

# SANGJOG

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

## Narrative Progress Report

December 2016 – June 2017



Kingdom of the Netherlands






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Submitted to:

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Kingdom of the Netherlands

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## List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACPR	Associates for Community and Population Research
BCC	Behaviour Change Communication
CSE	Comprehensive Sexuality Education
FSWs	Female Sex Workers
HIV	Human Immunodeficiency Virus
HTC	HIV testing and counselling
IDUs	Intravenous Drug Users
ICDDR'B	International Centre for Diarrhoeal Disease Research' Bangladesh
KPs	Key Populations
MSI	Marie Stopes International
MSM	Men who have sex with men
MTCT	Mother to Child Transmission
NASP	National AIDS/STD Programme
NGO	Non-Government Organization
NGO AB	Non-Government Organization Affairs Bureau
NSP	National Strategic Plan
PC	Population Council
PLHIV	People Living with HIV
PSTC	Population Services and Training Center
RH	Reproductive Health
SAN!	Stop AIDS Now!
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 Programme on HIV and AIDS
UNESCO	United Nations for Education, Science and Cultural Organization
UNICEF	United Nations Children's Fund
UNO	Upazila Nirbahi Officer
USAID	U.S. Agency for International Development
VYKPs	Vulnerable Young Key Peoples
WHO	World Health Organisation



## 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 Centre (PSTC) and Population Council (PC) with the support of Embassy of the Kingdom of the Netherlands (EKN). It is a 2-year project in seven districts of Bangladesh namely Dhaka, Gazipur, Chittagiong, Cox's Bazar, Jessore, Kushtia and Dinajpur. The overall goal of the project is to improve the status of Sexual and Reproductive Health and Rights (SRHR) for vulnerable young key people (VYKP) 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, young people engaged in small trades and work as labour. 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.

With the goal of increasing access to integrated SRHR & HIV services to vulnerable young key people, SANGJOG devised its four-fold project objectives which include: a) reaching 50,000 vulnerable young key people with SRHR & HIV services; b) establishing functional referral linkage and providing SRHR and HIV services for 25,000 VYKPs; c) developing capacity of 20 services facilities for providing integrated SRHR and HIV services; and d) creating enabling environment through sensitizing 300 stakeholders.

SANGJOG reaches vulnerable young key populations (VYKPs) through Peer network. From the Key Population networks like Sex Workers Network, Transport Workers Federation etc. and relevant organizational linkages, 70 Peer Educators were selected (10 from each working area) representing the groups and were trained to work with SANGJOG as frontline cadres, 'Outreach Workers'. SANGJOG focuses on advocacy to address improving young KP's SRHR needs through mobilization. Further, the programme supplements SRHR services to street children/pavement dwellers, transport workers, floating female sex workers and young people engaged in small trade and work as labour. The programme 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.

### Activities Performed

- SANGJOG started its activities through a national level launching ceremony to obtain commitment and support from the different level stakeholders
- Organized staff orientation training on project goal and objectives with organizational rules and regulations;
- All the project staff members are capacitated on implementation of peer approach in education activities for ensuring integrated SRHR and HIV services to VYKP
- Organized three-day long capacity building training for the 70 identified peer educators on entitlement, healthy choices and claiming SRHR rights for VYKP
- Started mobilizing VYKP on HIV/STI/RTI and educated to increase knowledge on SRHR and HIV/AIDS through courtyard peer sessions/meetings;
- Organized comprehensive sexuality education (CSE) session at the community level among the vulnerable young key people to raise awareness and referrals
- National day celebrations
- Organized health camps in community

- A benchmark and Mapping Study was carried out for setting up benchmarks from analysis of secondary data; 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 mapping GoB and NGO health facilities at district level for providing SRHR and HIV services by establishing functional referral linkage.

Through the launching ceremony, national level stakeholders including government agencies, media and development partners were well-informed about the implementation of SANGJOG project. They expressed their commitment and extended their support to organize project activities positively.

Improved knowledge on SRHR and HIV/AIDS: 70 peer educators received training on basic knowledge regarding SRHR, HIV/AIDS, etc. and they are conducting awareness raising sessions at a suitable place of their choice with their peers. So far, among the VYKPs who attended SANGJOG sessions/meetings were found to be less than 50 percent knowledge level (based on structured questionnaire) disregard for being male and female. However, posttest percentages presents that a significant amount of changes in the knowledge level of these VYKPs after attending SANGJOG sessions/meetings.

Significant number of patients were reached through health camps and referral services. Based on the findings from the baseline information, SANGJOG district teams had consultation meetings with Civil Surgeons, DDFP, and Hospital Super. Discussion were held about youth friendly services options for the VYKPs. The team also identified scope of strengthening the service options.

Initial discussion were held with Deputy Commissioners, Upazila Nirbahi Officer (UNO), local administrators and elected leaders in all seven districts about the project activities. An advocacy plan was developed based on stakeholders mapping for each of the district.

SANGJOG activities are contributing to meet the SRHR and HIV needs of the vulnerable young key people of Bangladesh towards key strategy of the National Adolescent Health Strategy 2017-2030. With the support from the different level stakeholders, SANGJOG has established effective linkages and networks with local and national level stakeholders to achieve goal in upcoming years through strengthening the health service delivery mechanism to meet the needs of all vulnerable adolescents; and to bring VYKPs into the intervention and provide them with their basic rights particularly right to health, social welfare.

## Background

**SANGJOG**, a program for better SRHR for young people vulnerable to HIV in Bangladesh, is a partnership initiative of Population Services and Training Centre (PSTC) and Population Council (PC) with the support of Embassy of the Kingdom of the Netherlands (EKN). It works to bring SRHR interventions to existing community based HIV programmes and create linkages with public and private sexual and reproductive health (SRH) services providers. Utilizing the consortium's technical expertise, creditability and good practice in programming for key populations (KPs), SANGJOG intervention focuses on addressing the needs of Young Key Peoples vulnerable to HIV aged 15 to 24.

**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 VYKPs on SRHR & 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 is 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 labour to integrate SRHR into existing programmes 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 labourers 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 of arrest.

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

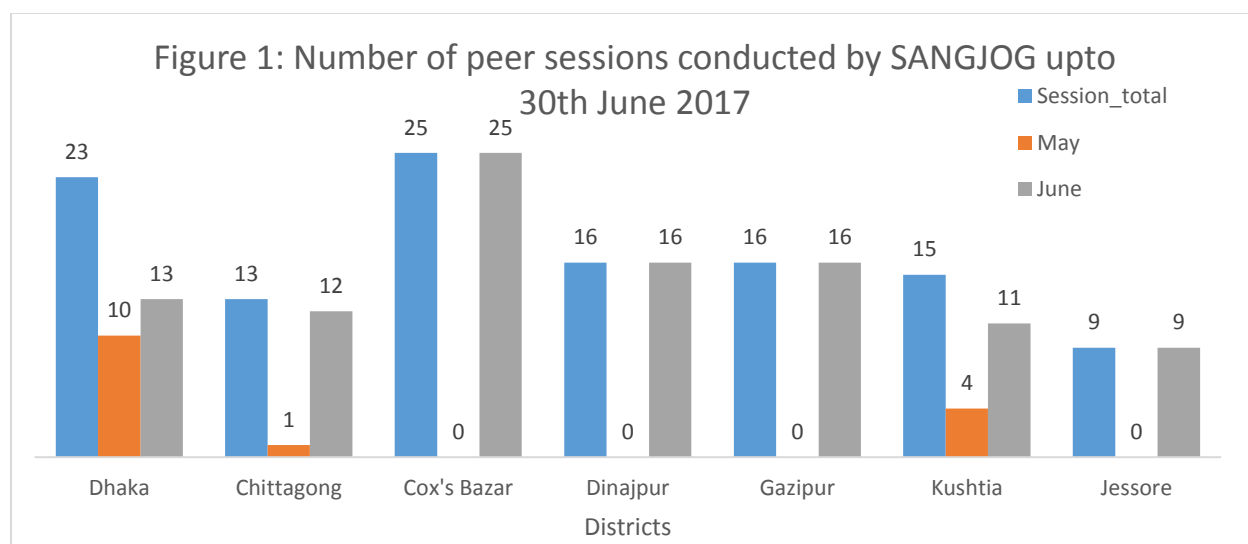
National RH Strategy and the Adolescent Health Strategy. Also, through its operational research activities, SANGJOG is also working on generating evidence-based knowledge related to SRHR.

## Results Achieved According to Logframe

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

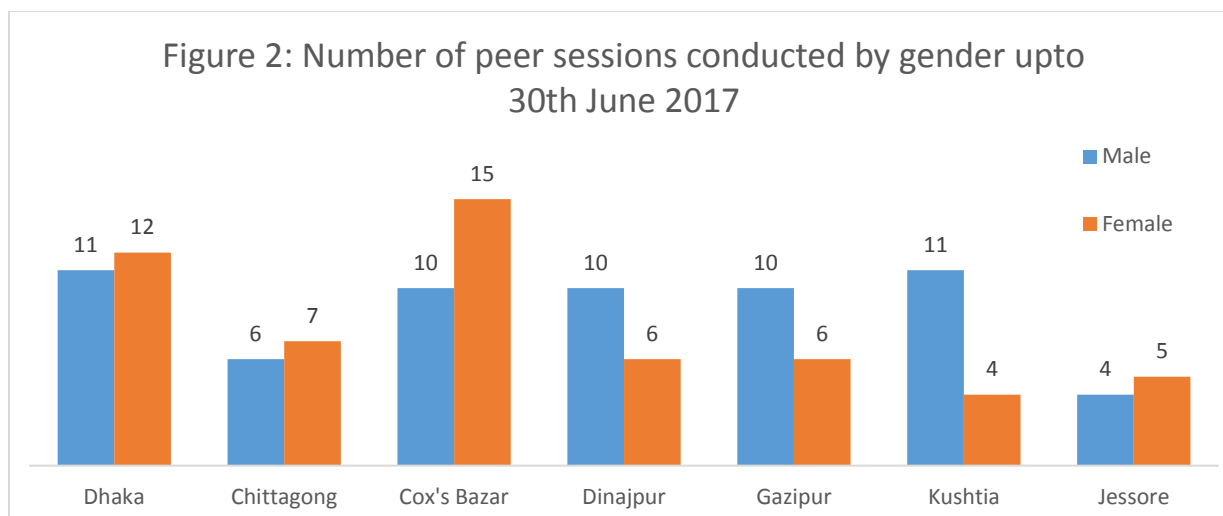
#### **Activity 1.1.1 Community mobilisation and education to increase knowledge of VYKP for HIV/AIDS.**

One of the key activity of the SANGJOG project is to mobilise the VYKPs through peer sessions (courtyard meeting) within their communities. The project faced challenges to recruit field level project staffs as well as suitable peer educators. Also, the contents to train these staffs and the contents for peer sessions, development of online monitoring tools, etc. needed to be finalised before that. Completing all these constraints, the project started to conduct peer sessions starting from May 2017 in Dhaka, Chittagong and Kushtia. On the first week of June 2017, the field supervisors were called to head office of PSTC and attended a day long training on SurveyCTO monitoring tools. Also for enhancing the usage of this SurveyCTO tools, all the 14 Field supervisors were provided a Samsung Android mobile handset. After successful completion of the training, these field supervisors went back to their field station and started to organize peer sessions with the assistance of their assigned peer educators. It was expected that there should be on average 20 sessions conducted per month.

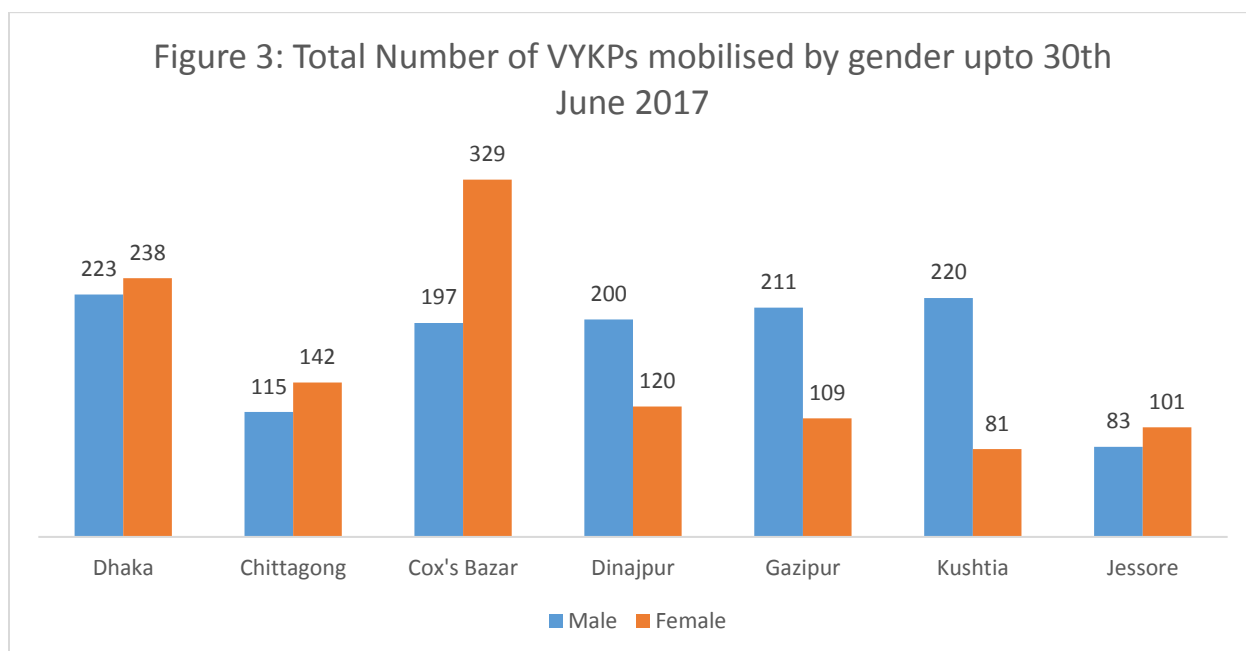


The above graph provides a snapshot of 117 peer sessions arranged by the SANGJOG project till 30<sup>th</sup> June 2017. Only Dhaka and Cox's Bazar were able to conduct more than 20 sessions to cope up the session lags on May. Also the rest 5 districts tried their level best to arrange maximum sessions. However, in Jessore the progress of completed session found to be very low.





The total sessions arranged by each districts were further classified by the attendees' gender and the Figure 2 provides us the information that only at Cox's Bazar, notably more peer sessions were conducted among female VYKPs. The following Figure 3 presents the total 2369 of peer VYKPs are mobilised through 117 peer sessions which is the continued analysis of the above graph.



In total, 15 peer sessions on May 2017 and 102 peer sessions on June 2017, were conducted by the SANGJOG project. The statistics presented above provide insights that though SANGJOG project started to progress this activity at a low rate, it took an immense leap in progress in June 2017 to mitigate the lag it already had experienced in May 2017. It is expected that if the field level staffs work with this enthusiasm, spirit and dedication, SANGJOG may not face the session lag in the upcoming months.



1 Young People in Peer Education Session

### Activity 1.1.3 Staff orientation on project goal and objectives with organisational rules and regulations

Staff orientation program is a strategy to make new staff members understandable and committed to the organisation and project works. PSTC, SANGJOG project organised two-day long residential orientation program for its staff members on **21- 22 March 2017** at Parjatan Holiday Complex, Rangamati.

#### Objective of Orientation program

- Providing clear and comprehensive understanding on the overall activities of SANGJOG project
- Informing about PSTC and its Vision, Mission and Policies
- Involving all project staff for developing a common Action Plan of SANGJOG
- Becoming familiar with the project activities and implement with team spirit
- building a strong team all together for making this project a very successful one
- Ensuring Gender equality in program implementation

#### Immediate Results

- New staffs felt warm welcome to the organisation
- New staffs became confident to work more effectively for SANGJOG project
- Orientation made new staffs to feel that they have all kinds of support for doing a good job
- New staffs started to become familiarised with the organisational culture and norms
- New staffs started to think work in a uniform way through group work

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

**Result Achieved:** During the reporting period, SANGJOG project organised total six one day long orientation session on comprehensive sexuality education (CSE) with VYKPs in the following districts-

Location	Session Date	Number of participants	
		Female	Male
Chittagong	June 19, 2017	0	17

Location	Session Date	Number of participants	
		Female	Male
	June 20, 2017	20	0
Cox's Bazar	June 19, 2017	0	20
	June 20, 2017	20	0
Dinajpur	June 21, 2017	5	15
Kushtia	June 21, 2017	20	0
Total	6 Sessions	65	52

Dhaka, Gazipur and Jessore districts didn't organize any CSE session during the reporting period but they have completed proper preparation for conducting CSE in the upcoming month will be included in the next reporting period. Discussion, group exercise, role play, brain storming and other participatory techniques were used in orientation program.

### 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

- Participants were motivated about the importance of safer sex
- Participants became sensitised regarding HIV/AIDS
- Participants became committed to help SANGJOG to prevent HIV/AIDS
- Participants became inspired to make other peers aware
- Participants became 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)

**Result achieved:** The information and message through peer education system can easily transmitted because of access and acceptance of peer educators within SANGJOG target group. SANGJOG initiated capacity building training for peer educators to build knowledge and confidence among 68 peer educators from 7 districts regarding entitlement, healthy choices and claiming SRH rights for VYKP. PSTC-SANGJOG district offices organised 3 days capacity building training program during the period of month May 2017. Below is the program details by district-

Districts	Date of Capacity Building Training
Dhaka	15-17 May
Cox's Bazar	16-18 May
Kushtia	22-24 May
Gajipur	23-25 May
Dinajpur	23-25 May
Jessore	23-25 May
Chittagong	23-25 May

District Coordinator and Field Supervisors were responsible to conduct the training sessions. Workshop started with the welcome remarks and introducing each other's. Both the participants and organiser shared the expectations in the beginning. It was participatory in order to share participants' experiences and effective outcome. Participants were active because of participatory method. Training norms and rules was established by the participants themselves.



*2 Capacity Building Training for Peer Educators*

The training was focused on making the participants understand why they are important for the project and how they can make change in the current situation.

### **Objectives of Sessions:**

- To enable participants to explore their level of awareness of HIV/AIDS and SRHR
- To learn about RTI/STI/HIV/AIDS
- To identify common syndrome of RTI/STI
- To refer patient at selected health facilities and follow-up patients
- To build skills and awareness of condom use
- To organise session at community and centre about prevention of RTI/STI/HIV and stigma & discrimination about HIV/AIDS
- To communicate effectively among target groups and stakeholders by utilising appropriate materials
- To act as a prime motivational and educational service regarding the issues
- To develop friendly and effective relationship between peer educators and project staff

### **Main Discussion/ Components**

- About PSTC and SANGJOG project
- Primary knowledge on Reproductive Health
- RTI- Reproductive Tract Infection (Definition, Syndrome, Treatment)
- STI- Sexually Transmitted Infection (Definition, Syndrome, Treatment)
- HIV/AIDS (Definition, Syndrome, How to transmit or not transmit, Treatment)
- Gender role in HIV
- HIV in Bangladesh
- Condom education and promotion
- Communication and Counselling
- Referral and Linkage.
- Record keeping and maintaining bill/voucher

## Immediate Results

- Peer Educators were motivated to engage themselves in the programmatic activities
- Common standard of quality and understanding among peers have developed
- Peer Educators became aware of SRHR and HIV prevention
- Peers Educator's level of knowledge raised regarding the issues
- Peer Educators became committed to provide need base service in their community
- Peer Educators became confident to discuss the issues in their meeting at working area
- Peer Educators felt empowered to disseminate their learning
- Peer Educators are committed to reduce HIV from our Society
- Relationship between Peer educators and Project Staff has developed

### Activity 1.2.5 Capacity building training for project staffs on implementation of peer education activities to ensure integrated SRHR and HIV services to vulnerable young key people

**Result achieved:** For implementing the SANGJOG program successfully it was needed to have Capacity building training for project staffs. It was held from **25 April to 27 April 2017** in Gazipur PSTC Training Complex.

The session started with a brain storming activity among the participants.

#### Objectives of Training

- To have a clear concept on the SANGJOG project
- To orient about peer approach
- To orient of the monitoring and evaluation mechanism of SANGJOG project
- To develop the capacity among the team members of SANGJOG
- To train the field Supervisor for starting the core project activities
- To increase knowledge and clear concept on SANGJOG project Action Plan
- To make the field supervisor very much clear about the project activities and implementing them with the whole team
- To build a strong team all together for making this project a very successful one



*3Capacity Building Training for the Project Staff Members*

## Immediate Results

- Developed competencies and capabilities to run the project activities
- Gained and shared knowledge within staff members
- Developed skills on managing peers and project activities
- Enhanced awareness and understanding about HIV/AIDS and other issues
- Developed capacity to identify relevant stakeholders and strategies to involve them in project activities



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

**Result achieved:** SANGJOG team observed International **Women's Day** on 8 March 2017 with Human Chain and Discussion Meeting. It is a global day celebrating the social, economic, cultural and political achievements of women. The day also marks a call to action for accelerating gender parity. As the SANGJOG project works with people who are at risk and a significant portion of them are women who are in the informal economy, subsidising care and domestic work, and concentrated in lower-paid, lower-skill occupations with little or no social protection. Empowering women and girls is the only way to protect their rights and make sure they can realise their full potential.

**World Health Day**, celebrated on 7 April every year to mark the anniversary of the founding of the World Health Organisation. This year SANGJOG in Chittagong, Cox's Bazar, Dinajpur and Kushtia observed the day which provides us with a unique opportunity to mobilise action around a specific health topic of concern to people all over the world. They observed the day through rally, discussion meeting in which DCs, CSs, DDFP were present and they presented evidence based informative data that are connected with the day. This presentation was an eye opener for all.

The **World Day against Child Labour**, which is held every year on June 12, was observed by Chittagong SANGJOG Team this year, in which a round table discussion was held. The day provides an opportunity to gain further support of local authorities, social partners, civil society and others, in the campaign to tackle child labour.

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

### Activity 2.3.2: Organise health camps in community

SANGJOG Dhaka district office organised health camp at NHSDP PSTC Surjer Hashi Satellite Clinic on 20 June 2017. During the health camp 18 VYKPs (male 04 and female 14) from community target people got the services. Pavement dwellers and young labour (Biscuit factory worker) attended this health camp and took health services. Service provider prescribed on medicine to follow RTI/STI Syndromic Management Protocol.

#### **Objectives of Health Camp**

- Providing health care services on STI/RTI and Sexual and reproductive health problems
- Referring patients to the appropriate health care center
- Counseling to reduce risk behaviour

#### **Immediate Result**

- Treated patients with RTI/STIs and other health problems
- Increased knowledge and awareness of risk behavior



4 Young People in Health Camp



- Changed attitudes and motivations
- Changed beliefs and perceptions

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

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. Population Council conducted a benchmark and mapping study (See full report at Annex-- 2) in order to identify potential government and NGO health facilities for establishing referral linkage at district level. The following service provisions were selected as the main criteria for assessing SRHR and HIV services provided from any health facilities:

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

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.

**Table 1:** 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

The study found that service related to RTI/STI test, VCT/HTC test and ART support are available in the specialized medical college and 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 2:** 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 mapping exercise showed that no MCWC in all seven districts has the provision of providing ART support services.

**Table 3:** 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 exercise also explored 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 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 Sun 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 Smiling Sun clinics (Health Bulletin, 2016). 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 4: 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. 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 5: 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 6:** 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

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.

**Table 10:** name of NGOs who are currently implementing HIV/AIDS focused programs in selected districts

District	Name of NGOs
Dhaka	Save the Children and Light house
Gazipur	Sylhet Jubo Academy and PSTC
Chittagong	Young Power in Social Action (YPSA)
Cox's Bazar	FPAB, Ashar Alo, Sylhet Jubo Academy and Bondhu
Jessore	Light house and FPAB
Kushtia	Light house and FPAB
Dinajpur	FPAB

### Immediate Results:

Based on the findings from the baseline information, SANGJOG district teams had consultation meetings with Civil Surgeons, DDFP, Hospital Super and other services providing organizations. Discussion were held about youth friendly services options for the VYKPs. The team also identified scope of strengthening the service options.

### **Result 4: Vulnerable young people from Key Population enjoyed their SRH rights.**

A mapping exercise conducted by each of the district team to identify stakeholder for advocacy to ensure the sexual and reproductive health rights for the Vulnerable Young Key Peoples. Below are the possible list of stakeholders identified:

STAKEHOLDERS	Dhaka	Gazipur	Dinajpur	Kushtia	Jessore	Chittagong	Cox's Bazar
Deputy Commissioner	✓	✓	✓	✓	✓	✓	✓
UNO		✓	✓	✓	✓	✓	✓
Civil Surgeon		✓	✓	✓	✓	✓	✓
Hospital Super/Administrator	✓	✓	✓	✓	✓	✓	✓
Director MCHS DGFP	✓						
Deputy Director Family Planning		✓	✓	✓	✓	✓	✓
Deputy Director DYD	✓	✓	✓	✓	✓	✓	✓
Municipality Mayor		✓	✓	✓	✓		✓
Word Commissioner	✓	✓	✓	✓	✓	✓	✓
Federation Leader	✓	✓	✓	✓	✓	✓	✓
Cooperative Leader	✓	✓	✓	✓	✓	✓	✓
Community Support Groups	✓	✓	✓	✓	✓	✓	✓
Others	✓	✓	✓	✓	✓	✓	✓

## Immediate Results:

National and local level stakeholders expressed their commitment and extended their support to organize project activities positively.

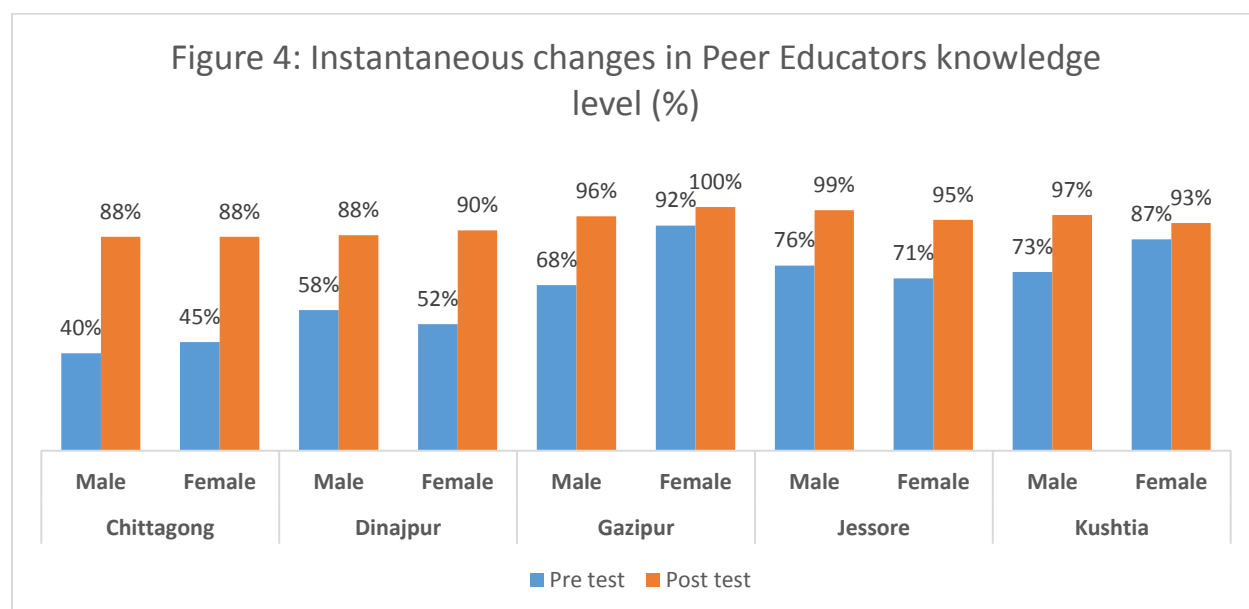
Initial discussion were held with Deputy Commissioners, Upazila Nirbahi Officer local administrators and elected leaders about the project activities. An advocacy plan was developed based on stakeholders mapping for each of the district.

## Instantaneous changes by the intervention

As a first six months (January-June 2017) progress of the SANGJOG project, through its regular field level activities the project, was not in a condition to observe any impact and/or outcome level changes. However, some instantaneous changes were observed in the knowledge level regarding SRHR and HIV/AIDS of both Peer educators and their peers (who attended peer session).

### *Instantaneous changes in Peer Educators' knowledge level*

After successful recruitment of Peer Educators in each of the 7 districts, these peer educators were capacitated through a capacity building training (refer: 1.2.1 Capacity building training for peers on entitlement, healthy choices and claiming SRHR rights for VYKP). Except for Dhaka and Cox's Bazar, all the other five district offices assessed the SRHR and HIV/AIDS related knowledge of these peer educators with 13-15 questions in pretest -posttest settings. The results are presented in the following graph.



The above graph clearly indicate a good amount of changes took place in all the 5 districts. However this changes are instantaneous (i.e. being measured as a duration of one day training). Also, the number of peer educators is too low (only 5 per gender/district) to conduct any statistical significance test.



## Instantaneous changes in knowledge level of peers

The knowledge level of peers, who have attended sessions, is assessed and recorded electronically via the monitoring tools. The following figure utilises that monitoring data.

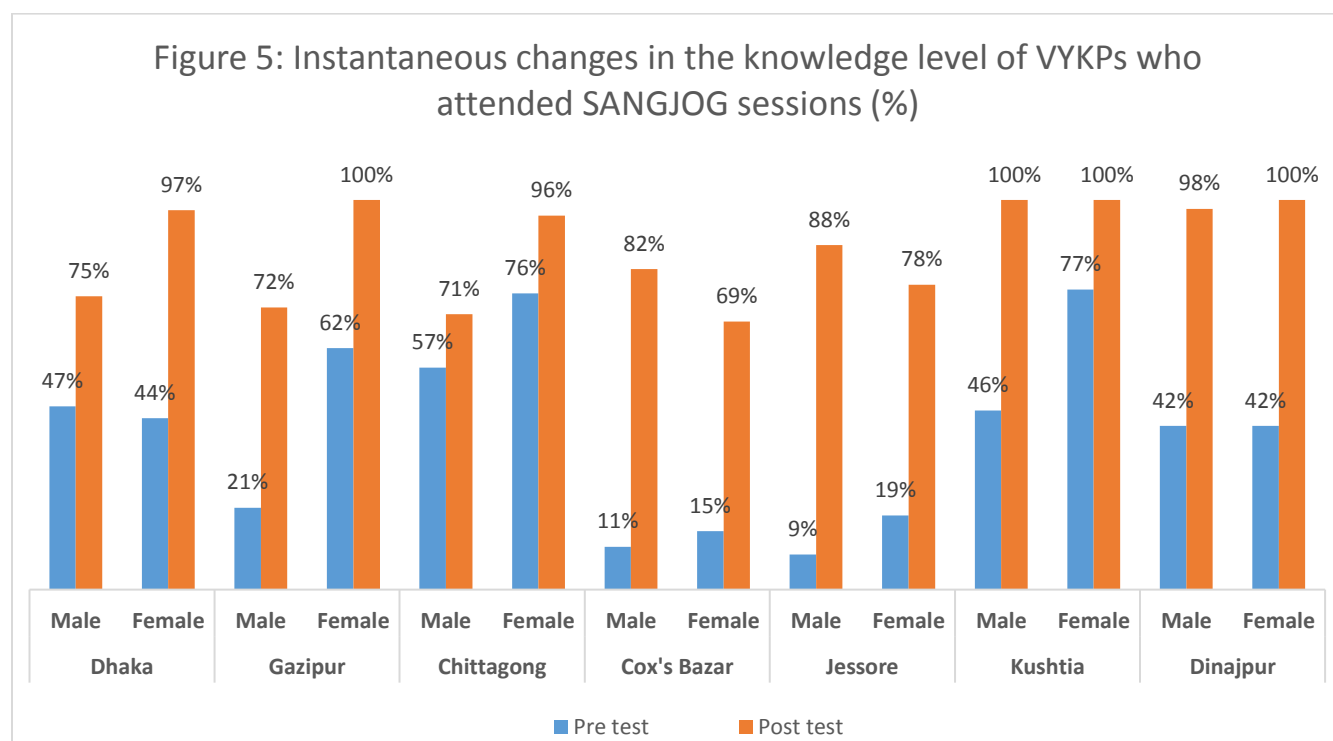


Figure 5 presents that, except for Gazipur, Chittagong and Kushtia, pre-test percentages of VYKPs who attended SANGJOG sessions/courtyard meetings were less than 50 percent disregard for being male and female. Basic knowledge regarding SRHR, HIV/AIDS, etc found to be less than 20 percent among the VYKPs from Cox's Bazar and Jessore. However, posttest percentages presents that a significant amount of changes in the knowledge level of these VYKPs after attending SANGJOG courtyard meetings.

## Gender Dimension

The power imbalance between gender often create barriers to practice as well as access to sexual and reproductive health rights and HIV testing and treatment in a proper way. In most cases women and girls do not have access to sexual and reproductive health rights. For sustainable and right-based development it needs to address gender equality and equity.

SANGJOG committed to reduce the negative impacts of gender inequality in SRHR and HIV. SANGJOG ensured the participation of its target population regardless gender inequality, norms and stigma related to gender identity with blindness. Meaningful and effective participation of women, girls, boys, men from all levels is 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. It was implemented almost successfully. Though it was not that much easy to get female peer educators. In Jessore, Chittagong and Cox's Bazar we have 5 male peer educators and 5 female peer educators. In Dhaka we have 6 female peer educators and 4 male peer educators. In Dinajpur 6 male peer educators and 4 female peer educators.

SANGJOG also included capacity building training programmes for both staff and peer educators to promote gender equality based on equity and improve gender-related outcomes in SRHR and HIV.

Capacity building training included gender analysis, differences between gender and sexuality, gender in HIV, control over using condom, harmful gender norms and stereotypes, gender inequalities and its negative impact on SRHR and HIV AIDS etc.



*5 Water Logging in Chittagong*

### **Achievements**

- Established gender equity and equality in all level of programmes
- Demonstrated gender-sensitive behaviour in workplace by the project staffs
- Developed capacity and responsibility to ensure gender equality and equity of programme staffs and peer educators
- Developed and promoted young boys involvement to promote gender equality and equity in SRHR and HIV
- Supported young girls and boys to keep their privacy in every aspect while they are participating/working in SANGJOG

### **Challenges**

- It is challenging to ensure full participation of women in SANGJOG without mainstreaming gender equity in society
- It is problematic and difficult to break gender norms and make people understand gender role in access to SRH services, HIV testing and treatment
- It is quite difficult to build support for working together of young boys and girls in the issues of SRHR and HIV
- It was difficult to get young girls as peer educators

### ***Effect of climate changes***

Bangladesh is considered one of the countries which are most at risk to the effects of climate change and its coastal area is most vulnerable. The tropical storm MORA had hit on May 30, 2017 at Cox's Bazar and Chittagong forced almost 500,000 people to flee coastal areas, people were evacuated to shelters, schools and government offices. Heavy rainfall and waterlogging due high tide a large area of Chittagong like Hamjar Bag, Mohammad pur, Solok Bohor, Bibir Hat, Sher Sha Colony and in Cox's Bazar like Kolatoli, Shomitypara, Kutubdiapara, Bandarpara, Jirjirpara, Khurushkul, Bharuakhali, Eidgah and many other areas usually goes under water. Due to this waterlogging which lasts for more than one day, our program activities hindered a lot. In the Month of May and June Chittagong and Cox's Bazar were unable to organise most of the field level activities (especially courtyard peer meeting 1.1.1) in time because of

waterlogging. Moreover Rally to observe International day Against Child Labour had to cancel due to heavy rainfall. It is also to be noted that land slide may occur at any time if rain fall continues for days, hence it is risky to plan any activity (like 1.1.1 Community mobilisation and education, 2.3.2 Organise health camps in community, etc.) at the hills in Chittagong and Cox's Bazar.

## Monitoring and Evaluation

Aside from the regular programmatic activities, SANGJOG project developed some documents and tools for monitoring (already mentioned under Activity 1.1.1 results) and evaluation purpose. First of all, a 'quick' base line study had been conducted by PC colleagues using secondary data analysis of various documents to understand the situation of field locations and targeted VYKPs. Then benchmarks were set up jointly by PC and PSTC after reviewing programmatic activities deeply. This mapping and benchmark report 2017 will be compared to the end line findings at the end of the project in 2018. (Please see annex 2 for details)

## Overall Challenges

Getting approval from the NGO AB was the initial challenge of the project to startup timely. SANGJOG stated its activities after getting approval on 31 January 2017. Setting up referral linkages between GoB facilities and SANGJOG project found to be another initial challenge. SANGJOG field level staffs in this first 6 months attended several meetings within their locality to build liaison with local administrative leaders, Civil Surgeon, Administrative head of GoB health facilities, and many others. Our experience from the first 6 months inform that setting up referral linkages provides significant time to build up. However, once the linkages become formed these should be effective since SANGJOG targeted GoB/NGOs health facilities – who have strong infrastructure and logistics. Staffs at PSTC head office are also working to provide support these field level staffs to build effective referral linkages.

Drop out of trained Peer Educators is another challenges that SANGJOG project may face in near future. By June 2017, only one trained peer educator (adolescent pavement dweller) from Gazipur district reported to be dropped out. As the VYKPs under SANGJOG project are too prone to migrate from one place to another, it will become challenging to retrain them for the entire length of SANGJOG intervention.

## Way Forward

Though of the activities under SANGJOG project faced challenges to start with full swing, still we can say it is a good beginning. Activities were relevant as well as effective in addressing the priority SRHR needs in terms of HIV awareness. Peer approach seems effective to work within the target groups. In future it might create intervention strategies for sustainable outcomes.

Under each district, any peer educator supposed to conduct two sessions/courtyard meetings per month. These target number of courtyard meetings need to be increased so that the project can fulfil its objective 1 to mobilise 50,000 VYKPs.

Both the District Coordinators of Chittagong and Cox's Bazar were advised to increase plausible number of courtyard meetings in the target for each peer educators in the upcoming 6 months to cope up the gap created by water logging.

Field level staffs should continuously provide these Peer Educators moral support by attending each courtyard meetings. Also these Peer Educators needed to be periodically counselled about their role, importance in bringing changes in the overall health status in community.

SANGJOG activities are being contributing to meet the SRHR and HIV needs of the vulnerable young key people of Bangladesh towards key strategy of the National Adolescent Health Strategy 2017-2030. With support from the different level stakeholders SANGJOG already developed will be able to ensure 'strengthen the health service delivery mechanism which meet quality standards and comprehensiveness, to meet the needs of all vulnerable adolescents;' and to bring VYKPs into the intervention and provide them with their basic rights particularly right to, health, social welfare.

Within this short period (six months) it is difficult to identify expected long term changes. However the immediate results, we observed from the first 6 months, provides us enough confidence to move toward in changing behaviour and believes among VYKPs and stakeholder regarding the issue.

Annex 1: Photo Gallery and Media Coverage

Annex 2: SANGJOG Benchmark Report