

Narrative Progress Report

January – June 2019





Submitted to:



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List of Acronyms

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

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Executive Summary

SANGJOG is an intervention for young people (15-24 years) vulnerable to HIV in Bangladesh aiming to improve their sexual, reproductive health and rights (SRHR). This was a two-year project in place since December, 2016. But the project has been extended to continue till December 2019, considering the need of the project beneficiaries with the financial aid extended by the Embassy of the Kingdom of the Netherlands (EKN). This Narrative Progress Report covers the period of January 2019 to June 2019. The project has been covering seven districts of Bangladesh namely Chattogram, Cox's Bazar, Dhaka, Dinajpur, Gazipur, Jashore and Kushtia. In addition to its regular program, SANGJOG, as a part of humanitarian response, has been providing Primary Health Care Services focused on SRHR for the Rohingya Population in Cox's Bazar, Bangladesh since October 2017.

The overall goal of the project is to increase the Sexual and Reproductive Health and Rights (SRHR) of vulnerable young key people (VYKPSS) in Bangladesh through increasing better sexual practices and utilization of SRHR services by young people aged 15 to 24 years among the target groups of transport workers, pavement dwellers/street children, female sex workers and young people engaged in small trades and work as labor. SANGJOG reaches VYKPSS through peer network. Trained Peer Educators, a total of 70, 10 from each working district, belonging to each target group are working with SANGJOG as frontline workers. SANGJOG focuses on advocacy to address improving young KP's SRHR needs through community mobilization. The program addresses the needs of vulnerable young key populations (VYKPs) which are recommended in the updated National Reproductive Health Strategy and the Adolescent Health Strategy. Through its monitoring and evaluation activities, SANGJOG is also working for generating evidence-based knowledge related to SRHR.

Activities Performed

- SANGJOG reached a total of 16,353 adolescent and young people during the reporting period January to June 2019 through its different activities focusing on SRHR and HIV/AIDS.
- 85 Orientation sessions were organized during the same period where 1,711 young people were provided Comprehensive Sexuality Education (CSE).
- 7,387 young people were provided Reproductive Tract Infections (RTIs)/Sexually Transmitted Infections (STIs) and counseling services through different referral health centers.
- During the current reporting period SANGJOG provided health care services focused on SRHR needs among 12,770 of Rohingya refugees residing in Balukhali and Kutupalong health camps.

BACKGROUND

SANGJOG, an initiative of PSTC, funded by Embassy of the Kingdom of Netherlands, aims to make a significant change to the integration of vital SRHR interventions and will generate important evidence to aid the broader SRHR/HIV integration movement.

Bangladesh has a high density population and a high ratio of young population. Young population aged 10-24 is 30 percent. Only 2.2% of males and 1.1% of females have perceived their risk for getting infected with HIV. Fifty seven percent of youth have misconceptions related to transmission and prevention of HIV/AIDS. The affordability of getting SRHR information and services is limited as well as the access is absent for vulnerable young key people. Nobody specifically is addressing the age group of 10-24 years.

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

Goal

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

Objectives

1. Increase awareness and health seeking behavior of 75,000 VYKPs on SRH & HIV services.
2. Establish functional referral linkage with GoB and NGO health facilities for providing SRHR and HIV services to 25,000 VYKPs.
3. Increase capacity of 20 Government services facilities for providing integrated SRH and HIV services.
4. Advocacy for creating enabling environment sensitizing 300 stakeholders for increasing access of VYKPSSs to SRHR & HIV information and services.

SANGJOG has been working in seven districts (Dhaka, Gazipur, Chattogram, Cox's Bazar, Dinajpur, Jashore and Kushtia) of Bangladesh since December 2016 and will continue the initiative till December 2019. It has been working with young key population groups such as street children/pavement dwellers, transport workers, female sex workers, young people engaged in small trade and work as labor to integrate SRHR into existing programs as an entry point to reach young people vulnerable to HIV. In addition to its regular program, SANGJOG has been providing Primary Health Care Services focused on SRHR for the Rohingya refugees in Cox's Bazar, Bangladesh, since October 2017.

SANGJOG reaches VYKPSSs through Peer network. From the Key Population networks (Sex Workers Network, Transport Workers Federation) and relevant organizational linkages, 70 peer educators were selected (10 for each working district) and were trained to work with SANGJOG as frontline cadres, 'Outreach Workers'.

SANGJOG focuses on advocacy networks to address young KP's SRHR needs through community mobilization. The program addresses the needs of KPs and vulnerable young population which are recommended in the National RH Strategy and the Adolescent Health Strategy.

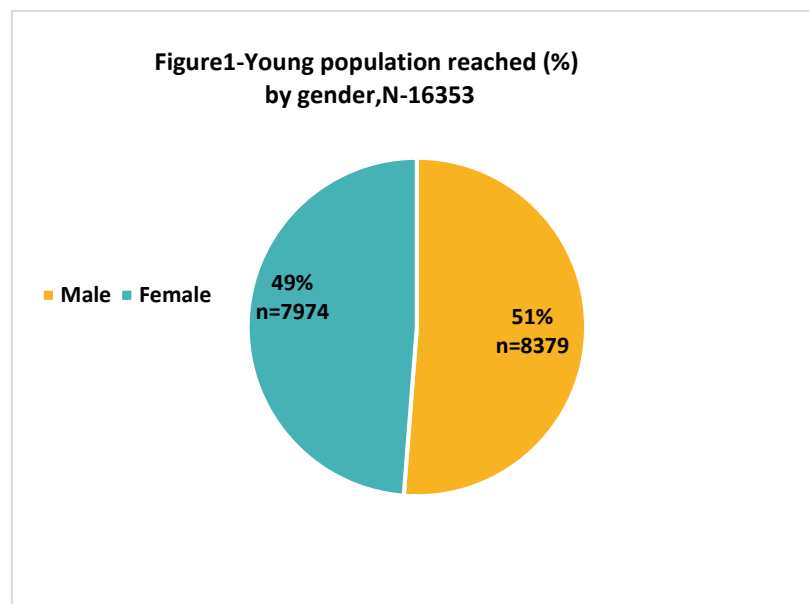
This report documents six months' (January to June 2019) progress of SANGJOG achievements vs targets, identified gaps and conclusion.

Results Achieved According to Log frame

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

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

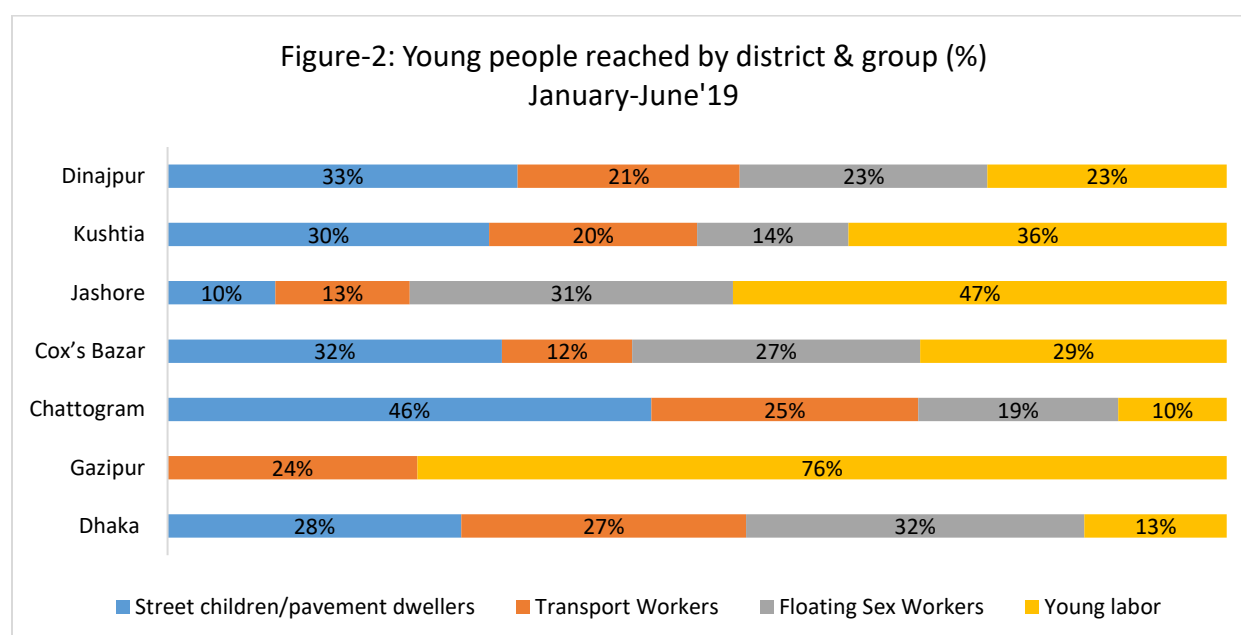
Peer session or courtyard meeting is one of the major activities of SANGJOG project to mobilize the VYKPSSs. SANGJOG has been utilizing SurveyCTO, online monitoring tool, to monitor each and every peer session and sends the data to the cloud-based server for real time monitoring. The field supervisors had been trained on collecting data on mobile apps during the project initiation period.



To achieve the objective one in the first half of the current year, i.e. January to June 2019, 650 peer sessions were planned by the project team in the seven intervention districts. SANGJOG successfully conducted 820 sessions, reaching 16,353 participants, from January to June 2019.

Figure 1 provides a gender proportion of attendees of peer sessions arranged by SANGJOG project from the same period. Overall gender ratio has small difference between male and female participants (51% vs 49%).

The total sessions arranged during January 2019 to June 2019, by all the seven districts were further classified by the vulnerable group type (Figure 2) and was observed that among the four different VYKPs group, Street Children / Pavement Dwellers dominated in Chattogram (46%) followed by Dhaka (33%). In Gazipur, Young Laborer group was predominating over other groups as it is an industrialized area. This trend was found to be similar in previous years as well. Transport Worker dominated in Dhaka (27%) followed by Gazipur (24%). Female Sex Worker was found to be highest in Dhaka (32%) closely followed by Jashore (31%) and least in Kushtia (14%).



Objective

- To make aware and engage communities (VYKPSS) to demand and act for the improvements of their health and well-being for SRH and HIV.

Immediate Results

- Strengthen skills within communities to define the STI and RTI
- Builds capacity to identify their own problems and find solutions
- Empower communities to seek health services regarding SRH and HIV

In the sessions they discussed about PSTC and SANGJOG project, primary knowledge on reproductive health, RTI- Reproductive Tract Infection (Definition, Syndrome, and Treatment),

STI- Sexually Transmitted Infection (Definition, Syndrome, Treatment), HIV/AIDS (Definition, Transmission, Treatment), proper and safe use of Condom.

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

Billboards and festoons are the effective means to develop community awareness and thereby help change the societal behavior. Message on billboards can ensure that people are given the basic facts about HIV and AIDS. From the very beginning SANGJOG also decided to set bill boards and festoons in strategic places where it will be easier to draw people's attention and make them aware of the issue. Therefore, in the first half of 2019, 1 Billboard in Chattogram, 2 billboards in Cox's Bazar and 306 festoons were displayed at different suitable places in seven working districts of SANGJOG.

Objective

- To improve knowledge and attitudes regarding SRHR and HIV

Immediate Result

- Local people got to know about SRHR and HIV by the messages written on the bill boards and festoons.

Activity 1.1.3: Staff orientation on project goal and objectives with organizational rules and regulation

This activity is done in the year 1.

Activity 1.1.4: Orientations on comprehensive sexuality education (CSE) for VYKPs

Comprehensive Sexuality Education (CSE) enables young people to acquire the knowledge of reproductive system as well as male and female body structure. Through this education young people become aware in order to protect their health, well-being and dignity. During the period of January to June 2019, 85 comprehensive sexuality education (CSE) sessions were organized where 1,711 young people received information on SRHR, RTIs/STIs and preventing child marriage issues. Among the sessions, 12 were held in Chattogram with 232 participants (115 males and 117 females), 12 held in Cox's Bazar with 80 male and 158 female participants, 12 sessions were held in Dhaka with 261 participants (89 males and 172 females), 13 sessions were held in Dinajpur with 260 participants (190 males and 70 females), 14 sessions were held in Gazipur with 280 participants (198 males and 82 females), 12 sessions were held in Jashore with 240 participants (80 males and 160 females) and 10 sessions were held in Kushtia with 200 participants (140 males and 60 females).

Objectives

- To enable young people to be aware of and well informed about RTI/STI
- To make young people responsible for their own and others' sexual and reproductive health
- To develop safe and healthy sexual relationship for VYKPs

Immediate Results

Comprehensive sexuality education (CSE) has improved the knowledge of learners that helped them to change their behaviour accordingly

- improved knowledge and attitudes related to sexual and reproductive health and behaviors
- increased knowledge and motivation about the importance and practice of safer sex
- well sensitized regarding HIV/AIDS
- become committed to help SANGJOG to prevent HIV/AIDS
- inspired to make other peers aware
- motivated for seeking RTI/STI treatment

Activity 1.2.1: Capacity building training for the Peer Educators

Completed in the year 1.

Activity 1.2.2: Refresher training for peers on entitlement, healthy choices and claiming SRH rights for VYKPs

Completed in the year 2.

Activity 1.2.5: Refresher Training for project staffs towards Capacity Building

Completed during January to June 2018.

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

Social and cultural norms influence individuals regarding SRHR and HIV issues. SANGJOG project identified parents and other members closely related with VYKPs' life for enabling the environment towards SRHR and HIV. During the reporting period, 6 orientations were held in Chattogram with 118 participants where 89 were males and 29 were females, 4 orientations were held with 80 participants which included 64 males and 16 females in Cox's Bazar, 7 Orientations held with 166 participants of them 61 were males and 105 females in Dhaka, 9 orientations were done where 33 males and 147 females participated in Dinajpur, 10 Orientations were held with 104 males and 96 females participants in Gazipur, 9 orientations were held including 92 males

and 88 females in Jashore and 6 orientations were held including 51 males and 70 females in Kushtia.

Objective

- To give clear idea about SANGJOG activities as well as information regarding SRHR and HIV to local influential people.

Immediate Result

- They were informed and agreed to support the ongoing activities of SANGJOG

Activity 1.3.2 Coordination meeting with local committees that create a supportive socio-cultural environment for the protection of SRHR of VYKPSS for HIV

It is essential to involve local and religious leaders to create a supportive socio-cultural environment for the healthy wellbeing of VYKPs regarding SRHR and HIV. SANGJOG always preferred local voices to be heard for social and behavioral change.

During the reporting period, 14 meetings were organized with 288 community leaders among them 201 were male and 87 were female.

Objective

- To engage local community leaders in ongoing SANGJOG activities

Immediate Result

- They have become inspired and committed to create a supportive socio cultural environment for the protection of VYKP regarding SRHR and HIV

Activity 1.3.3: National day celebrations

SANGJOG team observed International Women's Day on 8 March 2018 forming Human Chain to raise mass awareness and discussion meeting in their working areas. SANGJOG team also observed World Health Day along with government and other non-government organizations. In addition to these Safe Motherhood Day at Gazipur, World TB Day, International Mother Language Day and Independence Day were observed in all the working districts of SANGJOG Project in consultation with and cooperation from local government officials

Objective

- To let people know about the significance and theme of the day

Immediate Result

- Spontaneous participation was observed in day celebration by the beneficiaries and other stakeholders

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

Behavioral change communication materials with basic information are essential for changing the traditional behavior, beliefs and perspectives of target people keeping local needs and issues in mind. Brochure, posters, leaflet, flip chart, hand fan, *ludo* (Educative game) were developed last year and distributed among the VYKPSSs where SRHR and HIV related awareness messages were inscribed. This year up to June 25,000 IEC materials were distributed to the target groups.

Objective

- To increase availability of information regarding SRHR and HIV

Immediate Result

- VYKPs were motivated to take health support for SRHR and HIV by the messages they got from BCC materials

Activity 1.4.1: Support for the effected HIV young peoples' parents

Objective

- To provide financial assistance to PLHIV families

Immediate Result

- The families have become encouraged to take treatment.

3 families got financial support from SANGJOG during the reporting period.

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

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

This activity has been completed in the first and second year and was reported accordingly in the narrative progress reports.

Activity 2.1.2: Information on available health services and contact details

The leaflets, containing addresses and contact details of government hospitals and NGO clinics, were distributed throughout the first half of the year. The purpose of this leaflet distribution was to inform the VYKPs about the list of health service centers where they could seek their required support. These leaflets were printed with clear, easy-to-understand language for the VYKPs. A total of 8,909 leaflets were distributed throughout the reporting period.

Objective

- To inform VYKPs about the existing health service centers in their locality

Immediate Result

- The number of VYKPs taking services has increased at service points listed in the leaflet.

Activity 2.1.3: Distribute health referral cards

Appropriate and timely referral is essential for a functioning health system. To ensure that referral cards were distributed by peer educators at different events like community mobilization and education sessions, comprehensive sexuality education sessions on demand of the VYKPs according to their Sexual and Reproductive Health (SRH) problems. A total of 9,600 referral cards were distributed among VYKPs in seven districts during the reporting period.

Objective

- To make referral health services accessible for VYKPs

Immediate Result

- Tendency to seek health services from health care centers has increased

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

To maintain effective liaison with the government health facilities in which referral linkages were established in the previous year, 9 coordination meetings were held in the period of Jan – Jun 2019. In these meetings 113 service providers, (64 males and 49 females), from different government hospitals took part. These coordination meetings have played a positive role in collaborating with the government in delivering curative health services to the VYKPs at working districts of SANGJOG.

Objectives

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

Immediate Results

These meetings were intended to help

- Smoothening referral services,
- Installation of Bill Boards at hospital premises, and
- Establishing youth friendly corners at government hospital premises.

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

Counselling is an important factor in reducing sexually transmitted infections for young people facilitated by the healthcare providers' about safer sex. Although many factors may contribute to the risk of HIV transmission, some evidences suggest that counseling can play a vital role in decreasing high-risk behavior by HIV-infected patients. This service is provided by previously selected and trained nearby Government of Bangladesh (GoB) and/or NGO health service providers in all the working districts. A total of 3,961 VYKPs were counseled which included 1,349 males and 2,612 females during the reporting period.

Objectives

- To provide an opportunity for VYKPs to know their HIV status and to avoid transmitting the virus to others.
- To receive personalized risk reduction counselling to help prevent acquisition or further transmission of HIV.
- To enroll HIV-positive individuals in rapidly expanding services for support, care, and treatment.
- To educate the target groups about the association of sexually transmitted diseases and HIV/AIDS and explain how other STIs could facilitate HIV transmission.

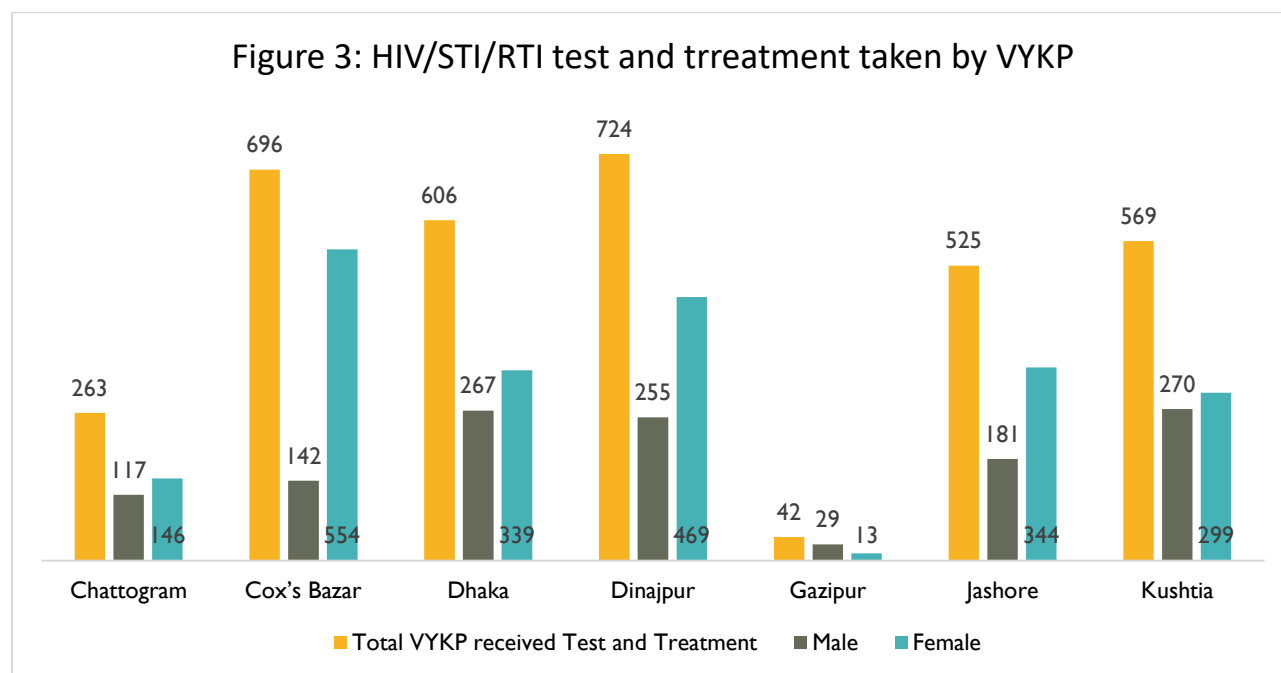
Immediate Results

This activity ensured

- increased testing activity
- improved partner notification
- reduced risk through communication
- patient education and counselling
- condom usage demonstration and provision

Activity 2.2.3: HIV/STI/RTI test and treatment for VYKPs

In addition to counselling, 3,426 VYKPs, (1,261 males and 2,164 females), received HIV/STI/RTI services including test and treatment from nearby government hospitals and NGO clinics. The district wise number of VYKPs who received tests and treatments are shown below in the Figure 3



Objectives

- To prevent transmission of HIV
- To reduce the impact of HIV infection
- To prevent and manage STI

Immediate Results

Through this activity the project intends to ensure that the

- prevalence of STI is reduced by syndromic case management,
- treatment interval is minimized,
- treatments of partners are ensured,

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

This activity has been done in the first and second year and was reported accordingly in the narrative progress reports.

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

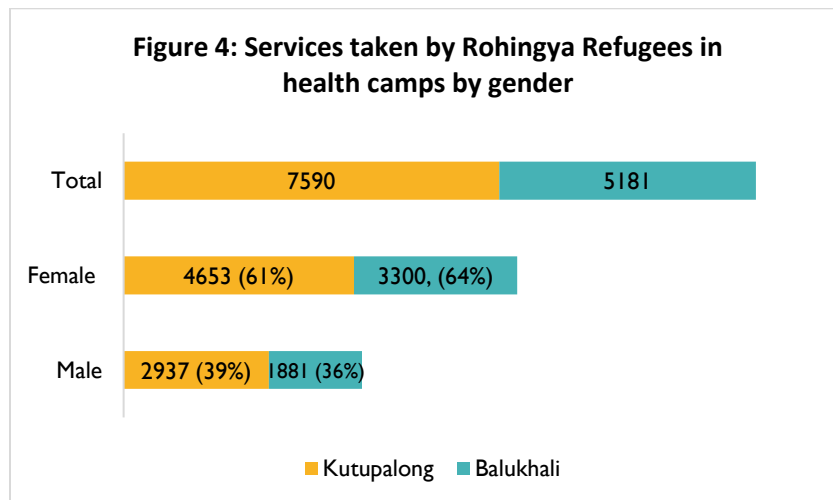
It was August 2017 that triggered by far the largest and fastest refugee influx in Bangladesh. Since then, an estimated 1 million Rohingya including more than 400,000 children have fled in Cox's Bazar. These people found temporary shelter in refugee camps in Cox's Bazar, Bangladesh, which is now home to the world's largest refugee camp. The vast majority live in 34 extremely congested camps, which has been developed as the largest single site-the Kutupalong-Balukhali Expansion Site. In 2 years with this multifaceted collaborative response, the situation has gradually begun to stabilize. Basic assistance has been provided, living conditions in the camps have improved somewhat and disaster risk mitigation measures have been taken, but they are still extremely vulnerable.

Objective

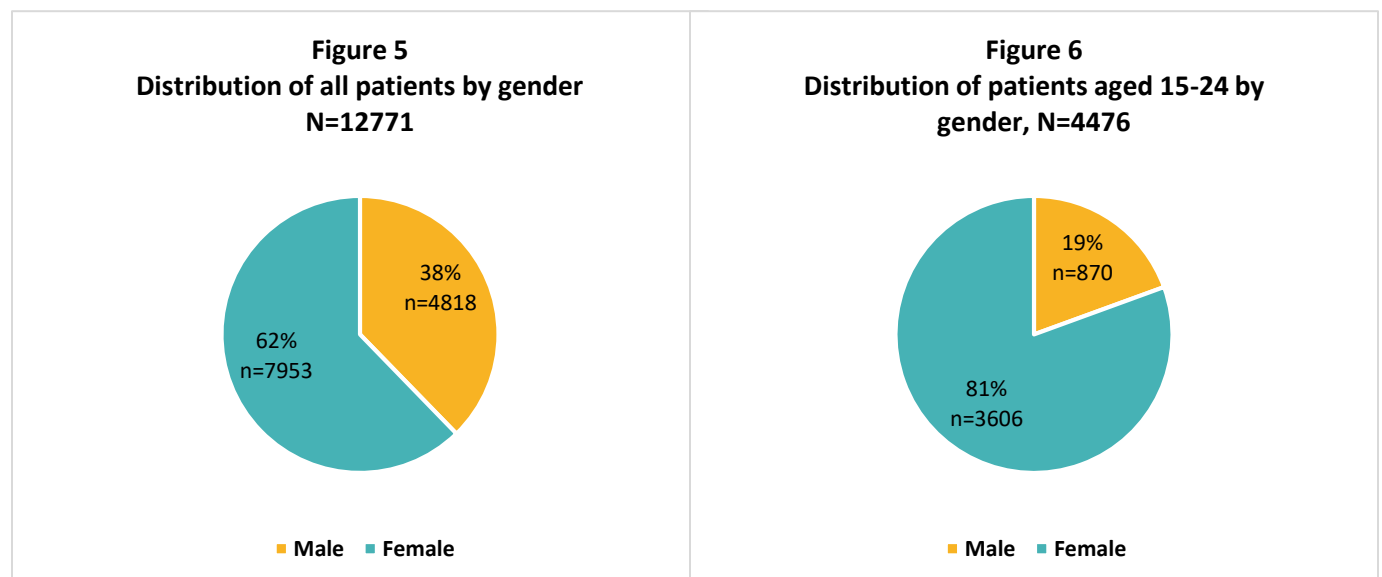
- To address the ongoing needs SANGJOG has extended the following health care services to the Rohingya refugees from its two health camps at Balukhali and Kutupalong:
 - ✓ maternal and child health care services
 - ✓ reproductive health care
 - ✓ general health care services
 - ✓ availability of medicines
 - ✓ distributions hygiene kit
 - ✓ counseling services
 - ✓ investigation facilities for STI, HIV, Pregnancy, Diabetes, and Hepatitis B & C

Immediate Result

- A total of 5,181 patients (1,881 males and 3,300 females) from the Balukhali health camp and 7,590 patients (2,937 males and 4,653 females) from the Kutupalong health camp of all ages received services during the reporting period (Figure 4).



- The total 12,771 patients (males 4,818 and females 7,953) who received services from both the camps are shown in Figure 5. However, 4,476 of these patients (870 males and 3,606 females) were at the age bracket of 15 to 24 years from both the camps (Figure 6).



Activity 2.3.2: Distribution of commodities through health facilities - such as hygiene kits for the VYKPs

In addition to medicine, hygiene kits are also distributed among the young Rohingya women which includes one packet of sanitary napkin, one torch light with battery, soap, comb, nail cutter, tooth paste and tooth brush. In the first half of 2019, the project has distributed 650 sets of hygiene kits.

Objective

- To increase the availabilities of commodities for Rohingya women.

Immediate Result

- They have become familiar with the commodities like hygiene kits

Activity 2.3.3: Organize health camps in community

The aim of the camps is not just to provide health services but to create an environment where the whole community gets sensitized about health issues. Health Camps are mobile and are conducted in different locations by qualified doctors or paramedics to cover VYKPs from hard to reach areas. A total of 2,904 patients were provided services related to STI and HIV/AIDS from 78 health camps (Table 1). The reason behind the low performance in Jashore and Kushtia is due to sudden change of management staff at the mentioned districts.

Objective

- To provide health services and create a sensitive environment for VYKPs.

Immediate Result

- Vulnerable young key people got the health services they required.

Table 1: Health Camps held in working districts of SANGJOG

Intervention Districts	Number of Health camps	Total VYKPSS received services through Health camps	Male	Female
Chattogram	20	746	70	676
Cox's Bazar	14	384	3	381
Dhaka	10	657	143	514
Dinajpur	14	451	323	128
Gazipur	14	452	200	252
Jashore	2	42	0	42
Kushtia	4	172	1	171
Total	78	2904	740	2164

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

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

This activity has been completed in the first year and was reported accordingly in the second narrative progress report.

Activity 3.1.2: Refreshers training for GoB health service providers to increase user friendly SRH/HIV services

This activity has been completed in the second year and was reported accordingly in the fourth narrative progress report.

Activity 3.2.2: Meeting with GoB health officials for increasing affordable demand of VYKPSS

This activity has been completed in the first and second year and was reported accordingly in the narrative progress reports.

Activity 3.3.1: Meeting with civil society organizations (CSO) to increase technical and programmatic capacity

Six meetings were held in all the working areas of SANGJOG with 130 participants including 92 males and 38 females.

Objectives

- To develop the collective voices of the CSOs to influence decision-making processes regarding SRHR issues,
- To strengthen civil society response and contribution to fight against HIV and STI,
- To strengthen partnership within Government, CSO and private sector for an integrated and expanded response to HIV/AIDS and STIs.

Immediate Results

- This activity effectively contributed to the attainment of the goal of SANGJOG,
- Created supporting environment, and
- Increased the number of services received.

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

Activity 4.1.2: Advocacy with district level stakeholders

It needs proper and effective advocacy for working together in the field of SRHR and HIV issues. In Kushtia and Dhaka, 2 meetings were held with 50 males and 6 females from different stakeholders.

Objective

- To create enable environment for VYKPs regarding SRHR and HIV

Immediate Result

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

Activity 4.1.3: Media Campaigns with electronic media

The media can challenge ongoing stigma and discrimination regarding RTI/STI and HIV effectively and faster. Thus regular media campaign has been going on in Chattogram, Dhaka, Dinajpur, Kushtia, Gazipur and Cox's Bazar by telecasting messages on HIV/AIDS through TV scroll. In Jashore, one meeting was held with media personalities.

Objective

- To engage media people in activities of SANGJOG and to convey the messages to mass people through media campaign

Immediate Result

- Media people committed to work together for VYKPs and more people have become aware of SRHR and HIV

Activity 4.1.4: Publish monthly magazine '*PROJANMO Kotha*'.

SANGJOG with the support from PSTC has been continuously publishing '*PROJANMO Kotha*'. During January to June 2019, six issues of '*PROJANMO Kotha*' were published as planned and distributed to embassies in Dhaka and to other fellow organizations. This is a platform where anyone/any development organization can share any development news, information, brief on project and/or program.

Objective

- To disseminate SRHR and HIV issues

Immediate Result

- Different stakeholders of SANGJOG appreciated the initiative

Gender in SANGJOG

Gender Dimension

Practice and access to sexual and reproductive health rights and HIV testing as well as treatment are often influenced by the power imbalance between genders. In most cases women and girls do not have access to sexual and reproductive health rights. For sustainable and right-based development gender equality and equity needs to be addressed.

Therefore SANGJOG committed to reduce the negative impacts of gender inequality in SRHR and HIV. SANGJOG ensured the participation of its target population regardless of gender, norms and stigma related to gender identity with blindness. Meaningful and effective participation of women, girls, boys, men from all levels was ensured in the planning, design, recruitment and implementation of SANGJOG. From the very beginning, it was decided to keep gender equality in the processing of recruitment of peer educators in SANGJOG. And the project maintained gender balance successfully.

Conclusion

SANGJOG has a remarkable achievement during the period of January to June 2019. With the goal of increasing access to integrated SRHR & HIV services to vulnerable young key people, SANGJOG already crossed more than half of its target for this year within the first six month of the year through different session and services and we expect that by the end of this year SANGJOG will successfully achieve all targets. Young people are getting health services from established 20 health referral centers which is a sustainable initiative of the project. Though challenges remain from initial phase of the project such as e.g. misperception about HIV/AIDS and its treatment, judgmental attitude of service providers and stigmas related to STIs and HIV/AIDS, SANGJOG successfully overcome all these barriers and tried to ensure unprejudiced attitude from service provider. The project already created favorable environment to work with pavement dwellers, transport workers, female floating sex workers and labors and create active linkages with different level of stakeholders. With their support, SANGJOG has worked towards creating optimal opportunities for getting SRHR services from the identified health centers.

Annex-1: Photo Gallery and Media Coverage

Annex-2: Achievements against Targets

Activity 1.1.1: Community mobilization and education to increase knowledge of VYKPSS for HIV/AIDs



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



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



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



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



Activity 1.3.3: National day celebrations



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



Activity 2.1.2: Information on available health services and contact details

বাংলাদেশে এইচআইভি বৃদ্ধিতে থাকা তরুণ জনগোষ্ঠীর জন্য উন্নত যৌন ও প্রজনন স্বাস্থ্য ও অধিকার রক্ষায় একটি প্রোগ্রাম

যে সকল কেন্দ্রে আপনি প্রয়োজনীয় স্বাস্থ্যসেবা পাবেন

- **২৫০ শয্যা বিশিষ্ট জেনারেল হাসপাতাল**
আন্দারকিল্লা, চট্টগ্রাম।
- **১০ শয্যা বিশিষ্ট পূর্ব বাকুলিয়া মা ও শিশু কল্যাণ কেন্দ্র**
কালামিয়া বাজার, আলফুর লস্কির হাউস, পূর্ব বাকুলিয়া, চট্টগ্রাম।
- **পপুলেশন সার্ভিসেস এন্ড ট্রেনিং সেন্টার (পিএসটিসি)**
মূল বাড়ার সেবা কেন্দ্র, ইউনাইটেড ফর দি রাইসিং এক্সক্লুসিভ ২১২৬/শি, হাজী দুলাল হুক ম্যানসন (লীচতলা)
তারেরবাদ অ/এ, আ ভূয়ার ডিপো, পাটনা ইশ, চট্টগ্রাম।
- **আমার আনো মোবাইলিটি (এএএম)**
বাড়ী নং # ১১৪, রোড নং # ১০, ড. আব. নিজাম রোড, চট্টগ্রাম।
- **চট্টগ্রাম মেডিক্যাল কলেজ হাসপাতাল**
৫৭ কে.বি. ফজলুল কাদের রোড, চট্টগ্রাম।

প্রয়োজনে যোগাযোগ করুন: ০১৮৫৯-৫৬৩৯৯৮

বাংলাদেশে এইচআইভি বৃদ্ধিত থাকা তরুণ জনগোষ্ঠীর জন্য উন্নত যৌন ও প্রজনন স্বাস্থ্য ও অধিকার রক্ষায় একটি প্রোগ্রাম

এইচআইভি/এইডস
এইচআইভি হলো একটি ভাইরাস যা যারা এইডস হয় - এটি কোনো ব্যক্তির শরীরে প্রবেশ করলে সেই ব্যক্তির শরীরের কোষ প্রতিরোধ ক্ষমতা হারাতে শুরু করে এবং শেষ পর্যন্ত কোষ প্রতিরোধ ক্ষমতা সম্পূর্ণ নষ্ট হয়ে যায়। কম্পর্কিত তার শরীরে নানাবিধ রোগ বাসা বাঁধে এবং শত চিকিৎসাতেও সে সম্পূর্ণ সুস্থ হয় না। এক পর্যায়ে অত্যন্ত ব্যক্তি মৃত্যু ঘটে।

এইচআইভি/এইডস থেকে বাছিয়ে নেওয়া

- এইচআইভি/এইডস আরেক ব্যক্তির সাথে অনিয়মিত বা অন্তিম সিইন যৌন মিলনের মাধ্যমে
- আরেক ব্যক্তির রক্ত দেবার মাধ্যমে অথবা কোন কারণে অত্যন্ত ব্যক্তি রক্ত দিয়ে শরীরে স্কেট বা কাটা অংশের সংস্পর্শে আসলে
- এইচআইভি/এইডস আরেক ব্যক্তির ব্যবহৃত সূঁচ/ক্রয়/সিঁকিলাল মস্তপতি জীবাদ্রব্য নাক করে অন্যদল ব্যবহার করলে
- পরিষ্কার ছাড়া রক্ত গ্রহণ করলে

এইচআইভি/এইডস থেকে বাছিয়ে নেওয়া

- হাত মেলালে বা তোকেলি করলে এইচআইভি ছড়ায় না
- একটি শৌচাগারে ব্যবহার করলে এইচআইভি ছড়ায় না
- একটি পরিবারে বাস করলে বা সামাজিক মেলামেশার মাধ্যমে এইচআইভি ছড়ায় না
- আরেক ব্যক্তির ইটি-কাশি মাধ্যমে একে অপরকে স্পর্শ করলেও এইচআইভি সংক্রমণের কোনো আশঙ্কা নেই
- মশা-মছি মাধ্যমে বা পোক-মাকড়ার মাধ্যমে এইচআইভি ছড়ায় না

এইচআইভি/এইডস প্রতিরোধের উপায়

- এইচআইভি আরেক শরীরের স্তন্যদান ধারণের পূর্বে ডাক্তারের শরণাপন্ন হওয়া উচিত। নবজাতককে বুকের দুধ খাওয়ালে বাচ্চারে কয়েকদিনের-এর পরামর্শ নেয়া প্রয়োজন
- সঠিক পদ্ধতির কনডম ব্যবহার নিশ্চিত করলে এইচআইভি সংক্রমণের সম্ভাবনা কম থাকে
- প্রতিবার ইনজেকশন গ্রহণের সময় শুধুমাত্র সূঁচ বা সিরিঞ্জ ব্যবহার করা অত্যন্ত জরুরী যা এইচআইভি সংক্রমণ রোগ করে
- রক্ত গ্রহণের প্রয়োজন হলে প্রত্যেকের অবশ্যই পরীক্ষিত রক্ত গ্রহণ করা উচিত। অপরিষ্কৃত রক্ত গ্রহণে এইচআইভি সংক্রমণের সম্ভাবনা থাকে

পপুলেশন সার্ভিসেস এন্ড ট্রেনিং সেন্টার (পিএসটিসি)

Activity 2.1.3: Distribute health referral cards



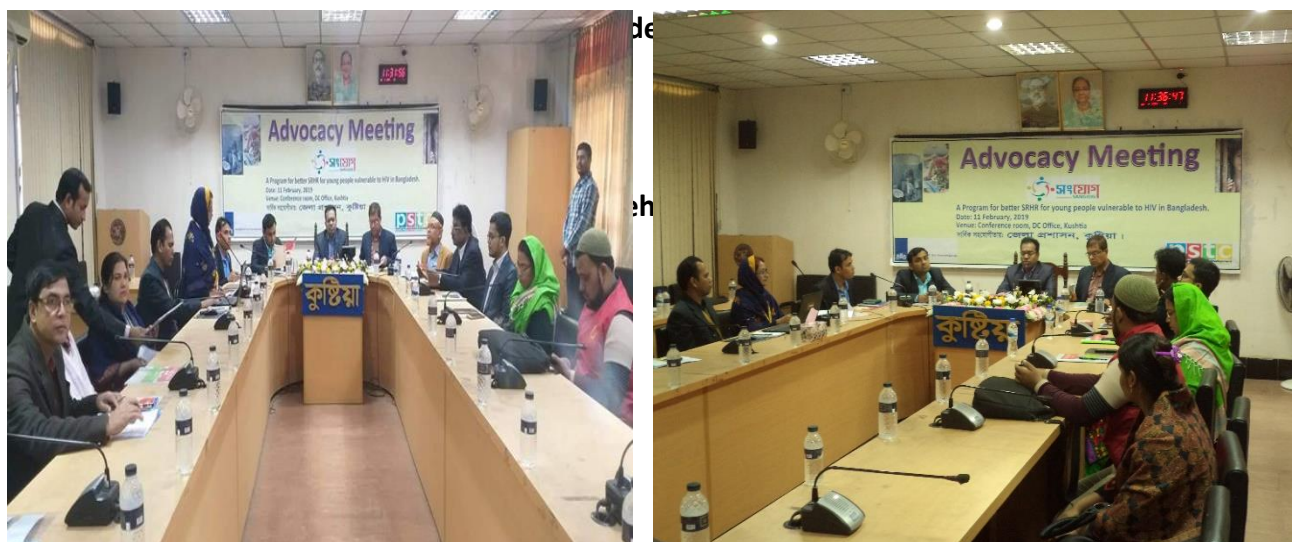
Activity 2.2.1: Coordination meeting with GoB Health Officials for improve access to the HIV/SRH services



Activity 2.3.2: Organize health camps in community



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



Activity 4.1.4: Publish monthly magazine Projanmo Kotha

