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		
উপজেলা থেকে জেলা সদরে যাতায়াত ব্যবস্থা	ভাল ☐	খারাপ ☐	মোটামুটি ☐			

২) এনজিও ক্লিনিক (NGO health facilities)

২. ক) জেলা সদর (নাম:	**নিম্নোক্ত সেবাগুলো এই সেবাকেন্দ্র থেকে দেয়া হলে টিক চিহ্ন দিন**					**সদর বাদে যে উপজেলায় সংযোগ কাজ করে সেখান থেকে এই সেবাকেন্দ্রের আনুমানিক দূরত্ব**
NHSDP/ সূর্যের হাসি ক্লিনিক ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		কি:মি:
UPHCP/ নগর স্বাস্থ্য কেন্দ্র ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		কি:মি:
মেরিস্টোপস ক্লিনিক ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		কি:মি:
অন্যান্য এনজিও ক্লিনিক থাকলে তাদের ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		কি:মি:
নাম লিখুন: ১)	২)	৩)	৪)			
২.খ) উপজেলা (নাম:)						
NHSDP/ সূর্যের হাসি ক্লিনিক ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		
UPHCP/ নগর স্বাস্থ্য কেন্দ্র ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		
মেরিস্টোপস ক্লিনিক ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	VCT/HTC সার্ভিস ☐	ART সাপোর্ট ☐		
অন্যান্য এনজিও ক্লিনিক থাকলে তাদের ☐	AFHS/কৈশর বান্ধব কেন্দ্র ☐	RTI/STI টেস্ট ☐	v ☐	ART সাপোর্ট ☐		
নাম লিখুন: ১)	২)	৩)	৪)			

ANNEX-3

Tools for mapping NGOs who work on HIV/AIDS at selected districts (developed in Bengali)

জেলা (৭টি) পর্যায়ে কোন কোন এনজিও HIV/AIDS নিয়ে কাজ করে সে সম্পর্কে সংক্ষিপ্ত তথ্য

ক্রমিক নং	১) বাস্তবায়নকারী এনজিও'র নাম (কোন কোন এনজিও এই জেলাতে HIV/AIDS নিয়ে কাজ করে/করেছিল?)	২) প্রকল্পের নাম (সংক্ষিপ্ত)	৩) প্রকল্পের সময়কাল (প্রকল্পটি কবে শুরু হয়েছে/হয়েছিল এবং কবে শেষ হবে/হয়েছে?)	৪) যে সকল এলাকাতে প্রকল্পটি কাজ করে/করেছিল তাদের নাম	৫) টার্গেট গ্রুপ (প্রকল্পটি কোন ধরনের জনগোষ্ঠী নিয়ে কাজ করে?)	৬) টার্গেট গ্রুপের সংখ্যাগত পরিমাণ (বয়স ও লিঙ্গভেদে আনুমানিক সংখ্যা)	৭) কাজের ধরন (প্রকল্পটি কিভাবে বা কোন পদ্ধতিতে টার্গেট গ্রুপের সাথে কাজ করে/করেছিল?	৮) যোগাযোগের জন্য ফোন নম্বর (প্রয়োজনে প্রকল্প সম্পর্কে বিস্তারিত তথ্য নেয়া হবে)

ANNEX-4

Tools for size estimation of Truckers (developed in Bengali)

.....জেলার ট্রাক চালক এবং সহকারীদের সম্পর্কে সংক্ষিপ্ত তথ্য

ক্রমিক নং	১) ট্রাকস্টান্ডের নাম	২) ট্রাক চালকদের সংখ্যাগত পরিমাণ (বয়সভেদে আনুমানিক সংখ্যা)	৩) সহকারীদের সংখ্যাগত পরিমাণ (বয়সভেদে আনুমানিক সংখ্যা)	৪) HIV/AIDS প্রকল্প বাস্তবায়নকারী এনজিও'র নাম