

# Narrative Progress Report

December 2016 – December 2019



Kingdom of the Netherlands



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Submitted to:

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Kingdom of the Netherlands

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## List of Acronyms

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

## Executive Summary

SANGJOG, the 2<sup>nd</sup> Phase of Link Up intervention, implemented by Population Services and Training Center (PSTC) aimed to improve sexual reproductive health and rights (SRHR) for the young key population (YKP) at risk of HIV/AIDS in Bangladesh. Initially, the project was intended for two years, partnering with Population Council (PC), from December 2016 to December 2018. But then the project was extended to continue till December 2019, considering the need of the project beneficiaries. Hence, the three-year project, SANGJOG, was completely funded by the Embassy of the Kingdom of the Netherlands (EKN). The overall goal of the project was to increase the knowledge and desired health seeking practices regarding SRHR of vulnerable young key population (VYKP) through better sexual behaviour, practices and creating an enabling environment for utilization of SRHR services for the young people aged 15 to 24 years.

To meet the project goal, SANGJOG reached its target population for instance transport workers, pavement dwellers/street children, female sex workers, and young people working as day labour or engaged in small trades through individual group's peer networks in seven districts (Dhaka, Gazipur, Chattogram, Cox's Bazar, Dinajpur, Jashore and Kushtia) of Bangladesh. Peer Educators were selected from each of these identified key population group through linkages with different community networks. A total of 70 (Seventy) such peer educators were trained and commenced working with SANGJOG as 'frontline workers', 10 from each working district, belonging to each target group.

SANGJOG had given much emphasis on its advocacy activities to meet young key population's (KP's) SRHR needs through community mobilization. The project also ensured services in relation to STIs/HIV/AIDS and Adolescent Sexual and Reproductive Health and Rights (ASRHR) and other relevant services to address the needs of the VYKPs, recommended by the updated National Reproductive Adolescent Health Strategy 2017-30 through an established referral mechanism. Another important aspect of the project was generating evidence on this important SRHR issue to recommend and fine tune existing and similar national and international interventions through its monitoring and evaluation activities for the concerned stakeholders, policy makers, government and wider public health communities.

Moreover in August 2017 in addition to regular activities, SANGJOG acted to respond to the grave humanitarian crisis concerning lives of Rohingya population forced out by Myanmar and pushed in to Bangladesh, affecting health and environmental hazards in the country's coastal areas. SANGJOG embarked on a commendable task by providing primary health care services and essential medicines focusing SRHR for the Rohingya Refugees in Cox's Bazar, since October 2017.

This report documented the three-year project (December 2016 to December 2019) achievements and experiences of SANGJOG while ensuring access to integrated SRHR & HIV services to VYKPs.

### **Brief on Achievements of SANGJOG**

- SANGJOG reached total 75,540 numbers of adolescent and young people during the reporting period from December 2016 to December 2019 through its different activities to raise awareness on SRHR and adapt safe practice to prevent HIV/AIDS among Vulnerable Young Key Populations (VYKPs).
- 422 orientation sessions were organized in the same period where 8,440 young people were provided Comprehensive Sexuality Education and to act as change agents for practicing safe behaviour by the VYKPs.
- SANGJOG established linkages with 20 referral health services centers and strengthen the youth friendly services option through reducing stigma and discrimination against VYKPs.

- 39,783 young people were provided Reproductive Tract Infections/Sexually Transmitted Infections (RTIs/STIs) and counselling services through different referral health centers and thus prevented further transmission.
- SANGJOG provided health care services focused on SRHR needs among 53,930 number of Rohingya people from Balukhali and Kutupalong health camps at Ukhia, Cox's bazar.

## Conclusion

End line evaluation results of 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 VYKP. As a proof, it had unveiled that reaching Vulnerable Young Key Population (VYKP) 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 VYKP. It is recorded that among the VYKP had experienced any symptoms associated with Sexually Transmitted Infections (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.). From this behavior change evidence it would be determined that Drop-In Center based services could be shifted through Government and NGOs referrals centers.

SANGJOG improved the capacity of health care services providers about epidemiological facts and special need of Vulnerable Young Key Population (VYKP). The service providers associated with SANGJOG project were found to be sensitized as well as the beneficiaries (VYKP) were also satisfied with the service provider's attitude. It was also evident from the evaluation study that HIV Testing and Counseling (HTC) rate increased among the VYKPs from 48% to 79% in SANGJOG implementation areas.

Overall, the SANGJOG project implemented by PSTC had successfully achieved the outcomes anticipated for the VYKP in the intervention areas.

Considering the unmet need for SRHR 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 attitude and practice toward SRHR in the project areas. Moreover, SANGJOG model proved that referral mechanism with existing health care services centers through capacity building of the service provider can work effectively which is important for the sustainability of targeted intervention. So, replication of SANGJOG Model in other districts throughout the country will effectively improve the SRHR status of vulnerable young key population (VYKP) and thus contribute to achieve the global targets on 'Ending AIDS by 2030' and treatment target of '90-90-90' by 2020.

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

## Background

SANGJOG, an initiative of Population Services and Training Center (PSTC), was aiming to make a significant change to the integration of Sexual Reproductive Health and Rights (SRHR) interventions and generating important evidence to aid the broader SRHR/HIV integration movement. The three-year long project, from December 2016 to December 2019, was funded by the Embassy of the Kingdom of Netherlands (EKN).

SANGJOG was the 2<sup>nd</sup> Phase of Link Up, a global programme of the International HIV/AIDS Alliance, UK, funded by the Netherlands Ministry of Foreign Affairs implemented in Bangladesh, Myanmar, Burundi, Ethiopia and Uganda to make a significant contribution to the integration of vital SRHR interventions. The project was ended on 30 June 2016. Based on the experiences of working with the young key people, a new intervention was proposed by the Population Services and Training center – Population Council (PSTC-PC) partnership program under another project entitled “**SANGJOG, a program for better SRHR for young people vulnerable to HIV in Bangladesh**”.

Initially, the project was intended for two years, partnering with Population Council (PC), from December 2016 to December 2018. But the project was extended to continue till December 2019, considering the need of the project beneficiaries. During the implementation of SANGJOG, in August 2017, an emergency situation had been arisen in Ukhia, Cox’s Bazar in one of the implementation areas due to sudden influx of Rohingya population from neighboring country, Myanmar. Considering the vulnerability of Rohingya Refugees for Sexual and Reproductive Health including vulnerability to HIV/AIDS, SANGJOG has taken initiative to incorporate the SRHR needs of the Rohingya Population in Bangladesh with the recommendation of government district authority of Cox’s Bazar.

### Contextual Situation

Bangladesh has a high density population of 158.5 million and a high ratio of young population. Young population aged 10-24 is 30 percent which is a total of 47.6 million; they want quality education, better health services, opportunities for jobs or self-employment, nutritious food and honest and responsive government (UNFP). Among the young people proper knowledge on HIV/AIDS prevention and treatment was very low. In Bangladesh, evidence also showed that youth had misconceptions related to transmission and prevention of HIV/AIDS. The affordability of getting SRHR information and services was limited as well as the access was absent for vulnerable young key population (VYKP). Intervention addressing specific SRHR need of these group of population aged 10-24 years was also not adequate. A Baseline HIV/AIDS survey among youth in Bangladesh conducted by National AIDS/STD programme and Save the Children, USA with ICDDR,B, ACPR and Population Council, evidenced that many misconceptions related to transmission and prevention of HIV/AIDS was identified. The survey results also show that risky sexual behavior is common among youth and condom use is low.

Vulnerable YKP 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. In addition, these young people experiences violence and especially sexual violence; being unskilled they are bound to work on negligible wages and their other entitlements are neglected.

Knowledge about 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 is low. Youth at risk do not perceive their risk for HIV. A clear understanding about safe sex and promotion of safe sex practice are essential for HIV/AIDS intervention. Appropriate interventions to increase the perceptions of risk are essential.<sup>1</sup>

The main purpose of SANGJOG, thus, was to increase the knowledge and desired health seeking practices regarding SRHR of the VYKP, creating an enabling environment, in Bangladesh, through better sexual practices and utilization of SRHR services for the young people aged 15 to 24 years. It had brought SRHR interventions to existing community based HIV programs and created linkages with public and private Sexual and Reproductive Health services providers. Utilizing the consortium's technical expertise, credibility and good practice in programming for key population (KP), **SANGJOG** intervention had focused on addressing the needs of young KPs and young people vulnerable to HIV aged 15 to 24 years. Also to make a significant change while incorporating SRHR interventions and generating important evidence to aid the broader SRHR/HIV integration movement at local, national, and global context SANGJOG had following goal and objectives:

## Goal

Increased access to integrated SRHR & HIV services to vulnerable young key population (VYKP)

## Objectives

1. Increase awareness and health seeking behavior of 75,000 Vulnerable Young Key Population (VYKP) on Sexual and Reproductive Health and Rights (SRHR) & HIV services.
2. Establish functional referral linkage with GoB and NGO health facilities for providing SRHR and HIV services to 25,000 VYKP and 25,000 Rohingya Population,
3. Increase capacity of 20 Government services facilities for providing integrated SRHR and HIV services.
4. Advocacy for creating enabling environment sensitizing 300 stakeholders for increasing access of VYKP to SRHR & HIV information and services.

## SANGJOG Implementation Methodology

**Benchmark Mapping Report:** At the very beginning of the program after completing all the prerequisite approval process SANGJOG had conducted a Benchmark Mapping Report to structure the implementation methodology. The benchmarks were set-up jointly by PC and PSTC after reviewing programmatic activities deeply through-

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

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<sup>1</sup>, <sup>1.a</sup>, <sup>1.b</sup> Baseline HIV/AIDS survey among youth in Bangladesh; National AIDS/STD programme and Save the Children, USA with ICDDR,B, ACPR and Population Council, February 2006

## Benchmark for SANGJOG Project

Based on the in-depth analysis **SANGJOG benchmarks** comprised a set of activity-specific targets that must be met or exceeded to achieve the project results. The benchmark study identified six indicators for SANGJOG project. These benchmarks feeds into the ultimate goal for the project (i.e. ‘Increased access to integrated SRHR & HIV services to vulnerable young key people’). The following table presents an illustrative details of benchmarks.

### Benchmarks for SANGJOG project

Indicators	Baseline		Target		
Benchmark 1: 50,000 vulnerable young key people (VYKP) aged 15-24 reached to improve their sexual and reproductive health	FSW	11,927	FSW <sup>2</sup>	9,000	11000*
	Transport workers	101,473	Transport workers	12,000	20000*
	Pavement dwellers	N/A	Pavement dwellers	12,000	20000*
	Young labourer	N/A	Young laborer	17,000	24000*
			<b>Total</b>	<b>50,000</b>	<b>75,000*</b>
Benchmark 2: Increased capacity of health service facilities to provide integrated SRH and HIV	N/A				20 facilities
Benchmark 3: Percentage increase in counselling and STI/RTI rates among young key people aged 15-24	<b>95.8%</b> Street Based Female sex workers sought treatment for STI in last 12 months (NASP 2016)		Retain as much as possible		
Benchmark 4: Percentage increase HTC rates among young key people aged 15-24	<b>66.9%</b> Street Based Female sex workers ever being tested for HIV (NASP 2016)		<b>75%</b> Street Based Female sex workers test for HIV		
Benchmark 5: Percentage increase in young people vulnerable to HIV aged 15-24 using condoms at last high-risk sex.	<b>69.7%</b> Street Based Female sex workers use condom at last high-risk sex (NASP 2016)		<b>75%</b> Street Based Female sex workers use condom at last high-risk sex		
Benchmark 6: Percentage increase in young people vulnerable to HIV aged 15-24 with comprehensive, correct knowledge of HIV/AIDS	<b>83.2%</b> Street Based Female sex workers reported to know a place for HIV/AIDS (NASP 2016)		Overall <b>88.2%</b> VYKPs show correct knowledge regarding SRHR & HIV/AIDS		

- Revised target including the extension period

## SANGJOG Working Areas and Target Communities

The program (SANGJOG) was planned build on the experiences and achievements of the phase-I, LINK UP. Strength and shortcomings of the phase-I identified precisely and addressed in the proposed activities. In Phase-I, the community awareness programs were thinly implemented so much impact on the key populations had not experienced. Referral mechanism was also not properly followed and documented. During Phase-I targeted populations reached with services through NGOs health facilities. The operations researches had shown good positive results on the reduction of stigma among service providers. However, little impacts have shown in the female sex workers.

SANGJOG concentrated its working areas and target communities based on the risk and vulnerability to HIV/AIDS. Thus SANGJOG had been working in seven districts, Dhaka, Gazipur, Chattogram, Cox’s Bazar, Dinajpur, Jashore and Kushtia of Bangladesh since December 2016 till December 2019. It had been

<sup>2</sup>The initial target values were FSW 6000, TW 20000, PD 4000 & YL 20000. As the initial values were set based upon literature review findings and informal meetings with stakeholders and after completion of one year of SANGJOG these values were found implausible these values here were revised at mid-term after consulting with implementing partner.

working with different VYKP groups such as, street children/pavement dwellers, transport workers, female sex workers, young people engaged in small trade and work as labour to integrate SRHR into existing programs as an entry point of reaching young people vulnerable to HIV. In addition to its regular program, SANGJOG also had provided Primary Health Care Services focused on SRHR for the Rohingya refugees in Cox's Bazar, Bangladesh, commencing from October 2017 to December 2019 considering increased risk of transmission as HIV prevalence among Rohingya population recorded 0.8% when they were in Myanmar.

### **Reaching the Vulnerable Young Key People**

**SANGJOG** focused particularly on the needs of street children/pavement dwellers, transport workers, floating sex workers, young people engaged in small trade and work as labor which were not addressed by most SRHR interventions that target mainstream youth. In particular there was **a gap in the provision of SRHR services for VYKPs.**

SANGJOG utilized different Key Population (KP) networks for instance Sex Workers Network, Transport Workers Federation and relevant organizational linkages in reaching the VYKP. It also adopted the peer approach. Hence, 70 peer educators, representing the different VYKP groups of SANGJOG were selected (10 for each working district) and were trained to work with SANGJOG as frontline cadres, 'Outreach Workers'. Trained force of Outreach Workers (Peer Educators) had regular contacts with the VYKPs as per developed mapping exercise and organized awareness-raising sessions with them. Referral linkages with identified health centers were established through the Outreach Workers.

Moreover SANGJOG focused on advocacy networks to address young KP's SRHR needs through community mobilization. The program addressed the needs of KPs and vulnerable young population which were recommended in the National RH Strategy and the Adolescent Health Strategy: 2017-2030.

Three-pronged communication channels: i. Peers, ii. Community and iii. Local media utilized in providing information for the VYKPs. For further education and updates, PSTC monthly magazine, 'Projonmo Kotha' and different BCC materials also had been used.

## Results Achieved According to Log frame

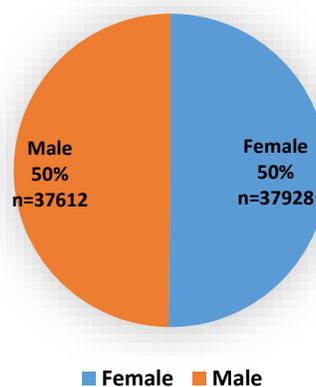
### Result 1: Young people are well informed and thus able to take better decision regarding healthier choices

#### Activity 1.1.1: Community Mobilization and Education to Increase Knowledge of VYKP for HIV/AIDS

One of the key activities of the SANGJOG project is to mobilize the VYKP through peer sessions (courtyard meeting) in community settings. Initially, the project faced challenges to recruit field level project staffs as well as suitable peer educators; the contents to train these staffs and the contents for peer sessions, development of online monitoring tools, etc. which were also required to be finalised before recruitment. Overcoming all these constraints, the project commenced peer sessions from May 2017. Moreover SANGJOG has been utilizing SurveyCTO, online monitoring tool, to monitor each and every peer session and sends the data to the cloud-based server for real time monitoring. Hence, during the first week of June 2017, the field supervisors attended a day long training on SurveyCTO monitoring tools, at PSTC head office. To make the SurveyCTO tool easily accessible and to facilitate recording of the cloud based real time monitoring, all the 14 Field supervisors were provided a Samsung Android mobile handset. After successful completion of the training, these field supervisors went back to their field station and started to organize peer sessions with the assistance of their assigned peer educators. It was decided that there should be on average 20 sessions conducted per month.

To achieve the objective one, SANGJOG had completed 3,781 sessions during the reporting period of December 2016 to December 2019, reaching 75,540 vulnerable young key population (VYKP), where 37,928 were females and 37,612 were males (Fig 1). Overall, an equal gender ratio was observed.

**Figure 1: SANGJOG Participants by Gender during 2016-2019 (%) ,N=75540**



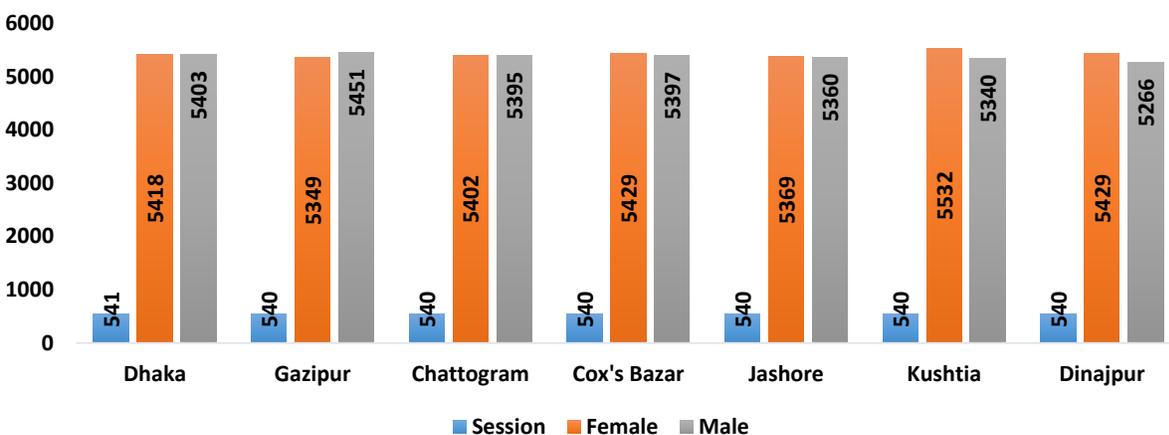
The total sessions during the project period by all the seven intervention districts were further classified by the vulnerable group type. Figure 2 provides us the information that among the four different VYKP groups, overall, Street Children/Pavement Dweller group dominated in three out of the seven districts namely Chattogram (40%), Cox's Bazar (33%) and Dhaka (33%); it was found to be lowest in Gazipur (3%). Small Trade/Labour group dominated in three out of the seven districts, namely Dinajpur (38%), Gazipur (27%) and Kushtia (26%) (Fig 2). It was found to be the lowest in Cox's Bazar (18%) (Fig 2). The highest representation of Transport Worker was found in Gazipur (38%) followed by Dhaka (28%) and lowest in Jashore (16%) (Fig 2). In Kushtia, 'Female Sex Workers' group represented highest (36%) and lowest in Chattogram (15%) (Fig 2).

**Figure 2: District Wise Peer Session by VYKP Category (N-75,540) during 2016-2019,(%)**



The following Figure 3 presents district wise total session and participants' number by gender. A total of 75,540 (female 37,612 and male 37,928) VYKP were mobilised through peer sessions. Among the sessions, 541 were held in Dhaka with 10,821 participants (female 5,418 and male 5,403) (Fig 3). 540 held in Gazipur with 10,800 participants (female 5,349 and male 5,451) (Fig 3). 540 sessions were held in Chattogram with 10,797 participants (female 5,402 and male 5,395) (Fig 3). 540 sessions were held in Cox's Bazar with 10,826 participants (female 5,429 and male 5,397) (Fig 3). 540 sessions were held in Jashore with 10,729 participants (female 5,369 and male 5,360) (Fig 3). 540 sessions were held in Kushtia with 10,872 participants (female 5,532 and male 5,340) and 540 sessions were held in Dinajpur with 10,695 participants (female 5,429 and male 5,266) (Fig 3).

**Figure 3: Number of VYKP (N=75,540) Mobilised in Peer Sessions (N=3,781), by Gender and Districts, during 2016-2019**



**Objective:**

- To improve knowledge base for health seeking behavior of vulnerable young key people (VYKP) on SRHR & HIV services

**Main Components discussed in peer sessions**

- PSTC and SANGJOG project background
- Primary knowledge on reproductive health
- Reproductive Tract Infection (RTI)- (Definition, Syndrome, Treatment)
- Sexually Transmitted Infection (STI)- (Definition, Syndrome, Treatment)
- HIV/AIDS (Definition, Syndrome, Transmission, Treatment)
- Proper and safe use of condom

**Expected Results**

The targeted young people were able to

- have common standard of quality and understanding regarding the SRHR and HIV issue as defined by the SANGJOG intervention
- have become aware of health seeking behavior
- seek SRHR and STI related services from the referral centers

***Activity 1.1.2: Disseminate HIV/SRHR Information through Bill Board & Festoon beside Road in Implementing Area***

Billboards, banners, festoons and danglers are the effective means to develop community awareness and thereby help change the societal behavior. Message on billboards can ensure that people are given the basic facts about HIV and AIDS. From the very beginning SANGJOG also decided to set bill boards and festoons in strategic places where it would be easier to draw people's attention and make them aware of the issue. Hence, during the project period, total 27 billboards have been placed in different places like General Hospital, Mother and Child Welfare Center (MCWC), Upazila Health Complex, Sadar Hospital and Track Stand, etc. Total 470 banners, 2304 festoons and 280 danglers were displayed at different suitable places in seven working districts of SANGJOG.

**Objective**

To improve knowledge and attitudes regarding SRHR and HIV

**Immediate Result**

Local people in intervention areas know about SRHR and HIV information from the bill boards and festoons.

### ***Activity 1.1.3: Staff Orientation on Project Goal and Objectives with Organizational Rules and Regulation***

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

#### **Objectives**

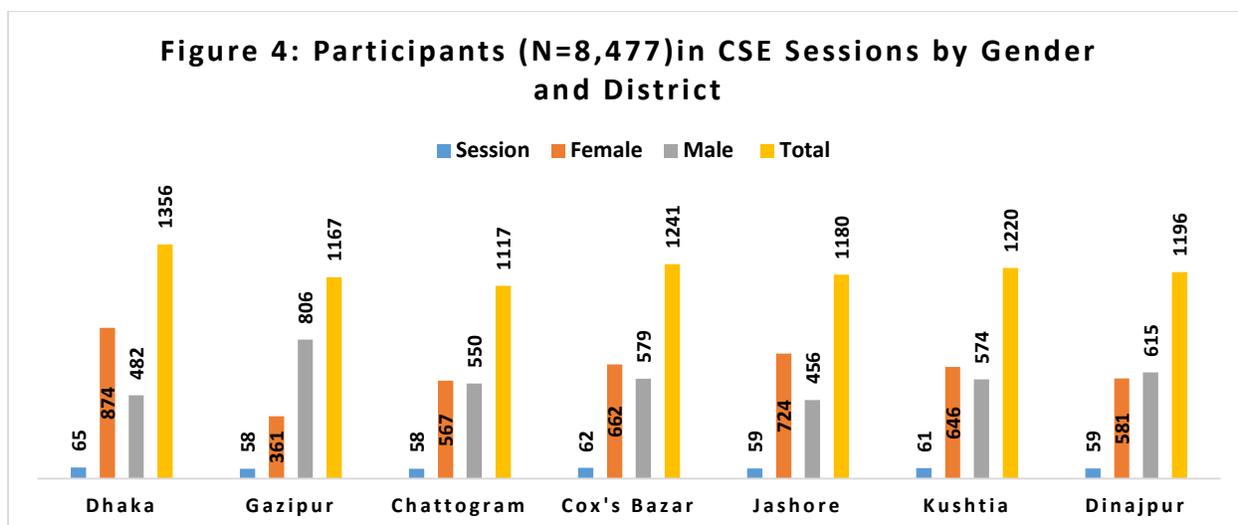
- Provide clear and comprehensive understanding about the overall activities of SANGJOG project
- Inform about PSTC and its Vision, Mission and Policies
- Involve all project staffs for developing a common Action Plan of SANGJOG
- Become familiar with the project activities and implement that with team spirit
- Building a strong team all together in order to successfully complete the intervention
- Ensure gender equality in all aspects of program implementation

#### **Immediate Results**

- New staffs received warm welcome from the organization to become active members of the same
- New staffs became confident to work more effectively for SANGJOG project
- Orientation made new staffs to feel that they have all kinds of support for doing a good job
- New staffs started to become familiarized with the organizational culture and norms
- New staffs started to work in a uniform way through team work

### ***Activity 1.1.4: Orientations on Comprehensive Sexuality Education (CSE) Of VYKP for HIV by Peers***

Comprehensive Sexuality Education (CSE) enables young people to acquire the knowledge of reproductive system as well as male and female body structure. Moreover CSE helps young people to become aware, in order to protect their health, well-being and dignity. During the project period of December 2016 to December 2019, 422 comprehensive sexuality education (CSE) sessions were organized where 8,477 (4,415 females and 4,062 males) young people received information on SRHR, RTIs/STIs and preventing child marriage issues (Fig 4). Among the sessions, 58 were held in Chattogram with 1,117 participants (567 females and 550 males), 62 held in Cox's Bazar with 1,241 participants (662 females and 579 males), 65 sessions were held in Dhaka with 1,356 participants (874 females and 482 males), 59 sessions were held in Dinajpur with 1,196 participants (581 females and 615 males), 58 sessions were held in Gazipur with 1,167 participants (361 females and 806 males), 59 sessions were held in Jashore with 1,180 participants (724 females and 456 males) and 61 sessions were held in Kushtia with 1,220 participants (646 females and 574 males) (Fig 4).



### Objectives

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

### Immediate Results

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

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

### Activity 1.2.1: Capacity Building Training for Peers on Entitlement, Healthy Choices and Claiming SRH Rights for VYKP (3 days)

The information and message through peer approach can easily transmitted because of access and acceptance of peer educators within SANGJOG target group. SANGJOG initiated capacity building training for peer educators to build knowledge and confidence among 70 peer educators from 7 districts regarding entitlement, healthy choices and claiming SRH rights for VYKP. PSTC-SANGJOG district offices organized 3-day capacity building training program during May 2017. The activity detail by district is given below in table 1.

**Table 1: Capacity building training for Peer Educators in 2017 by district**

Sl.	District	Date of Training	No of Participants, N=70
1	Dhaka	15-17 May	5 females and 5 males
2	Cox's Bazar	16-18 May	5 females and 5 males

3	Kushtia	22-24 May	5 females and 5 males
4	Gazipur	23-25 May	5 females and 5 males
5	Dinajpur	23-25 May	5 females and 5 males
6	Jashore	23-25 May	5 females and 5 males
7	Chattogram	23-25 May	5 females and 5 males

District Coordinator and Field Supervisors were responsible to conduct the training sessions. Workshop started with the welcome remarks and introducing participants. The training was participatory in nature to share participants' experiences and had an effective outcome. Participants were very active because of participatory method. Training norms and rules were established by the participants themselves.

The training was focused on making the participants understand why they are important for the project and how they would be able to change the SRHR situation in the intervention areas.



Capacity Building Training for Peer Educators

### Objectives

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

### Main Discussion/ Components

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

- Referral and Linkage
- Record keeping and maintaining bill/voucher

### Immediate Results

- Peer Educators were motivated to engage themselves in the programmatic activities
- Common standard of quality and understanding among peers, was developed
- Peer Educators became aware of SRHR and HIV prevention
- Peers Educators’ level of knowledge increased on SRHR
- Peer Educators became committed to provide need base service in their community
- Peer Educators became confident to discuss the issues in their meeting at working area
- Peer Educators felt empowered to disseminate their learning
- Peer Educators are committed to reduce HIV from our Society
- Relationship between Peer Educators and project staffs had developed

### Activity 1.2.2: Refresher Training (2 Days) For Peers on Entitlement, Healthy Choices and Claiming SRH Rights for VYKP

SANGJOG was working with its target group in program areas adopting peer approach. From the key population networks (sex workers network, transport workers federation) and relevant organizational linkages, 70 peer educators were selected (10 for each working districts) representing each group, and were trained to work with SANGJOG as “outreach workers”. At the very beginning of the first year, SANGJOG capacitated peer educators with SRHR knowledge and developed confidence on HIV/AIDS and SRHR. In 2018, SANGJOG district offices organized 2-day long capacity building refresher training program. The activity detail of this by program district is given below in table 2.

**Table 2: Refresher training for Peer Educators in 2018 by district**

Sl.	Districts	Date of Training	No of Participants, N=70
1	Dhaka	12-13 February	5 females and 5 males
2	Cox’s Bazar	11-12 July	5 females and 5 males
3	Kushtia	22-23 April	5 females and 5 males
4	Gazipur	23-24 April	5 females and 5 males
5	Dinajpur	15-16 August	5 females and 5 males
6	Jashore	23-24 April	5 females and 5 males
7	Chattogram	18-19 April	5 females and 5 males

### Objectives

- To review the implementation process and progress of peer approach
- To refine Peer Educators skills
- To share experiences and lessons learned from the field

### Main Discussion/ Components

- About PSTC and SANGJOG project
- Primary knowledge on Reproductive health

- RTI- Reproductive Tract Infection (Definition, Syndrome, Treatment)
- STI- Sexually Transmitted Infection (Definition, Syndrome, Treatment)
- HIV/AIDS (Definition, Syndrome, Transmission pathways and how to prevent transmission, and Treatment)
- Gender role in HIV
- HIV in Bangladesh
- Proper use of Condom
- Communication and Counselling
- Referral and Linkage
- Record keeping and documentation

### Immediate Results

Through the training, Peer Educators:

- developed common standard of quality and understanding
- became aware of SRHR and HIV prevention
- their level of knowledge was increased on SRHR issues
- became committed to provide need base service in their community
- became confident to discuss the issues in their meetings
- felt empowered to disseminate their learnings
- committed to reduce HIV from the society

### ***Activity 1.2.5 Capacity Building Training and Refresher Training For Project Staffs on Implementation of Peer Education Activities to Ensure Integrated SRHR and HIV Services to VYKP***

For implementing the SANGJOG program successfully a capacity building training was held for the project staffs in 2017, from **25 April to 27 April** in Gazipur PSTC Training Complex.

### Objectives

- To have a clear concept on the SANGJOG project
- To orient about peer approach
- To orient on monitoring and evaluation mechanism of SANGJOG project
- To develop the capacity to implement project activities among the team members of SANGJOG
- To be able to train the field supervisor for commencing the core project activities
- To have clear knowledge and concept on SANGJOG project action plan
- To be able to convey clear ideas about the project activities, implementation and team work to the field supervisors
- To build a strong team all together for making this project a very successful one



*Capacity Building Training for the Project Staff Members*

## Immediate Results

- Developed competencies and capabilities to run the project activities
- Knowledge gained and Knowledge sharing, practiced within staff members
- Developed skills on managing peers and project activities
- Enhanced awareness and understanding about HIV/AIDS and other issues
- Developed capacity in identifying relevant stakeholders and strategies to involve them in project activities

**Refresher Training:** The Refresher Training designed for the existing staff members of SANGJOG Project, with a purpose to acquaint them with the new skills, methods, and processes required to improve their performance on the jobs. On 2-3 April 2018, SANGJOG arranged a 2-day refresher training at Cox's Bazar. The refresher training used the techniques of lectures, presentations, discussions, group exercises including role playing and knowledge games. All the participants shared their experiences with each other.

## Objectives

- To reiterate the project objectives, activities, strategies, action plan, etc. with all the staffs of SANGJOG project.
- To orient all the newly recruited staffs
- To visit the health camps at Ukhiya in Cox's bazar to have a hands on experience on SANGJOG's work for the Rohingya Refugees

## Immediate Results

By completing this training the staffs of SANGJOG were able to:

- increase knowledge on HIV/STI/RTI and advocacy
- identify gaps and areas of improvements
- develop action Plan for the year 2018

### **Activity 1.2.6: Capacity Building Training (2 days) for Health Camp Service Providers at Cox's Bazar**

A two-day long capacity building training session was organized for service providers of Health Camps working Balukhali and Kutupalong at Cox's Bazar during 2018. 18 staff members were trained to increase provision of user friendly services for instance RTIs/STIs treatment to VYKPs.

## Objectives

- To develop human resources for organizational and programmatic development in the field of SRHR and skill building in sexuality and HIV/AIDS prevention, counselling, laboratory methods and clinical care,
- To build capacities in order to use the best public health practices for the prevention, diagnosis and management of HIV and sexually transmitted diseases
- To increase access to and scale-up services that promotes quality of life and well-being of persons living with HIV Aids (PLHA) or affected by HIV
- To educate the service providers in basic nursing and infection control of PLHA
- To inform the physical, psychosocial and spiritual needs of PLHA

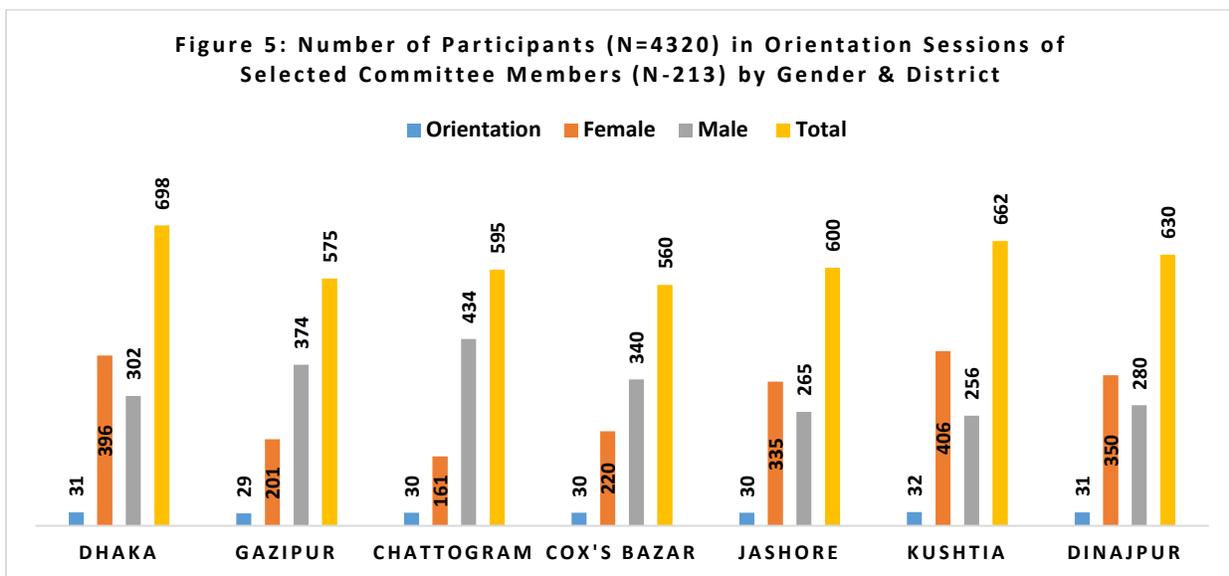
- To help PLHA with coping mechanism from mental and physical sufferings

#### Immediate Result

- Decreased stigma and fear associated with HIV and AIDS through building local human resources to provide services related to HIV/RTI/STI
- Developed skills of the medical personnel in diagnosis of RTIs/STIs related illnesses and its treatment and updated knowledge of medical practitioners and nurses
- Increased capacity of counselors in counseling patients with RTI/STI/HIV

#### Activity 1.3.1: Orientations on Creating Supportive Socio- Cultural Environment for Selected Local Committee Members

Social and cultural norms influence individuals regarding SRHR and HIV issues. SANGJOG project identified parents and other members closely related with VYKP's life in order to create an enabling environment towards SRHR and HIV. During the reporting period of December 2016 to December 2019, 30 orientations were held in Chattogram with 595 participants, where females were 161 and males, 434; 30 orientations were held with 560 participants which included 220 females and 340 males in Cox's Bazar (Fig 5). In Dhaka, 31 orientations were held with 698 participants, of them, female, 396 and male, 302 (Fig 5). In Dinajpur 31 orientation sessions were held with 630 participants (Female 350 and male 280) (Fig 5). Similarly in Jashore and in Kushtia 30 orientations were held with 600 participants (Female 335 and male 265) and 32 with 662 participants (Female 406 and male 256), respectively (Fig 5).



#### Objective

- To convey a clear idea about SANGJOG activities as well as information regarding SRHR and HIV to local influential people in order to create an enabling environment.

#### Immediate Result

They were informed and agreed to support the ongoing activities of SANGJOG which gave program an easy access and cooperation in all its activities.

### ***Activity 1.3.2 Coordination Meeting with Local Committees that Create a Supportive Socio-Cultural Environment for the Protection of SRHR of VYKP for HIV***

Community people who can work as a pressure group participated in this activity. Community mobilization and education is needed for spreading awareness. It is essential to involve local and religious leaders to create a supportive socio-cultural environment for the healthy wellbeing of VYKP regarding SRHR and HIV. SANGJOG always preferred local voices to be heard in order to bring desired social and behavioral change.

In the project period, 82 meetings were organized with 1709 community leaders including 530 females and 1179 males.

#### **Objective**

- To engage local community leaders in ongoing SANGJOG activities

#### **Immediate Result**

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

### ***Activity 1.3.3: Day Celebrations (International Youth Day, World AIDs Day and Joint Events with GoB)***

Every year during the project period the days that SANGJOG had been observing, were the International Youth day, and International AIDS day, World Population Day and ... both at local and central level. SANGJOG team observed International Youth Day in August forming human chain to raise mass awareness and discussion meeting in their working areas. SANGJOG team also observed World AIDs Day along with government and other non-government organizations. In addition to these SANGJOG has organized round table discussion jointly with the Daily Ittefaq and National AIDS/STD Committee.

#### **Day Celebrations in 2017**

**International Women’s Day** was celebrated on 8 March 2017 with Human Chain and Discussion Meeting by SANGJOG team. It is a global day, celebrating the social, economic, cultural and political achievements of women. The day also marks a call to action for accelerating gender parity. As the SANGJOG project works with people who are at risk and a significant portion of them are women who are in the informal economy, subsidising care and domestic work, and concentrated in lower-paid, lower-skill occupations with little or no social protection. Empowering women and girls, is the only way to protect their rights and make sure they can realise their full potential. SANGJOG team observed International Women’s Day on 8 March 2018 forming Human Chain to raise mass awareness and discussion meeting in Gazipur, Dinajpur and Kushtia

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

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

**International Youth Day** was observed by SANGJOG in seven working areas on 12 August 2017. Last year the theme was “Youth building Peace”. Rally, cricket match and discussion sessions were the programs that were organized in every working area.

SANGJOG in each seven districts along with Government organizations and NGOs celebrated **World AIDS Day** on 1st December to make people aware about the danger of HIV/AIDS. SANGJOG provided cap, T-shirt with relevant messages. Discussion meeting and rally were held on the day. SANGJOG participated in Fairs with installation of stalls along with a number of organizations working for HIV/AIDS for disseminating the BCC materials and information.

### **Day Celebrations in 2018**

SANGJOG team observed **International Women’s Day** on 8 March 2018 forming Human Chain to raise mass awareness and discussion meeting in Gazipur, Dinajpur and Kushtia. Chattogram, Gazipur and Kushtia SANGJOG teams observed **World Health Day** along with government and other non-government organizations. In addition to these, **Safe Motherhood Day** at Gazipur, **World TB Day** at Kushtia, **International Mother Language Day** and **Independence Day** at Jashore and Family Planning Fair was observed in all the working districts of SANGJOG Project in consultation with and cooperation from local DGFP officials

SANGJOG team observed **World Population Day** on July 11, 2018 forming human chain and discussion meetings in Chattogram and Cox’s Bazar. International Youth Day on 12 August 2018 and World AIDS Day on December 1, 2018 were also observed in Chattogram, Gazipur, Cox’sBazar, Jashore, Dhaka and Kushtia along with government and other non-government organizations. In addition to these, National Breast Feeding Week and National Youth Day were observed in Gazipur.

### **Day Celebrations in 2019**

SANGJOG team observed **International Women’s Day** on 8 March 2019 forming Human Chain to raise mass awareness and discussion meeting in their working areas. SANGJOG team also observed **World Health Day** along with government and other non-government organizations. In addition to these **Safe Motherhood Day** at Gazipur, **World TB Day**, **International Mother Language Day** and **Independence Day** were observed in all the working districts of SANGJOG Project in consultation with and cooperation from local government officials

SANGJOG team observed **International Youth Day** in August 2019 forming Human Chain to raise mass awareness and discussion meeting in their working areas. SANGJOG team also observed **World AIDs Day** along with government and other non-government organizations. In addition to these SANGJOG organized round table discussion jointly with Daily Ittefaq and National AIDS/STD Committee.

### **Objective**

- To let people know about the significance and theme of the day and promote positive public opinion

### **Immediate Result**

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

**Activity 1.3.4: Develop and Distribute Information Education and Communication (IEC)/Behavioral Change Communication (BCC) Materials**

Behavioral change communication materials with basic information are essential for changing the traditional behaviour, beliefs and perspectives of target people keeping local needs and issues in mind. Brochure, posters, leaflet, flip chart, hand fan, Ludo (Educative game) were developed last year and distributed among the VYKP where SRHR and HIV related awareness messages were inscribed. In the project period of December 2016 to December 2019, total 203,600 such IEC materials were distributed to the target groups (Table 3).

**Table 3: IEC/BCC materials developed and distributed during the project period**

SL.	Item name	No. of IEC/BCC Materials			
		Year-1	Year-2	Year-3	Total
1	Brochure	2000	50000	50000	102000
2	Sticker	7000	7000	7000	21000
3	Ludo (educative game) board containing pictorial messages & SRHR information	3500	7000	7000	17500
4	Hand fan with messages	5000	7000	7000	19000
5	Informative calendar	7000	5000	-	12000
6	Leaflet on SRHR	15000	10000	7000	32000
7	Flipchart	100	-	-	100
<b>Total</b>		<b>39600</b>	<b>86000</b>	<b>78000</b>	<b>203600</b>

**Objective**

- To increase availability of information regarding SRHR and HIV

**Immediate Result**

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

**Activity 1.4.1: Support for the Affected HIV Young Peoples' Parents**

HIV affected individual and their families are usually stigmatized and discriminated. As a result sometimes they avoid to visit treatment centers owing to fear of disclose of their identity as well as cost of travel if the centers are too far. In this regard SANGJOG provided supports to the HIV affected families and linked them to appropriate ART centers. During the reporting period SANGJOG supported 10 families to link with the central level treatment centers.

**Objective**

- To provide assistance to PLHIV families,

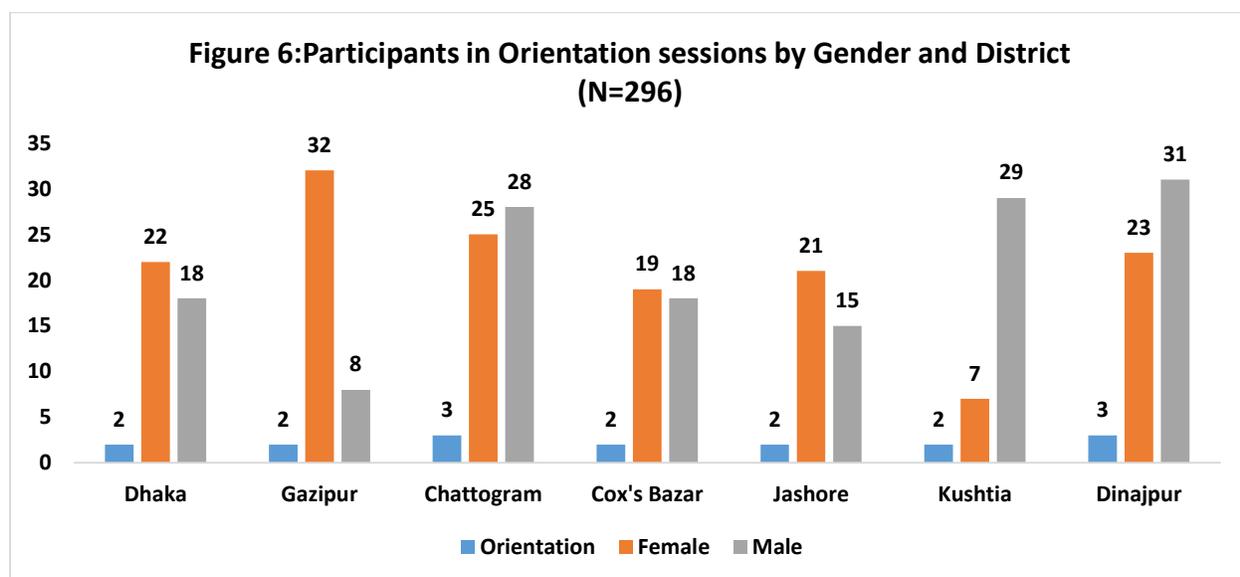
**Immediate Result**

- The families were encouraged to provide support for the treatment of the affected family member.

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

### Activity 2.1.1: Orientation for Service Providers to Promoting and Distributing SRH Services, Commodities and Medicines

As per SANGJOG annual activities, major activities under objective 2 were; to establish functional referral linkages with GoB facilities for providing SRHR and HIV services to VYKP and meeting with service providers, orienting them for promoting and distributing SRH services, commodities and medicines. A total of 16 such orientation meetings were held in 7 districts with 296 participants, of them 149 females and 147 males (Fig 6).



### Objectives

- To make the department a thriving center of excellence in service providing including counselling with confidentiality for the VYKPs.
- To provide a comprehensive understanding of SRH issues
- To encourage the use of the available SRH services, commodities and medicines
- To promote positive relations between clients and service providers
- To develop informed and responsible service providers

### Immediate Result

- Very useful information delivered which increased responsiveness regarding VYKP and SRHR
- The service providers were motivated enough to provide services to the VYKPs regarding SRH issues and maintain their confidentiality.

### **Activity 2.1.2: Information on Available Health Services and Contact Details**

The leaflets, containing addresses and contact details of government hospitals and NGO clinics, were distributed in project areas during the three-year project period. The purpose of this leaflet distribution was to inform the VYKPs about the list of health service centers where they could seek their required support in order to facilitate increased health seeking and health center accessibility. These leaflets were printed with clear, easy-to-understand language for the VYKPs. A total of 135,200 leaflets were distributed throughout the reporting period (Table 4).

**Table 4: Leaflet distributed in SANGJOG project areas (Health center information and contact details)**

SL.	Item name	No. of Leaflet			
		Year-1	Year-2	Year-3	Total
1	Dhaka	7000	7000	5200	19200
2	Gazipur	6738	7160	5102	19000
3	Chattogram	6955	7000	5045	19000
4	Cox's Bazar	7000	7000	7000	21000
5	Jashore	6800	7150	5050	19000
6	Kushtia	6300	7500	5200	19000
7	Dinajpur	6980	6900	5120	19000
	<b>Total</b>	<b>47773</b>	<b>49710</b>	<b>37717</b>	<b>135200</b>

#### **Objective**

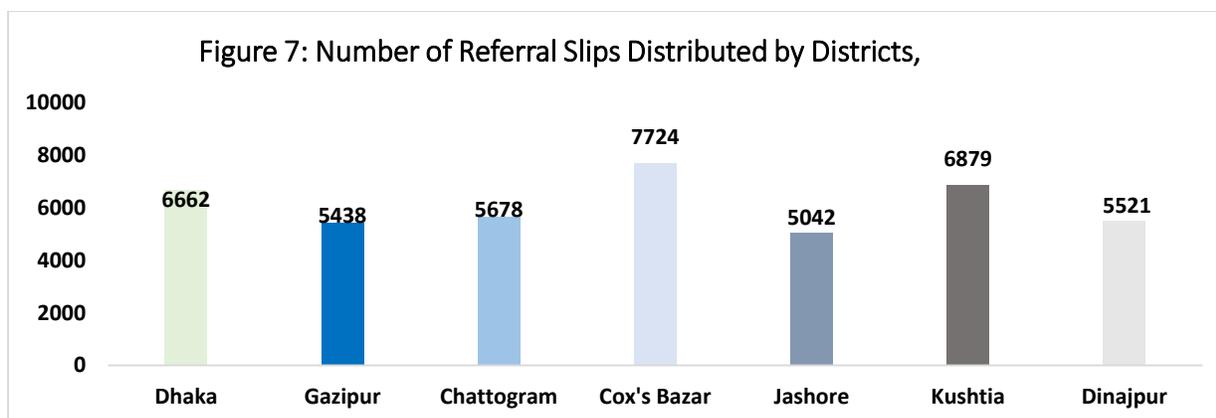
- To inform VYKPs about the existing health service centers in their locality to facilitate health seeking in formal health care sector

#### **Immediate Result**

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

### **Activity 2.1.3: Distribute Health Referral Cards– with Contact Details of GOB Health Facilities**

Appropriate and timely referral is essential for a functioning health system. To ensure that referral cards were distributed by peer educators at different events like community mobilization and comprehensive sexuality education sessions to the VYKPs according to their Sexual and Reproductive Health (SRH) needs and problems. A total of 42,944 referral cards were distributed among VYKPs in seven districts during the project period. Figure 7 shows SANGJOG area wise distribution during the project period.



### Objectives

- To make referral health services accessible for VYKPs

### Immediate Results

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

### *Activity 2.2.1: Coordination Meeting With Gov Health Officials for Improving Access to the HIV/SRH Services*

To maintain effective liaison with the government health facilities in which referral linkages were established in the project period, 55 coordination meetings were held in the period of December 2016 to December 2019 in the 7 (seven) districts at Dhaka, Gazipur, Chattogram, Cox's Bazar, Jashore, Kushtia and Dinajpur. In these meetings 688 service providers (332 females and 356 males), from different government hospitals took part. These coordination meetings have played a positive role in collaborating with the government in delivering curative health services to the VYKPs at working districts of SANGJOG.

### Objectives

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

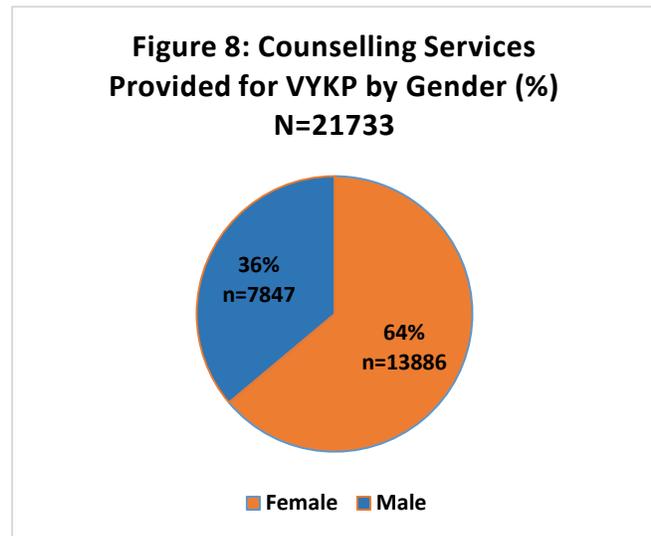
### Immediate Results

These meetings were intended to help

- Eases and facilitated referral services
- Bill Boards installed at hospital premises, and
- Established much needed youth friendly corners at government hospital premises focusing VYKP patients.

### **Activity 2.2.2: Counselling for Vulnerable Young Key People on HIV/STI/RTI**

Counselling regarding safe sex practice is an important factor in reducing sexually transmitted infections for young people facilitated by the healthcare provider. Although many factors may contribute to the risk of HIV transmission, evidences suggest that counseling can also play a vital role in decreasing high-risk behavior by HIV-infected patients. This service was provided by health service providers, previously selected and trained from nearby Government of Bangladesh (GoB) and/or NGO health facilities in all the working districts. A total of 21,733 VYKPs were counselled which included 7,847 men and 13,886 women, during the project period (Fig 8).



#### **Objectives**

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

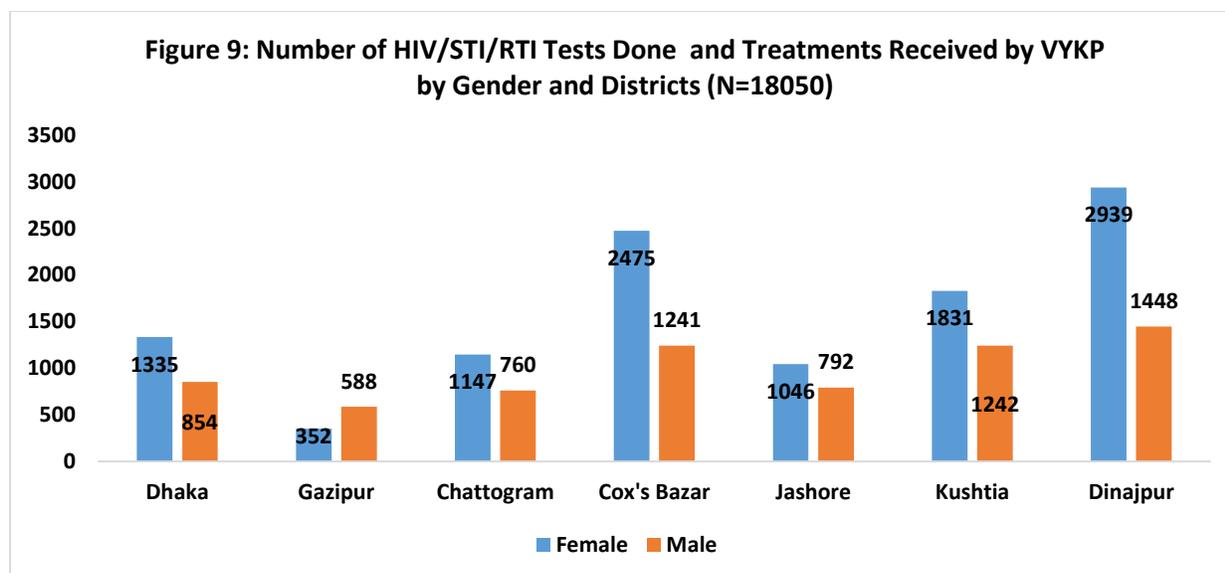
#### **Immediate Results**

This activity ensured

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

### **Activity 2.2.3: HIV/STI/RTI Test and Treatment for Vulnerable Young Key People (VYKP)**

In addition to counselling, 18,050 vulnerable young key population (11,125 females and 6,925 males) received HIV/STI/RTI services including test and treatment from nearby government hospitals and NGO clinics. The district wise number of VYKPs who received tests and treatments are shown below in the Figures 9, during the project period.



### Objectives

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

### Immediate Results

Through this activity the project tried to ensure that the

- prevalence of STI was reduced by syndromic case management
- treatment interval was minimized
- treatments of partners were ensured

### *Activity 2.2.4: Partnership with Service Providing Organizations (STI/RTI services)*

The SANGJOG project additionally aimed to establish effective referral linkages with GoB and NGO health facilities to refer patients. So far, it had established partnership with 20 government hospitals and NGOs located nearby in the project areas. In order to facilitate better service, the project extended its support through donating necessary furniture and gadgets, in some government hospitals for instance examination beds, screens, executive tables and chairs, fans and televisions, during the project period.

### Objectives

- To improve SRH service delivery for the VYKPs through collaboration with GoB and NGOs
- To organize local and/or national seminars, workshops, trainings and meetings in order to promote SRH service development in the district
- Strategic collaboration with public/private health service provider for access to treatment of PLHIV

### Immediate Result

Through this activity the project tried to ensure comprehensive and friendly services to the VYKP, as well as made available the commodities to enhance the service quality.

**Activity 2.3.1: Increase Provision of User Friendly Services by Gob Health Centers – Such as HIV Treatment to VYKP**

During August 2017, Bangladesh experienced the largest and fastest refugee influx of Rohingya refugees. An estimated 1 million Rohingya including more than 400,000 children fled to Cox’s Bazar from Myanmar. Temporary shelter in refugee camps in Cox’s Bazar, Bangladesh, were built to give refuge to this population in dire need and Cox’s Bazar became the home of the world’s largest refugee population. The vast majority lived in 34 extremely congested camps, which was developed as the largest single site-the Kutupalong-Balukhali Expansion Site. In following 2 years with the multifaceted collaborative GO-NGO and international donors’ refugee response, the situation was gradually begun to stabilize. Basic assistance was provided, living conditions in the camps was improved somewhat and disaster risk mitigation measures were taken.

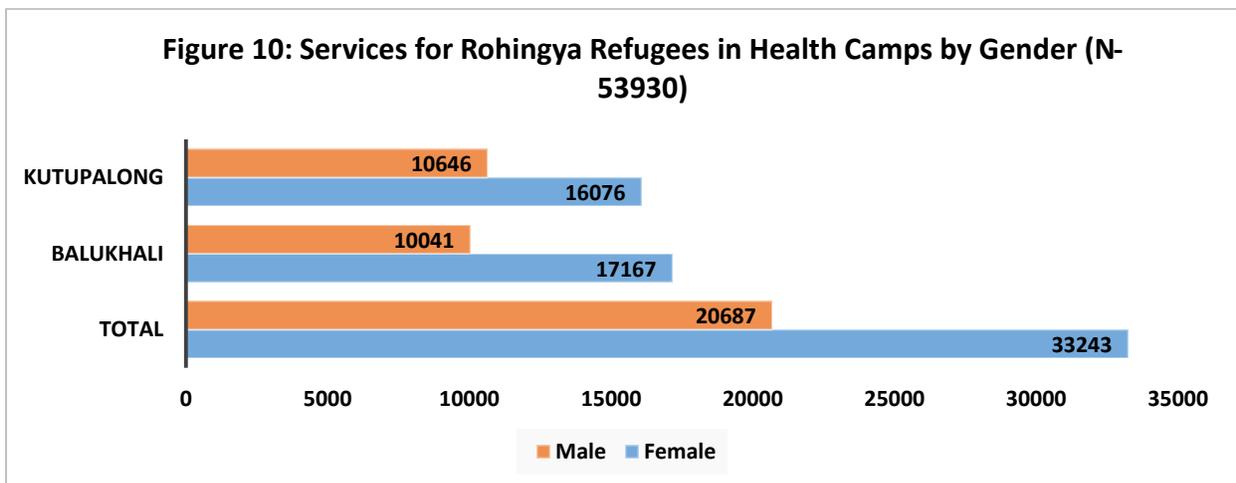
**Objective**

To address the ongoing needs SANGJOG extended the following health care services to the Rohingya refugees from its two health camps at Balukhali and Kutupalong in the collaborative multifaceted response efforts:

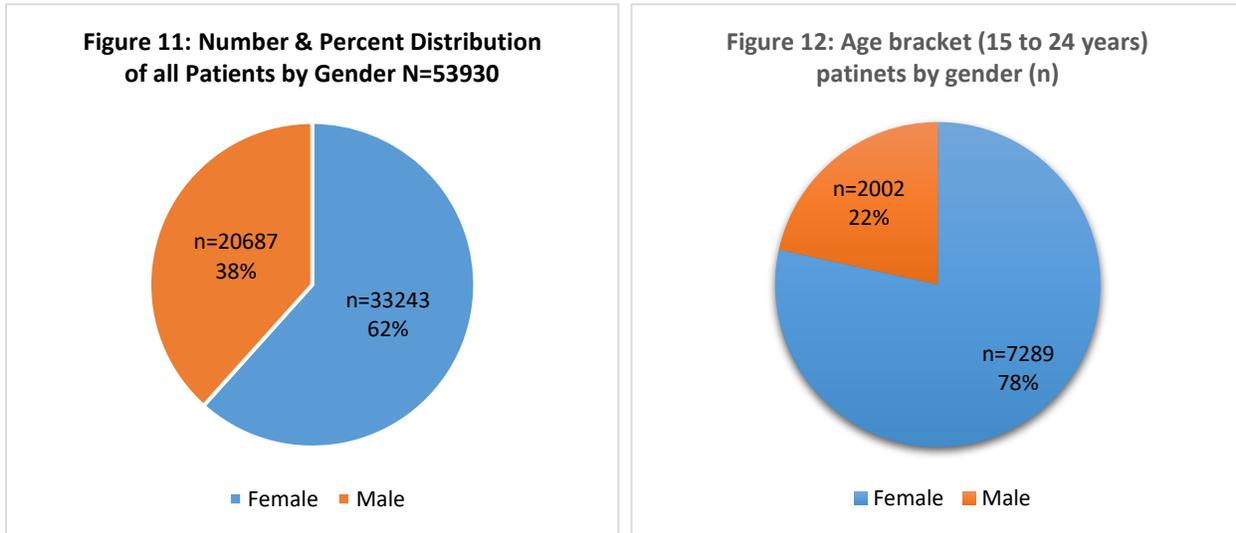
- Maternal and child health care services
- Reproductive health care
- General health care services
- Free medicines
- Free hygiene kits
- Counseling services
- Investigation facilities for STI, HIV, Pregnancy, Diabetes, and Hepatitis B & C

**Immediate Result**

- A total of 27,208 patients (17,167 females and 10,041 male) from the Balukhali health camp and 26,722 patients (16076 females and 10646 male) from the Kutupalong health camp of all ages received services during the reporting period. Hence, a total of 53,930 Rohingya refugees took services from two camps (20687 males and 33243 females) (Fig 10).



- The total 53930 patients (33243 female and 20687 male) who received services from both the camps are shown in Figure 11. However, 9291 of these patients (7289 female and 2002 male) were at the age bracket of 15 to 24 years from both the camps (Fig 12).



### **Activity 2.3.2: Distribution of Commodities through Health Facilities - Such as Hygiene Kits for the VYKP**

In addition to medicine, hygiene kits were also distributed among the young Rohingya women which included one packet of sanitary napkin, one torch light with battery, soap, comb, nail cutter, tooth paste and tooth brush. The project distributed 2000 sets of hygiene kits for the vulnerable young key population (VYKP).

#### **Objective**

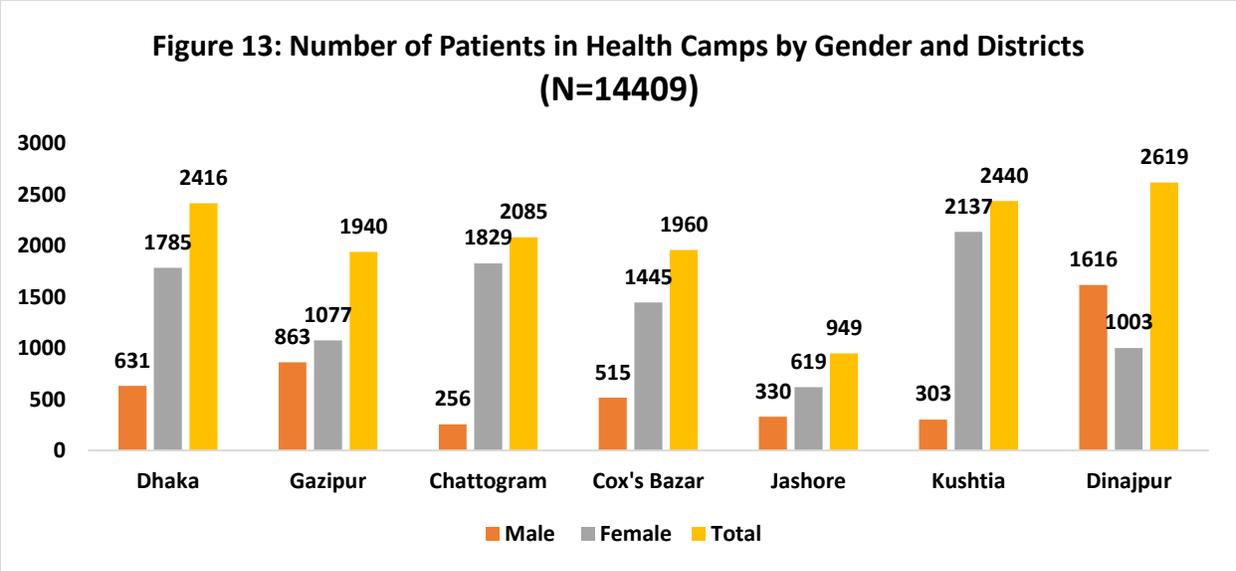
- To increase the availabilities of essential health commodities for Rohingya women.

#### **Immediate Result**

- It helped specially in menstrual hygiene management in a refugee camp situation.

### **Activity 2.3.3: Organize Health Camps in Community**

A major activity of SANGJOG was to provide SRHR and HIV/AIDS services. The SRHR and HIV/AIDS services were provided by organizing health camps in each district and providing referrals to previously selected and trained nearby Government of Bangladesh (GoB) and/or NGO health facilities. The aim of the *camps* was not just to provide *health* services but to create an environment where the whole *community* gets sensitized about *health* issues. *Health Camps* were mobile and were conducted in different locations by qualified doctors or paramedics to provide health coverage to VYKP living in hard to reach areas. A total of 14,409 patients (9,895 females and 4,514 males) were provided services related to STI and HIV/AIDS from 408 health camps in the project period (Fig 13).



**Objective**

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

**Immediate Result**

- VYKP received the required health services and referrals at door steps, living in hard to reach areas

**Result 3: Government Service Facilities Provide Improved Integrated SRH & HIV Service to More Young People**

**Activity 3.1.1: Training for GoB Health Service Providers to Increase User Friendly SRH/HIV Services**

A three-day long training session for GoB health service providers to increase user-friendly SRH/HIV services was a major activity under objective 3 which helped to Increase the capacity of selected Government services facilities for providing integrated SRH and HIV services. 12 such training sessions were conducted with 168 service providers which include 90 males and 78 females during the project period.

**Objectives**

- To be a resource for organizational and program development and skills building trainings in Sexuality and HIV/AIDS prevention, counselling, laboratory methods and clinical care
- To build capacities to use the best public health practices for the prevention, diagnosis and management of HIV and sexually transmitted diseases
- To increase access to and scale-up services that promotes quality of life and well-being of persons living with or affected by HIV

- To educate the service provider in basic nursing and infection control of PLHA
- To inform the physical, psychosocial and spiritual needs of PLHA
- To cope with sufferings of PLHA

### **Immediate Result**

- Helped to decrease the stigma and fear associated with HIV and AIDS through building local resources to provide services related to HIV/RTI/STI
- Developed skills of the medical personnel in diagnosis of HIV related illnesses and its treatment and update knowledge of medical practitioners and nurses
- Built capacity of volunteers and CBO representatives in nursing and counseling, as well as in the community, to care for people with HIV/RTI/STI

### ***Activity 3.1.2: Refreshers Training for GoB Health Service Providers to Increase User Friendly SRH/HIV Services***

Refresher training sessions for GoB health service providers to increase user-friendly SRH/HIV services was a major activity under objective 3 to increase capacity of selected Government services facilities for providing integrated SRH and HIV services. 12 (twelve) such refresher trainings were conducted in 2018 in different GoB health service centers in Dhaka, Chattogram, Gazipur, Cox's Bazar, Jashore, Kushtia and Dinajpur that trained 224 service providers which included 114 females and 110 males in the project period.

### ***Activity 3.2.1: Established 20 Referral Linkages in 7 Working Area- Establishment of Partnerships***

For many countries, it is the responsibility of the government to assure health care provision for the whole population. But the public health agenda has become so large that the governments of some countries, like Bangladesh, have been unable to provide adequate health care. This has led organizations outside the government to assume part of that responsibility. Moreover, there is a growing recognition by government and international organizations that the involvement of all stakeholders is needed if health services are to reach the poor. Further, continued bilateral relationships between donors and non-governmental organizations (NGOs) have created a window of opportunity for government-NGO collaboration. Moreover, collaboration among health care providers can generate synergy and facilitate the flow of information. Government-NGO collaboration is an effective way of improving access to and quality of HIV and other SRH services. With these points keeping in mind SANGJOG involved 20 government hospitals like General Hospital, Mother and Child Welfare Center (MCWC), Upazila Health Complex etc., so far, as partners in the working areas.

### **Objectives**

To organize local and/or national seminars, workshops, trainings and meetings in order to promote SRH service development in the districts.

### **Immediate Result**

VYKP received referrals with good quality comprehensive and friendly SRH services

### ***Activity 3.2.2: Meeting with GoB Health Officials for Increasing Affordable Demand of VYKP***

Identifying and scaling up effective strategies to help young people make informed, healthy choices about their sexual and reproductive lives is critical. We know that too many young people have limited information about SRH and many others face discrimination when they try to seek services. Alongside education, ensuring that young people have access to a comprehensive package of SRH services delivered in a supportive and respectful environment is key to empowering young people and preventing poor health.

We wanted to ensure that when young people seek services, they were met by highly qualified, non-judgmental providers offering services that were affordable to the many young people living at or below the poverty line. For the easy access and confidentiality of the VYKPs one youth friendly corner was set up at 20 government hospitals.

A total of 18 meetings held in the working districts in the project period with 329 participants including 85 females and 244 males.

### ***Activity 3.3.1: Meeting with Civil Society Organizations (CSO) to Increase Technical and Programmatic Capacity***

24 (twenty-four) meetings were held in the 7 (seven) working districts of SANGJOG with 544 participants including 185 females and 359 males in the project period.

#### **Objectives**

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

#### **Immediate Results**

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

## Result 4: Advocacy for Creating Enabling Environment Sensitizing 300 Stakeholders for Increasing Access to VYKP to SRHR & HIV Information and Services

### *Activity 4.1.1: Inception Meeting with Key Stakeholders*

The national level formal launching of SANGJOG was held 09 March 2017 in Dhaka with **Mr. Md. Sirazul Islam**, Honorable Secretary, Ministry of Health and Family Welfare as the Chief Guest. Her Excellency **Ms. Leoni Cuelenaere**, Ambassador of the Embassy of the Kingdom of the Netherlands in Bangladesh was present as Guest of honor in the launching program. Line director of NASP, DGHS **Dr. Anisul Islam**, Director (MCH Services) and Line Director (MCRAH), Directorate General of Family Planning **Dr. Mohammad Sharif** were also present in the launching ceremony as special guests. Through the launching ceremony, national level stakeholders including government agencies, media and development partners, and young people's representatives were well-informed about the implementation of SANGJOG project. They expressed their commitment and extended their support to organize project activities positively.

A mapping exercise was conducted by each of the district team to identify stakeholders for advocacy to ensure the sexual and reproductive health rights for the Vulnerable Young Key People. Thereafter along with identified stakeholders, SANGJOG activities were formally initiated in all the other 7 districts graced by the Deputy Commissioners. Among others by representatives of the concerned government officials, local elites, journalists and local youth were present in all the formal launching programs.

#### **Immediate Results**

- National and local level stakeholders expressed their commitment and extended their support to organize and implement project activities positively.
- Initial discussion was held with Deputy Commissioners, Upazila Nirbahi Officer (UNO) local administrators and elected leaders about the project activities.

### *Activity 4.1.2: Advocacy with District Level Stakeholders*

To prevent HIV infection, comprehensive knowledge, attitudes, beliefs, and behavior regarding SRH, need to be ensured and demand for SRH also needs to be increased. Therefore, SANGJOG decided to engage local health departments and other key stakeholders.

Total 21 (twenty-one) meetings were held in the 7 (seven) working districts of SANGJOG with 498 participants including 91 females and 408 males from different stakeholders in the reporting period.

#### **Objective**

- To create enable environment for VYKP regarding SRHR and HIV

#### **Immediate Result**

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

### **Activity 4.1.3: Media Campaigns with Electronic Media**

Campaigns through electronic media often have effective role in changing the negative behavior of target people. It can create mass awareness. With this point of view SANGJOG had regular media campaign with local media in each district. HIV/AIDS prevention related information regularly telecasted through local TV channel scroll in Chattogram, Dhaka, Dinajpur, Kushtia, Gazipur and Cox's Bazar. Project activities were also highlighted in different TV channels during observation of World AIDS Day. SANGJOG was careful about the general acceptability of the message while it was disseminated through local cable channels. In addition, coordination meetings were also held with media personalities in each district in the project working areas.

#### **Objective**

- To engage media people in activities of SANGJOG and to convey the messages to mass people through media campaign,
- Disseminate project activities in wider viewers,

#### **Immediate Result**

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

### **Activity 4.1.4: Publish Monthly Magazine 'PROJANMO Kotha'**

*PROJANMO Kotha*, was a PSTC monthly publication, which contained a dedicated page for incorporating youth and adolescent related information and SANGJOG updates. *PROJANMO Kotha* also welcomed and entertained news of various information, briefs on project and/or program of different development organizations working in the country. SANGJOG with the support from PSTC, had published around 30000 copies (1000 copies each month) of *PROJANMO Kotha* during July 2017 to December 2019 and distributed it to embassies in Dhaka and other fellow organizations. A total of 30 issues of *PROJANMO Kotha* till December 2019 was published.

#### **Objective**

To disseminate SRHR and HIV issues

#### **Immediate Result**

Important topics of emerging needs related to SRHR and young people were documented and communicated to different stakeholders and beneficiaries as well

Different stakeholders of SANGJOG appreciated the initiative



### Activity 4.2.2: Information Sharing at National and International Conference & Training

SANGJOG Project Information was shared in the 22nd International AIDS Conference (AIDS 2018) held at Amsterdam, the Netherlands, on 23-27 July 2018. AIDS 2018 was the largest conference on any global health or development issue in the world continues to provide a unique forum for the intersection of science, advocacy, and human rights. The AIDS 2018 addressed gaps in and highlight the critical role of HIV prevention, in particular among young people in all their diversity and its integration in a range of health care settings.

SANGJOG program information attracted significant number of professionals from different country of the world along with the participants from the government of Bangladesh and development partners.

SANGJOG project information were also shared in different national level adolescent fair.

**Background**

- The first HIV infected case was reported in Bangladesh in the year 1980.
- So far, cumulative 5,586 cases reported till 2017 of whom 324 died.
- Reported number of PLHIV were 6862 till Dec 2017.
- Though as per UNAIDS data, there might be 12000 people were living with HIV in Bangladesh.
- HIV prevalence among general population in Bangladesh is < 0.01%.
- With the Rohingya influx in Cox's Bazar so far 109 HIV cases were detected among Rohingya Population.
- It's a significant number which concerns as emerging threat for Bangladesh.

**HIV Situation in Bangladesh**

- Among the general population of Bangladesh HIV prevalence (0.02%) is comparatively low in comparison with other countries of South East Asia. This is because of that Bangladesh has taken timely HIV control strategies in coordination with NGOs, development partners and UN organizations.
- Among the PLHIV of Bangladesh, reported number of Anti-Retroviral Therapy (ART) recipients till November 2017 was 2,331 and are getting free of charges.
- Though the year-to-year ART recipient numbers are in increasing trend, yet far behind to reach 90-90-90 targets as 34% for PLHIV who knew their status and 86% of them were on ART.

**Linkage between Rohingya and Bangladeshi Population in Transmission of HIV**

- According to the population census 2011, the total population of Tropic of Jashore is 2,64,388 while that of Ukha region is 2,07,375, and the estimated Rohingya population stands at over 1 million outnumbered the local people.
- More than 0.4 million Bangladeshi people are living in Ukha and Teknaf surrounding the Rohingya camps and are getting in touch with them also in different ways.
- Large number of workers are working everyday inside the camps, to support the logistic related operations. Both Bangladesh and Rohingya people are getting health care services from the local private service providers also.
- There are evidences of sexual abuse and trafficking as common in an refugee situation.
- All these factors are influencing HIV transmission among Rohingya refugees as well as to the general people of Bangladesh.

**HIV Among Rohingya Population**

- According to information from UNAIDS 2012, HIV prevalence among the Myanmar population is 0.8%. But, till November 2017 100 identified cases among the Rohingya population in Bangladesh indicates that HIV prevalence among them would be significantly higher than that of the estimated.
- Vulnerability of Rohingya population:
  - Rohingya people are denied citizenship under the 1982 Myanmar nationality law.
  - They are also restricted from free movement, safe education, and job service jobs. They were deprived of all the basic rights including health care services and health information particularly about Sexual and Reproductive Health and Rights (SRHR).
  - Different media reports also indicate that there were evidences of sexual violation against Rohingya women.
  - With this situation, it could be assumed that HIV prevalence among the Rohingya population may be very high that require quick surveillance to track the concentration and appropriate preventive measure.

**SANGJOG Responses**

SANGJOG program is initiated by Population Services and Training Center (PSTIC) and funded through the Embassy of the Kingdom of the Netherlands in Bangladesh focuses particularly on the needs of pavement dwellers, transport workers, floating sex workers, young people engaged in small trade and especially Rohingya refugees in Sakhail and Gangee and Ukha, Cox's Bazar in Bangladesh.

SANGJOG increases knowledge of young key people vulnerable to HIV and AIDS through Peer-Sensitization, Comprehensive Sexuality Education, it provides health care services with counseling to the young people and increases the capacity of government's health services centers towards integration of sustainable SRHRV services into existing health care services, and national decision makers to raise awareness and to promote monitoring and reporting of gender based violence.

**Conclusions/ Next Steps**

- It is very much urgent to start comprehensible intervention targeting the Rohingya and Bangladesh people living in Ukha and Teknaf to prevent new HIV infections.
- Quick surveillance is essential to track the concentration and appropriate preventive measure.
- And increasing program coverage and case detection, increased access to treatment, care and support services for the people living with HIV through a strengthened coordination mechanism will ensure to prevent further spread of HIV.

### Activity 4.2.3: Create Linkages with Other Relevant Advocacy Networks and Partners with Similar Agendas

The purpose of this activity is to develop strategies and messages for advocacy in the area of Sexual and Reproductive Health & Rights to protect HIV. It required involvement and action by all policy-making and implementing agencies working in SRHR and HIV from all levels. In this regards a total of 37 meetings were held with 754 participants including 476 males and 278 females (Table 5).

**Table 5: Meeting with relevant advocacy network and partners**

Name of District	Number of Meetings	Female	Male	Total Participants
Dhaka	5	36	76	112
Gazipur	5	35	63	98
Chattogram	5	61	59	120
Cox's Bazar	5	41	55	96
Jashore	6	39	72	111
Kushtia	6	35	80	115
Dinajpur	5	31	71	102
<b>Total</b>	<b>37</b>	<b>278</b>	<b>476</b>	<b>754</b>

#### Immediate Result

- Needs assessment to develop standardized information and advocacy messages and strategies
- Involves the root level policy maker and practitioner from related sector
- Better opportunity to share experiences and lesson learned
- Discussion about creating the space to integrate practice in related field

#### Activity 4.2.4: Evaluation of SANGJOG

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 fed into the ultimate goal for the project (i.e. 'Increased access to integrated SRHR & HIV services to vulnerable young key people'). Accordingly MTR and endline evaluation studies examined the status of the program focusing on VYKPs in Bangladesh in comparison to benchmarks. The evaluation report is attached with the report.

#### SANGJOG Progress according to the MTR and End Line Evaluation Report

##### Benchmarks for SANGJOG project

Indicators	Baseline		Target			Achievement	
						MTR	Endline
Benchmark 1: 50,000 vulnerable young key people (VYKP) aged 15-24 reached to improve their sexual and reproductive health	FSW		FSW <sup>3</sup>	9,000	11000*	9,491	11,020
		11,927					
	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 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)

<sup>3</sup>The initial target values were FSW 6000, TW 20000, PD 4000 & YL 20000. As the initial values were set based upon literature review findings and informal meetings with stakeholders and after completion of one year of SANGJOG these values were found implausible these values here were revised at mid-term after consulting with implementing 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;	99% Female sex workers reported to know a place for STIs;
			94% Female sex workers reported correct mode of HIV/AIDS transmission;	93% Female sex workers reported correct mode of HIV/AIDS transmission

Revised target including the extension period

The evaluation results from both the qualitative and quantitative survey showed 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 VYKP 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 both of the evaluations:

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

It is apparent from the study findings that majority of the respondents had 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 VYKP (99%) were aware about the diseases that can be transmitted through sexual intercourse, which was 98% during the MTR.

Almost all the VYKP (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 VYKP 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 indicated that motivational status among the VYKP 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 the other category of VYKP. It was recorded in MTR that only 48% of the FSWs did HIV testing, whereas it had 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.

***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 VYKP were more aware about medicines or diagnostic tests towards STIs. Whenever service providers prescribed VYKP for such medicines or diagnostic tests, it was followed in most of the cases. Service providers also appreciated that SANGJOG helped a lot to increase knowledge, attitude and practice level of VYKP towards STIs and HIV/AIDS in their areas. However, they suggested to increase logistic supports (i.e. Test kits, 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***

Majority of them had availability of SRHR, STIs and HIV/AIDS services. Physical observation also recorded that HIV/AIDS related signs were displayed outside the area where HIV services were available too. Majority of the VYKP 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***

The 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 was 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 were 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 had 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 project activities sensitized them to provide quality services to the underprivileged population of VYKP. Therefore, stakeholders including the service providers were suggested to keep continuing the collaboration between GO and SANGJOG project in future. They had also suggested to arrange more refreshers' training and workshops in government facilities, so that more service providers can be motivated in dealing with VYKP.

**Gender Dimension of SANGJOG**

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

and equity needs to be addressed. Hence, SANGJOG was committed to reduce the negative impacts of gender inequality in SRHR and HIV while provided these health care services. SANGJOG ensured the participation of its target population regardless gender inequality, norms and stigma related to gender identity with blindness. Meaningful and effective participation of women, girls, boys, men from all levels had ensured in the planning, design, recruitment and implementation of SANGJOG. From the very beginning it was decided to keep gender equality in the processing of recruitment of peer educators in SANGJOG.

SANGJOG also observed that inequality of gender relations make sex workers vulnerable to make choices about safe sex with condom, as well as increasing their vulnerability to violence. FSWs shared that persistent use of condom is most of the time depends on clients' desire as they think it reduces their satisfaction. Considering the facts SANGJOG prioritized the client groups along with the FSWs to educate on the necessity and proper use of condom through demonstration and focused on increased awareness for both client and FSWs as well as promote good negotiating skills for the FSWs.

## Case Studies of SANGJOG

### Case Study-1: Use of Condom as Dual Protection

**Tania** (Pseudonym) is a **sex worker** and work as a peer educator with SANGJOG project to create awareness on HIV/AIDS among sex workers. Like most of the sex workers, Tania also has no knowledge about safe abortion. It is a common practice among her peers to go for unsafe abortion by unskilled traditional healers. Sometimes it brings lifelong complications for them, even death.

During one of SANGJOG's capacity building training for peer educators, Tania suddenly fainted and was rushed to the hospital. Later it was revealed that it was a case of incomplete abortion. To Tania this was very painful incident of her life.

After this incidence, the memory haunted her and she became very careful about herself as well as her fellows. Tania referred 9 cases of unwanted pregnancy for safe abortion in appropriate health centers in just one year. She also educates her peers about the risks involved in unsafe abortion, and how to avoid unwanted pregnancy and Sexually Transmitted Infections. Tania said, that most of the time clients do not want to use condoms as they think it's a hassle and not pleasurable as well. Now Tania strongly believes that using condom during sex with any clients should be mandatory for their own safety. Tania ensured absolute use of condom by her clients. She also used to motivate her peers giving example of her own life threatening experience.

### Case 2: SANGJOG – Ensured the access to health care services for the Young Key Population Vulnerable to HIV/AIDS

SANGJOG intervention focused on addressing the needs of Young Key People, aged 15 to 24 years, vulnerable to HIV/AIDS. SANGJOG worked with young key population groups such as female sex workers, transport workers, street children/pavement dwellers and young laborers to integrate SRHR into existing programs to make services accessible and available to them. For instance, SRHR information and services were tailored for the specific groups addressing the barriers such as fear of stigma and discrimination for increase accessibility. One such experience of SANGJOG is described below among many.

Sadia (pseudonym), a female sex worker was living in the red light area of Jashore City (District Town). Once she went to District Sadar (central) Hospital to seek health care services for an acute emergency (incomplete abortion). Her identity of a female sex worker barred her from much crucial hospital

admission. She then went to a private clinic and managed her crisis, but this time hiding her identity. She also had to spend beyond her financial ability to avail the services from the private hospital.

This is a common scenario for the majority of the vulnerable young key population (VYKP), limiting their access to universal health coverage in the country. To bring in change and promote responsive behavior towards VYKP by the health care centers and providers as well, SANGJOG initiated advocacy efforts and made coordination possible with the District Hospital Superintendent.

In addition, SANGJOG organized training and refresher training to eliminate stigma and discrimination among the service providers (168) while providing health care services and ensured special health needs of VYKP. SANGJOG also established referral linkages with 20 government hospitals in 7 Districts of Bangladesh and linked 35843 VYKPs to get services in a youth friendly manner. Moreover, the programme addressed the needs of VYKP which were recommended in the National Reproductive Health Strategy and the Adolescent Health Strategy. Orientation sessions were also organized for the service providers regarding the rights of VYKP including Female Sex Workers (FSW) in receiving equal access to health care services, with the support of the Hospital Super.

### **Case-3: SANGJOG in Rohingya Camp: Ensured the special health needs in humanitarian crisis; November 2017 – December 2018**

More than one million estimated Rohingya including 400,000 plus children have fled and found temporary shelters in Cox's Bazar, Bangladesh, after August 2017 Rohingya refugee influx. Different media reports indicated that there were evidence of sexual violence against Rohingya women and girls. Rohingya people were denied their citizenship under the 1982 Myanmar national law and deprived of all the basic rights including health and education. Mass displacement lead to increased HIV vulnerabilities and risks due to separation of family members and breakdown of community cohesion as well as social and sexual norms, influencing behaviours.

SANGJOG, an intervention by PSTC, in addition to its regular program components, have established two health posts in Kutupalong and Balukhali in coordination government of Bangladesh and with the support of the Embassy of the Kingdom of the Netherlands in response to this humanitarian emergency. A total of 19,917 patients (females 12101 and males 7816 and) received different health care services from both the health posts during **2018 alone**. Around 1100 girls, victim of sexual abuse were provided counselling support and health care services including test and treatment of Reproductive Tract Infections (RTIs)/ Sexually Transmitted Infections (STIs) and other complications.

Following is one of such sad tale of a young vulnerable Rohingya girl, forcibly displaced from Myanmar.

Mariam (pseudonym) an unmarried girl of 16 years old came to Bangladesh on August 2017 during the massive influx from Myanmar. Her mother died before entering into Bangladesh. She came to SANGJOG Health Post with an attendant, a senior neighbor of her. After having discussion with doctor they went out and after a while came back to the doctor and told that she could not share her major problem in front of her attendant. Then she revealed that, she became pregnant due to sexual abuse while they were in Myanmar. Out of wedlock pregnancies are not accepted by the Rohingya population. So, Mariam became worried and scared. With vigorous mental health counseling, Mariam was linked with maternity center for safe abortion and was relieved from her worries, and both social, economic, physical and mental health consequences.

## Tangible Sustainable Results of SANGJOG

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. Thus SANGJOG had contributed in following result areas:

### ***Strengthening of the service providers' capacity and supply chains***

Service providers (168) and representatives of GoB and NGO service facilities (300) have been oriented through trainings and refreshers training, seminars that improved their understanding about epidemiological facts and special need of Vulnerable Young Key Population (VYKP). It also has impact on creating positive attitudes among the service providers about Vulnerable Young Key People and aided in access by the VYKP to avail the service facilities. SANGJOG has established referral linkages between VYKP and GoB service facilities and improved access of VYKP to service facilities. To strengthen government supply chain different items and equipment have been provided by SANGJOG to the health facilities according to their instant needs.

### ***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 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) centers 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.

### ***Young people's skills, knowledge and ability to advocate for services***

One of the major objectives of SANGJOG was to increase knowledge of young key people. SANGJOG has reached these large number VYKP (**75,540**) through Peer approach. From the Key Population networks (Sex Workers Network, Transport Workers Federation) and relevant organizational linkages 8400 young volunteers (VYKP) were trained on Sexual and Reproductive Health and Rights (SRHR) issues. This trained and empowered pool of young people are now acting as the change agents and are working in linkages with CBOs (Transport Workers Federation, FSW networks) and continues the referral linkages with Government Health centers both for treatment and HIV testing and counselling.

In addition, considering the confined nature of the female sex workers residing in brothels, Bangladesh Government has initiated a Brothel Based HIV/AIDS Prevention Intervention for next 3 years, covering all the 10 identified brothels of Bangladesh.

### ***Learnings***

- 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.

According to our observation drug abuse is now an emerging issues of public health concern. Reports from the Department of Narcotics Control also has similar apprehension that during last decade youth were the major drug abusing group of population, but recently it is expanding rapidly among adolescent and street children. It is also evident that drug abusers use more than one drug. They often switch from one drug to another including injecting drugs which is one of the major causes of spreading HIV/AIDS. Interventions to prevent drug abuse in combination with adolescent health development programs will have maximum effect on the potential of adolescent development.

- We have also understood that it is very difficult to reach newcomers in Female Sex Trade as most of the cases, they are trafficked and are kept hidden. This is the most vulnerable situation for a victim of trafficking. Adolescent girls in the Rohingya Camps are also most at risk for Trafficking. Special type of intervention is necessary to address the issue.

## Recommendations and Conclusion

Ensuring universal health coverage through integrated SRHR and HIV services to vulnerable young key people is a great challenge. Incorporation of training on SRHR including High Risk Community oriented HIV/AIDS prevention programs with government health system could confirm quality services and thus increase accessibility of health care services by VYKP. It is evidenced from the evaluation findings that educating VYKP and referring them to the respective facility centers, was very effective to ensure better SRHR services for the VYKP There is a scope to exchange SANGJOG motivational and referral feature among other VYKP in other districts of Bangladesh.

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) offering at the health facilities where referral linkages were established.

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.

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 had utilized 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. 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.

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 VYKP. Therefore, stakeholders including the service providers suggested to keep continuation of collaboration between GO-NGO projects in future.

The Government of Bangladesh is politically committed to ensure health services for all. Considering the risks for HIV 'SANGJOG' had precisely addressed the sexual and reproductive health needs of young people vulnerable to HIV in Bangladesh and thus contributed in achieving 90 90 90 global treatment target for HIV. 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. In order to ensure accessible and affordable health care services for the VYKP, 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 VYKP in all over the country.

## SANGJOG Photo Gallery

### Launching Ceremony



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



**Activity 1.1.2: Disseminate HIV/SRHR Information through Bill Board & Festoon beside Road in Implementing Area**



**Activity 1.1.3: Staff Orientation on Project Goal and Objectives with Organizational Rules and Regulation**



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



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



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



Activity 1.3.3: National day celebrations (World AIDs day and youth day)





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



Activity 2.3.3: Organize health camps in community



*Activity 3.3.1: Meeting with GoB service providers and civil society organizations to increase technical and programmatic capacity*



**Activity 4.1.2: Advocacy with district level stakeholders**



**Activity 4.1.4: Publish monthly magazine Projanmo Kotha**



**Meeting with EKN**



**Visitors at SANGJOG Sites:**

