report

Evaluation of সংযোগ SANGJOG

A Program for Better Sexual and Reproductive Health & Rights for Young People Vulnerable to HIV in Bangladesh

December 2018

Kingdom of the Netherlands

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Evaluation of সংযোগ SANGJOG

A Program for Better Sexual and Reproductive Health & Rights for Young People Vulnerable to HIV in Bangladesh

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যেভাবে ছড়ায় না
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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BCC	Behavior Change Communication
BDT	Bangladeshi Taka
CS	Civil Surgeon
CSE	Comprehensive Sexuality Education
DDFP	Deputy Director of Family Planning
EKN	The Embassy of the Kingdom of Netherlands
FP	Family Planning
FSW	Female Sex Worker
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IDI	In-Depth Interview
IUD	Intrauterine Device
KP	Key Population
MSM	Men who have Sex with Men
NASP	National AIDS/STD Programme
NGO	Non-Governmental Organization
PD	Pavement Dweller
PE	Peer Educator
PNC	Postnatal Care
PSTC	Population Services and Training Center
PWID	People Who Inject Drugs
RH	Reproductive Health
RMG	Ready-Made Garment
RTI	Reproductive Tract Infection
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TW	Transport Worker
USAID	United States Agency for International Development
VYKP	Vulnerable Young Key Populations
WHO	World Health Organization
YL	Young Laborer

Acknowledgments

This report presents the findings of the evaluation of the project named SANGJOG, a program for better sexual reproductive health and rights (SRHR) for young people vulnerable to HIV in Bangladesh—led by the Population Services and Training Center (PSTC) partnered with the Population Council. We are grateful to the Embassy of the Kingdom of the Netherlands (EKN) in Bangladesh for their generous support. Key members of the EKN team included Annie Vestjens, First Secretary, Sexual and Reproductive Health and Rights and Gender, and Mushfiqua Zaman Satiar, Senior Policy Adviser, SRHR and Gender.

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পপুলেশন সার্ভিসেস এন্ড ট্রেনিং সেন্টার (পিএসটিসি)

Executive Summary

Bangladesh keeps the overall HIV prevalence below one percent despite being a developing nation. Bangladesh's successes in this regard are due to the early introduction of interventions in combatting HIV/AIDS, which is primarily a result of strong political commitment, timely financial support, and effective government-non-governmental collaboration. For the last three decades, the National AIDS/STD Program implemented several prevention efforts targeting high-risk populations and introduced guidelines on key issues including HIV testing, care, blood safety, sexually transmitted infections (STIs), and service for youth, women, migrant populations, and sex workers. Although these activities have helped to keep the incidence of HIV low, estimated number of HIV-positive individuals increasing gradually reaching approximately 11,000 in 2016, as estimated by UNAIDS. While HIV prevalence is very low in the general population, among key populations (KPs) the risk for HIV is high—reaching 0.7 percent.

PSTC and Population Council partnered to launch 'SANGJOG', a program for better sexual and reproductive health and rights (SRHR) for young people vulnerable to HIV in Bangladesh. The target group of this activity is vulnerable young key populations (VYKPs), which includes pavement dwellers (PDs), transport workers (TWs), female sex workers (FSWs), and young laborers (YL). The Embassy of the Kingdom of Netherlands (EKN) provided financial support. This 24-month project has been implemented by PSTC since December 2016. The intervention includes: community mobilization and education to increase awareness of young key people vulnerable to HIV and AIDS; capacity building of youth leaders and networks to claim their rights; working with parents and communities to build a supportive environment for exercising SRHR; integration of SRHR/HIV services; establishment of referrals; and linkages between service providers. To identify ways to optimize program inputs and processes to support future scale-up of the interventions, Population Council conducted an evaluation study to document the effectiveness of the SANGJOG intervention for improving SRHR status among VYKPs. The current report presents findings from a mixed-method cross-sectional study of 1,060 VYKPs; a qualitative study with 55 VYKPs, 19 service providers, and 21 stakeholders; and a facility assessment of 16 referral centers in Chattogram, Cox's Bazar, Dhaka, Dinajpur, Gazipur, Kushtia, and Jashore districts.

KEY FINDINGS

SANGJOG intervention had a positive effect on most of the aspects of sexual and reproductive health knowledge and behavior. VYKPs in seven districts where the SANGJOG intervention was implemented showed improved knowledge and behavior related to STIs. This is likely related, in part, to the intervention's facilitation of peer sessions and referral linkages among VYKPs, government health facilities, and non-governmental organization (NGO) operated health facilities, which made it possible for facilities to offer friendly and free-of-cost services to VYKPs. Moreover, a positive effect was observed on VYKPs' knowledge of STIs and HIV/AIDS, safer sex, and use of contraception.

The results were also supported by the qualitative finding through in-depth interviews (IDIs) of VYKPs, service providers, and stakeholders. Service providers and stakeholders were generally supportive of the intervention and seemed to understand the value.

The intervention focused on HIV/AIDS testing and counselling (HTC) services and it could be improved further by strengthening health facilities to provide HTC services.

The intervention intended to strengthen the provision of health services available for VYKPs at NGO/GO clinics in addition to other health services. However, the findings indicate that these facilities need to take steps to ensure client-friendly health services for VYKPs. For instance, dedicated staff are needed to treat VYKPs and ensure visual as well as auditory privacy in counselling and testing areas. This evaluation study—based on facility assessment data and interviews with VYKPs who received services—found that in a large portion of the referral facilities (mostly GO facilities), the above-mentioned steps were hardly operational, pointing to another area for future investment and revision in the SANGJOG intervention.

Discussions with stakeholders suggesting that policy makers and program managers in the health sector are aware of the importance of interventions such as SANGJOG spoke positively of the peer approach for reaching the key populations (KPs). In addition, they are appreciative of the positive effect of offering referral linkages.

The study compared the values generated from the quantitative survey and monitoring report with target values set at the preceding year's benchmark report to assess the performance of SANGJOG. It is observed that SANGJOG attained the targeted values for increasing condom usage in last high-risk sex, service sought for STIs, and increasing knowledge about HIV/AIDS.

The findings from the quantitative survey and qualitative discussions revealed that VYKPs were satisfied with SANGJOG project's overall activities implemented in the communities. However, stakeholders suggested more advocacy-related activities should be included in the next phase.

Study findings also point to the following recommendations for improving the sustainability of this project:

- Extending training content and duration: VYKPs recommended more trainings on health-related issues. Some also suggested reducing the duration of each training session but extending the span of the training period. In future, emphasis should be given on conducting more day-long comprehensive sexuality education (CSE) sessions or organizing more sessions (for instance, recall/follow-up sessions with same participants). Qualitative findings also support this recommendation.
- Engaging other VYKPs: Transgender persons and people who inject drugs (PWID) are two of the most common KPs at high risk for HIV in all districts, but they were not included in the intervention. Stakeholders of different districts suggested to incorporate these two groups in any STI and HIV/AIDS focused intervention to cover the most vulnerable group of people in a given area.
- Enabling environment for SRHR service provision: During the IDIs, some VYKPs mentioned the lack of privacy at government hospitals while they received services for STI. In contrast, they felt comfortable and secure while they received services from the NGO clinics. Also, HTC services were not offered at all the referral facilities under SANGJOG project. To establish sustainable referral linkage and service availability for VYKPs from government health facilities, more advocacy and sensitization is needed for the service providers and administrators for creating an enabling environment to ensure privacy and confidentiality for the key populations. Also, the intervention did not appear to have a positive effect on VYKPs' intention to receive HTC—an area to be improved in future intervention.

In summary, educating VYKPs and referring them to health facilities through peer educator can be an effective model for the country to ensure better SRHR status of VYKPs.

Introduction

Bangladesh is among the few developing nations that introduced early intervention in combating HIV/AIDS to keep the overall HIV prevalence below one percent, based on UNAIDS estimate (Azim et al. 2009). Despite a high incidence of STIs, a low literacy rate, and porous borders with countries like India and Myanmar, HIV prevalence has remained low over the years, concentrated to men who have sex with men (MSM), female sex workers (FSWs), and people who inject drugs (PWID) (UNAIDS 2014). Strong political commitment, timely donor support, and effective GO-NGO collaboration contributed to Bangladesh's successes in this front. During the past 30 years, the National AIDS/STD Program implemented several prevention activities targeting high risk populations and introduced guidelines on key issues including testing, care, blood safety, STIs, and services 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 (UNAIDS 2017).

While HIV prevalence is very low in the general population, it rises to 0.7 percent among KPs. In some cases, such as casual sex workers in the small border town of Hili in northwest Bangladesh, it is as high as 1.6 percent (HIV and AIDS Data Hub for Asia-Pacific 2011). Many of the estimated 11,000 people living with HIV are migrant workers (Samuels and Wagle 2011).

A global program of the International HIV/AIDS Alliance, UK, known as 'Link Up', funded by the Netherlands Ministry of Foreign Affairs was implemented in Bangladesh, Myanmar, Burundi, Ethiopia, and Uganda to make a significant contribution to the integration of SRHR interventions. In Bangladesh, the LINK UP national consortium consisted of the HIV/AIDS and STD Alliance Bangladesh (HASAB) (country lead), Marie Stopes Bangladesh, and Population Council. During the project period, HASAB/Link Up Bangladesh mapped the communities and prepared a list of young key populations aged 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 in June 2016.

Based on those experiences of working with young key populations in Link Up, a new project was proposed by the Population Services and Training Center (PSTC) / Population Council partnership entitled 'SANGJOG, a program for better SRHR for young people vulnerable to HIV in Bangladesh'. The Embassy of the Kingdom of Netherlands (EKN) provided the financial support. This project was able to use some of the existing resources as well as the network and modalities of LINK UP. The need for this program was pressing as many of the existing HIV program implementers were not addressing VYKPs or providing additional curative services. Proper attention had not been given to the age group of 15–24 years. SANGJOG was launched with a focus to generate evidence for broader SRHR/HIV integration at local and national levels. It was also expected that this intervention would bring positive change in SRHR interventions to existing peer/community-based HIV programs and create effective linkages with public and private health facilities who provide sexual and reproductive health information and services.

Project Description

The target population of this activity consisted of VYKPs in seven selected districts in Bangladesh. The target groups of this program were: (a) pavement dwellers (age 15–24) who generally live and sleep on the pavement or street under the open sky using temporary shelters and are deprived of basic needs, including minimum sanitation facilities; (b) transport workers (age 15–24) who are working as drivers or helpers to the drivers; (c) female sex workers (age 15–24) who sell sex on the street to diversified clients that include students, businessmen, transport workers; and (d) young people engaged in small trade and work as laborers (age 15–24 years). The duration of the project was two years, from December 2016–2018.

The objectives of SANGJOG project were to: (a) increase awareness and health-seeking behavior of 50,000 VYKPs on sexual and reproductive health (SRH) and HIV services; (b) establish functional referral linkage with the Government of Bangladesh (GoB) and NGO health facilities for providing SRH and HIV services to 25,000 VYKPs; (c) increase capacity of 20 government services facilities for providing integrated SRH and HIV services; and (d) advocate for creating enabling environments sensitizing 300 stakeholders for increasing access of VYKPs to SRHR and HIV information and services.

SANGJOG reaches VYKPs through a peer education approach developed in LINK UP. From the key population networks (such as Sex Workers Network and Transport Workers Federation) and relevant organizational linkages, 70 peer educators were selected to represent each group (10 for each district) and were trained to work as frontline outreach workers. These peer educators also received a refresher training at the beginning of the second year of the intervention.

The peer educators maintained regular contact with the VYKPs through organized awareness-raising sessions. In total, 360 sessions were organized in each district. The awareness-raising sessions were termed as 'courtyard peer sessions.' During these sessions, 20 VYKPs were gathered and the peer educators discussed issues related to SRHR, HIV/AIDS, STI, condom use with pictorial flipcharts, and condom usage demonstration. The duration of each of these sessions was one hour. The peer educators referred the VYKP to the referral facilities, which were supported by the Embassy of the Kingdom of Netherlands (EKN) funds, for providing services to VYKPs. Besides these one-hour sessions, day-long sexuality education sessions (40 sessions per district) were also arranged with VYKPs in the community. A three-pronged communication channel approach was used to provide information to the VYKPs: (a) peers; (b) community; and (c) mass media. For further information and updates, PSTC monthly magazine, 'Projanmo Kotha', and different behavior change communication (BCC) materials were used.

SANGJOG aimed to increase demand and knowledge among VYKP about youth-friendly integrated services by mobilizing VYKPs and working with service providers. The program also mobilized support of religious leaders, local administration, and parents for young people's SRHR and appropriate age specific services, thereby building champions both in and out of the health care system. In addition to working directly with health-related sectors, the program addressed legal barriers to young people vulnerable to HIV to access SRHR and HIV services, such as requirements for parental consent, criminalization of homosexuality, sex work, and gender-based violence (GBV). At the community level, the program worked with law enforcement agencies to better interpret and implement policies which are supportive of the rights of young people vulnerable to HIV, which facilitated their access to SRHR and HIV services.

As a monitoring and evaluation partner, the Population Council conducted monitoring activities over the period of May 2017–November 2018 and conducted an evaluation study of the effectiveness of the SANGJOG intervention to increase knowledge and service uptake among VYKPs.

Evaluation Methodology

OBJECTIVES

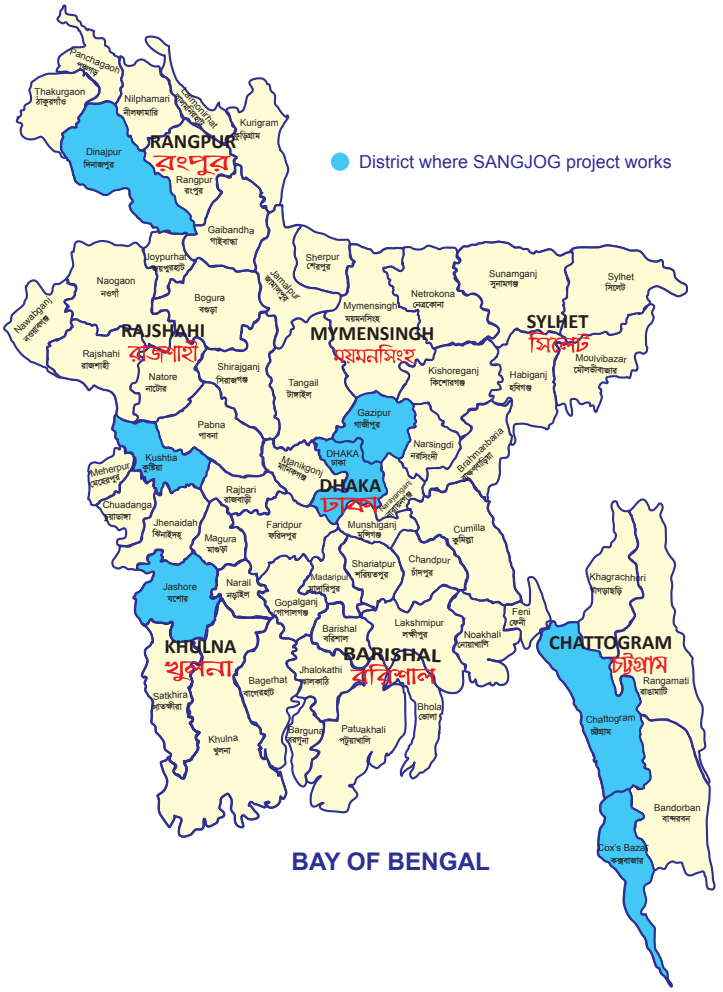
The key objectives of this evaluation were as follows:

1. Explore knowledge, attitude, and practice regarding SRHR, risk behavior, STIs, and HIV/AIDS among the VYKPs to identify their demand for SRHR, STIs, and HIV/AIDS services.
2. Assess service utilization (i.e., SRHR, STIs, and HIV/AIDS) by these VYKPs, their satisfaction, and obstacles to receiving these services.
3. Explore the perspectives of service providers who are involved with SRHR, STIs and HIV/AIDS services for VYKPs and relevant stakeholders on what is needed to deliver a minimum standard package of SRHR, STI, and HIV/AIDS services.
4. Assess availability, access, coverage, utilization, quality, and effectiveness of SRHR, STIs, and HIV/AIDS services currently available in SANGJOG referral facilities.

STUDY POPULATION AND EVALUATION APPROACHES

The evaluation was conducted not only among the SANGJOG targeted VYKPs, but also among service providers and other stakeholders (GoB health officials, NGO representative, community leaders).

VYKPs were interviewed on a range of SRHR, HIV/AIDS, family planning (FP), and other health knowledge, access, and utilization issues. A quantitative survey was used to collect data among VYKPs who were SANGJOG beneficiaries and supplemented insights through a qualitative study focusing on VYKPs, service providers, peer health educators, and other stakeholders (government officials such as the Civil Surgeon, Deputy Director of Family Planning, transport union leaders, community leaders) to gather their perspectives on the implementation and effect of the SANGJOG intervention on VYKPs' health. Interviews were also conducted with a few respondents from implementing partners (PSTC colleagues) to assess program modalities as well as their perceptions on success and challenges. One of the other components of this evaluation was the assessment of health facilities on which SANGJOG established a referral mechanism to provide required services to VYKPs.



EVALUATION SITES

The evaluation was conducted in Chattogram, Cox's Bazar, Dhaka, Dinajpur, Gazipur, Kushtia, and Jashore districts over a period of two months (see Figure 1).

SAMPLING DESIGN

This study employed a cross-sectional design to collect quantitative data. Systematic random sampling and proportional sampling was used to draw a sample of 1,060 VYKPs age 15–24 years from the list of VYKPs served by SANGJOG project from each of the seven districts. The number of VYKPs interviewed from each district were proportional to the estimated size of the VYKPs in each district. The sample size was calculated to meet the criteria of 80 percent power, 10 percent minimum detectable effect, and 1.0 as design effect (since random selection was used).

For qualitative interviews, a total of 55 VYKPs were interviewed and the distribution is as following:

Table 1. Distributions of IDIs of VYKP respondents (count)

District	TW	FSW	Pavement Dwellers		Young Laborer	
	Male	Female	Male	Female	Male	Female
Chattogram	2	2	1	1	1	1
Cox's Bazar	2	3	1	1	1	1
Dhaka	2	2	1	1	1	1
Dinajpur	2	3	1	1	1	1
Gazipur	2	0	0	0	0	2
Jashore	2	3	1	1	1	1
Kushtia	2	2	1	1	1	1
TOTAL	14	15	6	6	6	8

Additionally, service providers (n=19) and stakeholders (n=21) were also interviewed.

Potential respondents for the survey were selected randomly by Population Council from attendees' who have attended either an hour-long courtyard meeting (peer session) and/or one-day long CSE session. Among the survey respondents, a smaller group of VYKPs with increased knowledge on SRHR were further requested to take part in IDIs. Service providers (who received training from PSTC in implementation phase) and other stakeholders were interviewed to get insights about sustainability of change after the end of implementation of the intervention and PSTC's active engagement.

EVALUATION COMPONENTS

The evaluation comprised of the following five main components:

A. Post-intervention interviews with VYKPs: The primary method for testing the study outcomes and for evaluating SANGJOG's effect on VYKPs' health and wellbeing was a quantitative cross-sectional evaluation only conducted in all seven districts. The quantitative survey was conducted between 17 October and 10 November 2018, with a total of 1,060 VYKPs, aged 15–24 years. Each interview lasted approximately 30 minutes.

B. Qualitative in-depth interviews with VYKPs including peer educators: IDIs were conducted with a smaller group (a total of 55) VYKPs to explore their views and perceptions towards SRHR and HIV/AIDS program like SANGJOG tailored for them. Qualitative tools were designed to explore the attitudes and perceptions of VYKPs towards

the provision of benefits through the SANGJOG at communities and to assess perceived health and benefits of enjoying better health. Interviews also explored ways to increase the efficiency and effectiveness of the implementation of the SANGJOG intervention. Since the IDIs focused on VYKPs' practical experience with and attitudes towards the intervention, they were conducted immediate after the survey. IDIs were conducted from October–November 2018. Each interview lasted approximately 45 minutes.

C. Qualitative in-depth interviews with health service providers and stakeholders: IDIs were also conducted with health service providers and other stakeholders (government officials such as the Civil Surgeon, Deputy Director of Family Planning, Transport Union Leaders, community leaders) to explore opportunities and challenges in the implementation of SANGJOG, and to assess opportunities for management and providers to support the improvement of the health of VYKPs in the community. Qualitative tools were designed to explore the attitudes and perceptions of providers and management towards the provision of benefits through the SANGJOG at the community and to assess perceived health and social benefits of better health. Interviews also explored ways to increase the efficiency and effectiveness of the implementation of the SANGJOG intervention. IDIs were conducted during October–November 2018. Each interview lasted approximately 45 minutes. Additionally, some informal consulting meetings were conducted with implementing partners between January and November 2018. The conversation in these meetings provided insights from implementing partners about the effectiveness as well as sustainability of the intervention.

D. Facility assessments: A total of 16 of the 28 SANGJOG supported facilities were visited from seven districts without prior notice to collect information. A pre-structured assessment checklist was used for assessing availability of service providers, availability of information materials and services available, cleanliness of the facility, and infrastructural provision for maintaining client's audio-visual privacy. The assessment also covered what provision of services were available for VYKPs, whether services for STIs/reproductive tract infections (RTIs) and HIV/AIDS identification and prescribed medicine were provided, and whether referral and monitoring mechanism were available. On average, approximately one hour was needed to complete the assessment.

E. Review of program documents: Progress reports, annual reports submitted to donors, field trip reports, and monthly monitoring reports have been reviewed to identify programmatic issues and challenges faced by the project staff in implementing the activities.

METHOD OF ANALYSIS

Statistical analyses were done using STATA version 12.1. The indicators were compared with available benchmark values and/or national statistics for comparison purposes as there was no baseline information collected from the targeted audiences.

The following outcome indicators were examined:

- Percentage increase in young people vulnerable to HIV age 15–24 using condoms at last high-risk sex
- Percentage increase in HTC rates among young key people age 15–24
- Percentage increase in young people vulnerable to HIV age 15–24 with comprehensive, correct knowledge of HIV/AIDS
- Number of health service facilities having increased capacities to provide integrated SRH and HIV
- Number of VYKPs who attended courtyard sessions

Analysis of the qualitative transcripts were done using the constant comparison method in Dedoose. Qualitative data were extracted and compiled through content/thematic analysis. The transcripts of IDIs were reviewed on a regular

basis to identify the emerging issues and any gaps in the process to correct and consider for the next interview. The recorded interviews were transcribed immediately after the interviews (audio tapes were deleted after successful transcription). The emerging common and new themes and subthemes were identified to determine the data saturation or redundancy. The information was systematically indexed and synthesized. Finally, data triangulation approaches were employed to complement the quantitative findings.

ETHICAL CONSIDERATION

Every effort was made to protect the rights and well-being of all young research participants. Council researchers produced ethical guidelines related to interviewing children and adolescents (Schenk and Williamson 2005). The evaluation team drew upon this document to ensure that the most ethically sound research was conducted, and that the procedures followed by this study protect the respondents and minimize harm. Protecting and respecting the confidentiality and privacy of respondents were critical considerations throughout the evaluation study. All staff involved in this study received appropriate training on research ethics, emphasizing the importance of informed consent and confidentiality. Trainers informed all research staff that any breach of confidentiality was unacceptable. Interviewers assured study participants that refusal to participate in the study would in no way affect health and social services they may seek in their community.

Only the study staffs were authorized to access the collected data. In addition to the above, the study adhered to principles of informed consent and provided complete information to each young or adult person approached regarding the aims and process of the study and requested confirmation of voluntary participation.

Findings

DEMOGRAPHICS OF VYKP BENEFICIARIES

Socio-demographic characteristics

This section shows findings of demographic, work and employment, and lifestyle-related topics of VYKP beneficiaries. Table 2 shows the demographic profile of respondents (VYKPs) who participated in the survey by their respective VYKP type. Except for the transport worker groups, respondents were mostly from the younger age group (15–19 years). Most of the respondents were Muslim (about 97 percent). Approximately 15 percent completed at least secondary level education. This proportion varied according to types of VYKPs. Among FSW and YL groups, the proportion of respondents having secondary or more education was 18 percent, followed by TW group (about 15 percent), and lastly the PD group (8 percent). Never attaining any formal education was higher among the FSW group (almost 31 percent) compared to other VYKP groups. Approximately 9 percent of the respondents from the TW groups were found to be ever married. In the other three VYKP groups, an average of one out of 5 respondents were ever married. Though the percentage of currently married among FSW group seems to be higher than the national average, we suspect that these FSW while reporting about their marital status reported themselves as currently married as they were currently living with a primary partner (Table 2).

Table 2. Characteristics of VYKP respondents (percent)

Background characteristics	VYKP type				All
	PD	TW	FSW	YL	VYKP
Age group (Years)					
15–19	73.4	35.8	56.3	62.3	56.9
20–24	26.6	64.2	43.7	37.7	43.1
Average age (Years)	18.26	20.39	19.34	19.04	19.26
Religion					
Muslim	97.0	95.9	98.9	97.4	97.3
Other	3.0	4.1	1.1	2.6	2.7
Education					
None	11.8	4.5	31.4	1.9	12.3
Primary, incomplete	28.1	17.2	20.3	17.9	20.9
Primary, complete	18.6	17.9	12.6	19.8	17.3
Secondary, incomplete	33.5	45.5	17.2	42.9	34.9
Secondary or higher	8.0	14.9	18.4	17.5	14.7
Marital status					
Never married	76.1	90.3	45.6	76.1	72.2
Currently married	20.2	9.7	21.5	22.0	18.3
Divorced/Widowed/Separated/Deserted	3.7	0.0	32.9	1.9	9.5
N	263	268	261	268	1060

Migration

About three-fourths of the respondents in all groups were from the same districts or never migrated. Migration history found to be more among TW and YL groups (About 30 percent). The reason for migration varies within different VYKP groups. Respondents from PD groups who migrated to the current district mostly identified poverty (66 percent) and parents or any other family members movement (17 percent) as the two most common reasons for his/her own migration. Migrants from TW groups (82 percent) and YL groups (about 63 percent) identified poverty as the prime reason for their migration. YL groups mentioned employment in the garment industry (18 percent) as a reason for migration. Among FSW respondents who migrated to their current district reported that poverty (39 percent) as well as conflict experience with step-parents (21 percent, not shown below) were the primary reasons for their migration (Table 3).

Table 3. Migration characteristics of VYKP respondents (percent)

Migration characteristics	VYKP type				All
	PD	TW	FSW	YL	VYKP
Migration status					
Yes	24.7	31.7	23.9	29.4	27.5
No	75.3	68.3	76.2	70.6	72.5
N	263	268	261	268	1060
Main reason for migration					
Poverty	66.2	81.2	38.7	63.3	63.9
Parent/other family member migrated	16.9	10.6	4.8	8.9	10.3
Came to work in garment	0.0	0.0	4.8	17.7	5.8
Married in this district	4.6	0.0	11.3	6.3	5.2
Was jobless in my district	1.5	4.7	4.8	1.3	3.1
Other	10.7	3.5	35.5	2.6	11.7
Frequency of travelling to home district					
Every 6 months or less	38.5	64.7	30.7	59.5	50.2
Once in a year	36.9	22.4	29.0	35.4	30.6
More than 1 year	24.6	12.9	40.3	5.1	19.2
N	**65**	**85**	**62**	**79**	**291**

Work and employment

Except for PD group, most respondents were currently working (Table 4). Approximately 59 percent of respondents from the PD group reported to have ever worked for payment. A smaller portion of all the respondents were unemployed at the time of survey (10 percent) or never worked (12 percent). Those currently engaged in employment reported to work for an average of 7 hours per day. TW respondents reported 9.5 hours per day as working hours, whereas FSW respondents reported 4 hours per day. On average, these VYKPs earn more than 10,000 Bangladeshi Taka (BDT) per month. Among them, FSW groups reported the highest average monthly income (almost 16,000 BDT) and PD groups reported the lowest average monthly income (about 5,500 BDT). Among those who were working, 22 percent of the respondents reported to save some amount per month for the future. The savings from earnings was found to be higher among FSW groups (33 percent).

Table 4. Employment characteristics of VYKP respondents (percent)

Characteristics	VYKP type				All
	PD	TW	FSW	YL	VYKP
Ever worked	59.3	100.0	100.0	100.0	89.9
Currently working	52.9	98.9	99.2	100.0	87.8
N	**263**	**267**	**260**	**268**	**1058**
Average workhour/day	7.41	9.42	3.65	8.10	7.14
N	**149**	**268**	**260**	**268**	**945**
Average income (TK.)	5,503	10,885	15,830	7,140	10,340
N	**148**	**268**	**260**	**268**	**945**
Saving for future	13.9	14.2	33.1	21.7	21.5
N	**151**	**268**	**260**	**267**	**946**

Exposure to mass media

Exposure to mass media varied by different VYKP groups, with respondents from TW groups reporting more exposure to mass media than the respondents from other groups (Table 5). Across all VYKP groups, exposure to newspapers and radio was lower than exposure to TV—less than 25 percent of respondent from FSW or PD groups (and only a slightly higher percentage of respondents from the two other groups) read the newspaper at least once a month, while almost 40 percent of all respondents reported to listen to the radio at least once a month. These VYKPs were most exposed to TV (85 percent). One out of four VYKPs watch a movie in a cinema hall at least once per month. This proportion was found to be higher among FSW groups (almost 40 percent).

Table 5. Media exposure of VYKP respondents (percent)

Characteristics	VYKP type				All
	PD	TW	FSW	YL	VYKP
Read newspaper	22.1	32.1	18.5	34.2	26.8
Listen to radio	37.3	50.0	37.7	34.9	40.0
Watch TV	85.2	92.5	74.2	86.6	84.7
Watch movie in a cinema hall	19.8	26.1	38.1	17.1	25.2
N	263	268	261	268	1060

SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE

General sexual and reproductive health knowledge

To assess SRH knowledge, a broad range of indicators as well as specific point questions were used. In total, 39 different questions were utilized to examine the knowledge level of VYKPs. This included knowledge on various issues such as knowledge about STIs, HIV, service delivery points for sexual and reproductive health problems, and modern contraceptive methods and their sources.

As shown in Table 6, almost all (98 percent) of the VYKPs respondents had heard about STIs. Among those who had heard about STIs, 85 percent reported that these STIs were curable. According to respondents 'itching in the groin area' (64 percent), 'burning sensation and pain during urination' (49 percent), 'lower abdominal pain' (45 percent), 'abnormal genital discharge' (43 percent) and 'pain, swelling of scrotum/testis' (33 percent) were the major five symptoms. Some variations were observed among different VYKP groups in terms of reporting these symptoms. Only 3 percent of VYKPs from the TW group (has only males) reported 'abnormal genital discharge' as a symptom of STIs, while less than 10 percent of VYKPs from the FSW group mentioned 'pain, swelling of scrotum/testis' as a symptom of STIs.

Table 6. SRHR knowledge of VYKP respondents (percent)

Indicators	VYKP type				All VYKP
	PD	TW	FSW	YL	
Heard of STI	97.3	97.4	98.9	98.5	98.0
N	263	268	261	268	1060
Knew that STIs are curable (among those who heard of STIs)	85.9	83.1	83.3	87.6	85.0
Knew about STI symptoms*					
Itching in the groin area	65.6	58.6	69.0	64.0	64.3
Burning sensation and pain during urination	43.8	53.6	51.2	47.0	48.9
Lower abdominal pain	51.6	20.3	73.6	34.9	45.0
Abnormal genital discharge	50.0	3.1	82.2	38.3	43.2
Pain/swelling of scrotum/testis	38.3	42.5	9.7	42.8	33.4
Swelling in the groin area	37.5	29.9	25.2	34.9	31.9
Warts on genitalia	27.3	28.7	26.7	30.3	28.3
Other	19.1	18.0	15.5	26.1	19.7
Genital ulcers/sores	15.6	8.1	11.2	14.8	12.4
Pain during intercourse	9.8	3.5	23.3	8.0	11.1
Knew about preventive measure from STIs*					
Use condom during sex	92.2	89.3	95.7	89.4	91.6
Avoid unprotected sex with sex worker	15.6	30.7	1.2	14.0	15.4
Have faithful partner	19.1	12.6	5.0	19.3	14.1
Avoid sex with multiple partners	11.3	12.6	5.6	14.0	11.0
Abstinence	6.6	6.1	7.4	6.1	6.5
Other	11.3	14.9	10.1	16.3	13.2
Knew about safe sex & mentioned an example	86.3	90.7	82.0	94.8	88.5
Knew that both the partners need STI treatment if one is suffering from STI infection	84.4	77.4	80.2	69.7	77.9
Knew at least one SRHR service delivery point	96.5	97.3	98.5	99.6	98.0
Mentioned SANGJOG health camp in this regard	35.2	33.7	34.5	43.6	36.8
N	256	261	258	264	1039

* Multiple response

When asked to mention the preventive measure against STIs, nine out of ten VYKPs reported 'use a condom during sex'. In this regard, we asked them in a separate question about whether they had heard the term 'safe sex', and if so, if they could describe it through an example. Almost 90 percent of these VYKPs reported to know 'safe sex' with an example. Eight out of ten VYKPs reported that both partners should seek treatment if any of them were suffering from an STI. Almost 98 percent of the VYKPs knew at least one SRHR service delivery point. Among them, 37 percent mentioned SANGJOG health camp as an SRHR service delivery point.

HIV/AIDS knowledge

Awareness about HIV/AIDS was found to be high among the VYKPs (98 percent). They were further asked to mention the modes of transmission of HIV. Findings suggest that VYKP knew of 'unsafe sex' (96 percent), 'unsterilized needle of syringe usage' (84 percent), 'unsafe blood transfusion' (79 percent) and 'from infected mother to child' (67 percent) as the major modes of transmission.

Almost all the VYKPs (98 percent) responded that using condoms every time during sex and about 76 percent of the VYKPs suggested 'having one uninfected sex partner who has no other partner' - could limit the chance of getting HIV/AIDS. Almost seven out of ten VYKPs (68 percent) mentioned a healthy-looking person could have HIV/AIDS. Safe sex (93 percent), sterile syringes/needles usage (72 percent), and unscreened blood transfusion avoidance (58 percent) were reported to be the top three HIV/AIDS prevention measures by the respondents. Three out of four VYKPs mentioned at least one name of an appropriate service facility where HIV/AIDS tests were done. This proportion was found to be as high as 82 percent in the YL group and as low as 61 percent in the FSW group (Table 7).

Table 7. HIV/AIDS knowledge of VYKP respondents (percent)

Indicators	VYKP type				All VYKP
	PD	TW	FSW	YL	
Heard of HIV/AIDS	98.9	98.1	95.4	99.3	97.9
N	**263**	**268**	**261**	**268**	**1060**
Knew about HIV mode of transmission*					
Through unsafe sex (without condom)	97.3	96.2	94.4	97.0	96.2
Using unsterilized needle or syringe	87.7	80.6	81.9	87.2	84.4
Through unsafe blood transfusion	85.4	79.5	70.7	78.2	78.5
From infected mother to child	64.2	66.9	73.1	65.0	67.2
Sleeping in the same bed with a person who has HIV/AIDS	5.0	3.4	8.8	3.4	5.1
Other	14.8	10.6	12.0	7.2	18.4
Reported activities to reduce chance of getting HIV/AIDS*					
Use condom during every sex	96.5	96.2	96.4	99.3	97.1
Having only one uninfected faithful sex partner	77.7	79.9	72.3	77.1	76.8
Statements					
It is possible for a healthy-looking person to have the HIV/AIDS virus	69.6	70.7	67.9	62.8	67.7
HIV/AIDS can be transmitted from a mother to her baby - during pregnancy	81.5	87.8	81.5	83.8	83.7
HIV/AIDS can be transmitted from a mother to her baby - during delivery	73.1	75.3	64.7	75.6	72.3
HIV/AIDS can be transmitted from a mother to her baby - during breast feeding	93.1	94.3	93.2	95.1	93.9
Knew about HIV/AIDS preventive measure *					
Use condom during sex	91.9	91.6	95.2	94.7	93.4
Use sterile syringes/needles	77.7	74.5	60.6	75.2	72.2
Avoid transfusion of unscreened blood	70.0	56.7	50.2	56.8	58.5
Not having child while infected with HIV/AIDS	13.5	10.7	14.5	11.7	12.5
Avoid sex with HIV/AIDS infected person	6.5	21.3	2.8	11.3	10.6
Limit sex within marriage	13.9	10.3	2.4	15.0	10.5
Have faithful partner	9.2	9.9	5.6	12.4	9.3
Avoid unprotected sex with sex worker	6.9	16.7	1.2	11.3	9.2
Avoid sex with multiple partners	5.8	14.5	0.4	6.8	6.9
Others	6.5	4.6	9.6	6.0	6.7
Knew at least one service facility where HIV/AIDS tests are done	**74.2**	**79.5**	**61.0**	**82.0**	**74.4**
N	**260**	**263**	**249**	**266**	**1038**

* Multiple response

Family planning knowledge

High awareness of family planning was observed among TW and FSW groups (almost 90 percent), whereas only 76 percent of the PD group indicated having heard of FP methods (Table 8). While they were asked to mention some FP methods, the top three methods mentioned were: condoms (96 percent), the pill (88 percent), and injectables (57 percent). Knowledge about injectables was found to be high among the FSW group (82 percent). Only a small proportion of the TW group mentioned intrauterine devices (IUDs) and implants (less than 2 percent).

Table 8. Family planning methods related knowledge characteristics of VYKP respondents (percent)

Indicators	VYKP type				All VYKP
	PD	TW	FSW	YL	
Heard of FP methods	76.1	89.6	88.1	85.1	84.7
N	263	268	261	268	1060
Mentioned FP methods*					
Condom	94.5	95.4	97.8	97.4	96.3
Pill	87.5	87.5	92.2	86.0	88.3
Injectables	62.0	34.2	81.7	50.9	56.8
IUD	15.0	1.7	17.8	4.0	9.4
Implant	21.0	1.3	40.9	11.4	18.4
Tubectomy	6.5	4.2	11.7	8.8	7.8
Other	4.5	8.4	3.4	7.5	6.2
N	200	240	230	228	898

* Multiple response

SEXUAL AND REPRODUCTIVE HEALTH-RELATED PRACTICES & PERCEPTIONS

Selected sexual and reproductive health behavior

Table 9 presents the SRH-related behaviors of VYKPs. Approximately 70 percent reported that they had experienced at least one STI symptom in the last 12 months preceding the survey. However, FSWs (87 percent) and PDs (79 percent) reported experiencing STI symptoms compared to the other groups.

Table 9. SRHR practices of VYKP respondents (percent)

Indicators	VYKP type				All VYKP
	PD	TW	FSW	YL	
Experienced STI symptoms	**79.3**	**51.3**	**87.2**	**61.4**	**69.7**
N	256	261	258	264	1039
Experienced symptoms in last 12 months*					
Itching in the groin area	36.0	51.5	33.8	38.3	38.7
Abnormal genital discharge	47.3	0.0	52.9	37.0	38.0
Burning pain during urination	17.7	47.8	20.0	21.0	24.7
Lower abdominal pain	22.2	11.9	38.2	9.9	22.5
Warts on genitalia	6.9	8.2	8.9	4.9	7.3
Other	15.3	23.9	18.2	19.7	15.7
Sought services for STIs					
Yes	93.6	91.0	95.1	92.6	93.4
No	6.4	9.0	4.9	7.4	6.6
N	203	134	225	162	724
Sought services at institutions/provider	**94.7**	**92.6**	**98.1**	**94.0**	**95.3**
Mentioned SANGJOG health camp in this regard	33.2	13.1	24.3	28.7	25.7
N	190	122	214	150	676
Reasons for not seeking services*					
No particular reason	53.9	41.7	27.3	75.0	50.0
Embarrassed/ ashamed/ afraid would be blamed	15.4	25.0	18.2	8.3	16.7
Other	30.8	33.3	63.7	16.7	35.5
N	13	12	11	12	48

* Multiple response

'Itching in the groin area' (39 percent), 'abnormal genital discharge' (38 percent), and 'burning pain during urination' (25 percent) were mentioned as the top three symptoms by the respondents. Of those who experienced STI symptoms, 93 percent sought services for STI treatment. Half of those who did not seek services for STI-related problems stated they had no reason for not seeking services. However, about 17 percent of VYKPs did not seek services due to embarrassment or shame. Respondents who got STI treatment (95 percent) received that from an institute and/or medically trained provider, and a quarter of them (26 percent) mentioned SANGJOG health camps.

Respondents were asked about their opinions on the most important health problems that young people face in their community. One out of five VYKPs mentioned 'fever' and 'itching' as the most important health problems. The findings are presented in Table 10.

Table 10. Most important health problems that youth face reported by VYKP respondents (percent)

Indicators	VYKP type				All VYKP
	PD	TW	FSW	YL	
Most important health problem young people face*					
Fever	17.5	32.1	8.8	27.6	21.6
Itching	19.0	24.6	20.3	17.5	20.4
Abnormal genital discharge	28.9	0.0	16.5	13.1	14.5
Common cold	6.5	13.8	6.9	18.7	11.5
Other STI	8.4	9.7	14.9	7.5	10.1
Pain abdomen	7.2	2.2	10.3	3.7	5.9
HIV/AIDS	0.8	1.5	3.5	2.2	2.0
Other	9.5	13.9	6.2	6.5	9.0
N	263	268	261	268	1060

* Multiple response

Findings presented in Table 11 suggest that 22 percent of the VYKPs tested for HIV/AIDS. However, this proportion was higher among the FSW group (48 percent) and lower among the YL (11 percent) and PD groups (8 percent). Most of the VYKPs (93 percent) who have had an HIV/AIDS test reported that they were able to know the test results from the service providers. On average, VYKPs had an HIV test done about 5 months preceding the survey.

More than half of these VYKPs (57 percent) reported themselves 'unlikely' to get infected with HIV/AIDS. They mentioned reasons for their perception as 'following religious norms' (71 percent), 'abstaining from sex' (43 percent), 'most of the time use condoms' (24 percent) and 'always use condom' (23 percent). However, 35 percent of the VYKPs stated that they had a 'likely' chance to get infected with HIV. The main reasons for thinking this were that they: 'have more than one partner' (56 percent), 'do not use a condom every time' (42 percent), 'partner has more than one partner' (40 percent), 'do not follow religious norms' (35 percent), or 'have had STI previously' (32 percent). These reasons were more common among FSWs than the other groups.

Table 11. HIV/AIDS related perception & practices of VYKP respondents (percent)

Indicators	VYKP type				All VYKP
	PD	TW	FSW	YL	
Ever tested for HIV/AIDS	8.1	22.1	48.0	11.2	22.0
N	**260**	**263**	**249**	**266**	**1038**
Got to know about their test result	90.5	93.1	93.3	96.6	93.4
Time before the survey when HIV tests were done (Months)	4.76	4.96	5.95	4.93	5.46
N	**21**	**58**	**120**	**29**	**228**
Chances to become infected with HIV					
Unlikely	66.2	68.8	30.9	62.4	57.4
Likely	22.3	29.7	61.9	28.2	35.2
Not answered	11.5	1.5	7.2	9.4	7.4
Unlikely because*					
Follow religious rules/norms	77.9	73.5	23.4	83.1	71.0
Abstain from sex	51.2	49.2	2.6	47.0	43.1
Most of the time use condom	16.3	13.3	71.4	20.5	23.7
Always use condom	13.4	13.8	81.6	16.9	23.3
Partner & I are faithful	19.2	15.5	10.4	28.9	19.6
Partners are not infected	20.9	14.4	23.7	18.7	18.6
Only have one partner	18.6	15.5	2.6	25.3	17.5
Use condom with partners I don't trust	6.4	9.9	54.6	6.6	13.8
Other	8.7	0.6	10.4	3.6	5.0
N	**172**	**181**	**77**	**166**	**596**
Likely because*					
Have more than one partner	24.1	26.9	96.8	25.3	55.6
Do not use condom every time	37.9	30.8	50.0	38.7	41.6
Partner has more than one partner	25.9	18.0	69.5	13.3	40.0
Do not follow religious norms	43.1	29.5	33.1	37.3	34.8
Have had STI previously	27.6	5.1	50.0	20.0	30.7
Do not use condom	15.5	20.5	27.3	20.0	22.5
Have signs/symptoms	20.7	18.0	29.2	6.7	20.8
Partner is an IV drug user	6.9	0.0	14.9	0.0	7.4
Other	17.3	12.9	24.1	9.3	17.6
N	**58**	**78**	**154**	**75**	**365**

* Multiple responses

SEXUAL RISK BEHAVIORS

Over 50 percent of participants reported that they ever had sex and the median age of sexual debut was 16 years. More than 80 percent of the respondents were sexually active during the last three months preceding the survey. Almost 60 percent reported having a partner who was considered either a spouse or a primary sexual partner.

Table 12 shows that among the VYKPs who had sex with a primary sexual partner, 62 percent had sex with someone else as well. Nearly 92 percent of the respondents who had sex with anyone besides their husband/wife/primary partner

reported ever engaging in transactional sex—either selling or paying for sex. About 76 percent who reported having a primary sexual partner reported having used a condom at the last sex with their partners. Among those who had a primary partner, only 18 percent knew their partner's HIV status. Less than 90 percent reported having used a condom at their last sex with a non-primary partner. VYKPs who used a condom at their last sex with a non-primary partner were asked whether they knew about the HIV status of that partner, and among them, only 6 percent were aware of the HIV status of the partner. FSWs were more likely to have used a condom at the last sex with a primary and non-primary partner compared to the other groups.

Table 12. Sexual risk behaviors reported by VYKP respondents (percent)

Indicators	VYKP type				All VYKP
	PD	TW	FSW	YL	
Has ever had sex	41.1	45.5	100.0	39.0	56.1
N	**263**	**268**	**261**	**268**	**1060**
Median age at sexual debut	**16**	**18**	**15**	**17**	**16**
Range	(9,21)	(10,23)	(9,23)	(9,22)	(9,23)
Had sex in past 3 months	**68.5**	**58.2**	**99.6**	**75.0**	**81.2**
Had sex with someone considered to be a primary partner (/Spouse)	**59.3**	**36.1**	**65.5**	**72.1**	**59.5**
N	**108**	**122**	**261**	**104**	**595**
Ever had sex with anyone except husband/wife/primary partner	15.6	54.6	99.4	18.7	61.6
Condom use at last sex (with primary partner)	51.6	75.0	90.1	65.3	76.0
N (Asked among those who had a primary partner)	**64**	**44**	**171**	**75**	**354**
Has ever exchanged sex for money, goods/kinds, favors or services	60.0	66.7	100.0	57.1	91.7
N (Asked among those who had a primary partner & had sex with others)	**10**	**24**	**170**	**14**	**218**
Knew primary partner's HIV status	24.2	18.2	16.9	14.3	17.5
N (Asked among those who used condoms with primary partner)	**33**	**33**	**154**	**49**	**269**
Condom use at last sex (with non- primary partner)	66.7	77.7	92.9	83.3	86.1
N (Asked among those who had sex in past 3 months)	**42**	**94**	**253**	**42**	**431**
Knew partner's HIV status	17.9	0.0	5.5	8.6	5.7
N	**28**	**73**	**235**	**35**	**371**

* Multiple response

PERCEPTIONS AND EXPERIENCE WITH REFERRAL AND QUALITY OF CARE

VYKPs were asked whether they had been referred to health camps or facilities under SANGJOG project. About 63 percent of the respondents mentioned that they were referred to a health camp or facility. Those who were referred mentioned district level hospitals (43 percent), SANGJOG health camps (26 percent), and NGO static clinics (10 percent) as the major referral places. Among all the VYKPs, 93 percent reported to know that SANGJOG health camps provided services in their communities. They also mentioned 'STI treatment and counseling' (83 percent), 'HIV/AIDS counseling' (63 percent), and 'counseling about family planning' (14 percent) as the top three services offered at SANGJOG health camps. The respondents were also asked about what services were offered at the facilities where SANGJOG project usually referred. Besides the above mentioned three services, a small proportion mentioned HIV/AIDS testing (15 percent) being offered at these facilities, as shown in Table 13.

Among VYKP respondents, six out of ten sought care at SANGJOG referral health facilities. Among those who ever sought care, 65 percent sought care during the last three months. We further asked them about the frequency of care sought during these last three months, and on an average these VYKPs sought services approximately two times (1.4).

Table 14 shows a major portion of service seekers (71 percent) felt that the service hours offered at these facilities were convenient, 22 percent found the working hours very convenient, and only 7 percent reported these as not convenient for them.

Table 13. Knowledge and referral experiences by VYKP respondents (percent)

Indicators	VYKP type				All VYKP
	PD	TW	FSW	YL	
Referred to any health facility/health camp by SANGJOG project	68.8	47.0	79.3	56.7	62.8
N	**263**	**268**	**261**	**268**	**1060**
Referred to* -					
District hospital	34.8	54.0	43.0	44.1	43.1
SANGJOG health camp	28.7	23.8	21.3	32.9	26.4
NGO static clinic	11.1	0.8	16.4	7.9	10.1
Community clinic	9.4	0.8	15.0	3.3	8.1
Upazila health complex	6.1	9.5	3.9	6.6	6.2
Others	20.0	20.6	11.6	14.5	27.9
N	**181**	**126**	**207**	**152**	**666**
Aware that SANGJOG health camps provided service in the community	92.8	94.0	90.0	93.7	92.6
N	**263**	**268**	**261**	**268**	**1060**
Know about services offered at SANGJOG health camps*					
STI treatment and counseling	86.1	75.8	85.1	84.1	82.7
HIV/AIDS counseling	54.9	77.4	51.5	68.5	63.3
Counseling about family planning	11.9	8.3	24.7	10.4	13.7
Other primary health services (e.g. asthma, diarrhea, rheumatism, anemia, etc.)	12.7	8.7	20.9	8.4	12.5
Treatment of reproductive tract infections	15.6	11.5	5.5	13.2	11.5
HIV/AIDS testing	3.3	12.3	5.1	15.1	9.1
Referrals for other medical facility	9.0	7.5	6.4	4.4	6.8
Other	4.9	8.4	16.5	5.2	8.6
N	**244**	**252**	**235**	**251**	**982**
Know about services offered at SANGJOG referral facilities*					
STI treatment and counseling	70.0	62.7	69.0	72.8	68.6
HIV/AIDS counseling	34.6	51.9	32.2	50.0	42.3
Counseling about family planning	18.6	8.6	21.8	16.0	16.2
HIV/AIDS testing	11.8	19.4	12.3	17.5	15.3
Other primary health services (e.g. asthma, diarrhea, rheumatism, anemia, etc.)	10.3	3.4	18.0	14.6	11.5
Treatment of reproductive tract infections	10.3	14.2	5.8	10.8	10.3
Contraceptive methods	6.5	2.2	12.3	3.0	5.9
Other	8.0	8.1	9.3	9.0	8.4
N	**263**	**268**	**261**	**268**	**1060**

* Multiple response

Table 14 also depicts some issues regarding VYKPs perceptions towards quality of care. They were asked to rate the quality of services offered at other facilities. A notable portion of the VYKPs who ever sought care in any SANGJOG referral facility mentioned the services offered at these facilities were of 'better' quality than services offered at other facilities. Almost all (98 percent) VYKPs reported these health services improved their health condition. When asked

specifically about their experiences when they sought services, most of these VYKPs mentioned that the service providers greeted them in a friendly manner (99 percent), the provider listened to their problem attentively (98 percent), and the provider elaborately explained the problem to them (85 percent). Finally, they were asked whether they received all or a partial quantity of the necessary medicine or if they received financial support from these facilities. If they did not, they were asked whether the remaining medicine or financial support was provided by SANGJOG. A major portion of the respondents who sought services (83 percent) received the medicine at the facility level. However, among a few VYKPs (68 people) who had not received full support, only half of them received the remaining medicine or financial support later from SANGJOG.

Table 14. Services sought, and quality of care reported by VYKP respondents (percent)

Indicators	VYKP type				All VYKP
	PD	TW	FSW	YL	
Sought care at SANGJOG referral health facility	**66.2**	**43.3**	**76.5**	**54.3**	**59.9**
N	**263**	**268**	**261**	**268**	**1060**
Sought care at the facility within the last 3 months	**69.0**	**60.3**	**60.8**	**67.8**	**64.6**
N	**174**	**116**	**199**	**146**	**635**
Average number of visits within the last 3 months	**1.23**	**1.41**	**1.67**	**1.24**	**1.4**
Range	(1,4)	(1,4)	(1,10)	(1,4)	(1,10)
Convenience of facility service hours					
Very convenient	21.7	27.1	17.4	25.3	22.2
Convenient	76.7	64.3	71.9	65.7	70.5
Not Convenient	1.7	8.6	10.7	9.1	7.3
Quality of the services at the referral facility of SANGJOG					
Better	69.2	88.6	68.6	76.8	74.1
About the same	13.3	5.7	18.2	10.1	12.7
Worse or Unsure	17.5	5.7	13.3	13.1	13.1
Thought access to the health services improved health condition	**98.3**	**95.7**	**99.7**	**99.0**	**98.3**
Experienced that the provider greeted with friendly manner	**100.0**	**100.0**	**96.7**	**98.0**	**98.5**
Experienced that the provider listened the problem attentively	**100.0**	**100.0**	**95.0**	**96.0**	**97.6**
The provider explained the problem elaborately	**86.7**	**94.3**	**80.2**	**82.8**	**85.1**
Got all necessary medicine or financial support from facility	**85.0**	**74.3**	**87.6**	**82.8**	**83.4**
N	**120**	**70**	**121**	**99**	**410**
Get remaining medicine or financial support from SANGJOG	**61.1**	**50.0**	**46.7**	**47.1**	**51.5**
N	**18**	**18**	**15**	**17**	**68**

* Multiple response

PERCEPTIONS AND EXPERIENCE WITH SANGJOG INTERVENTION

As a fundamental objective of SANGJOG is to build awareness among VYKPs and their community through courtyard meetings, the respondents were asked questions to gather information about their experiences with SANGJOG activities besides referral services. Table 15 presents the satisfaction levels of VYKPs towards the discussions on health issues during SANGJOG sessions. The majority of the VYKP session attendees (58 percent) reported that the discussions on health issues were satisfactory, and another 39 percent reported these as very satisfactory. All the VYKPs were asked about whether they had seen any SANGJOG activities in their community in the last 6 months. Almost all of them (96 percent) reported positively. Finally, we asked the VYKPs to report their satisfaction level to overall activities of

SANGJOG; approximately 56 percent reported satisfactory and 40 percent reported very satisfactory as their level of satisfaction with the services provided.

Table 15. Perception and experience with SANGJOG project reported by VYKP respondents (percent)

Indicators	VYKP type				All VYKP
	PD	TW	FSW	YL	
Heard about SANGJOG project	**99.6**	**100.0**	**99.2**	**100.0**	**99.7**
N	**263**	**268**	**261**	**268**	**1060**
Satisfaction level towards discussions on health issues					
Very satisfied	43.1	38.8	34.0	39.6	38.9
Satisfied	56.1	54.1	60.6	58.2	57.2
Not satisfied/Can't recall	0.0	0.0	0.4	0.0	0.1
Didn't answer	0.8	7.1	5.0	2.2	3.8
N	**262**	**268**	**259**	**268**	**1057**
Observed SANGJOG activities in the community within last 6 months	**95.4**	**94.4**	**94.6**	**97.4**	**95.5**
Satisfaction level towards overall activities of SANGJOG	**100.0**	**100.0**	**96.7**	**98.0**	**98.5**
Very Satisfied	39.7	45.5	37.8	37.3	40.1
Satisfied	57.3	48.5	61.4	58.2	56.3
Not Satisfied/Didn't answer	3.1	6.0	0.8	4.5	3.6
N	**262**	**268**	**259**	**268**	**1057**

Findings from Qualitative Analysis

This section highlights the key findings from IDIs conducted with VYKPs, service providers, and stakeholders. The primary objective of the IDIs were to explore the views and perceptions of the respondents on specific issues more deeply and descriptively to enrich the findings of the quantitative study.

PERCEPTIONS TOWARDS SANGJOG

In the earlier chapter, findings from quantitative data mentioned that the majority of the VYKPs session attendees reported that the discussions on health issues were satisfactory. Similar responses were also observed in qualitative data. Respondents appreciated the intervention for making them aware of STIs and HIV/AIDS. One of the YL respondents mentioned:

> "After attending courtyard session, I have learned many important things for preventing sexual diseases and AIDS. We should not hide sexual disease, and condom use is essential for avoiding transmission of sexual disease from partner. Besides, if anyone faces any sexual disease, he or she should visit hospital for treatment. Hiding sexual diseases can be turned into serious health problems." (Female young laborer, age 19, Kushtia)

However, qualitative data also revealed some contrasting experiences regarding the satisfaction level related to health discussions through courtyard sessions. Traditionally, SRHR related information is considered taboo in Bangladesh (Rahman, Hossain, and Amin 2012). Hence, an ideal setting to discuss SRHR issues is in a private place where privacy is maintained. Review of monitoring trip reports of project personnel revealed that sometimes it is quite challenging to secure such private places for courtyard meetings. During IDIs, some of the respondents mentioned that some courtyard sessions were conducted in an open place and privacy was not maintained due to the presence of the other people.

The following verbatim is an example of such notion:

> "The meeting was conducted in front of a tea stall near a bazar (market). At the meeting, they talked about sexually transmitted diseases, how they spread and from whom you might get them and how you could prevent them. But I felt a little bit uncomfortable and shy when the peer educator demonstrated condom because there were other aged people around us during the meeting." (Transport worker, age 20, Cox's Bazar)

SRH KNOWLEDGE AND PRACTICES

Better informed about SRH and STI

Quantitative data shows that 98 percent respondents have heard about STI related problems. Of those who heard, 85 percent reported that these STIs are curable. To explore their understanding more deeply, open-ended questions were asked during IDIs about their knowledge, attitude, and practices regarding sexual and reproductive health. After analyzing the qualitative data, some prevailing and similar patterns of responses were observed and are detailed in the sections below. During the interviews, most of the respondents mentioned that they gained a better understanding of STIs and HIV/AIDS from SANGJOG intervention. One PD mentioned:

"We live in the street. Nobody talks to us politely. But SANGJOG has given us honor and respect. I wasn't very much aware about HIV or any other sexual diseases. I have learned about these issues from the courtyard session of SANGJOG. Many of my family members and neighbors do not have any idea about how HIV spreads. Now I can aware them. I know how HIV spreads. Still there are many people around me who are not aware about the risky sexual behavior." (Female pavement dweller, age 18, Jashore)

Awareness about HIV/AIDS

Awareness about HIV/AIDS found to be high among the VYKPs (98 percent). However, qualitative data found that despite the identification of the long-term problems associated with HIV/AIDS, their views about the epidemic were more in terms of how it spreads. During the IDIs, very few respondents considered themselves to be at risk of infection, and those who did were more likely to be female sex worker than other female or male PD, TW and YL respondents. One of the TWs mentioned:

> "HIV is a virus. AIDS is the name of a disease. This spreads mainly due to three reasons. One is through illicit sexual relationships, secondly suppose if a normal person uses the same injection used by another person who has AIDS, then it will spread. Then another way is, suppose if the mother has AIDS then her child may also get it, or she may pass it through breast feeding. The chances are high." (Transport worker, age 20, Cox's Bazar)

A sex worker mentioned:

> "I have gained helpful information from the courtyard meeting. Peer educator showed us flipcharts and provided information on sexual disease and AIDS. She also warned me not to engage sex without condom. Because AIDS and STI spread through sex. These also spread from a mother's womb, through blood transfusion, using the syringe or needle used by another person. If someone has sexual intercourse without using a condom, then these may spread. Sometimes I go with more than one client, then if they have any of those diseases, it can spread from them. Sex without condom is very risky for us." (Female sex worker, Age 19, Chattogram)

Two peer educators mentioned:

> "I only knew about AIDS before SANGJOG project but now I can talk about HIV, its mode of transmission, symptoms, STI, STI symptoms and prevention measures. Also, I , myself was not using condoms before. But now I use condoms. I try to understand people that there is a fatal disease and we need to use condom to prevent it for spreading. Whenever I am free, I try to talk about these issues with others." (Peer educator – TW group, age 20, Jashore)

> "I was benefitted a lot by engaging in SANGJOG project. First of all, my awareness regarding health issues. I was using condoms without knowing its correct usage and its benefits about which currently I am aware from SANGJOG. Maybe I was not that much concerned about myself. I would not know who is infected or not. Perhaps I would have been infected. Secondly, if it is not SANGJOG, then I would not be able to aware another 5 person like me about these issues" (Peer educator – FSW group, age 22, Jashore)

Sex workers are at risk

Quantitative data also found that most respondents mentioned that using condoms every time during sex can limit the chance of getting HIV/AIDS. During qualitative interviews, some sex workers shared an alarming issue about clients' negative attitude towards using condom during sex. A sex worker mentioned:

> "Many clients offer us money for not to use condom. When I was new in this profession, I had sex without condom many times but now I do not allow any client without condom. I first received a two days training from an NGO. Later I got three trainings from SANGJOG. After attending those trainings, now I am more aware about using condom in each time. I want to stay safe from infections." (Female sex worker, age 24, Cox's Bazar)

Another sex worker mentioned:

> "Many sex workers in our area suffer from sexual diseases. Not every client wishes to use condom. Few good men use condom, and maximum people don't want to use it. Moreover, many customers take drugs and drug addicted customers become aggressive during sex. If we refuse them for fulfilling their demand, they beat us. So, we have to engage in sex without condom and suffered by sexual diseases." (Female sex worker, age 20, Dhaka)

Stakeholders reported during their interviews that sex workers and their clients are vulnerable and at risk of getting STIs and HIV AIDS due to risky sexual behavior. The issue is summarized precisely in the following quote from a stakeholder:

> "Those who are having unsafe sex are most vulnerable such as transport workers. Every day, so many trucks and lorry enter Bangladesh from neighboring country through Benapole border. After coming in Bangladesh, they stay night in the check post and hire sex worker. It is a common practice in all boarder side terminals in the country. We knew from sex workers that most of these truck drivers and helpers do not like to use condom and offer more money for that. These transport workers have sex not only with one sex worker, but they choose different sex workers for different days. So, transport workers and sex workers both are in danger zone to be infected by STI and HIV/AIDS." (Stakeholder, Social Worker, Jashore)

Stakeholders in Cox's Bazar focused on the prevalence of HIV/AIDS among the recently migrated Rohingya population in the district and considered the issue as a threat for tourists. According to the stakeholders, several Rohingya women have entered prostitution in Cox's Bazar who don't have proper knowledge and awareness about using condoms. The following quote from another stakeholder reflected the notion:

> "Prevalence of HIV/AIDS among Rohingya is alarming. They are now coming to the main city from their camps. I heard that many Rohingya sex workers are staying in the Cox's Bazar. You cannot differentiate them because they can easily assimilate with the local population. They are uneducated, unaware and do not have proper knowledge of using condom. Thousands of tourists visit the city every day. Although prostitution is illegal, but it is very common in Cox's Bazar and their main clients are tourists of different ages. So, I think there are strong possibilities and risks of spreading HIV/AIDS through Rohingya sex worker among the tourists." (Stakeholder, Teacher of education institution, Cox's Bazar)

Increased Knowledge about contraceptive method

Quantitative data indicate that around 85 percent of respondents have knowledge about contraceptive methods. During the qualitative interview, some respondents shared some positive attitudes towards using contraceptive methods. A sex worker mentioned:

> "Most of the people know about contraceptive method in our area. Men use condoms. Women can take injections for three months. Can take implants in their hand for two years or can take oral pills every day to avoid conceiving baby." (Female sex worker, age 19, Chattogram)

A transport worker mentioned:

> "If people use condom than they will not only be saved form sexual diseases and HIV, but also they will be able to limit the number of children. Beside condom, married women can take oral pills or injections for avoiding pregnancy. This has long term benefit for a family. Poor people should not take too many children because we have not enough money to provide food, cloth and medicine for more children." (Transport worker, Age 20, Cox's Bazar)

Considering the risk of unintended pregnancy among adolescent and young populations, in-depth interviews tried to explore the experience related to unintended pregnancy and menstrual regulation among the VYKPs. However, except sex workers, no respondents from other VYKPs shared such experiences during interviews. Some sex workers stated they got pregnant unintentionally several times by their clients but didn't continue with the pregnancy. A sex worker mentioned:

> "I conceived three times. In those cases, clients rejected to use condom and I got pregnant. I aborted them every time. Because I'm still young and I am selling my body for earning my food and clothes. If I stay idle during pregnancy who will feed me? I do not have any home. If I give birth to a child how can we live? Who will be his/her father? So, I abort them each time… I took medicine to abort the fetus. One of my aunties helped me to buy medicine for abortion. I used one tablet in the mouth and another in the vagina." (Female sex worker, age 20, Chattogram)

REFERRAL LINKAGES

Views of VYKPs

Building effective referral linkage between VYKPs and health facilities was a major objective of SANGJOG project. Findings suggest that about 63 percent of the VYKPs were referred to SANGJOG health facilities. IDIs also tried to explore the satisfaction level of VYKPs who have visited these facilities. Although there were variations in the responses, one common response was they were treated respectfully and friendly by the service providers in these facilities. Two respondents mentioned:

> "I had blisters at my vaginal wall and later these started to burst and bruise. Then I talked to the peer educator, and she took me to SANGJOG office. I received a referral slip from SANGJOG office and I visited Sadar hospital (District level hospital). I was a little nervous then as I had never visited Sadar hospital before. However, I went there and showed the referral slip to the doctor. The doctor talked with me friendly. She listened to my problem carefully and assured me that it will be cured. She suggested me to wash the surface with hot water and then apply the ointment and to take a capsule each night. Those were antibiotics. I recovered completely, Alhamdulillah. I was satisfied with the behavior of the doctor." (Female sex worker, age 18, Cox's Bazar)

> "When I experienced white vaginal discharge, I didn't tell it to anyone. I was experiencing serious pain during my menstruation. Suddenly, the peer educator approached me for participating in the courtyard meeting. Then I shared my problem with her. After a week she took me to the heath camp of SANGJOG. There was a female doctor who listened to my problem and prescribed me medicines. She was very friendly. I also received free medicine from the camp. I felt better after taking those medicines. Now I have no problem." (Female pavement dweller, age 17, Cox's Bazar)

Contrasting experiences were also found regarding services received from the health facilities. The respondents highlighted lack of privacy and confidentiality during service delivery at the government health facilities. The following quote from a TW expresses the view:

> "The hospital was too crowded when I visited there. There wasn't that much privacy. Several persons were present in the doctor's room and the hospital staffs were continuously getting in and out from the room. There wasn't much privacy as it was open. I was feeling a bit hesitant to show my private parts under that

circumstance. But since I went there for seeking treatment so what use would being shy be. The doctor was not the only one in there. Privacy was very limited. (Transport worker, age 21, Kushtia)"

Views of service providers

IDIs with the service providers demonstrated evidence of referral linkage between health facilities and VYKPs. Service providers were found sensitized towards the special needs of VYKPs on sexual and reproductive health. A medical officer mentioned:

> "SANGJOG has been working with Sadar hospital for almost two years. They refer sex workers, pavement dwellers, and transport workers to us who have STI related problems. Most of the cases, peer educator accompanies them, and we tried our best to provide them services properly. If we prescribe medicines or diagnostic test, SANGJOG bear the costs. I appreciate this initiative because these people are unaware, uneducated and poor. They need support for better treatment." (Service provider, medical officer, Sadar hospital, Kushtia)

Another medical officer mentioned:

> "I attended orientation meeting and workshops of SANGJOG project. From SANGJOG project, we have received some logistical supports. I really admire their effort because key populations like transport workers or sex workers are exceptional than mainstream population. Working with them is really challenging. Throughout the period, peer educators brought many patients to our facility. Although we have lack of manpower considering the number of clients we served each day, we tried to provide service to all VYKP clients." (Service provider, medical Officer, MCWC, Jashore)

PEER APPROACH

Views of VYKPs and Peer educators

SANGJOG introduced a peer approach for educating and raising awareness among VYKPs about STIs and HIV/AIDS. In general, 20 attendees participated in each courtyard peer session. Additional to these one-hour long sessions, day long CSE sessions were also arranged with VYKPs in the community. However, the need for additional information on SRHR and HIV issues was found among the VYKPs who attended only the one-hour long sessions. An YL mentioned:

> "We attended only one peer session for 30-45 minutes, which is not enough. If we can participate in more meetings, that would be more useful for us to recall and practice the acquired knowledge on STI and HIV/AIDS." (Female young laborer, age 23, Gazipur)

In this regard, findings from peer educators' IDIs also mentioned extending the duration of time in courtyard meetings. Peer educators also received suggestions to include participants from other target groups and to raise the age group restriction to include more participants. Two participants mentioned:

> "…if we want to retain the awareness among courtyard attendees, we should increase the number of target groups and raise the age restriction to be included in courtyard meetings. For instance, at nearby upazilas there are ship building industry and coal factories where people are working who are also as vulnerable as we are…if we could include that upazila or greater Khulna district…SANGJOG would have benefitted a lot of people. About age restrictions—most of the transport workers are above 24 but we cannot reach them since they do not fall into our target age-group." (Peer Educator – TW group, age 20, Jashore)

> "Time duration of these courtyard meetings should be increased. Secondly age restrictions should be raised as we cannot work with people who do not fall in our target age group. When I arranged courtyard meetings with FSWs I cannot ignore their leader who is generally older than our age-group. These leaders often wanted to attend our session that case arranging session becomes challenging." (Peer Educator – FSW group, age 22, Jashore)

Views of service providers

Stakeholders highlighted the relevance of the peer approach for reaching KPs in the following ways:

> "SANGJOG works with both key population and health facility to establish referral linkage, which I found most import thing in this project. Key population are not habituated to visit health facility for taking services. SANGJOG is trying fill this gap by creating awareness among key populations. Besides, SANGJOG adopted peer approach which is really workable and effective method for implementing project among key population in Bangladesh." (Stakeholder, NGO representative, Jashore)

Another stakeholder mentioned:

> "There are other NGOs working on sexual and reproductive health of adolescent and young people in this area. Most of the NGOs provide service through their clinic. But they do not have any awareness program among vulnerable key population about risky social and sexual behavior which lead to STI and HIV/AIDS. In that aspect, I think peer approach is more relevant way of raising awareness among the key population. Peer approach can mobilize key population more effectively because peer can work more freely among their own community. (Stakeholder, DDFP, Kushtia)

The stakeholders suggested to include the transgender community and PWIDs in the process. The following quote from a stakeholder reflects the prevailing notion of that issue:

> "in Bangladesh, key populations don't have enough knowledge and awareness about STI and HIV/AIDS. Therefore, any program that works for developing the knowledge and awareness among key population must be appreciated. I have seen SANGJOG's activities in this district. They are creating awareness among VYKPs through courtyard meetings. They have also built referral linkage with Sadar hospital which is very good initiative. In my opinion, SANGJOG should continue their work. They can also include Hijra (transgender) community and injection drug users into their target group because they are also at risk of STI and HIV/AIDS." (Stakeholder, Civil Surgeon, Kushtia)

Stakeholders also mentioned to include advocacy components on family planning, child marriage, and nutrition in the courtyard session for KPs:

> "SANGJOG only works with sexual diseases and AIDS. They can incorporate information and awareness about family planning, child marriage and nutrition. It will make the program more comprehensive. And key population will be more benefitted." (Stakeholder, Family Planning Officer, Kushtia)

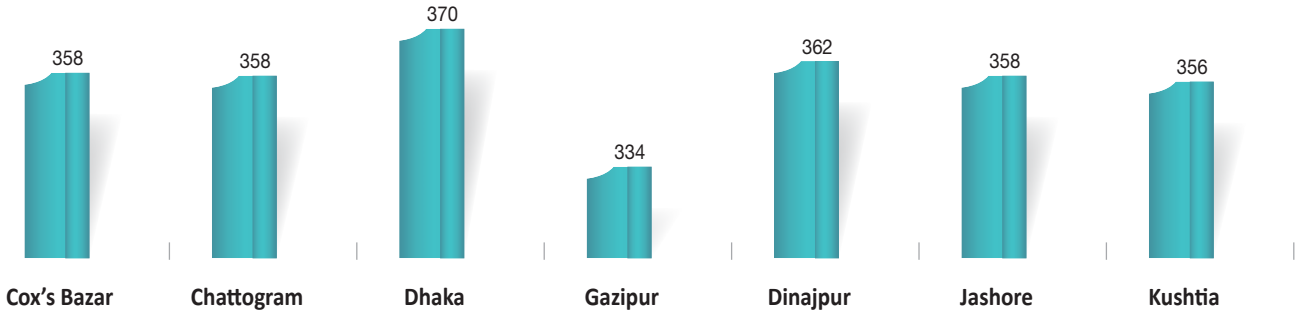
Program Effectiveness

PEER EDUCATOR GROUP SESSION

The PE model was designed so that a representative group of VYKPs can share the learning from the training sessions with their peer network. The total number of PEs in the seven working districts was supposed to be 70, but over the intervention period several trained peer educators left the program and new peer educators were recruited. The latest reports from District Coordinators states that at the time of the survey, 67 peer educators were working, and among them 51 percent were males and 49 percent females.

After one year of the intervention, there was a refresher training session in early 2018. Meanwhile, PEs were encouraged to discuss the key messages with their fellow VYKPs. PEs were also instrumental in referring VYKPs to SANGJOG health camps and referral clinics.

Figure 2: Total number of courtyard meetings (peer session) by Districts



Web-based monitoring data shows that a total of 2,496 peer group sessions were conducted by the SANGJOG project. Figure 2 presents the total number of peer group sessions according to districts, but paper-based monitoring data suggest 2,520. The SANGJOG web-based monitoring system was fully functional in June 2017, but 15 sessions were conducted in May 2017 when the web-based monitoring system was being developed. Also, due to technical difficulties of android based handsets, session info from nine sessions were not able to be sent to the web server. Hence, 99 percent of the session info has been captured by the web-based monitoring system.

Table 16: Benchmarks for SANGJOG project

Indicators	Baseline		Target		Achieved	
Benchmark 1: 50,000 vulnerable young key people (VYKP) aged 15-24 reached to improve their sexual and reproductive health	FSW	11,927	FSW[1]	9,000	FSW	9,491
	Transport workers	101,473	Transport workers	12,000	Transport workers	11,974
	Pavement dwellers	N/A	Pavement dwellers	12,000	Pavement dwellers	12,119
	Young laborer	N/A	Young laborer	17,000	Young laborer	16,768
Benchmark 2: Increased capacity of health service facilities to provide integrated SRH and HIV	N/A		20 facilities		**19** 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)		Retain as much as possible		**95.1%** Female sex workers sought treatment for STI in last 12 months	
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		**48%** 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		**93%** 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 **88.2%** VYKPs show correct knowledge regarding SRHR & HIV/AIDS		**98.5%** Female sex workers reported to know a place for STIs; **94%** Female sex workers reported correct mode of HIV/AIDS transmission;	

In mid-2017, program personnel of the SANGJOG project identified the appropriate set of indicators. Table 16 presents the status of these indicators. SANGJOG was found effective for conducting sessions among VYKPs and achieving the target of 2,520 peer sessions within the project period. Table 16 shows the total number of target groups reached only through peer sessions. Achieved numbers were close to the target numbers. A total of 9,491 female sex workers were reached (achievement rate 105 percent) and a total of 12,119 pavement dwellers were reached (achievement rate 101 percent).

Table 16 also presents the number of government facilities where SANGJOG provided support to increase the capacity of SRH and HIV service provision. After reviewing the monthly progress reports, it was found that a total of 19 government facilities received support from SANGJOG project to strengthen their capacity towards providing SRH and HIV services. Monthly progress reports also revealed that besides these 19 government facilities, SANGJOG assisted 9 NGO clinics where referral services were available. The evaluation team visited 16 out of 28 facilities and observed that functional referral linkages existed between the facilities and SANGJOG project.

Increases in counselling and STI/RTI rates among young key populations was considered one of the benchmark indicators for the SANGJOG project—the baseline value was considered 95.8 percent because the National AIDS/STD Programme (NASP) 2016 reported this as the percentage of street-based FSWs who received treatment for STIs in the last 12 months. As this percentage was quite high at the time of baseline, we set the target to maintain the baseline level. Findings suggest that 95.1 percent of FSWs received treatment for STIs in last 12 months.

The SANGJOG project faced challenges in providing HTC services. A recent study of the SRHR-focused peer approach

in the urban slums of Dhaka also suggested that knowledge and attitudinal changes are more common than behavior change regarding SRHR (Hossain et al. 2014). It was expected that 75 percent of FSWs will be tested for HIV, but only 48 percent of the FSWs ever tested for HIV/AIDS during the project period. It should be noted that three districts (Dhaka, Chattogram and Cox'sBazar) had government health facilities that offered HTC. In the remaining districts, government HTC service was not available.

For the other benchmark indicators, the SANGJOG project performed satisfactorily.

Table 17: Findings from facility assessment (N)

Indicators	Name of District							
	Chattogram	Cox's Bazar	Dhaka	Dinajpur	Gazipur	Kushtia	Jashore	Total
Type of facility								
Govt.	2	1	1	2	1	2	2	11
NGO	1	1	2	0	1	0	0	5
Have register that allows VYKPs to be identified	**0**	**1**	**3**	**2**	**1**	**1**	**0**	**8**
Certain staff members assigned to consult VYKP clients	**0**	**1**	**1**	**1**	**1**	**0**	**2**	**6**
Visual privacy maintained in -								
Counselling room	1	2	3	1	2	1	2	12
Testing room	0	2	3	1	1	1	1	9
Auditory privacy maintained in -								
Counselling room	1	2	3	1	2	1	2	12
Testing room	0	1	3	1	1	1	1	8
Have visible signage outside the HIV area announcing that HIV services are available	**3**	**1**	**3**	**1**	**1**	**1**	**2**	**12**
Have poster, billboard, festoon regarding -								
STI protection	3	1	2	1	2	2	1	12
HIV/AIDS prevention	3	1	3	1	2	1	2	13
HIV/AIDS treatment & care	2	1	2	0	0	1	1	7
Referred VYKPs comes with referral slip	**3**	**2**	**3**	**2**	**1**	**2**	**2**	**15**
Have record of HIV test and results	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**8**
Records are kept electronically	**1**	**1**	**1**	**1**	**0**	**1**	**2**	**7**
Have a mechanism to receive client feedback	**1**	**0**	**2**	**2**	**2**	**2**	**1**	**10**

Table 17 provides findings from our facility assessment survey. Only half of these assessed facilities reported to have registers where VYKPs can be identified. Visual as well as auditory confidentialities were maintained in most of the facilities. 12 out of 16 facilities displayed signs outside the area where HIV services are available. Posters, billboards, and festoons were available in these facilities. In two places, posters, billboards, and festoons regarding HIV/AIDS treatment and care were missing. Almost all the facilities (15) reported that VYKPs sought services with referral slips from SANGJOG. Only half of these facilities maintained records of HIV tests and results, and these records were kept electronically. Ten out of 16 of these facilities have a mechanism to receive feedback from the clients.

Discussions and Recommendations

SANGJOG is an integrated program for sensitizing VYKPs, service providers, community leaders, and stakeholders providing services to VYKPs, strengthening facilities, and conducting advocacy to ensure better SRHR for VYKPs. This evaluation study examined the status of the program focusing on VYKPs in Bangladesh.

Results from both qualitative interviews and the quantitative survey indicated that the SANGJOG intervention had a positive impact on some aspects of sexual and reproductive health knowledge and behavior. For instance, to increase the understanding or awareness regarding complex issues like SRHR more specifically towards HIV/AIDS, this peer approach was found to be effective.

SANGJOG dealt with young populations who were more sexually active than normal populations. Quantitative findings provided evidence that most of these young people had sexual debut at a very early age (16 years old). Both quantitative and qualitative findings suggested that these VYKPs were leading a lifestyle where risky sexual practices were quite common. These findings also provided evidence that besides female sex workers, transport workers were also very sexually active and the majority (who reported to have a primary sexual partner/spouse) had sex with non-primary partners. However, not all VYKPs reported to use condoms in such sexual activities. Findings from qualitative discussions provided evidence that transport workers preferred different sex workers for different days and did not prefer to use condoms.

Although SANGJOG was found to be effective in increasing service-seeking behavior among VYKPs for STIs (94 percent)—and most of these service seeker VYKPs received services at referral facilities/providers—only a few VYKPs (22 percent) received HIV testing. The low prevalence of HTC can be explained as HTC services were not offered by all the government led health facilities (available only in 3 districts: Dhaka, Chattogram and Cox's Bazar) whom SANGJOG made referral linkages. As HIV/AIDS is also an integrated part of SRHR, SANGJOG should have focused more efforts to improving HTC offerings at the health facilities where referral linkages were established.

Another interesting finding from the quantitative survey was that even though there was high awareness of HIV/AIDS, mode of transmission, preventive measures, and service delivery points, more than one-third of these VYKPs identified themselves to be at risk for HIV/AIDS infection. VYKPs stated major reasons for being at risk as: 'having more than one partner', 'not using condoms at every sex', and 'partner having more than one partner'. These reasons provided evidence that more client-centered risk awareness activities are needed.

Most of the VYKPs who benefited from referral activities of the SANGJOG project were satisfied with the service quality and reported that service hours offered were convenient for them. Both quantitative and qualitative findings revealed that service providers provided services with care and were quite friendly with these service-seeking VYKPs. with a few exceptions, service seeker VYKPs received full support for their treatment from SANGJOG, either through the referral facilities or by getting reimbursed/provided with support later by SANGJOG.

VYKPs' perceptions towards SANGJOG's overall activities were found to be positive, with a major proportion of the VYKPs expressing their satisfaction towards health discussions at SANGJOG sessions and overall SANGJOG activities (more than 95 percent in both cases). Qualitative interviews from VYKPs, service providers, and stakeholders also revealed their satisfaction towards the SANGJOG intervention.

The study also examined available program documents (progress reports, monitoring reports, etc.) to examine the challenges SANGJOG faced in the implementation phase. Implementing partners described problems in recruiting and retaining appropriate peer educators throughout the project period. Other obstacles included lack of confidence and few peer educators with sufficient skills to conduct sessions. Certain peer educators required additional training due to lack of formal education and self-motivation. According to these peer educators, peer educator trainings needed to be more practical, participatory in nature, and simple. Both monitoring reports and qualitative findings suggested a key challenge during courtyard meetings/peer sessions was to maintain privacy and confidentiality. Greater effort should be made in future to ensure that sessions are conducted in more private places.

Findings from both the quantitative survey and qualitative interviews indicated that the SANGJOG project, by educating VYKPs and referring them to facilities, was found to be effective to ensure better SRHR status for VYKPs.

Study findings also point to the following recommendations for improving the sustainability of this project:

- Extending training content and duration: VYKPs recommended more training on health-related issues. Some also suggested reducing the duration of each training session but extending the span of the training period. In future, emphasis should be given on conducting more day-long comprehensive sexuality education sessions or organizing more courtyard meetings (for instance, recall/follow-up sessions with same participants). Qualitative findings from VYKPs and Peer educators also support this recommendation.
- Engaging other VYKPs: Transgender persons and PWID are two of the most common KPs at high risk for HIV in all districts, but they were not included in the intervention. Stakeholders of different districts suggested to incorporate these two groups in any STI and HIV/AIDS focused intervention to cover the most vulnerable group of people in a given area. In addition, peer educators suggested to raising the age limit of VYKPs to include participants in the courtyard meetings.
- Enabling environment for SRHR service provision: During the IDIs, some VYKPs mentioned the lack of privacy at government hospitals while they received services for STI. In contrast, they felt comfortable and secure while they received services from the NGO clinics. To establish sustainable referral linkage and service availability for VYKPs from government health facilities, more advocacy and sensitization is needed for the service providers and administrators for creating an enabling environment to ensure privacy and confidentiality for the key populations. Also, the intervention did not appear to have a positive effect on VYKPs' intention to receive HTC, an area to be improved in the future intervention.

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