

END LINE EVALUATION OF



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



REPORT

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AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BCC	Behavior Change Communication
CS	Civil Surgeon
CT	Copper-T
DDFP	Deputy Director Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
EKN	Embassy of the Kingdom of the Netherlands
FGD	Focus Group Discussion
FP	Family Planning
FSWs	Female Sex Workers
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IDI	In-depth Interview
IDUs	Injecting Drug Users
IEC	Information, Education and Communication
IUD	Intra-Uterine Device
KP	Key Population
MoHFW	Ministry of Health and Family Welfare
MSM	Men who have sex with men
MTR	Mid-Term Review
NASP	National AIDS/STD Programme
NGO	Non-governmental Organization
PE	Peer Educator
PNC	Postnatal Care
PSTC	Population Services and Training Center
PWID	People Who Inject Drug
RH	Reproductive Health
RMG	Ready Made Garment
RTI	Reproductive Tract Infection
SBCC	Social Behavior Change Communication
SC	Street Children
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TW	Transport Worker
VYKP	Vulnerable Young Key Population
WHO	World Health Organization
YPD	Young Pavement Dweller
YL	Young Laborer

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The report presents the findings of the End line Evaluation of SANGJOG Project, a program for better sexual reproductive health and rights (SRHR) carried out among the young people vulnerable to HIV in Bangladesh. SANGJOG is a project implemented by Population Services and Training Center (PSTC) with financial support from the Embassy of the Kingdom of Netherlands (EKN).

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Best regards,

A handwritten signature in black ink, appearing to read "Khalid Hasan", followed by a horizontal line.

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EXECUTIVE SUMMARY

SANGJOG A Program for Better Sexual and Reproductive Health and Rights for Young People Vulnerable to HIV in Bangladesh had been implemented by Population Services and Training Center (PSTC) in seven districts of Bangladesh. The project primarily aimed at improving SRHRs for the vulnerable young key population (VYKP) within the age bracket of 15-24 years who were from community of Female Sex Workers (FSWs), Transport Workers (TWs), Pavement Dwellers and Young Laborers (YLS). The districts were identified based on a mapping exercise considering the risks for HIV which are Dhaka, Gazipur, Dinajpur, Kushtia, Jashore, Chattogram and Cox's Bazar. The project also embarked on providing primary health care services focusing Sexual and Reproductive Health and Rights (SRHR) for the Rohingya Population (Forcefully Displace Myanmar National) in Cox's Bazar, since October 2017, known to be the largest refugee crisis currently facing the world. The project was supported by the Embassy of the Kingdom of the Netherlands (EKN). It was a two-year project in place initiated since December 2016, and had extended with cost to continue till December 2019 considering the need of the project beneficiaries.

A cross sectional study had conducted adopting a mixed-method approach in the SANGJOG intervention areas of Bangladesh. End line evaluation results from both the qualitative and quantitative survey indicated that the SANGJOG intervention had a positive impact on all the aspects related to sexual and reproductive health related knowledge, attitude and practices among VYKPs. As a proof, it had unveiled that reaching Vulnerable Young Key Populations (VYKPs) through peer approach was significantly effective to increase the understanding and awareness regarding multifaceted issues like SRHR, more specifically towards HIV/AIDS. Community networks based referral mechanism also had an impact to improve the accessibility of health care services for the VYKPs. It is recorded that among the VYKPs had experienced any symptoms associated with STIs in last 12 months majority of them (95%) sought some sort of treatment, mostly from public health facilities (such as medical college hospitals, district hospitals, Upazila Health Complex, NGOs Clinics etc.). Majority of them acknowledged the services they had received through referral mechanism of SANGJOG and were satisfied with the behavior of service providers. However, they had given some suggestions to improve the service standard of the intervention.

SANGJOG improved the capacity of health care services providers about epidemiological facts and special need of Vulnerable Young Key Populations (VYKPs). The service providers associated with SANGJOG project were found to be sensitized as well as clients (VYKPs) also satisfied with the services provider's attitude. Service providers also informed that VYKPs were more aware about treatment for Sexually Transmitted Infections (STIs) and HIV Testing and Counseling (HTC). This evaluation study indicated that HIV Testing and Counseling (HTC) rate increased among the VYKPs from 48% to 79% in SANGJOG implementation areas. Motivational status among the VYKPs had increased significantly and most of them received services at referral facilities.

Overall, the SANGJOG project implemented by Population Services and Training Center (PSTC) had successfully achieved the outcomes anticipated for the VYKPs. Considering the unmet need for Sexual and Reproductive Health (SRH) information and services, the current situation of the adolescents and the socio-cultural conservatism that prevails in the country, the end line survey showed that the intervention through this project could increase knowledge, improve positive attitude and safe practice toward Sexual and Reproductive Health (SRH) in the project areas.

KEY FINDINGS

Socio-economic Profile: The VYKPs were mostly below 20 years (66%-86%). The average age of all of them were found to be within 18-19 years. Majority (96%) of VYKPs representing Transport Workers (TWs), Pavement Dwellers (PD), Young Day Laborers (YDL) and all the VYKPs from Female Sex Workers were Muslim. Moreover, majority of the VYKPs were literate (84%) could read and write. However, illiteracy rate among Female Sex

Workers was higher than other three groups where it was only 22%. Among the literates, most of them had studied up to grade 9 (79%), rests studied up to grade 10 and above.

Majority of the VYKPs (78%) were found unmarried yet. Considering the socio-economic characteristics of Bangladesh, the marital status of the FSWs were found quite different from other three categories. Among the FSWs, 43% were unmarried and another 25% were found staying with their spouses. Rests of the FSWs (25%) were either stayed apart, separated or divorced, where as it only 2%-3% is reported by Transport Workers (TW), Street Children (SC) and Young Day Labourer (YDL). In terms of the experience of separation or divorce among all 4 categories, it could be assumed that FSWs are more vulnerable than the others and this could be one of the reasons for what they came to this profession.

Though the minimum legal age for marriage in Bangladesh is 18 years for girls and 21 for boys, the picture among the SANGJOG target respondents is quite alarming. Majority (around 80%) got married before the legal age of marriage. The average age of marriage was found 16.4 years, which is almost similar to BDHS, 2014 where the median age at first marriage among women aged 20-49 was 16.1 years.

Migration: More than one-third of the respondents (37%) mentioned that they had migrated from their hometown to larger cities. Underlying causes of migration were primarily driven by socio-economic factors i.e. poverty, unemployment, job opportunities and social safety. Poverty, as mentioned by 70% of them, identified as major cause of migration.

Leisure and Media Habit: The evaluation study found that in most of the cases they watched TV (91%) and listening to radio (43%) during the leisure time. Other than the FSWs, around half of the respondents had mentioned about playing outdoor games/sports or doing physical exercises (43%). Other leisure time activities included watching movies (16%), shopping (12%), reading books and magazines (8%).

Sexual and Reproductive Health Knowledge: It was evident from the study that majority of the respondents had knowledge about sexual and reproductive health, especially the diseases which may occur due to sexual intercourses and/or unsafe sex. The findings showed that almost all the VYKPs (99%) were aware about some diseases that can be transmitted through sexual intercourse. Almost all the VYKPs (99%) heard about sexually transmitted infections (STIs). At least 2-3 symptoms of STIs were mentioned by them, which indicated that these respondents had fairly good idea about the symptoms. The findings also showed that majority of VYKPs had adequate knowledge on the prevention of STIs. They could also mention to avoid multiple sex partners (47%) and unprotected sex (47%). All of the VYKP respondents (100%) could mention about any SRHR service delivery point from where they can seek health services/treatments. They mentioned about the places for seeking treatment, mostly about public health facilities, such as medical college hospitals (65%), district hospitals (62%), Upazila Health Complex (42%) etc. A large number of them also mentioned about SANGJOG health camps (56%). Almost all (99.6%) could mention how to prevent these diseases, especially by using condoms (94%).

HIV/AIDS: The awareness of this deadly disease is universal (99.6%). Almost all of the VYKPs (95% - 98%) knew very well about how HIV/AIDS is transmitted from one person to another person. They could mention the main reasons behind transmitting of this disease. "Re-use of syringe used by infected person" mentioned by most of the respondents (91%), followed by "unsafe sexual practice" (95%), and "blood transfusion from infected person" (86%). Almost all of them (99.6%) could mention how to prevent these diseases, especially by using condoms during sex (86%). They could also mention to use sterile syringes (81%), avoid multiple sex partners (37%) & unprotected sex with sex workers (28%), and avoid transfusion of unscreened blood (43%) etc.

Sexual Risk Behaviors: SANGJOG worked among the beneficiaries in educating towards refraining them from any sexual risk behaviors. Extra and pre-marital sex was quite prevalent among the VYKPs. They were asked at what age they first had sexual intercourse. In reply, it was found that almost half (44.3%) of the VYKPs had first

sexual intercourse at the age between 10-15 years, and 82% of the total respondents were sexually active in last 90 days of data collection period. On average, among TW, SC and YDL had sex with 1-2 persons in last 30 days. The FSWs had sex with around 14 persons in last 30 days.

Referral and Quality of Care: Overall, majority of the VYKPs (86%) mentioned that they were ever referred to any health facility/camp by SANGJOG project. They were mostly referred to public health facilities, such as medical college hospitals (47%), district hospitals (46%), MCWC (13%), NGO clinic (9%) etc. Also referred at SANGJOG health camps (43%).

SANGJOG Health Camp: Almost all the respondents (99%) were aware of SANGJOG health camps. All of them were found to aware of some of the important health related services offered by SANGJOG health camps, such as - contraceptive methods (33%), counseling about family planning (57%), STI treatment and counseling (81%), HIV-AIDS counseling (70%), and treatment of reproductive tract infections (18%). Among them, 82% had ever received services at these health facility camps. In recent three months, 70% of the beneficiaries went to these camps for health care and received services on STI/RTI treatment (29%), Allergy/itching treatment (14%), cough and cold treatment (10%), abnormal discharge (13%), abdominal pain (8%) etc.

Program Effectiveness: To meet the project goal, SANGJOG reached its target population through their trained Peer Educators (PE) representing the VYKP. A total of 70 peer educators, 10 from each of the seven working districts, worked as frontline workers. All the peer educators were received training and refreshers training to make the program more effective. In the last three months, on average, the peer educators (PE) could provide around 6 peer sessions to their peers in a month. All of the VYKPs were satisfied with the quality of sessions provided by the PE. Majority of the VYKPs (92%) had ever attended any peer session and comprehensive sexuality education (CSE) session from SANGJOG. All of them were either satisfied or very much satisfied with the session.

SANGJOG gave much emphasis on its advocacy activities to meet VYKP's SRHR need through community mobilization. With a view to improve the effectiveness of SANGJOG, the VYKPs suggested to take few steps, such as to organize more meetings/courtyard meetings/campaigns for newly arrived peers (47%), followed by disseminate information among newly arrived peers (16%), continuation of SANGJOG program (14%), improve quality of services (7%) etc.

RECOMMENDATIONS

Ensuring universal health coverage for the vulnerable young key population is a great challenge as most of the existing youth friendly health care services designed targeting mainstream adolescent and youth. Earlier most of the health care services targeting VYKPs were provided through Drop-In Centers. For the first time, SANGJOG referral mechanism with the existing government and NGOs health facilities through community networks is a major shift from Drop-In Center based services targeting the Vulnerable Key Population for HIV/AIDS. In order to ensure accessible and affordable health care services for the VYKPs, SANGJOG intervention model, could be scaled up in other areas and across the country. This can be turned into a social movement and SANGJOG model can be the vehicle toward integrating SRHR and HIV services to VYKPs in all over the country. Incorporation of training on SRHR and High Risk Community oriented HIV/AIDS prevention programs with government health system could increase the number of capacitated service providers, and thus confirm quality services and increase accessibility of health care services for the VYKPs.

The service providers associated with SANGJOG project were found to be sensitized as well as clients (VYKPs) also satisfied with the services provider's attitude. This evaluation study indicated that HIV Testing and Counseling (HTC) rate increased among the VYKPs from 48% to 79% in SANGJOG implementation areas. So, there is a scope to exchange SANGJOG motivational and referral feature among other VYKPs in other districts of Bangladesh that will ensure achieving 90 90 90 global treatment target for HIV - 90 percent of people living with HIV will know

their HIV status, 90 percent of people diagnosed with HIV will receive antiretroviral treatment and 90 percent of people on treatment will have suppressed viral loads .

Technical support may be given to the government service providers to increase capacity of the facilities both at district and sub-district level for providing integrated Sexual and Reproductive Health (SRH) and AIDS services. More efforts also required for improving HIV Testing and Counselling (HTC) at the health facilities where referral linkages were established. In addition, advocacy is needed for creating enabling environment through sensitizing stakeholders for increasing access to VYKPs to SRHR and HIV information and services.

As the referral service system played a vital role in SANGJOG project, mechanism of refreshers' training could be incorporated for the service providers and relevant stakeholders who are involved with deliver adequate standard package of SRHR, STIs and HIV/AIDS services.

Coverage and effect of knowledge sharing and services for the Rohingya Population

Endline evaluation findings revealed that Rohingya population in Cox's Bazar are at high risks of STIs and HIV/AIDS. Rohingya population has different dimensions of knowledge & attitude towards STIs and HIV/AIDS. However, SANGJOG project, utilizing its expertise sensitize and motivate Rohingya population towards increasing their knowledge, attitude and practice level regarding SRHR, STIs and HIV/AIDS.

Considering the diversified cultural phenomena, community based educational program are essential. It is also necessary to increase the coverage and support to Rohingya population in terms of SRHR, family planning, safe sexual behavior, STIs and HIV/AIDS.

There are so many "like-minded" NGOs those are working with Rohingya population in the area of their basic rights, child protection, health and hygiene, SRHR and so on. SANGJOG can make an effective collaboration with those NGOs and service providers to make a positive impact in uplifting the SRHR, STIs and HIV/AIDS related knowledge, attitude and practices among the Rohingya population.

Quality and effectiveness of GO-NGO collaboration in the SANGJOG project and its implementation

Both qualitative and quantitative findings indicated that GO-NGO collaboration has been created effectively in SANGJOG project. Different stakeholders including government service providers were found to be satisfied with the model (referral services with existing GOB/NGO health centers through Peer networks) used by SANGJOG project. Different communication activities i.e. meetings, seminars and workshops helped stakeholders and service providers a lot to understand the project as well as those activities sensitized them to provide quality services to the underprivileged population of VYKPs. Therefore, stakeholders including the service providers suggested to keep continuation of collaboration between GO and NGO in future. They have also suggested to arrange more refreshers' training and workshops in government facilities, so that more service providers can be motivated in dealing with VYKPs.

¹ 4th National Strategic Plan for HIV/AIDS, Bangladesh

INTRODUCTION

1.1 INTRODUCTION: HIV SITUATION AMONG BANGLADESHI POPULATION

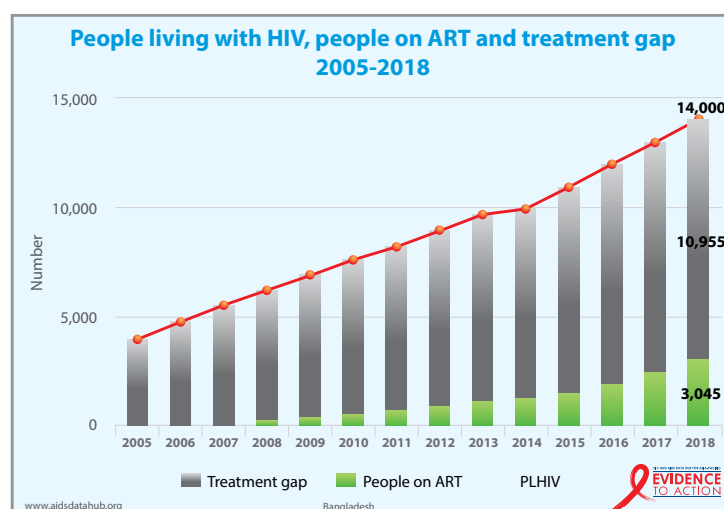
Bangladesh though is one of the countries of the world where HIV prevalence is still low remains less than 0.01% among general population but yet it is considered to be at high risk as because of presence of many risk factors for the spread of HIV. HIV prevalence remains about 3.9% among key population mostly in People with Injecting Drugs (PWID). The first case of HIV in Bangladesh was detected in 1989 and till December 2019, the total national estimated number of people are living with HIV is 14,000. According to MoHFW, a cumulative total of 7374 people were infected with HIV in Bangladesh till now since the first detection, and of them 1242 people died. There has been a total of 919 HIV-positive people were identified in 2019 and 170 died due to HIV, highest ever in a single year in Bangladesh. This is because this year among the identified cases 105 were from Rohingya Population. Less than one-third of the detected people living with HIV are women; but the majority of infections are likely to remain undetected.

According to another report published by HIV and AIDS Data Hub Asia and Pacific, the HIV detection rate is 52.67%, current ART coverage is 65.38% among PLHIV and viral suppression rate is 84.60% among recipients of viral load testing. The figure shows the current HIV and AIDS situation in Bangladesh. The year-wise trend data are shown in the figure below. (AIDS Data 2018, MOHFW 2019)

Bangladesh developed its first Antiretroviral Therapy (ART) treatment guidelines in 2006, with PLHIV able to buy subsidised antiretroviral drugs from specified pharmacies and NGO clinics. (Fiona et al 2011)

In a recent report by Das (Das 2017) mentioned that knowledge and practice are reducing risk factors of getting HIV in Bangladesh and higher level of socio-demographic and economic status, especially among the men work to prevent HIV. (Sultana, Das 2015). HIV prevalence has never exceeded 0.1% in the general population and has remained below 1% for most key populations (NASP 2014). The national prevalence among the key population groups remains low – people who inject drug (PWID) (1.1%), female sex worker (FSW) (0.3%), male sex worker (MSW) (0.4%), men who have sex with men (MSM) (0.4%) and transgender (TG)/Hijra (1.0%); but it remains extremely vulnerable due to its socio-economic and cultural settings. (NASP 2015)

The pattern of behaviors that contributes in spreading the HIV infection is there in Bangladesh. Since there is the presence of people most at risk, such as male injecting drug users, MSM, and transgender, the current low HIV prevalence situation exists, but it may aggravate the situation, especially in some geographic pockets where there are the presence of most-at-risk population. Evidence also shows that some female drug users in Bangladesh turn to sex workers out of financial necessity to support their addiction (Azim et al 2006, NASP 2005). It was also evident that there are women who are involved in commercial sex are very often largely dependent on their partners for the procurement and use of drugs. A substantial proportion of youth have multiple sex partners; drug users share and re-use their needles; sex workers have poor condom use and high STI prevalence; unscreened blood transfusion and increasing high-risk sexual behaviors are common (NASP 2005). The frequency of pre-marital and extra-marital sex and the large number of sexual acts with sex workers are commonly known factors associated with the transmission of HIV in Bangladesh. (Das 2017)



According to Azim and others (Azim et al 2008) mentioned on the basis of various current activities and the sources of data, modelling exercises of the future of the HIV epidemic in Dhaka suggest that, if interventions are not enhanced further, Bangladesh is likely to start with an IDU-driven epidemic, similar to other neighboring countries, which will then move to other population groups, including sex workers, males who have sex with males, clients of sex workers, and ultimately their families.

To overcome the situation, appropriate intervention should increase comprehensive knowledge on HIV and STIs across communities and also the information on sexual and reproductive health as well as importance of safer sexual practices, condom usage, use of sterile injecting equipment and access to treatment for STIs needs to be disseminated among both the communities and the key population. It is also recommended to ensure age disaggregated monitoring of prevention, care and treatment programs in all 64 districts of Bangladesh. (Das 2017).

However, it can be mentioned here that the National AIDS/STD Programme (NASP), within the Directorate General of Health Services (DGHS) of the Ministry of Health and Family Welfare (MoHFW), is primarily responsible for programming to address HIV issues in the country. It was established to provide a high-level leadership from the Government and to facilitate programme implementation and coordination. The major roles of the NASP comprise policy, information, coordination and regulation, and implementation where necessary. The Government of Bangladesh is working in partnership with difference public and private organizations, NGOs and development partners to eliminate HIV from the country by 2030. (MOHFW 2019).

1.2 THE INTERVENTION

In view of the current situation stated above and thereby considering the necessity of working with the government in combatting HIV, a program entitled 'SANGJOG, was designed for better SRHR for young people vulnerable to HIV in Bangladesh was initiated by Population Services and Training Center (PSTC)/Population Council. The Embassy of the Kingdom of Netherlands (EKN) provided the financial support. The SANGJOG project was in operation since December 2016. The two-year project got an extension until December 2019.

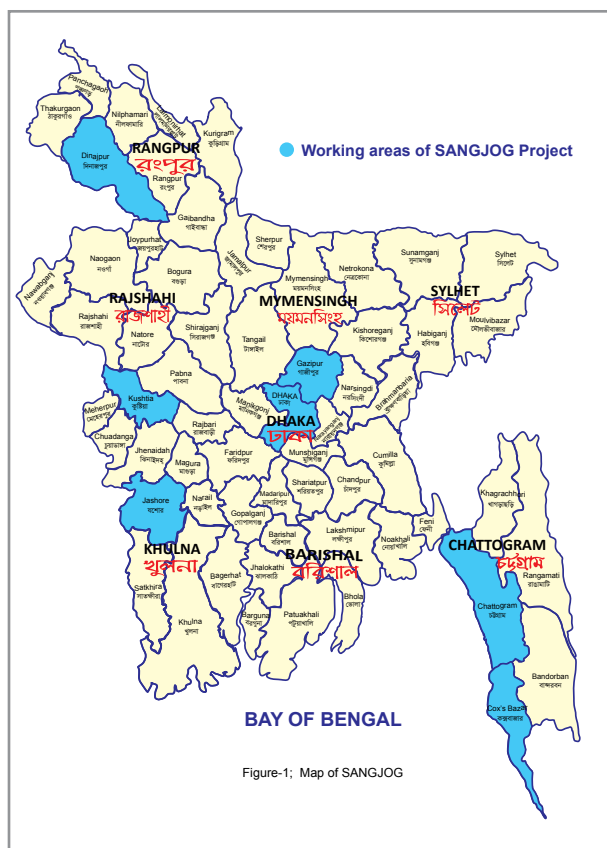
The current evaluation assessed the project from various perspectives of beneficiaries, service providers, service provisions, GO-NGO collaboration, sustainability and replicability with the overarching theme of SRHR in the STI/HIV context for the Vulnerable Young Key Population (VYKP). (Picture of an adolescent: PSTC Website)

Vulnerable Young Key Population (VYKP) aged 10-24 years of young people in the streets, for instance, worked in the transport sector, floating female sex workers, and young boys and girls engaged in small trades and jobs are excluded and deprived from the government and NGO health facilities in getting health services specially Sexually Reproductive Health and Rights (SRHR) information and services. The Government and NGO health facilities mostly focused on married couples, children, there was an absence of a young people friendly atmosphere in health care centers, there was stigma and discrimination among the service providers as well



as young clients, the affordability of getting services was limited and the access for VYKP to SRHR information and services was absent. In addition, these young people experienced violence and especially sexual violence; being unskilled they were bound to work on negligible wages and their other entitlements were neglected.

Knowledge about Sexually Transmitted Infection (STI) symptoms influences care seeking behavior. Delayed care-seeking increases the risk for acquisition of HIV. As STIs increase the vulnerability to HIV/AIDS, knowledge about STI symptoms will improve care-seeking behavior. Knowledge on STI among youth was low. Youth at risk did not perceive their risk for HIV. A clear understanding about safe sex and promotion of safe sex practice were essential for HIV/AIDS intervention. Appropriate interventions to increase the perceptions of risk were essential.



SANGJOG, on this backdrop, was an intervention, aimed to improve SRHRs for the young key population (KP) (15-24 years) who were at risk of HIV/AIDS, in seven districts of Bangladesh. SANGJOG was supported by the Embassy of the Kingdom of the Netherlands (EKN). This was a two-year project in place, since December 2016. But the project was extended with cost to continue till December 2019 considering the need of the project beneficiaries. SANGJOG as a part of its humanitarian response, also embarked on providing primary health care services focusing SRHR for the Rohingya Refugees in Cox's Bazar, since October 2017, largest human refugee crisis currently facing the world.

To meet the project goal, SANGJOG reached its target population through Trained Peer Educators representing the VYKP. A total of 70 Peer Educators, 10 from each of the seven working districts, worked as frontline workers. SANGJOG gave much emphasis on its advocacy activities to meet young KP's SRHR need through community mobilization. The project also provided health services and other relevant services to address the needs of VYKP recommended by the updated National Adolescent Health Strategy 2017-30. SANGJOG aimed to improve SRHR awareness and services for VYKPs with the following goal and objectives:

Project Goal: Increased access to integrate SRHR & HIV services to vulnerable young key people.

Project Objectives

- Increase awareness and health seeking behavior of 75,000 VYKP on SRHR and HIV services.
- Establish functional referral linkage with GoB and NGO health facilities for providing SRHR and HIV services to 60,000 VYKPs.
- Increase capacity of 20 Government service facilities for providing integrated SRH and HIV services.
- Advocacy for creating enabling environment through sensitizing 300 stakeholders for creating increased access to VYKPs to SRHR & HIV information and services.

Intervention Districts: The project locations were in large cities where street children/young pavement dwellers, transport workers, floating sex workers, young day laborers were living in large numbers. The intervention districts are Dhaka, Gazipur, Chattogram, Cox's bazar, Dinajpur, Jashore and Kushtia.

SANGJOG Outcomes

- Outcome 1: Increased awareness and health seeking behavior of VKYP on SRHR and HIV services.
- Outcome 2: Established functional referral linkages with GoB facilities for providing SRHR and HIV services to VKYPs.
- Outcome 3: Capacitated GoB facilities for providing SRHR and HIV services to VKYPs
- Outcome 4: Enabling environment created to facilitate access to SRHR and HIV services by VKYPs.

1.3 RESEARCH OBJECTIVES

The objectives of this study were to:

- Assess 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.
- Assess GoB service utilization (i.e., SRHR, STIs, and HIV/AIDS) by the VYKPs, their satisfaction, and obstacles to receiving these services.
- 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.
- Assess availability, access, coverage, utilization, quality, and effectiveness of SRHR, STIs, and HIV/AIDS services currently available in SANGJOG referral facilities.
- Assess the coverage and effect of knowledge sharing and services for the VYKP in SANGJOG areas and among Rohingya Population.
- Assess quality and effectiveness of GO-NGO collaboration in the SANGJOG project and its implementation.
- Assess the sustainability of the intervention.
- Assess whether the approach applied by SANGJOG is replicable and if so, recommend how.

1.4 SCOPE AND RATIONALE FOR THE STUDY

PSTC, in 2019, aimed to evaluate their SANGJOG project undertaken in some of the areas in Bangladesh to provide insights into the progress of the project made so far and to inform strategic decisions on replicating the project as a model and thereby sharing this among other NGOs and donors that have similar objectives of integrating SRHR and HIV services to VYKPs in all over the country. The SANGJOG program can be scaled up in other areas and across the country.

In addition, the current project achievements and the findings will be used by the donor, PSTC, partner organizations and other stakeholders as well as national and country level, to develop/scale up plans, strategies and interventions aimed at accelerating action for SRHR care for VYKP.

The evaluation, hence, assessed to what extent the planned project outcomes and outputs were achieved including the overall results, effects/changes realized, good practices, challenges faced, and lessons learnt. The evaluation covered all the seven supported districts that were included in the midline evaluation. It also included a representative sample of project beneficiaries.

Hence, the overall purpose of the independent evaluation was to attain a greater understanding of the program's achievements from its start date in December 2016 until the end of this phase of the program in December 2019. It assessed project performance and progress against project outcome level changes. The evaluation team provided an analysis of the attainment of the main and specific objectives of SANGJOG.

1.5. METHODOLOGY

Research Design and Population: This was a cross sectional study, adopted a mixed-method approach covering the PSTC intervention areas of Bangladesh. The evaluation was primarily quantitative in nature, which was complemented by various qualitative techniques to enhance the breadth of the data for a comprehensive picture of the assessment. The evaluation was carried out based on review of PSTC's MTR, process documentation, data and observations gathered during field visits and in-depth interviews with PSTC staff and beneficiaries, as well as relevant personnel from Government and other agencies. The data were gathered through different methods including survey, focused group discussions, in-depth interviews, observations, document and program component review.

Respondents: With a view to address the SRHR and HIV needs all types of project beneficiaries, representing the Vulnerable Young Key Population (VYKP), were interviewed for instance Street children/young pavement dwellers (SC/YPD), Transport workers (TW), Floating sex workers (FSW), Young people engaged in small trade and work as labor.

Information gathered from those primary target respondents was supplemented through a qualitative study focusing on VYKPs, service providers, peer educators, and other stakeholders (Government officials, community leaders etc.) to gather their perspectives on the implementation and effect of the SANGJOG intervention on VYKPs. Key informant interview were also conducted with a few project staff to assess program modalities and achievements of SANGJOG project.

This evaluation study also assessed a few of the health facilities on which SANGJOG established a referral service system to provide required health services to the VYKPs.

Study Area: The data was collected from the project intervention districts covering the large cities where street children/young pavement dwellers, transport workers, floating sex workers, young day laborers are living in large numbers. The areas were Dhaka, Gazipur, Chattogram, Cox's Bazar, Dinajpur, Jashore and Kushtia.

QUESTIONNAIRE DEVELOPMENT

After awarding the job to ResInt, the researchers developed the questionnaire in consultation with PSTC. With a view to compare the study with MTR, the questionnaire was compared with the tools used in MTR. The tools were translated in Bangla and were pretested. Questionnaires were pretested for logical flow, responses and probes, translation and understandability before final data collection. Informed consent was taken from the pre-test participants prior to engaging them in the study. The questionnaire was used for data collection after getting the approval from PSTC.

EVALUATION APPROACHES

The quantitative module was followed interviewing the VYKPs in the project areas through a pre-coded structured questionnaire. In addition, qualitative assessment was done for the same domain of population to measure degree and nature of changes in the life of intended beneficiaries. Participatory tools (IDI/KII and FGD) were used to generate qualitative information. Below steps were followed to gather required information:

- **Review of Records/Reports:** Relevant records and reports (such as Mid-Term Report and project



documents) were reviewed to assess the magnitude of the beneficiaries covered, referred, and service given; and outputs achieved.

- Questionnaire Surveys: Questionnaire surveys were used mainly to collect the requisite quantitative data. Separate sets of structured, pre-coded questionnaires for survey were used which were developed, pre-tested and finalized in consultation with the client. (Picture shows the training session with the surveyors)
- In-depth Interview (IDI)/Key Informant Interview (KII): In this study various key informants were identified. In-depth interview with them provided a detail understanding of the issues of the project.
- Focused Group Discussion (FGD): To gather some depth information about the project impact, focused group discussions were conducted with Rohingya community people (adolescent girls and boys and young females) in their camp.

SAMPLE SIZE AND SAMPLING

The evaluation was carried out in the seven project districts namely: i) Dhaka, ii) Gazipur, iii) Chattogram iv) Cox's Bazar, v) Dinajpur, vi) Jashore and vii) Kushtia. Also, the evaluation has covered Rohingya camps.

The concentration of the various target beneficiaries namely street children/young pavement dwellers, transport workers, floating sex workers, young day laborers varies among the different project districts. The project has been implemented in areas of these large cities where the target VYKPs are concentrated. After consultation with PSTC program personnel, the different types of VYKPs living in those cities were intercepted. The overall sample estimation was done based on systematic random sampling and appropriate statistical formula, considering $z = 1.96$ at 95% confidence interval, 5% margin of error, 5% non-response rate and design effect of 2. A total of 806 respondents were estimated, however, data collection team successfully reach 803 samples finally. In addition, there were qualitative interventions with 53 IDIs/KIIs, 3 FGDs and 14 facility assessment were conducted with the VYKPs, service providers and relevant stakeholders to triangulate and validate quantitative findings of this evaluation. The sample distribution for both the quantitative and qualitative surveys were as follows:

	Target Respondents and Research Techniques	Sample
Quantitative		
Face to face interview	Street children/Young pavement dwellers (SC/YPD)	211
	Transport workers (TW)	220
	Floating sex workers (FSW)	175
	Young day laborers (YDL)	197
	Total	803
Qualitative		
IDI	SC/YPD	6
	TW	7
	FSW	6
	YDL	9
	Project Staff	7
	Peer Educator	7
	GO service provider	3
	NGO service provider	2

	Target Respondents and Research Techniques	Sample
KII	GO stakeholder	3
	Service provider & community leader in Rohingya camp	3
FGD	Rohingya community people	3
Facility Assessment	SANGJOG facility	14
	Total	70

DATA COLLECTION

ResInt arranged the training session among the survey interviewers in Dhaka. Immediately after the training of the survey, the field work was initiated. All the professionals were available in the field during the initiation of field work, so that the initial problems were solved for better quality of data collection. The data collection was started on 18th November 2018 and finished on 5th December 2018. (Picture shows the training of the field team)



For quantitative survey, project beneficiary list was considered as a sampling frame in this evaluation study. Data collection team collected category-wise project beneficiary/VYKP list from the respective District Coordinators prior starting data collection. The target number of samples were selected randomly from the project beneficiary list provided with evaluation team. For FSWs, target respondents were invited to the respective SANGJOG offices in most of the cases to maintain their privacy and confidentiality during data collection. (Pictures shows data collection)

Following procedure was executed for selecting the rest of the categories of the respondents:

- Interview with YPDs, TWs and YDLs were administered adjacent areas of the working areas.
- Some starting points (SP) known as “hot spots” for transport workers and young labors were identified as starting point (SP) and interviews were administered there on random basis.
- After having consent from the target respondents, interviews were administered. Therefore, respondent’s willingness to participate were ensured during the study.
- For qualitative data collection, target respondents for the KIIs/IDIs and FGDs were selected purposively.

DATA ANALYSIS

The information drawn through multiple viewpoints such as using both the quantitative and qualitative approaches, ensured the triangulation of information. The survey data were compared and validated through FGDs, KIIs and IDIs, and thereby increased the accuracy, reliability and validity of the results.

Following outcome indicators were examined:

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

ResInt was responsible for management of the data which includes data entry, cleaning, labeling and quality control. The data analysis was carried out using SPSS as per the tabulation plan finalized in consultation with PSTC. After the completion of FGD and KII/IDI, before transcribing the audiotape, the interviewers immediately noted the interview to capture immediate or fresh impressions or observations during the discussion or interview so that it is not lapsed from the memory. Further, the audiotapes of the discussions were transcribed and translated by the professional transcribers and translators. Qualitative information was extracted and compiled through content/thematic analysis.

1.6 ETHICAL CONSIDERATIONS

ResInt strongly believes in protecting the rights and confidentiality of the respondents/participants. The oral/written consent was obtained from the respondents before the interview/KII. The surveyors read out the purpose of the study, nature of information required, benefits of the study, confidentiality to be maintained and freedom to be exercised by the respondents during the study. The participants/respondents were clearly told that the information they provide during the study will be kept strictly confidential and the data will be used for research purpose only. ResInt also followed all the ethical standards as approved by ResInt Canada, such as freedom of participation and withdrawal by the respondents at any point of time, ensuring non-discrimination in respondent selection, multi-cultural values, showing mutual dignity and respect people without discrimination, irrespective of gender, color and religion. Before interview, ResInt researchers/field team introduced themselves and explained the purpose of the project. They also shared the confidentiality and privacy issues.

QUANTITATIVE FINDINGS

This chapter is based on the findings derived through quantitative survey. The chapter provides an overview of socioeconomic characteristics of the population, migration and current housing characteristics, leisure activities, media habit, sexual and reproductive health issues, HIV/AIDS, family planning and sexual risk behavior. This chapter also describes about the effectiveness of the program – SANGJOG.

2.1 SOCIO-ECONOMIC PROFILE OF THE BENEFICIARIES

The following section presents the demographic and socioeconomic profile of different categories of VYKPs. The 4 categories of the VYKPs are (1) Street children/young pavement dwellers (SC/YPD), (2) Transport workers (TW), (3) Floating sex workers (FSWs) and (4) Young people engaged in small trade and work as day laborer (YDL). The section begins by describing basic demographic characteristics such as age, religion, education, etc.

The following table (Table 1) shows the demographic and socio-economic characteristics of different categories of VYKPs.

Table 1: Characteristics of VYKP respondents (%)

Age (years)	TW	SC/YPD	FSW	YDL	All VYKP
12 - 20	66.1	85.7	68.6	76.3	73.8
21 - 30	32.1	14.3	31.4	23.7	25.7
31 - 40	1.8	0.0	0.0	0.0	0.5
N	221	175	175	232	803
Average age	19.78	18.28	19.47	18.74	19.09

Education	TW	SC/YPD	FSW	YDL	All VYKP
Can read only	1.4	1.7	4.0	0.4	1.7
Can write only	8.1	3.4	8.6	3.4	5.9
Can read and write	86.0	88.6	66.3	91.4	83.8
Cannot read and write	4.5	6.3	21.1	4.7	8.6
N	221	175	175	232	803

Marital Status	TW	SC/YPD	FSW	YDL	All VYKP
Never Married	88.7	88.0	42.9	84.9	77.5
Married, stays with spouse	9.0	9.1	25.1	12.9	13.7
Married, stays apart	1.8	1.1	7.4	0.4	2.5
Separated	0.0	0.6	4.6	0.9	1.4
Deserted	0.5	0.0	7.4	0.4	1.9
Divorced	0.0	1.1	12.6	0.4	3.1
N	221	175	175	232	803

Age at 1st marriage (years)	TW	SC/YPD	FSW	YDL	All VYKP
10 – 12	4.0	0.0	10.0	11.4	8.3
13 – 15	0.0	42.9	40.0	14.3	29.8
16 – 18	36.0	47.6	47.0	31.4	42.5
19 – 21	44.0	4.8	3.0	34.3	14.9
22 – 24	16.0	4.8	0.0	8.6	4.4
N	221	175	175	232	803
Average age	19.4	16.38	15.29	17.63	16.44

Having Children	TW	SC/YPD	FSW	YDL	All VYKP
Yes	68.0	52.4	69.0	60.0	65.2
N	25	21	100	35	181
Average child	1.53	1.55	1.3	1.38	1.37

Monthly Family Income (BDT)	TW	SC/YPD	FSW	YDL	All VYKP
Upto Tk. 5,000	18.1	35.4	12.6	26.3	23.0
Tk. 5,001 - 10,000	57.9	58.3	68.6	58.6	60.5
Tk. 10,001 - 15,000	19.0	5.7	14.9	10.8	12.8
Tk. 15,001 - 20,000	4.5	0.6	3.4	3.4	3.1
More than Tk. 20,000	0.5	0.0	0.6	0.9	0.5
N	221	175	175	232	803
Average income	8,966	6,773	8,749	7,622	8,052

Age and Religion: Table 1 shows that VYKPs were mostly below 20 years (66%-86%). However, the average age of all the four categories of the VYKPs were found to be within 18-19 years. Most of them were Muslim (96%). Rests were Hindu. Interestingly, none of the FSW were Hindus.

Education: The findings also showed (in Table 1) that majority of the VYKPs were found literate (84%), they can read and write. However, among them, comparatively the FSW were less literate (66%). One in 5 FSWs were illiterate. Majority of the VYKPs went to school (83%) and 3% of them studied at madrasa. Two percent went to both the schools and madrassas. More number of YDL went to madrasas (around 9%) compared to other three categories of the VYKPs (around 3%). Among the literates, majority studied up to grade 9 (79%), rests could study grade 10 and above. However, 9% of the respondents were found “could not read and write”. Among all the four categories of VYKPs, a large percentage of the floating sex workers could not read and write (22%) which is significantly high compared to other categories (4.5% - 6.3%).

Marital Status: Majority of the VYKPs reported of not getting married yet (78%). However, considering the socio-economic characteristics of Bangladesh, the marital status of the FSWs, as reported, were quite different from other three categories. Among the FSWs, 43% were not married and another 25% were found staying with their spouses. Rests of the FSWs (25%) were either stayed apart, separated or divorced, on the other hand which was around 2%-3% reported by TW, SC and YDL.

According to the law of the land, the minimum legal age for marriage in Bangladesh is 18 years for girls and 21 for boys. Majority (around 80%) got married before they attained the legal age of marriage. The overall average age of marriage was 16 years, far below the legal age.

Children: Among the ever-married VYKPs, 65% of them have children. On average, they have at least one child.

Income: The average monthly income as reported by the respondents was BDT 8,052. The average income of the transport workers and the FSW were quite similar (around BDT 9 thousand), however, the street children and the day laborers earn quite low (BDT 6-7 thousand), compared to the other two groups. Around 1% of the FSWs and YDLs reported to earn more than BDT 20,000 a month.

About half of them mentioned that they spend all their earnings (45%). However, rests (55%) spent a portion for their parents and siblings and/or kept in the banks or relatives/friends (as savings). Around 9% of them were involved with other income generating activities such as livestock/dairy, sewing/tailoring, shops, tuition/teaching, auto mechanics etc.

Work and Employment: Pavement Dwellers (PD) were asked about their work history and work conditions. Approximately 63% of the PD group ever worked for payment. Many of the PD group started to work even at the early age of 8-10 years (13%). Another 70% of them worked within the age ranging from 11 to 16 years. Only 17% of them worked after the age of 17 years. However, the average age of starting work was 14 years. Before this job, they were students (51%), or worked in making handicrafts (10%) or as home maid (9%), doing any petty jobs (5%) or sewing/tailoring job (4%). Another 23% were unemployed.

2.2 MIGRATION AND CURRENT HOUSING CHARACTERISTICS

The following section focuses the different aspects of migration among the VYKPs. The study tried to understand the migration history and the push/pull dynamics.

Table 2 shows that more than one-third of the respondents (37%) mentioned that they migrated from their hometown to larger cities. The trend shows a similar pattern among all the four categories of the VYKPs.

Reasons for migration: The participants reported that the cause of migration is mainly driven by their economic and social factors i.e., poverty, unemployment, job opportunities and social safety. The migration process as stated by the VYKPs, poverty and unemployment were the two important factors which pushed them to change their residence to the cities. Poverty, as mentioned by 70% of them, worked as the main factor of every step of it. The study results also showed that “availability of work and social care services” forced them to migrate. Few of them (23%) mentioned that they move on their own or with their father (as the head of their family), in groups or with their siblings in search for job opportunities available in the city and getting out of unemployment and poverty. Other factors as found in this research were “unemployment at their district” (12%), “got a job at garments factories (6%), “father re-married (2%), “victims of natural disasters” (1%) etc. which forced them to migrate to different cities.

Accompanying persons: It was reported by the respondents, one-third of those who migrated to other locations went alone (33%). Rests of them either accompanied with their parents (54%), siblings (39%) or spouse (7%). However, the younger population (such as street children, YPD, young day laborers etc.) were dependent on their parents and therefore, many of them had to migrate with their parents.

Most of the migrant VYKPs didn’t visit their hometown quite frequently. More than half of them (55%) visited once a year, followed by every 3-6 months (31%). However, one-fourth of the FSW (24%) mentioned that they never visited their hometown.

Current Housing: The Table 2 also shows that about half of the VYKPs lived in slums (46%) or slum like areas in low priced houses (4%); and rests were at different residential areas (46%). However, the FSW and street children used to live in the slums, whereas the TW and YDL lived at the residential areas.

Majority of the respondents mentioned that they live with their parents (more than 78%) or siblings (47% - 55%). However, the FSWs preferred to stay either with their parents (43%) or spouses (23%). Few of them live with their siblings (19%) or children (13%).

In response to a question, though majority of the respondents of all categories mentioned that their houses were safe to live in (83%), but the responses of those who mentioned not safe (17%) were quite alarming, may be that is the picture of most of the slums and low-priced housing areas. The mostly mentioned reasons, for instance, of being not safe were, surrounded by drug addicts (74%) fear of violence (48%), teasing/bullying (36%), slum eviction (37%), and kidnapping (14%).

Table 2: Migration characteristics of VYKP respondents (%)

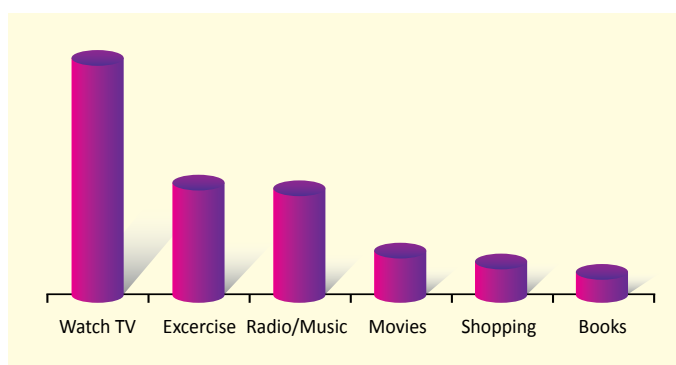
Did they Migrate?	TW	SC/YPD	FSW	YDL	All VYKP
Yes	33.5	40.0	38.9	36.6	37.0
No	66.5	60.0	61.1	63.4	63.0
N	221	175	175	232	803

Major reasons of migration	TW	SC/YPD	FSW	YDL	All VYKP
Poverty/In search of job	86.5	64.3	67.6	61.2	69.7
Parent/family migrated for jobs	17.6	32.9	17.6	24.7	23.2
Was jobless in my district	18.9	14.3	0.0	12.9	11.8
Came to work in the Garment	0.0	2.9	2.9	15.3	5.7
Father re-married, migrated for job	1.4	7.1	1.5	0.0	2.4
Home ruined by natural disaster	0.0	0.0	1.5	1.2	0.7
N (those migrated to another district)	74	70	68	85	297

Place of living	TW	SC/YPD	FSW	YDL	All VYKP
Slum area	21.3	58.9	70.9	39.2	45.5
Residential area	64.3	30.3	29.1	51.7	45.6
Low cost area with mess facilities	8.1	2.3	0.0	6.0	4.5
Industrial area	5.4	8.6	0.0	3.0	4.2
Rural area	0.9	0.0	0.0	0.0	0.2
N	221	175	175	232	803

2.3 LEISURE ACTIVITIES AND MEDIA HABIT

Leisure activities: Bangladesh is blessed with the majority of its population young. In response to a question on how they usually spend leisure times, most of them mentioned about watching TV (91%) and listening to radio (43%). Other than the FSWs, around half mentioned about playing games or doing physical exercises (43%). Other leisure time activities include watching movies (16%), shopping (12%), reading books and magazines 8%). Only 1% of the VYKPs didn't have leisure time to enjoy. The figure shows how the VYKPs enjoy their leisure time.



Media Habit: The rapid evolution of media is changing the everyday life of the people Bangladesh, especially the younger generations. The study shows that Television has emerged as the most powerful mass medium (Table 3). Majority of the VYKPs mentioned that they watch TV every day (69%). The exposure to mass media among the different VYKP groups did not varied as such, especially watching TV. Around 9% of VYKPs mentioned “do not/rarely watch TV”.

However, the scenario is quite opposite in listening radio or reading books or magazine or going to cinema halls. The habit of reading books is declining among the younger population. Around 60% of them don't listen to radio or read books. The cinema going habit is almost gone among them. Majority of the VYKPs (84%) never go or rarely go to cinema halls. However, around 11% watch movies at least once in a month. Following tables show the media habits of the respondents of the four categories.

Table 3: What are the leisure activities of different categories of the VYKP respondents (%)

Leisure Activities	TW	SC/YPD	FSW	YDL	All VYKP
Watch TV	93.7	93.1	86.3	91.4	91.3
Playing/Exercise	62.0	48.6	5.1	47.8	42.6
Listen to radio/Cassettes/CD	52.0	44.0	28.6	37.5	41.0
Watch movies in cinema hall	21.3	13.1	15.4	13.8	16.1
Go for shopping	15.4	12.6	8.0	10.8	11.8
Perform religious rituals	9.0	11.4	0.6	8.6	7.6
Read books/Magazines	1.8	14.3	7.4	7.8	7.5
Do not get leisure time	0.0	0.0	4.6	0.9	1.2
N	221	175	175	232	803

Watching TV	TW	SC/YPD	FSW	YDL	All VYKP
Every day	69.7	67.4	65.7	72.8	69.2
At least once a week	18.6	17.1	12.6	13.4	15.4
Less than once a week	5.4	8.6	8.0	5.2	6.6
Not at all/rare	6.3	6.9	13.7	8.6	8.7
N	221	175	175	232	803

Reading books or magazines	TW	SC/YPD	FSW	YDL	All VYKP
Every day	4.5	4.6	0.6	4.3	3.6
At least once a week	13.1	12.6	4.6	11.2	10.6
Less than once a week	13.1	17.7	11.4	15.1	14.3
Not at all	62.4	57.7	55.4	64.2	60.4
Not literate	6.8	7.4	28.0	5.2	11.1
N	221	175	175	232	803

Listening to Radio	TW	SC/YPD	FSW	YDL	All VYKP
Every day	11.8	9.7	6.3	7.3	8.8
At least once a week	21.7	13.1	12.0	13.4	15.3
Less than once a week	18.6	21.1	10.3	16.8	16.8
Not at all/rare	48.0	56.0	71.4	62.5	59.0
N	221	175	175	232	803

Going to Cinema Hall	TW	SC/YPD	FSW	YDL	All VYKP
At least once a week	2.3	4.0		1.7	2.0
Once a week	5.0	2.3	5.1	3.0	3.9
Once a month	13.1	7.4	10.9	9.9	10.5
Not at all/rare	79.6	86.3	84.0	85.3	83.7
N	221	175	175	232	803

2.4 SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE

Sexual and reproductive health (SRH) is important to us all, at all stages of our lives. Though it is a basic human right, many of the people reported to have inadequate knowledge on SRH and its rights. The vast majority were people, especially the poorer community, including women, adolescents and youths lacked access to proper and adequate knowledge and how to avoid related risks. PSTC through their SANGJOG project educated the VYKPs on SRH. With a view to assess the SRH related knowledge among all the categories of the VYKPs, different questions were asked, which included SRH knowledge, STIs, symptoms of STIs, treatment, tests, prevention etc. Following section narrates the respondents' knowledge about SRH and related practice in their day to day life.

GENERAL SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE

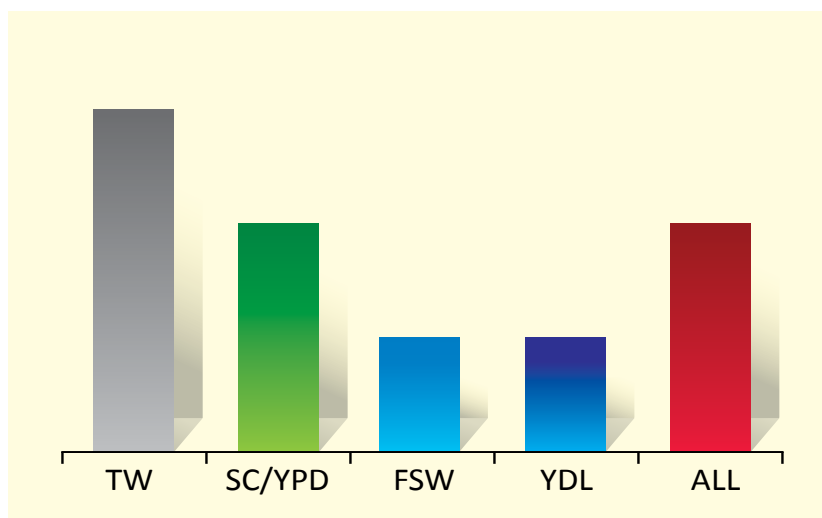
Sexually transmitted infections (STIs), or sexually transmitted diseases (STDs), can affect the general health, well-being and reproductive capacity of those infected. Participation in sexual risk behaviors can increase chances of acquiring an STI. There are many types of STIs, including Chlamydia, Genital Herpes, Gonorrhea, Syphilis, HIV/AIDS etc.

The SANGJOG project worked among the VYKPs to improve their knowledge on SRH and STIs. It is evident from the study that majority of the respondents had knowledge about sexual and reproductive health, especially the diseases which may occur due to sexual intercourses or unsafe sex. The findings show that almost all the VYKPs

(99%) were aware about the diseases that can be transmitted through sexual intercourse. Two-third of the VYKPs (67%) heard about sexually transmitted infections (STIs) (other than HIV/AIDS). Table 4 shows that the level of knowledge which is universal among all the four categories of VYKPs.

SYMPTOMS OF STIs

Almost all the VYKPs (99%) heard about sexually transmitted infections (STIs). It is evident from Table 4 that the respondents had fairly good idea about the symptoms. Most of them could spontaneously mention various symptoms of STIs such as “burning pain during urination” (61%), “itching in the groin area” (60%), “lower abdominal pain” (52%), “swelling in the groin area” (38%), “abnormal genital discharge” (27%) and many more as shown in the table below (Table 4). Though there were minimum variations observed among the different categories of the respondents, the overall responses of the day laborers were relatively low compared to others.



Symptoms experienced: In response to a question, 37% of the VYKPs mentioned that in the last twelve months they had experienced any symptoms associated with STIs. Among them the most vulnerable group – FSWs mentioned about having such symptoms (53%), which is relatively less among other groups (31% - 34%). The symptoms were “burning pain during urination” (17%), “itching in the groin area” (17%), “lower abdominal pain” (14%), “abnormal genital discharge” (11%) etc. Among the FSWs, 32% of them experienced “abnormal genital discharge”. Majority of these respondents (95%) sought some sort of treatment, mostly from public health facilities (such as medical college hospitals, district hospitals, upazila health complex etc.). Few of them also went to SANGJOG. Those who did not seek treatment (5%), did not consider it as “serious”. However, overall, rests (63%) did not experience any such symptoms.

PREVENTION OF STIs

Sexually transmitted infections (STIs) are infections that are spread by sexual contact. To prevent getting a sexually transmitted disease, or STD, always avoid sex with anyone who has genital sores, a rash, discharge, or other symptoms. STIs can be prevented through safe sex by using latex condoms every time before sex (though condoms are not 100% effective at preventing disease). It is worth mentioning here that 99% of all the VYKPs mentioned that they know meaning of “safe sex”! There was no variation among different categories of VYKPs as can be seen in the figure.

It is evident from the findings (Table 4) that majority of VYKPs had adequate knowledge on the prevention of STIs. Almost all of the respondents (99.6%) could mention how to prevent these diseases, especially by using condoms (94%). They could also mention to avoid multiple sex partners (47%), unprotected sex (47%) etc.

Is it curable? In response to it, 69% of the VYKPs said that it is curable, however another 22% mentioned that STDs are curable except HIV/AIDS. They also mentioned that both partners should seek treatment (89%) if any one of them are suffering from STI.

In response to another question on “if a person is infected with STI, who should be treated, only the person who is suffering from the diseases, his/her partners, or both”, 89% of the VYKPs mentioned that both the partners should go for treatment. Only 6% mentioned “only one person” should go for treatment and another 5% said “his/her partner” of the VYKPs.

WHERE TO GO FOR TREATMENT?

All of the VYKP respondents (100%) could mention about any SRHR service delivery point from where they can seek health services/treatments (Table 4). They mentioned about places for seeking treatment, mostly about public health facilities, such as medical college hospitals (65%), district hospitals (62%), upazila health complex (42%) etc. A large number of them, however, mentioned about SANGJOG health camps (56%).

Table 4: Aware about the diseases that can be transmitted through sexual intercourse by different categories of the VYKP respondents (%)

Aware about the diseases	TW	SC/YPD	FSW	YDL	All VYKP
Yes	99.5	98.3	99.4	99.6	99.3
N	221	175	175	232	80

Symptoms of STI	TW	SC/YPD	FSW	YDL	All VYKP
Burning pain during urination	61.5	72.4	54.3	57.1	61.0
Itching in the groin area	60.2	67.2	57.1	55.4	59.7
Lower abdominal pain	38.5	52.3	69.1	51.1	51.8
Swelling in the groin area	34.8	39.7	42.9	35.9	38.0
Pain/swelling of scrotum/testis	45.2	23.6	14.3	29.0	29.1
Warts on genitalia warts	5.4	9.2	11.4	6.1	7.7
No response	5.0	1.7	2.3	3.0	3.1
N	221	174	175	231	801

Prevention of STIs	TW	SC/YPD	FSW	YDL	All VYKP
Use condom during sex	95.5	95.4	92.0	93.9	94.3
Avoid sex with multiple partners	51.6	51.1	32.6	49.8	46.8
Have faithful partner	38.9	46.0	32.0	32.0	37.0
Avoid unprotected sex with FSW	50.2	18.4	21.1	41.1	34.3
Abstinence	5.4	13.8	9.1	6.1	8.2
Don't know	0.0	0.6	0.6	0.4	0.4
N	221	174	175	231	801

Place of Treatment of STDs	TW	SC/YPD	FSW	YDL	All VYKP
Medical college hospital	67.4	71.4	62.9	59.1	64.9
District hospital	69.2	61.7	53.1	62.9	62.3
SANGJOG/PSTC health camp	55.2	58.3	68.6	45.2	55.8
NGO	17.7	30.2	18.9	12.9	19.3
Private hospital/Clinic	27.6	16.6	9.1	10.8	16.3
MCWC	6.3	11.4	32.0	10.8	14.3
Community clinic	12.7	10.3	6.9	6.5	9.1
Qualified doctor's chamber	10.9	6.3	3.4	6.5	7.0
Pharmacy	2.3	8.6	6.9	3.4	5.0
Private medical college	5.4	3.4	1.7	3.4	3.6
SAT. clinic/ EPI outreach	1.4	4.6	4.0	2.6	3.0
Govt. field worker (FWA)	3.6	1.1	0.6	2.2	2.0
UHFWC	0.5	2.9	1.1	2.2	1.6
N	221	175	175	232	803

2.5 KNOWLEDGE ABOUT HIV/AIDS

The SANGJOG project could spread the knowledge about HIV/AIDS through their interventions which was revealed from this study. The following table (Table 5) shows that the awareness of this deadly disease was universal (99.6%). Almost all of the VYKPs (95% - 98%) knew very well that how HIV/AIDS is transmitted from one person to another person. They could mention the main reasons behind transmitting this disease. Re-use of syringe used by infected person mentioned by most of the respondents (91%), followed by unsafe sexual practice (95%) and blood transfusion from infected person (86%).

Ninety-six percent of the VYKPs spontaneously mentioned that people could reduce their chances of getting the HIV/AIDS virus by using a condom every time they have sex. About 72% of the respondents were also aware that the HIV/AIDS virus can be transmitted from a mother to her baby during pregnancy.

However, there were wrong conception among a small number of of the respondents as well, such as mosquito bites, kissing, from food etc. (2%-4%).

HOW TO PROTECT FROM HIV/AIDS?

The study attempted to understand from VYKPs the ways by which a person can protect himself/herself from becoming infected with HIV/AIDS. It is evident from the findings that majority of VYKPs had adequate knowledge on the prevention of HIV/AIDS. Almost all (99.6%) could mention how to prevent this disease, especially by using condoms during sex (86%). They could also mention to use sterile syringes (81%), avoid multiple sex partners (37%), unprotected sex with sex workers (28%), avoid transfusion of unscreened blood (43%) etc.

Ever tested HIV?

More than half of the VYKPs (56%) never tested for HIV. The frequently stated reasons were either “they don’t feel it necessary” (50%) or “they think they don’t have any symptoms” (40%). Those have tested (44%), went to health facilities for testing about 4-5 months ago.

Where to go for testing HIV?

All of the VYKP respondents (99%) spontaneously mentioned about a service/treatment-point to test HIV/AIDS (Table 5). They could name some of the places for seeking treatment, mostly about public health facilities, such as medical college hospitals (61%), district hospitals (55%), upazila health complex (34%) etc. One-third of them also mentioned about SANGJOG health camps (31%).

Table 5: Aware and knowledge about HIV as mentioned by VYKP respondents (%)

Aware of HIV/AIDS	TW	SC/YPD	FSW	YDL	All VYKP
Aware of HIV/AIDS	99.5	98.9	100.0	100.0	99.6
N	221	175	175	232	803

How HIV/AIDS transmitted to one another?	TW	SC/YPD	FSW	YDL	All VYKP
Using unsterilized needle or syringe	92.7	93.1	92.0	87.9	91.3
Through unsafe blood transfusion	88.6	81.5	86.9	86.2	86.0
Through unsafe sex (without condom)	96.4	93.6	92.6	95.3	94.6
From mother to child	58.2	68.2	60.6	62.1	62.0
Shaking hands with a person who has HIV/AIDS	4.1	3.5	5.1	3.9	4.1
Using unsterilized needle or syringe	92.7	93.1	92.0	87.9	91.3
Shaking hands with a person who has HIV/AIDS	4.1	3.5	5.1	3.9	4.1
Mosquito bites	2.3	2.9	1.7	2.2	2.3
Sharing food with a person who has HIV/AIDS	2.3	2.3	1.1	1.7	1.9
Sleeping in the same bed with a person who has HIV/AIDS	1.8	2.3	1.1	1.3	1.6
Kissing a person who has HIV/AIDS	4.1	1.2	3.4	2.6	2.9
Swimming in the same pond with a person who has HIV/AIDS	1.4	1.7	0.6	1.7	1.4
N	220	173	175	232	800

Ever been tested for HIV	TW	SC/YPD	FSW	YDL	All VYKP
Yes	35.5	28.3	78.9	36.2	43.6
N	220	173	175	232	800

Place for testing HIV/AIDS	TW	SC/YPD	FSW	YDL	All VYKP
Medical college hospital	65.5	64.7	57.7	56.0	60.9
District hospital	58.6	53.8	46.3	57.3	54.5
Upazila health complex	30.9	34.1	41.1	31.0	33.9
SANGJOG health camp	30.5	35.3	36.6	25.4	31.4
Private hospital/clinic	16.8	12.7	6.9	9.9	11.8
NGO static clinic	4.1	10.4	4.0	5.2	5.8
Community clinic	4.5	3.5	4.0	2.2	3.5
Don't know	1.8	0.6	1.1	1.3	1.3
No response	1.4	1.2		2.2	1.3
N	220	173	175	232	800

Chances of being infected with HIV	TW	SC/YPD	FSW	YDL	All VYKP
No chance	37.6	36.0	13.1	42.2	33.3
Unlikely	24.4	26.3	6.3	24.1	20.8
Likely	36.7	36.0	78.3	33.6	44.7
Almost certain	0.5	0.6	2.3	0.0	0.7
Don't know	0.9	1.1	0.0	0.0	0.5
N	221	175	175	232	803

Why do they think that they are at low risk have or no chance (those said No Chance or Unlikely in the above table)?

Reasons of thinking no chance or low risk	TW	SC/YPD	FSW	YDL	All VYKP
I believe my partners are not infected	24.8	26.6	35.3	16.2	23.0
I abstain from sex	67.9	85.3	14.7	78.6	71.9
I always use a condom	23.4	12.8	88.2	18.8	24.2
Most of the time I use condom	11.7	11.0	29.4	9.7	12.2
I use condoms with partners I don't trust	9.5	9.2	26.5	10.4	11.1
I only have one partner	13.1	11.9	5.9	11.0	11.5
My partner and I are faithful	10.2	13.8	11.8	7.8	10.4
I follow religious rules/norms	32.8	33.9	2.9	27.9	29.0
I have no partner	0.0	2.8	0.0	0.6	0.9
I am aware of sexuality	1.5	2.8	2.9	1.9	2.1
I do blood test	0.0	0.0	0.0	0.6	0.2
I never go for blood transfusion	0.7	0.0	0.0	0.0	0.2
I am not a drug user	0.7	0.0	0.0	0.0	0.2
N	137	109	34	154	434

Aware of the HIV Status of the Most Recent Sex Partner (primary and non-primary)

Aware of HIV status of the most recent primary sex partner	TW	SC/YPD	FSW	YDL	All VYKP
Yes	23.2	44.4	19.1	23.8	23.4
N	56	27	131	42	256

ware of HIV status of the most recent non-primary sex partner	TW	SC/YPD	FSW	YDL	All VYKP
Yes	25.0	44.4	10.8	22.6	17.0
No response	2.1	0.0	0.0	0.0	0.5

SAFE SEX: THEIR UNDERSTANDING

Almost all of the VYKPs (99%) mentioned that they understand the meaning of “safe sex”. They gave the following examples of safe sex (Table 6).

Table 6: Examples of safe sex as mentioned by VYKP respondents (%)

Examples of Safe Sex	TW	SC/YPD	FSW	YDL	All VYKP
Use condom during sex	95.0	95.4	91.3	94.3	94.1
Sex with only spouse	39.8	46.8	32.6	34.4	38.2
Sex only after marriage	21.3	30.1	20.3	23.8	23.7
Sex with a faithful partner	35.7	31.2	40.1	33.0	34.9
Avoid unprotected sex with FSW	50.7	20.2	26.7	35.7	34.6
Avoid sex with multiple partners	43.9	43.9	32.6	40.1	40.4
N	221	173	172	227	793

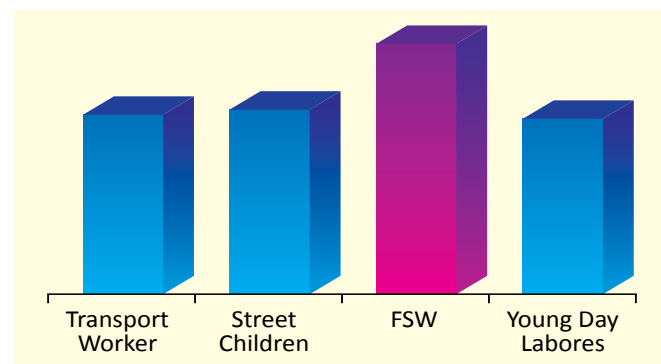
Table 7: Most important health problems that young people face reported by VYKPs (%)

Health Problems	TW	SC/YPD	FSW	YDL	All VYKP
HIV/AIDS	18.1	9.1	6.9	12.5	12.1
Other STIs	12.7	8.6	3.4	5.6	7.7
Common cold	43.9	41.1	50.9	43.1	44.6
Fever	51.6	34.3	50.3	40.9	44.5
Pruritus	41.2	34.9	36.6	47.0	40.5
Pain abdomen	18.6	21.7	45.1	22.0	26.0
Diarrhea/dysentery	29.9	15.4	33.1	24.1	25.8
Cut injuries	15.4	8.0	19.4	12.9	13.9
Cough lasting more than 2 weeks	12.2	10.3	16.6	11.2	12.5
Abnormal genital discharge	7.2	14.3	17.7	11.2	12.2
Other body pain	5.9	10.3	9.7	12.9	9.7
N	221	175	175	232	803

Health Problems	TW	SC/YPD	FSW	YDL	All VYKP
Abnormal smell from genitals	2.7	1.7	5.7	3.9	3.5
Don't know	7.2	3.4	9.7	11.2	8.1
No response	1.4	0.0	0.6	0.4	0.6
N	221	175	175	232	803

2.6 FAMILY PLANNING KNOWLEDGE

SANGJOG project has also covered family planning (FP) issues among the VYKPs as well. To evaluate the level of awareness among them, we asked whether they have heard about family planning. Almost 78% of them expressed positively of hearing about it. As expected, the FP awareness would be high among the FSWs (99%), compared to other categories. The level of awareness about family planning among four types of VYKPs are shown in the figure.



USE OF FP METHODS

In this survey, respondents were asked about ever use of FP methods. Overall, 47% of VYKPs reported of ever using FP methods (Table 8). Currently 38% of the VYKPs using any of the FP methods. Among them, condom is by far the most widely used method (71%), followed by oral pills (22%), injectables (18%) and ECP (4%). Traditional methods were also mentioned by few of the VYKPs (such as safe days – 6% and withdrawal approach – 9%).

Table 8: Current use of FP methods by VYKPs (%)

Current use of FP methods	TW	SC/YPD	FSW	YDL	All VYKP
Pill	14.1	33.3	21.6	32.5	22.4
Condom	69.0	80.0	73.5	55.0	70.6
Injectables	4.2	10.0	28.4	5.0	17.8
IUD/Copper T	0.0	0.0	1.9	2.5	1.3
Implant	1.4	3.3	1.2	2.5	1.7
Vasectomy	8.5	0.0	0.0	7.5	3.0
Tubectomy	0.0	3.3	3.7	0.0	2.3
Emergency contraceptive	2.8	3.3	4.9	0.0	3.6
Mucus/ Temperature method	0.0	0.0	1.2	0.0	0.7
Safe days	5.6	3.3	6.8	7.5	6.3
Withdrawal	22.5	0.0	3.7	12.5	8.9
N	71	30	162	40	303

SOURCES OF PROCURING FP PRODUCTS

They mentioned about the places of procuring FP products, mostly about public health facilities, such as medical college hospitals (30%), district hospitals (26%), Upazila Health Complex (30%), pharmacy (31%) etc. About half of them (48%) also mentioned about SANGJOG health camps.

2.7 SEXUAL RISK BEHAVIORS

Unprotected or unsafe sex may lead to sexual risk behaviors. This means having vaginal, anal, or oral sex without a condom. It makes any one more likely to get HIV and other sexually transmitted diseases (STDs). Bodily fluids like blood and semen pass from one person to his/her partner during sex. SANGJOG project worked among the beneficiaries in educating toward refraining them from any sexual risk behaviors. Following section will explore the knowledge and practice toward avoiding risky behaviors.

AGE AT FIRST SEX

Following table (Table 9) shows the percentage of VYKPs average age of having first sexual intercourse (16 years). Among these groups, the FSWs had first sex at the age of around 15 years. The table also shows that many of them had sex even at the age of ten (8%). More than half of FSWs (64%) had sex before reaching 15. Only 15% of the VYKPs had sex after 19.

Table 9: Age at first sex as mentioned by VYKPs (%)

Age at first sexual intercourse (years)	TW	SC/YPD	FSW	YDL	All VYKP
10 – 12	9.1	4.2	10.9	3.8	8.3
13 – 15	13.1	31.3	53.7	28.2	36.0
16 – 18	54.5	58.3	31.4	35.9	41.3
19 – 21	17.2	2.1	3.4	21.8	10.3
22 – 24	6.1	4.2	0.6	10.3	4.3
N	99	48	175	78	400
Average age	17	16.21	14.85	17.35	16.03

SEXUALLY ACTIVE

Extra and pre-marital sex is quite prevalent among the VYKPs. It is evident from the survey that half of them had sexual experience (50%) and 82% is currently sexually active for last 90 days. Overall, in the last 12 months, 76% had sex with anybody other than husband/ wife/primary partner. On average other than FSWs, the TWs, SCs and YDLs had sex with 1-2 persons in last 30 days. The FSWs had sex with around 14 persons. However, 16% could not recollect the number of persons had sex. Most of them had sex with both primary and casual partners; 66.3% used condoms and 33.7% had unsafe sex.

Last sex partner:

- A regular primary partner (45%)
- A casual partner (55%)

Table 10: Condom use during last sex as mentioned by VYKPs (%)

Condom use during last sex	TW	SC/YPD	FSW	YDL	All VYKP
Yes	66.67	79.16	93.14	82.05	82.5
N	99	48	175	78	400

TRANSACTIONAL SEX

- Ever exchanged sex for money, goods/kinds, favors, or services (60%)
- In the last 12 months, ever gave goods or services in exchange for sex (56%)
- In the last 12 months, gave money in exchange for sex (44%)
- In the last 12 months, ever received goods or services in exchange for sex (43%)
- In the last 12 months, received money in exchange for sex (82%)
- Exchanged sex for money, goods/ kinds, favors, or services in the last 30 days (73%)

2.8 PERCEPTIONS AND EXPERIENCE WITH REFERRAL AND QUALITY OF CARE

Overall, majority of the VYKPs (86%) mentioned that they had been ever referred to any health facility/camp by SANGJOG project. They were mostly referred to public health facilities, such as medical college hospitals (47%), district hospitals (46%), MCWC (13%), NGO clinic (9%) etc. Also referred at health camps (43%).

Table 11: Perception and experiences with SANGJOG by VYKPs (%)

Referred by SANGJOG	TW	SC/YPD	FSW	YDL	All VYKP
Yes	81.4	83.4	89.7	88.4	85.7
N	221	175	175	232	803

AWARENESS OF SANGJOG

SANGJOG health camps were known to almost all the respondents (99%). All of them were found to be aware of some of the important health related services offered by SANGJOG health camps, such as - HIV/AIDS testing (47%), followed by contraceptive methods (33%), counseling about family planning (57%), STI treatment and counseling (81%), HIV-AIDS counseling (70%), and treatment of reproductive tract infections (18%).

Do you know what types of services are offered at the SANGJOG health camps?

Table 12: Types of services offered by SANGJOG, mentioned by VYKPs (%)

Services offered by SANGJOG	TW	SC/YPD	FSW	YDL	All VYKP
STI treatment and counseling	89.0	78.7	78.2	77.8	81.2
HIV-AIDS counseling	76.3	67.2	68.4	67.8	70.1
Counseling about family planning	51.1	63.2	59.8	56.1	57.1
HIV/AIDS testing	47.5	35.6	55.2	48.3	46.8
Contraceptive methods	25.6	34.5	46.6	29.1	33.1
Treatment of reproductive tract infections	12.8	17.8	32.8	13.0	18.3
ART therapy	1.8	0.6	4.6	1.7	2.1
Other reproductive services	7.3	8.0	8.0	7.4	7.7
Other primary health services	0.9	8.0	0.6	3.5	3.1
Referrals for other medical	0.5	1.1	1.7	1.7	1.3
N	219	174	174	230	797

Among them, 82% had ever received services at these health facility camps. In recent three months, 70% went to these camps for health care. During the last time, the primary purpose of the visit by VYKPs to the factory health clinic was mostly for –

- STI/RTI test/treatment (29%)
- Allergy/itching treatment (14%)
- Cough and cold treatment (10%)
- Treatment for abnormal discharge (13%)
- Treatment of abdominal pain (8%)
- Free medicine (6%)
- Diagnosis/tests (5%)

QUALITY OF CARE

According to the VYKPs, the particular hours of the clinic to meet their needs were very convenient (99%). The quality of services at the on-site health clinic compared to services at a clinic outside the factory was “better” (84%) or “about the same” (13%).

Table 13: Quality of care as mentioned by VYKPs (%)

Quality of Care	TW	SC/YPD	FSW	YDL	All VYKP
Better	81.1	89.5	79.3	87.4	84.1
About the same	16.7	9.3	16.3	10.5	13.2
Worse	1.1	1.2	3.7	0.7	1.8
Unsure	1.1	0.0	0.7	1.4	0.9
N	90	86	135	143	454

Questions were also asked to the VYKPs to understand the nature of the services provided to them. Majority of them were satisfied with the service quality.

- Service provider greeted them in a friendly manner (99%)
- Service provider listen to their problem (s) attentively, somewhat attentively or inattentively:
 - Very attentive (87%)
 - Somewhat attentive (13%)
- Service provider explain their problem elaborately, somewhat elaborately or didn't explain at all:
 - Elaborately (86%)
 - Somewhat elaborately (13%)
- Got all necessary medicine or commodity of financial support from the facilities
 - Got all medicine (33%)
 - Got few medicine (57%)
 - Did not at all (6%)
 - Got financial support (4%)
- Get the all/remaining medicine or financial support from SANGJOG (64%)

2.9 PROGRAM EFFECTIVENESS

To meet the project goal, SANGJOG reached its target population through trained Peer Educators representing the VYKPs. A total of 70 Peer Educators, 10 from each of the seven working districts, had been working as frontline workers. SANGJOG had given much emphasis on its advocacy activities to meet young KP's SRHR need through community mobilization. The peer educators were there to make the program more effective.

In the last three months, on average, the peer educators (PE) could provide around 6 peer sessions to their peers in a month. All of the VYKPs were satisfied with the quality of sessions provided by the PE.

Majority of the VYKPs (92%) have ever attended any peer session/CSE from SANGJOG. And they were very much satisfied with the session.

- Very satisfied (51%)
- Satisfied (49%)

However, in response to a question whether the respondents observed SANGJOG activities in last 6 months, almost all of them (99%) positively said that observed its (SANGJOG) activities in their community (Table 14). They also observed some changes among their peers because of their involvement with SANGJOG in their community. Three-fourth of them mentioned that "peers are aware about HIV/AIDS" (76%). Other changes as they mentioned were "peers are aware about STI/RTI issues" (59%), followed by "peers are attending courtyard meetings/CSE session" (51%).

Table 14: Level of satisfaction of PEs by VYKPs (%)

Level of satisfaction	TW	SC/YPD	FSW	YDL	All VYKP
Very Satisfied	100.0	66.7	0.0	0.0	50.0
Satisfied	0.0	33.3	100.0	100.0	50.0
N	3	6	2	3	14

Observed Changes	TW	SC/YPD	FSW	YDL	All VYKP
Peers are attending courtyard meetings/CSE session	54.2	54.9	53.5	41.2	50.5
Peers are more concerned about hygiene	30.2	18.5	41.3	26.7	29.0
Peers are aware about STI/RTI issues	63.7	56.6	53.5	61.5	59.3
Peers are aware about HIV/AIDS	75.0	78.0	83.1	71.5	76.5
STI & HIV awareness billboards are displayed	20.3	18.5	19.2	24.4	20.8
Peers are getting services from Health Camps	28.3	36.4	32.0	29.4	31.2
Peers are referred for services to other facilities	4.7	8.7	7.6	7.7	7.1
Don't know	0.9	0.0	0.0	0.0	0.3
N	212	173	172	221	778

Changes observed in the attitude of SP	TW	SC/YPD	FSW	YDL	All VYKP
Haven't experienced any discomfort from SPs	24.0	19.7	23.6	12.9	19.8
Provided enough time for diagnosis	69.5	73.9	77.6	67.5	71.9
Listened to the patient attentively	82.6	83.1	76.4	86.6	82.3
Maintained audio and visual privacy	58.1	50.0	53.3	62.9	56.6
Answered/explained patient's inquiry	21.0	21.1	37.0	24.2	25.9
Don't know	1.2	0.0	0.6	0.0	0.4
N	167	142	165	194	668

Steps suggested to retain the learning's of SANGJOG	TW	SC/YPD	FSW	YDL	All VYKP
Disseminate information among newly arrived peers	11.8	18.9	13.7	20.3	16.2
Continuation of SANGJOG program	12.7	16.0	13.7	12.5	13.6
More meetings/courtyard meetings/campaigns for newly arrived peers	48.0	39.4	49.7	47.8	46.5
Increase more number new peers	2.3	4.0	2.3	0.4	2.1
Increase quality of services	2.7	9.1	9.7	6.0	6.6
Expansion of SANGJOG activities	8.6	6.9	3.4	2.2	5.2
Regular connection among peers	0.5	0.6	0.0	0.4	0.4
Increase number of SANGJOG members	1.4	0.0	0.0	0.9	0.6
More caring for patients	0.0	0.6	0.6	0.9	0.5
Increase number of health camps	1.4	2.3	1.1	1.7	1.6
Free medicine and increased volume of medicine	0.0	0.0	1.7	0.4	0.5
Interactive discussion about health issues	1.4	1.7	2.9	3.0	2.2
Training on new issues	0.0	0.0	1.1	0.4	0.4
Don't know/No response	0.0	0.0	1.1	0.4	0.4
N	221	175	175	232	803

How satisfied are they regarding overall activities of SANGJOG in their community?

Level of Satisfaction	TW	SC/YPD	FSW	YDL	All VYKP
Very Satisfied	57.9	62.9	61.1	54.3	58.7
Satisfied	41.6	37.1	38.9	45.3	41.1
Not Satisfied	0.5	0.0	0.0	0.4	0.2
N	221	175	175	232	803

Any changes are necessary about the SANGJOG, suggested by VYKPs?

Changes are necessary about the SANGJOG	TW	SC/YPD	FSW	YDL	All VYKP
Quality of services should be improved	3.2	9.7	13.7	7.3	8.1
Need permanent hospital/camp of SANGJOG	7.7	5.1	6.3	4.3	5.9
Need to increase volume of health service/should provide health support for other diseases too	2.3	2.9	3.4	2.6	2.7
Free medicine/treatment	5.0	2.3	1.1	3.4	3.1
Should provide medicines for all kind of diseases	2.3	0.6	0.6	2.6	1.6
More meetings/courtyard meetings/campaign	33.5	31.4	33.1	29.3	31.8
More training for the service providers	4.5	1.7	2.3	2.2	2.7
Expand SANGJOG program to all age categories	2.7	1.7	0.6	2.6	2.0
Expansion of SANGJOG project activities	2.7	6.3	4.0	6.5	4.9
Increase awareness of the people	3.6	4.0	4.0	3.0	3.6
Increase number of members/volunteers	4.5	7.4	4.6	8.6	6.4
Continuation of SANGJOG program	9.5	12.0	9.7	9.5	10.1
Arrange indoor camps instead of outdoor setting	9.5	1.1	1.7	0.0	3.2
Add more new things in SANGJOG program	0.5	1.1	5.1	1.3	1.9
Increase age limit for being a beneficiary	5.4	10.3	9.1	10.3	8.7
More number of camps/office	2.3	2.0	6.9	0.0	2.6
No change is needed as it is	3.2	3.4	1.1	6.0	3.6
Don't know/No response	1.4	3.4	5.1	5.2	3.7
N	221	175	175	232	803

QUALITATIVE FINDINGS

FINDINGS FROM QUALITATIVE ANALYSIS

This section illustrates the qualitative findings. Focused group discussion (FGDs), in-depth interviews (IDIs) and key informant interviews (KIIs) were conducted with Rohingya community people, VYKPs, service providers and GO and NGO stakeholders. The primary objective of the qualitative interviews was to explore the current knowledge, attitude and practices of VYKPs regarding SRH, STIs and HIV/AIDS as well as receiving feedback from the service providers and stakeholders on SANGJOG project activities. Qualitative findings also assessed the availability, access, coverage, utilization, quality, and effectiveness of SRHR, STIs, and HIV/AIDS services currently available in SANGJOG referral facilities. (Picture: Focus group discussions conducted by ResInt researcher).



KNOWLEDGE AND PERCEPTIONS TOWARDS SANGJOG

The VYKPs participated in qualitative interviews stated that majority of the VYKPs attended in CSE sessions were satisfied on the discussions on health issues. Similar findings were also found in the quantitative findings of this end line evaluation. Primary beneficiaries, service providers and other stakeholders praised the interventions for making VYKPs aware of STIs, HIV/AIDS and RTIs.

“The contribution of SANGJOG project in increasing health related knowledge and health services is very significant. This project works with both the underprivileged young people and health facilities to establish referral linkage. I found key population are very comfortable with referral facility centers for taking any counselling or services. This is the great impact of SANGJOG project in making a bridge between those people and the service providers. This referral linkage model is very effective in the context of Bangladesh.” (Service Provider, Age 32, Dhaka)

PERCEPTION TOWARDS VYKPs

Service providers and stakeholders mentioned that GO and NGO health facilities mostly focus on married couples, and children. There is an absence of a young people friendly atmosphere in health care centers. In addition, there is stigma and discrimination among the service providers as well as young clients. As VYKPs are vulnerable financially also, affordability of getting services is limited and the access to SRHR information and services is absent. Therefore, VYKPs hold the right to get such information and treatment for STIs from government and NGO facility centers. They have endorsed SANGJOG project as a bridge in minimizing gaps between VYKPs and service providers in this regard.

SRH KNOWLEDGE AND PRACTICES

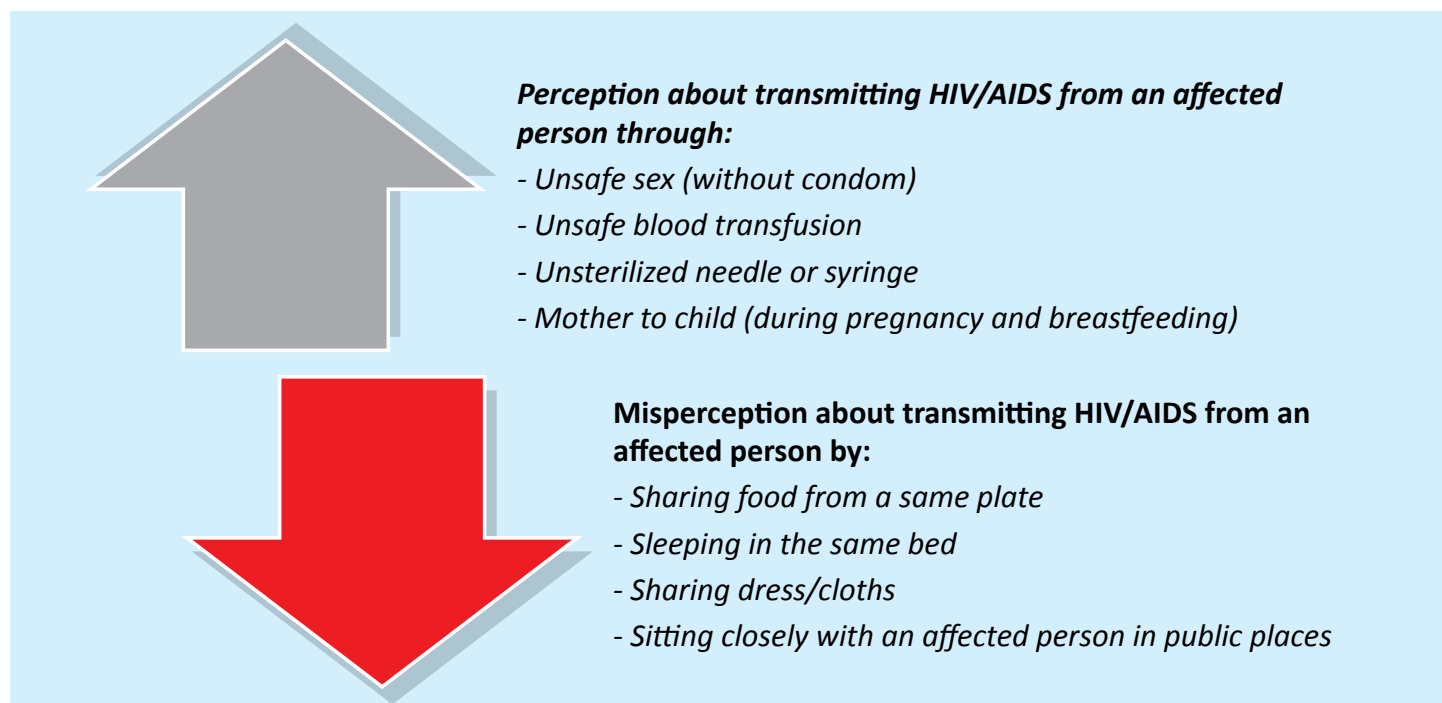
Better Informed about SRH and STI

To explore VYKPs' understanding more deeply, additional queries were addressed during the in-depth interviews about their knowledge, attitude and practice regarding SRH. Some fundamental and similar patterns of responses were observed. Most of the VYKPs opined that they have gained a better understanding of SRH, STIs and HIV/AIDS from SANGJOG interventions.

"We are pavement dwellers and are deprived of our basic rights. Earlier, we were unaware about STIs and HIV/AIDS. When we engaged with SANGJOG project, we have learned a lot on SRH and STIs. Officers in SANGJOG office and our peer educators are very polite and educated. Now I try to convey the messages I got from CSE sessions. People like us are becoming more careful about STIs due to SANGJOG project." (Young Pavement Dweller, Age 18, Dinajpur)

Awareness about HIV/AIDS

In terms of significant impact of SANGJOG project, it was recorded that all the VYKPs have heard about HIV/AIDS. However, it was noted some misconception about spreading HIV/AIDS virus among a few of the VYKPs. During in-depth interviews a few TWs and PDs mentioned that HIV/AIDS can be transmitted by sharing food or sleeping in a same bed or wearing cloths of a person who has HIV/AIDS.



Moreover, it was found that despite the identification of the long-term problems associated with HIV/AIDS, VYKPs views about the epidemic were more in terms of how it transmits from one person to another. Similar findings were found in MTR of SANGJOG project. However; in terms of being at risks of HIV/AIDS infection, all the respondents irrespective of gender and categorization were found to be more aware than that of the earlier.

"I heard about HIV/AIDS during my adolescent period first. However, I was not aware about how this disease spreads actually. Now I came to know from SANGJOG meetings that HIV/AIDS spreads mostly in three cases i.e. having illicit sex without condoms, using same syringe during drug addiction and transmitting blood without testing. Transport workers like me are now very careful about those risky behaviors." (Transport Worker, Age 24, Chittagong)

Floating Sex Workers are at Risk

In-depth interviews with floating sex workers (FSWs) unveiled that they have high level of awareness about transmission of HIV/AIDS. Almost all the FSWs stated that using condom every time during sex can reduce the chances of affecting HIV/AIDS. They also stated that earlier they were somewhat reluctant to insist their clients to use condoms during sex. Therefore, many of the FSWs had have unsafe sex with several clients in the past. However, after joining the sessions arranged by peers through SANGJOG project, they have learned a lot and now they are more conscious about requesting their clients to use condom every time they go for sex.

During in-depth interviews, a HIV positive FSW shared some stimulating information about using condoms. She was taking treatment from other private health facility center in her area. She told that she always force her clients to use condoms. Sometimes, clients do not accept her request and go with other FSWs. Consequently, she stated that she does not unveil that she is HIV-positive, but she knows that her clients will be affected by HIV/AIDS if they do sex with her without condoms. She also knows that clients will not come to her if they come to know about her disease. As she is strict on her attitude about using condoms, she gets less number of clients and low income at present. Despite this low income, she is determined that she will not allow her clients to have sex without condoms.

"I know that I am HIV positive. After knowing this I cannot ruin my client's life. As sex trade is my profession, I am helpless to stop selling sex. But I can help my clients to be safe from STIs and HIV/AIDS by using condoms during sex. I also suggest them using condom every time they go for sex with other sex workers as well. All these motivations I got from PSTC peer sessions. They helped me a lot in increasing my awareness about STIs."
(FSW, Age 23, Dhaka)

Rohingyas are at Risk

Service providers working in Rohingya camp in Cox's Bazar focused on the prevalence of HIV/AIDS among the recently migrated Rohingya population. In terms of knowledge, attitude and practice regarding STIs and HIV/AIDS; service providers at Rohingya camp revealed some alarming issues. Following are some of the issues that they have stated:

- Rohingya population are at high risk of STIs
- Rohingya population are reluctant to go for any STI or HIV/AIDS related tests
- In case they are found to be HIV positive, Rohingya population hardly take into consideration that this is a life-threatening disease
- Rohingya population shows less interest to use condoms during sex
- Young females of Rohingya camps are at high risk of sex trading and/or trafficking in other cities of the country

Increased Knowledge about Contraceptive Methods

It is found the in-depth interviews that majority of the VYKPs had knowledge about contraceptive methods. Similar findings found in the quantitative survey (78% of the VYKPs had knowledge about contraceptive methods) also. Both married and unmarried VYKPs showed their positive attitudes towards using contraceptive methods. However, a few of them stated that pills are mostly used by the married VYKPs followed by condoms and injectables. A few of the YDLs also mentioned that sometimes unmarried girls consume emergency contraceptive pills to avoid unwanted pregnancy.

"Though we are very concern about using condoms during sex, a few of the clients reject to use condoms. Due to this unintentional act, I got pregnant last year. I am still young and was not ready to bear this child. As I know about MR, I had have discussed with one of my co-workers and she suggested me a private clinic where MR can be performed."

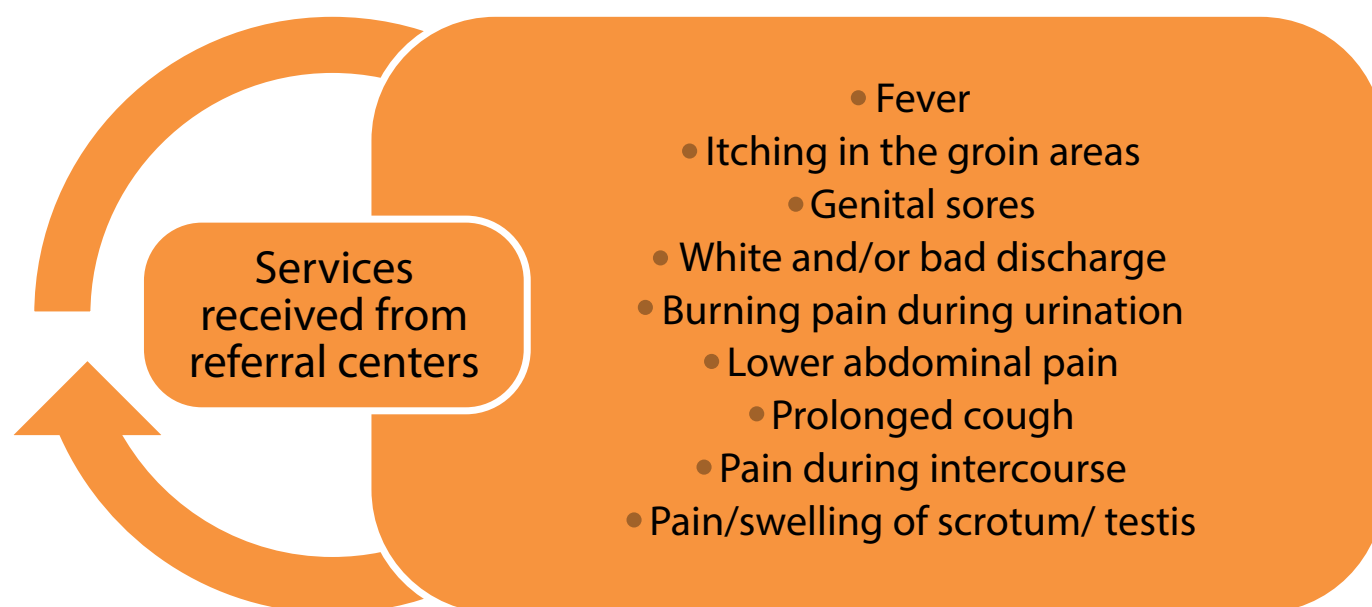
I went there and the doctor gave me some medicine to consume. After consuming the tablet as per her prescription, my abortion was completed without any major complications."
(FSW, Age 22, Kushtia)

In terms of menstrual regulation (MR), less number of VYKPs heard about this from the sessions arranged by SANGJOG project. They stated that MR can be done in case of unwanted child birth and some private hospitals provide this service in their areas. Similar to MTR, it is observed that no VYKPs except floating sex workers shared about MR experiences during the interviews. Moreover, a few of the FSWs stated that they got pregnant unintentionally in some cases by their clients but they didn't want to bear their pregnancy. Due to that they have gone under MR services in the private clinics around their areas.

REFERRAL LINKAGES

Views of VYKPs

A major objective of SANGJOG project was to build effective linkage between VYKPs and health facility centers. VYKPs were asked about the quality services they received from health facility centers in their areas. They stated that referral health facility centers by SANGJOG project provide good services to them. Health corners are available for adolescents and youth in those health facility centers mentioned by most of the VYKPs. Among them, in most of the cases they have received counselling and treatment for STIs. Qualitative findings also showed that VYKPs have received services from those referral health centers for the following diseases:



VYKPs also mentioned that they have received comparatively better treatments from the SANGJOG referral health centers than other local health facilities. Service providers of referral centers were friendly, and the overall environment was good, mentioned by them. While they were asked to say something about the conversation between service providers and service recipients as well as the overall environment of the health centers, they have identified the following important issues:

- Service providers always welcomed them very well
- Privacy and confidentiality were maintained during the conversation
- In most of the cases, visiting room was separate and/or sitting arrangement was comfortable
- Waiting and visiting rooms were clean
- Drinking water facility/water filter was available
- In most of the cases, toilet facility was available for VYKPs in the health centers

Views of Service Providers

Information derived from the service providers that demonstrated evidence of referral linkage between health facilities and VYKPs. Findings received from the service providers also indicates that they were sensitized in providing counselling and treatment for STIs and RTI among the VYKPs. Most of them felt that VYKPs should get better attitude from service providers as they are deprived of basic health rights. Due to SANGJOG project they are more sensitized now and motivated in dealing with underprivileged adolescents and youth than the past, stated by a few of the service providers.

"I attended few meetings and workshops of SANGJOG project. They have provided us some logistic supports (i.e. TV, fan, chair etc.). I acknowledge their efforts because VYKPs are deprived of health benefits in our country. Peer educators brought many VYKP patients to our facility. Having our lack of capacity, we always try to provide them good services. I believe this great initiative of SANGJOG project will be continuing in future as well."

(Service Provider, Medical Officer, Jessore)

Views of Stakeholders

The stakeholders associated with SANGJOG project were found to be satisfied with the activities performed by project staff. Government and NGO stakeholders complimented that SANGJOG project is doing far better than other similar projects in their areas. They have stated also that this project helped a lot to increase knowledge, attitude and practice level of VYKPs towards STIs and HIV/AIDS in their areas. To sustain this impact of this project on VYKPs, stakeholders suggested to keep continuation of SANGJOG project in their areas. Moreover, they have suggested to replicate this project in other districts of Bangladesh.

PEER APPROACH

Views of VYKPs and Peer Educators

Peer approach was found to be well accepted among all the respondents participated in this evaluation for educating and raising awareness among VYKPs about STIs and HIV/AIDS. Other peer educators; VYKPs and project staff stated that courtyard sessions by peer educators were arranged regularly in the respective project locations. In addition to the peer sessions, daylong CSE sessions were also arranged with the VYKPs within the project intervention areas. However, VYKPs and peer educators showed the need for more trainings on SRH and STIs, so that they can disseminated more relevant information among the target people in their communities.

Peer educators also received suggestions from other VYKPs to include participants from other target groups as well as to increase the age limits of the vulnerable people to include more participants. All these suggestions indicate that project beneficiaries have a demand of continuation of SANGJOG project with a wider scale of interventions in their areas.



Views of Service Providers and Stakeholders

Service providers and other stakeholders also acknowledged the role of peer educators in increasing awareness of VYKPs in terms STIs and HIV/AIDS. They have also stated that peer educators motivate VYKPs to visit at the health facilities and receive appropriate counselling or treatment for any kind of STI related health complications. A few of the stakeholders opined that peer approach is really workable in Bangladeshi context and it has significant impact on the successful implementation of SANGJOG project among the VYKPs. (Photo: Rohingya community people is taking health services from PSTC Health Camp, Cox's Bazar).

PROGRAM EFFECTIVENESS

Peer Educator Group Session

Under the major activities of SANGJOG project, peer approach is one of the significant approaches through which sessions or courtyard meetings are arranged to mobilize the VYKPs. As per the project design, the total number of peer educators in the seven intervened districts was supposed to be 70; however, over the period of intervention a few number of peer educators left the program and new peer educators were recruited. During the survey, it was recorded from district coordinators that around 60 peer educators were working, and among them 51 percent were males and 49 percent were females.

Relevant document review also showed that SANGJOG has been utilizing SurveyCTO and online monitoring tool to monitor each and every peer session and uploads 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.

SANGJOG narrative progress report (January to June'2019) documented that 650 peer sessions were planned to be conducted by the project team in the seven intervention districts within the period of January to June 2019. SANGJOG successfully conducted 820 sessions, reaching 16,353 participants, from January to June 2019. Of whom, 51% (n=8,379) were male and 49% (n=7,974) were female VYKPs.

Table A: Benchmarks for SANGJOG Project

Indicators	Baseline		Target			Achievement	
						MTR	End line
Benchmark 1: 50,000 vulnerable young key people (VYKP) aged 15-24 reached to improve their sexual and reproductive health	FSW	11,927	FSW	9,000	11000*	9,491	11,020
	Transport workers	101,473	Transport workers	12,000	20000*	11,974	20,300
	Pavement dwellers	N/A	Pavement dwellers	12,000	20000*	12,119	20,050
	Young laborer	N/A	Young laborer	17,000	24000*	16,768	24,180
			Total	50,000	75,000*	50,352	75,450
Benchmark 2: Increased capacity of health service facilities to provide integrated SRH and HIV	N/A		20 facilities			19 facilities	20 facilities
Benchmark 3: Percentage increase in counselling and STI/RTI rates among young key people aged 15-24	95.8% Street Based Female sex workers sought treatment for STI in last 12 months (NASP 2016)		Retain as much as possible			95.1% Female sex workers sought treatment for STI in last 12 months	98% (n=56) Female sex workers sought treatment for STI in last 12 month
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	79% 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	93.2% (n=175) Female sex workers use condom at last high-risk sex (other than primary sex partner)
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;	99% Female sex workers reported to know a place for STIs; 93% Female sex workers reported correct mode of HIV/AIDS transmission

The initial target values were (FSW 6000, TW 12000, PD 12000 & YL 17000) set based on informal meetings with stakeholders and consulting with implementing partner. * Initial targets were revised considering the extension period.

Findings from Facility Assessment

Table B below presented the findings from facility assessment survey. A total of 14 facility centers were assessed and out those, only 4 reported to have registers where VYKPs can be identified. Visual as well as auditory confidentiality were maintained in most of the facility centers. Eleven out of 14 facility centers displayed signs outside the area where HIV services are available. Posters and festoons were available inside the facility centers (n= 10) during the assessment survey. More than half of the facility centers (n=10) reported that VYKPs sought services with referral slips from SANGJOG project office. More than half of the facility centers (n=9) have records of HIV test and results, where only 4 of them kept this records electronically. However, almost all the facility centers (n=11) have a mechanism of receiving feedback from the client/VYKPs time to time.

Table B: Status of Health Services in SANGJOG Referred Facility Centers

Indicators	Dhaka	Jessore	Kushtia	Chittagong	Dinajpur	Cox's Bazar	Gazipur	Total
Type of facility								
Govt.	0	2	2	1	2	2	2	11
NGO	2	0	0	1	0	0	0	3
Have register that allows VYPKs to be identified	1	0	0	2	0	1	0	4
Certain staff members assigned to consult VYKP clients	2	0	2	2	2	2	0	10
Visual privacy maintained in								
Counselling room	2	2	2	2	2	1	2	13
Testing room	1	1	2	1	0	0	2	7
Auditory privacy maintained in								
Counselling room	2	1	2	1	0	1	2	9
Testing room	0	0	1	1	0	0	2	4
Have visible signage outside the HIV area announcing that								
HIV services are available	2	2	1	2	2	1	1	11
Have poster, billboard, festoon regarding								
STI protection	2	2	2	2	2	0	0	10
HIV/AIDS prevention	2	2	2	2	2	0	0	10
HIV/AIDS treatment & care	2	2	2	2	2	0	0	10
Referred VYKPs comes with referral slip	2	1	0	2	1	2	2	10
Have record of HIV test and results	2	2	2	2	0	0	1	9
Records are kept electronically	0	0	0	1	1	0	1	3
Have a mechanism to receive client feedback	2	1	2	2	2	1	1	11

DISCUSSION ON SANGJOG

The Government of Bangladesh is politically committed to ensure health services for all. Although Bangladesh is considered as low prevalence for HIV/AIDS, but still there are rare threats of spreading as there are presence of high risk behavior practicing groups like sex workers, migrating people from abroad, injecting drug users and forceful influx from with neighboring countries. High prevalence of HIV (0.8%) among Rohingya Population and staying in the country for long duration pushed from Myanmar have added the risk to increase the threat of HIV/AIDS and STIs.

Considering the preventive measures need to be undertaken and sensitizing the population at risk, the Government of Bangladesh has taken various measures by the directorate of health services. The National Strategic Plan for HIV and AIDS Response 2018-2022 was developed in alignment with 4th Health, Nutrition and Population Sector Program (HNPS), 2017-2022 as well as other national, regional and global commitments, specifically the 2016 Political Declaration to end AIDS in line with Sustainable Development Goal (SDG) of the United Nation by 2030.

Complementing the HNPS and global commitment, 'SANGJOG' had precisely addressed the sexual and reproductive health needs of young people vulnerable to HIV in Bangladesh. The target group of this activity were vulnerable young key populations (VYKPs), which includes pavement dwellers (PDs), transport workers (TWs), female sex workers (FSWs), and young laborers (YL). Of all development activities for improvement of health services SANGJOG primarily aimed at improving SRHRs for the vulnerable young key population (VYKP), aged between 15 and 24 years, who were at risk of HIV/AIDS in seven districts of Bangladesh. This project also embarked on providing primary health care services focusing SRHR for the Rohingya Refugees in Cox's Bazar, since October 2017, supported by the Embassy of the Kingdom of the Netherlands (EKN).

At the beginning of the program SANGJOG had set-up benchmarks through a mapping exercise and literature review that comprises a set of activity-specific targets that must be met or exceeded to achieve the project results. This study identified six benchmarks for SANGJOG project. These benchmarks feeds into the ultimate goal for the project (i.e. 'Increased access to integrated SRHR & HIV services to vulnerable young key people'). This evaluation study examined the status of the program focusing on VYKPs in Bangladesh in comparison to Benchmarks.

SANGJOG aimed to make a significant change to the incorporation of vital sexual and reproductive health and rights (SRHR) intervention and had worked on to generate important evidence to aid the broader SRHR/HIV integration movement.

Overall, the SANGJOG project implemented by PSTC have successfully achieved the outcomes anticipated for the VYKPs. Considering the unmet need for SRH information and services, the current situation of the adolescents and the socio-cultural conservatism that prevails in the country, the end line survey shows that the intervention through this project could increase knowledge attitude and practice toward SRH in the project areas. The SANGJOG intervention had a positive effect on all the project outcomes and goals related

Major Indicators	Endline	MTR
Aware of STI	99%	98%
Use of Condom as STI preventive measure	94%	92%
Aware of safe sex	99%	88%
Experienced STI symptoms	37%	70%
Aware about HIV/AIDS	100%	98%
Mode of transmission of HIV – sex without condom	95%	96%
Use of condom as preventive measure of HIV	93.2%	93%
Use of sterilized syringe	81%	72%
Knew SANGJOG as SRHR service delivery point	56%	37%
Refer to any health camp by SANGJOG	86%	63%
Received health care at SANGJOG	86%	60%

to SRH knowledge and behavior. The indicators showed an increased development to achieve the objectives of the project. Condom use rate among Female Sex Workers increased to 93.2% from benchmark value 69.7% (NASP 2016), but in other groups it is only 66-82%. The VYKP were mostly below the age of 24 years, of which majority were reported unmarried. The health issues, particularly this young aged group of population can't be ignored and need to facilitate the services to avail with full confidence and socially secured.

Vulnerable YKPs aged 10-24 years of young people in the streets, working in the transport sector, young female sex workers (floating) and young people engaged in small trades and jobs are excluded and deprived from the government and NGO health facilities in getting health specially SRHR information and services. The Government and NGO health facilities are mostly focus on married couples, children, there is an absence of a young people friendly atmosphere in health facilities, there is stigma and discrimination among the service providers, the affordability of getting services is limited and the access for vulnerable young key people to SRHR information and services is absent.

SANGJOG Established functional referral linkages with GoB facilities for providing SRHR and HIV services to VYKPs and improved the capacity of health care services providers about epidemiological facts and special need of Vulnerable Young Key Populations (VYKPs). The service providers associated with SANGJOG project were found to be sensitized as well as clients (VYKPs) also satisfied with the services provider's attitude. Service providers also informed that VYKPs were more aware about treatment for Sexually Transmitted Infections (STIs) and HIV Testing and Counseling (HTC). This evaluation study indicated that HIV Testing and Counseling (HTC) rate increased among the VYKPs from 48% to 79% in SANGJOG implementation areas. Motivational status among the VYKPs had increased significantly and most of them received services at referral facilities

SANGJOG adopted a long term result oriented strategy to strengthen the service providers' capacity and supply chains; young people's skills, knowledge and ability to advocate for services; and a conducive Community Networks. To increase government understanding and building political and social support for integrated SRHR and HIV responses, SANGJOG worked with district level policy makers and local community leaders. SANGJOG had been regularly sharing, the lessons that we have learnt from the intervention, both nationally and internationally, through the monthly bulletin, 'Projanmo Kotha', discussion meetings at national and local level. Project information and learning also disseminated in international meetings like AIDS Conference 2018, held in Amsterdam, the Netherlands.

Community Networks:

SANGJOG worked with Community Based Organizations to create enabling environment, for instance Truck Drivers Association and Self Help Group of Female Sex Workers which are active now in the SANGJOG intervention areas. SANGJOG built a referral mechanism with the health service centers through these networks that would continue further.

HIV Testing and Counselling (HTC) and Anti-Retroviral Therapy (ART) Centers:

All the District Sadar Hospitals in SANGJOG working areas (7 Districts) are now under coverage of HIV Testing and Counselling (HTC) services by the Government of Bangladesh since beginning of 2019. SANGJOG already established linkages with all the HIV Testing Counselling (HTC) centres in 7 districts. These HIV Testing and Counselling (HTC) centers also have well established linkages with Anti-Retroviral Therapy (ART) Centers where Government of Bangladesh has already ensured ART coverage free of cost for all the identified HIV patients.

Both the midline and draft end line evaluation found that young people as workers and economically and socially

marginalized, migrate from rural to urban even one district to another continuously. Majority of them are staying apart from their family environment. These constitute their further risks for healthy development.

In addition, the effect of globalization and free access to internet and electronic communication has virtually made negative impact over certain quarter of young population. Drug addicting, sexual violation, unlawful and criminal activities including drugs trafficking have highly increased the risk of both communicable and non-communicable diseases including the threat of HIV/ AIDS and STI.

The end line evaluation of SANGJOG project had shown a unique performance of implementation of all activities with positive impact that can be a MODEL to replicate throughout the country. As a matter of fact, no project can ensure the sustainability of development achieved during implementation after the project period is over. Sustainability can only be ensured through scale up a program at national level. The Government can play a vital role in this regard through technical and financial support from development partners and international donor agencies. The government should come forward to take SANGJOG project as a model of sustainable development of SRHR through replication of it all over the country to protect reproductive health rights of other VYKPs of the country as well.

CONCLUSION AND RECOMMENDATIONS

The goal of SANGJOG project was to increase access to integrated SRHR & HIV services to vulnerable young key people (VYKPs). With this aim, SANGJOG sensitized VYKPs, service providers, created enabling environment through advocacy with community leaders, GO & NGO stakeholders, and provided services to VYKPs, strengthened health care facilities to ensure better SRHR for VYKPs. This endline evaluation study examined the status of the program impact on those indicators focusing the VYKPs 7 districts in Bangladesh.

To meet the endline evaluation objectives, a mixed methodology approach was used. This evaluation results from both the qualitative and quantitative survey indicates that the SANGJOG intervention had a positive impact on improving sexual and reproductive health related knowledge, positive attitude and safe practices among VYKPs. As a proof, it is unveiled that reaching VYKPs through peer approach and referral mechanism with the existing health facilities was significantly effective to increase the understanding or awareness regarding multifaceted issues like SRHR, more specifically towards HIV/AIDS and reduced the risk of HIV transmission. Following descriptions focus on the objective-wise impacts of SANGJOG project, derived from this endline evaluation:

Improved knowledge, attitude, and practice regarding SRHR, risk behavior, STIs, and HIV/AIDS among the VYKPs

It is apparent from the study findings that majority of the respondents have knowledge about sexual and reproductive health, especially the diseases that may transmit through unsafe sexual contacts. The endline evaluation findings showed that almost all the VYKPs (99%) were aware about the diseases that can be transmitted through sexual intercourse, which was 98% during the MTR.

Almost all the VYKPs (99%) heard about sexually transmitted infections (STIs). Most of them could spontaneously mentioned various symptoms of STIs such as “burning sensation during urination”, “lower abdominal pain”, “swelling in the groin area”, “abnormal genital discharge” and “itching in the groin area” etc.

Increased demand for SRHR, STIs, and HIV/AIDS services

It is recorded that more than one-third of the VYKPs have experienced any symptoms associated with STIs in last 12 months. Majority of them (95%) sought some sort of treatment, mostly from public health facilities (such as medical college hospitals, district hospitals, Upazila Health Complex etc.). Few of them also went to SANGJOG health camps.

This evaluation study indicates that motivational status among the VYKPs had increased significantly and most of them received services at referral facilities/service providers. However, FSWs, are found to be had HIV Testing and Counselling more than other category of VYKPs. It was recorded in MTR that only 48% of the FSWs did HIV testing, whereas it has been increased to 79% during this evaluation survey. This growth in seeking services for HIV testing indicates that FSWs were not only aware about HIV/AIDS, but also their attitude towards safe sex has been increased tremendously. There is a scope to exchange this motivational feature among other VYKPs through SANGJOG project activities.

GoB service utilization (i.e., SRHR, STIs, and HIV/AIDS) by the VYKPs, their satisfaction, and obstacles to receiving these services

This endline evaluation found no comments on facing obstacles by the VYKPs while receiving SRHR, STIs and HIV/AIDS related services from government service centers. Instead, a few the VYKPs who visited those centers

acknowledged that service providers were more sensitized about providing friendly services to them. In-depth information also depicted that VYKPs were well treated in those government facilities and their confidentiality was maintained accordingly.

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

The service providers associated with SANGJOG project were found to be sensitized as well as satisfied with the activities performed by project staff. Service providers also found VYKPs were more aware about medicines or diagnostic tests towards STIs. Whenever service providers prescribed VYKPs for such medicines or diagnostic tests, it was followed in most of the cases. Service providers also acknowledged that SANGJOG project bears the cost for medicine or tests. Therefore, government and NGO stakeholders also complimented that SANGJOG project is doing far better than other similar projects in their areas. Service providers also appreciated that SANGJOG helped a lot to increase knowledge, attitude and practice level of VYKPs towards STIs and HIV/AIDS in their areas. However, they suggested to increase logistic supports (i.e. volume of medicine, types of medicine, number of referral centers etc.) under SANGJOG referral system.

Availability, access, coverage, utilization, quality, and effectiveness of SRHR, STIs, and HIV/AIDS services currently available in SANGJOG referral facilities

It was mentioned in the findings chapter that a few SANGJOG referral facilities were assessed through a checklist. Except some referral facilities, majority of them had availability of SRHR, STIs and HIV/AIDS services. Physical observation also recorded that visual as well as auditory confidentiality were maintained in most of the facility centers. HIV/AIDS related signs were displayed outside the area where HIV services were available too. Majority of the VYKPs who benefitted from the referral centers were found to be satisfied with service quality in terms of good behavior, timely services, privacy & confidentiality etc.

Coverage and effect of knowledge sharing and services for the VYKP in SANGJOG areas and among Rohingya Population

Endline evaluation findings revealed that Rohingya population in Cox's Bazar are at high risks of STIs and HIV/AIDS. Rohingya population has different dimensions of knowledge & attitude towards STIs and HIV/AIDS. However, SANGJOG project is utilizing its expertise to sensitize and motivate Rohingya population so that their knowledge, attitude and practice level regarding SRHR, STIs and HIV/AIDS can be increased. As they are at high risks of such health hazards, service providers and project staff in Cox's Bazar suggested to increase the coverage of SANGJOG service among the Rohingya population.

Quality and effectiveness of GO-NGO collaboration in the SANGJOG project and its implementation

Both qualitative and quantitative findings indicated that GO-NGO collaboration has been created effectively in SANGJOG project. Different stakeholders including government service providers were found to be satisfied with the models (peer approach and referral services) used by SANGJOG project. Different communication activities i.e. meetings, seminars and workshops helped stakeholders and service providers a lot to understand the project as well as those activities sensitized them to provide quality services to the underprivileged population of VYKPs. Therefore, stakeholders including the service providers suggested to keep continuation of collaboration between GO and SANGJOG project in future. They have also suggested to arrange more refreshers' training and workshops in government facilities, so that more service providers can be motivated in dealing with VYKPs.

Sustainability of the intervention and whether the approach applied by SANGJOG is replicable

Findings from both the quantitative survey and qualitative data unveiled that different project activities of SANGJOG i.e. by educating VYKPs and referring them to the respective facility centers, was very effective to ensure better SRHR services for the VYKPs.

To sustain this impact of SANGJOG on VYKPs, stakeholders and service providers suggested to keep continuation of the project in government and NGO health service centers. Moreover, they have suggested to replicate this project in other districts of Bangladesh with a minimum standard package of SRHR, STIs and HIV/AIDS services.

This project could focus on more efforts to improving HIV Testing and Counselling (HTC) offerings at the health facilities where referral linkages were established. Evaluation findings also revealed that the risks of HIV/AIDS is higher in Rohingya population due to the recent influx in Cox's Bazar. Therefore, special care needs to be taken for Rohingya population under SANGJOG project.

RECOMMENDATIONS

Ensuring universal health coverage through integrated SRHR and HIV services to vulnerable young key people is a great challenge. SANGJOG referral mechanism with the existing government and NGOs health facilities through community networks is a major shift from Drop-In Center based services targeting the Vulnerable Key Population. It is recorded that among the VYKPs have experienced any symptoms associated with STIs in last 12 months majority of them (95%) sought some sort of treatment, mostly from public health facilities (such as medical college hospitals, district hospitals, Upazila Health Complex, NGOs Clinics etc.). Based on the study findings, this is also evident that knowledge regarding SRHR, risk behavior, STIs, and HIV/AIDS among the VYKPs had increased significantly due to project interventions that has effect on health care seeking behaviors of VYKPs.

SANGJOG improved the capacity of health care services providers about epidemiological facts and special need of Vulnerable Young Key Populations (VYKPs). The service providers associated with SANGJOG project were found to be sensitized as well as clients (VYKPs) also satisfied with the services provider's attitude. Service providers also informed that VYKPs were more aware about treatment for STIs and HTC. This evaluation study indicated that HIV Testing and Counseling rate increased among the VYKPs from 48% to 79% in SANGJOG implementation areas. Motivational status among the VYKPs had increased significantly and most of them received services at referral facilities/service providers.

In order to ensure accessible and affordable health care services for the VYKPs SANGJOG intervention model, could be scaled up in other areas and across the country. This can be turned into a social movement and SANGJOG model can be the vehicle toward integrating SRHR and HIV services to VYKPs in all over the country. Incorporation of training on SRHR including High Risk Community oriented HIV/AIDS prevention programs with government health system could increase the number of capacitated service providers, confirm quality services and thus increase accessibility of health care services by VYKPs.

It is evidenced from the evaluation findings that educating VYKPs and referring them to the respective facility centers, was very effective to ensure better SRHR services for the VYKPs. There is a scope to exchange SANGJOG motivational and referral feature among other VYKPs in other districts of Bangladesh and thus ensures achieving 90 90 90 global treatment target for HIV (90 percent of people living with HIV will know their HIV status, 90 percent of people diagnosed with HIV will receive antiretroviral treatment and 90 percent of people on treatment will have suppressed viral loads).

Technical support may be given to the government service providers to increase capacity of the facilities both at district and sub-district level for providing integrated Sexual and Reproductive Health (SRH) and AIDS services. More efforts also required to improving HIV Testing and Counselling (HTC) offerings at the health facilities where referral linkages were established. In addition, advocacy is needed for creating enabling environment through sensitizing stakeholders for creating increased access to VYKPs to SRHR and HIV information and services.

As the referral service system played a vital role in SANGJOG project, mechanism of refreshers' training could be incorporated for the service providers and relevant stakeholders who are involved with SRHR, STIs and HIV/AIDS services for VYKPs to deliver adequate standard package of SRHR, STI, and HIV/AIDS services.

Coverage and effect of knowledge sharing and services for the Rohingya Population

Endline evaluation findings revealed that Rohingya population in Cox's Bazar are at high risks of STIs and HIV/AIDS. Rohingya population has different dimensions of knowledge & attitude towards STIs and HIV/AIDS. However, SANGJOG project is utilizing its expertise to sensitize and motivate Rohingya population so that their knowledge, attitude and practice level regarding SRHR, STIs and HIV/AIDS can be increased. As they are at high risks of such health hazards, service providers and project staff in Cox's Bazar suggested to increase the coverage of SANGJOG service among the Rohingya population.

Considering the diversified cultural phenomena, community based educational program are essential. It is also necessary to increase the coverage and support to Rohingya population in terms of SRHR, family planning, safe sexual behavior, STIs and HIV/AIDS.

There are so many "like-minded" NGOs those are working with Rohingya population in the area of their basic rights, child protection, health and hygiene, SRHR and so on. SANGJOG can make an effective collaboration with those NGOs and service providers to make a positive impact in uplifting the SRHR, STIs and HIV/AIDS related knowledge, attitude and practices among the Rohingya population.

Quality and effectiveness of GO-NGO collaboration in the SANGJOG project and its implementation

Both qualitative and quantitative findings indicated that GO-NGO collaboration has been created effectively in SANGJOG project. Different stakeholders including government service providers were found to be satisfied with the models (peer approach and referral services) used by SANGJOG project. Different communication activities i.e. meetings, seminars and workshops helped stakeholders and service providers a lot to understand the project as well as those activities sensitized them to provide quality services to the underprivileged population of VYKPs. Therefore, stakeholders including the service providers suggested to keep continuation of collaboration between GO and SANGJOG project in future. They have also suggested to arrange more refreshers' training and workshops in government facilities, so that more service providers can be motivated in dealing with VYKPs.

Based on the evaluation findings, following recommendations can be made for the sustainability of SANGJOG project:

- Considering the diversified cultural phenomena, it is necessary to increase the coverage and support to Rohingya population in terms of SRHR, family planning, safe sexual behavior, STIs and HIV/AIDS.
- Networking with "like-minded" NGOs working with Rohingya population in the areas of their basic rights, child protection, health & hygiene, SRHR and so on. SANGJOG can make an effective collaboration with those NGOs and service providers to make a positive impact in uplifting the SRHR, STIs and HIV/AIDS related knowledge, attitude and practices among the Rohingya population.

- Technical support to the government service providers to increase capacity of the facilities for providing integrated SRH and HIV services. In addition, advocacy is needed for creating enabling environment through sensitizing stakeholders for creating increased access to VYKPs to SRHR and HIV information and services.
- Referral service system played a vital role in SANGJOG project. Therefore, more refreshers' training can be arranged for the service providers and relevant stakeholders who are involved with SRHR, STIs and HIV/AIDS services for VYKPs to deliver adequate standard package of SRHR, STI, and HIV/AIDS services.
- Transform SANGJOG project into a framework, so that the lessons learned from this project can advocate to strengthening the GO-NGO collaborative health facilities to maintain the execution of quality of care and effective services of SRHR, STIs and HIV/AIDS.
- Integrating SRHR and HIV services to vulnerable young key people is a great challenge. On the basis of the views and perception about SANGJOG intervention as made by the VYKPs (comparable data between end line research and MTR), it can be concluded this intervention could show a significant result in achieving the set outcomes. SANGJOG intervention, therefore, has graduated from concept stage to a successful project. Steps may be taken to make it a model and thereby sharing this among other NGOs and donors that have similar objectives. The SANGJOG program can be scaled up in other areas and across the country. This can be turned into a social movement and SANGJOG model can be the vehicle toward integrating SRHR and HIV services to VYKPs.

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