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Need for a Pragmatic Population Policy

Population in Bangladesh is growing at a frightening pace. According to private population researchers, at the present growth rate total population figure of Bangladesh will reach 25 crore by 2051. On the other hand, the government of Bangladesh had given the following projection in 2002 of the country's population status and mentioned the needed strategies to keep the rate of increase under check.

The website of the Ministry of Health and Family Welfare writes:

"The size of Bangladesh's present (2002) population of 132 million is likely to grow up to 172 million by the year 2020 and stabilise at or below 210 million by the year 2060, even if replacement level fertility (i.e. $NRR=1$) is achieved by the year 2010. However, if it is delayed by another 10 years i.e. up to 2020, population will be stabilised 25 years later (i.e. 2085) at 250 million. This would place severe stress on the national resources and constrain the efforts to improve the living standards of the people. Population stabilisation is, therefore, an urgent national priority. Through the medium of this Population Policy, Bangladesh expects to achieve the demographic goal by the stipulated time.

Some Major Objectives:

The national population policy aims at improving the overall standard of living of the people of Bangladesh through improved reproductive health, reproductive health status and reduction of population growth rate. Taking into cognizance the relationship between population and development, the following major objectives have been formulated in order to address the future challenges in the area of population growth and economic development:

- To attain Net Reproductive Rate (NRR) equal to one by the year 2010 in order to stabilise the population size by 2060;
- To address the causes of maternal mortality including unsafe abortion and reduce infant mortality rate by adequately providing quality antenatal delivery and post-natal services, emergency obstetrics care where necessary and safe delivery practices;



Photo: National Geographic Society, Ref: Internet

- To encourage and motivate adolescent girls who have gone through early marriage not to conceive before attaining the age of 20 years;
- To develop human resources with the required skills through higher education and training of officials of various levels associated with the health and population activities.
- To ensure people's right of free access to information relating to reproductive health education and associated facilities.
- To reduce influx of population from rural to urban areas and encourage planned urban development.

There is no doubt the population sector has to bounce back drastically to contain the population boom otherwise we shall fail to achieve many of the developmental targets. We have to keep in mind the total land area of the country and its resources when we shall make future plans to feed, house and provide healthcare, education and protection to 25 crore people in 2051. It will be a daunting task and policy makers will have to provide guidelines as to how to face the challenges. It needs no emphasising that the government and non-government organisations and international development partners will have to work in close cooperation to implement a pragmatic policy to contain the population boom.

Reaching hard to reach First ever MR clinic in CHT by RHSTEP

Amidst vivid candle lights and clapping resounding all around, RHSTEP launched its clinic at Bandarban Sadar Hospital, Bandarban. The opening ceremony was arranged on July 11, 2008 at the conference room of Parjatan Motel, Bandarban. The whole programme was divided in two parts - discussion session and cultural show.

The Chief Guest at the ceremony was Brig. Gen. Md. Mahfuzur Rahman, NDC while the Special Guests were Professor Thanjama Lusai, Chairman, Bandarban Parbatya Zila Parishad and Dr. Abdus

services in this district. She said that she visited different areas of Bandarban and talked to the people. The suffering and need of the people encouraged her to set-up the clinic at this district. Further she mentioned that RHSTEP has been working for long 25 years to improve reproductive health and rights of men, women, adolescents and general health of children with the support of Ministry of Health & Family Welfare. She thanked the chief guest, special guests and other govt. health practitioners for supporting RHSTEP in starting the clinic at Bandarban. She hoped

programme to my best ability". He also added, "we have to work to make women be aware of reproductive health and rights and make them empowered to help reduce maternal mortality, infant mortality and other reproductive health related problems in Bandarban". He requested all to support and cooperate RHSTEP in promoting the reproductive health services in the region. The Chief Guest also emphasised the involvement of local NGOs in this programme and work in one spirit.

Special Guest Prof. Thanjama Lusai, Chairman, Bandarban Parbatya Zila Parishad said, "There is huge number of maternal mortality in Bandarban. We all have to work in this regard and only by collaborating efforts we can achieve the successes".

Special Guest Dr. Abdus Salam, Civil Surgeon of Bandarban district said, "The women of this district are underprivileged in various aspects. We were thinking about doing something for these destitute women, meanwhile RHSTEP has come forward". He asked for co-operation from all to reach the objective of ensuring quality reproductive health services to



RHSTEP clinic at Bandarban Sadar Hospital and the performance of cultural show at clinic launching ceremony

Salam, Civil Surgeon of Bandarban district. Prof. Dr. Hamida Akhter Begum and Mr. Md. Mozammel Haque Azad Khan, General Members of RHSTEP were also present on the occasion. A number of representatives from local NGOs, family planning dept., police officers, ex local govt. member, lawyers, academics, physicians and journalists took part in the programme.

Dr. Luna Chakma, Manager-Programme, Project Management Team, RHSTEP presented an overall picture of RHSTEP. After her presentation, Dr. Aung Thalu, Medical Officer, Mother and Children Welfare Centre - MCWC, Bandarban gave his presentation on 'Existing Maternal Situation in Bandarban'. In his presentation, Dr. Aung Thalu mentioned the maternal health situation of Bandarban, problems and the ways to overcome it.

Quazi Suraiya Sultana, Executive Director of RHSTEP welcomed the participants. In her inaugural speech she said, the people of Bandarban are deprived in many ways. There is no adequate health facility and

that this support and cooperation will be continued in the future.

The Executive Director informed that following general and reproductive health services will be provided by the clinic totally free of cost: MR (menstrual regulation, D&C, antenatal, postnatal care, family planning method, post abortion care, RTI/STIs, primary health services, pathological services like Pap's Smear Test, blood grouping, blood sugar, pregnancy test etc. Besides, the clinic will arrange different health related education sessions in clinic, school, community and other locations to make people aware of sexual and reproductive health and rights.

Highly appreciating the initiatives of RHSTEP, Chief Guest Brig. Gen. Md. Mahfuzur Rahman said, "I want to contribute meaningfully to RHSTEP

I want to contribute meaningfully to RHSTEP programme to my best ability.

- Brig. Gen. Md. Mahfuzur Rahman, NDC.

women.

At the end of the discussion session, Prof. Dr. Hamida Akhter Begum, General Member of RHSTEP concluded the session with a vote of thanks. She thanked chief guest, special guests, the participants and all whose effort had made the programme successful.

The programme was moderated by Sitara Sultana, Manager - Advocacy & Communication, Project Management Team, RHSTEP.

The programme ended with a cultural show manifesting aboriginal cultures in the region. Different tribal dance and songs like umbrella dance of Marma ethnic group, bottle dance of Tripura, bizu dance of Chankma etc. were performed by the Tribal Cultural Institute of Bandarban.

Sharing Meeting with Journalists on SRHR held in Dhaka

The media has to play a vital role in ensuring sexual and reproductive health rights as it influences all sectors of the society starting from family life to the national life in the long run. Participating journalists said this at a discussion on 'Sexual and Reproductive Health and Rights in Bangladesh' held at National Press Club Conference Room in



The Executive Director of RHSTEP was inaugurating the meeting

Dhaka on 13 September, 2008. The objective of the meeting was to identify the role of media in ensuring sexual and reproductive health and rights in Bangladesh.

The programme was organised by RHSTEP in support with Health & Environment Journalist Forum, Bangladesh - HEJFB.

ATN Bangla Head of News Mr. Manjurul Ahsan Bulbul was present at the programme as the lead discussant while senior journalist Mr. Zaglul Ahmed Chowdhury was the Moderator.

Lesson Learned

Human papillomavirus (HPV) infection is now a well-established cause of cervical cancer. HPV types 16 and 18 are responsible for about 70% of all cervical cancer cases worldwide. Cervix cancer is the seventh in frequency overall, but the second most common cancer among women worldwide, with an estimated 493,000 new cases and 274,000 deaths in the year 2002.

In general terms, it is much more common in developing countries, where 83% of cases occur and where cervical cancer accounts for 15% of female cancers, with a risk before age 65 of 1.5%. In developed countries, cervical cancer accounts for only 3.6% of new cancers, with a cumulative risk (0 to 64) of 0.8%.

The highest incidence rates are observed in sub-Saharan Africa, Melanesia, Latin America and the Caribbean, South central Asia, and Southeast Asia (Figure 1). Incidence rates are now generally low in developed countries, with age-standardized rates less than 14.5 per 100,000.

Mortality rates are substantially lower than incidence. Worldwide, the ratio of mortality

Chair Mr. Mustafiz Shafi, President of HEJFB welcomed the participants at the beginning of the meeting. Dr. Luna

Chakma, Manager-Programme, RHSTEP and Mr. Saiful Islam Shamim, General Secretary, HEJFB

presented the keynote papers titled 'Sexual and Reproductive Health and Rights in Bangladesh & RHSTEP' and 'The role of media for promoting sexual and reproductive health and rights in Bangladesh' respectively.

Mr. Manjurul Ahsan Bulbul, lead discussant praised this initiative and said that journalists have the responsibility to act effectively on this issue.

Quazi Suraiya Sultana, Executive Director, RHSTEP said in her speech, 'Sexual and

Reproductive Health and Rights is a very sensitive issue. And most of the people in our country are not aware on this issue nor do they exercise their rights properly. So, media can play a vital role to make them aware of this issue.'

In an open discussion, the participants shared their views and opinions on different areas of sexual and reproductive health & rights and expressed their interest to visit the programmes and write on this issue.

Through a consensus, participants in the workshop recommended the following:

- ◆ Formulate handbooks with compilation of the terminologies related to health sectors and contacts of the health authorities for easy understanding of the reporters;
- ◆ Provide fellowship or training for the journalists on this issue;
- ◆ Create access to information on SRHR;
- ◆ Arrange field visit for journalists.

A total of 37 journalists from print and electronic media were present in the meeting.

Need to test regularly

Approx 30 percents women infects in Cervical infects in Bangladesh.

- Dr. Aklima Banno, Program Consultant, RHSTEP Sir Salimullah Medical College & Mitford Hospital.

to incidence is 55%. Survival rates vary between regions with quite good prognosis in low-risk regions. Even in developing countries, where many cases present at relatively advanced stage, survival rates are fair (Table 2).

According to World Health Organisation (WHO), Bangladesh has a population of 44.78 million women ages 15 years and older who are at risk of developing cervical cancer. This report indicates that every year 12931 women are diagnosed with cervical cancer and 6561 die from the disease. Cervical cancer ranks the first most frequent cancer in women in Bangladesh, and the first most frequent cancer among women between 15 and 44 years of age. As per the report of UNFPA every year 30 percent women infects in Cervical Cancer among the other cancers. The figure is 12 thousand. But the patient visits to doctor at the last hour. So, the awareness has to be increased to prevent the disease. However, recently, two HPV vaccines that prevent specific HPV infections and have the potential to reduce

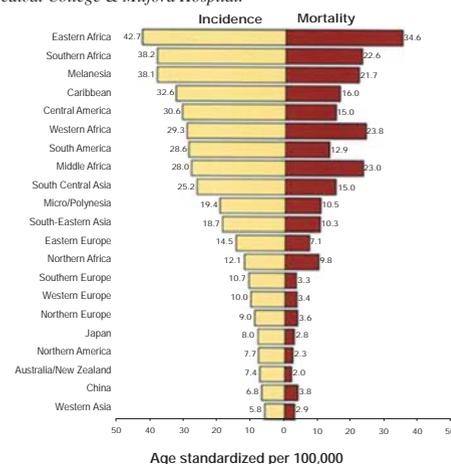


Figure: 1: Age-standardized Incidence and Mortality Rates for Cervix Uteri Cancer. Data shown per 100,000. (Source: American Cancer Society, 2005, Parkin, D. M. et al. CA Cancer J Clin 2005; 55:74-108).

the incidence of cervical and other anogenital cancers have been or are being licensed worldwide (Source: Human Papillomavirus and Cervical Cancer, Summary Report, Bangladesh, WHO and ICO, updated year 2007).

Two weeks training programme for Garments Peer Educators

RHSTEP organised two-week training programme for Peer Educators of Garments Factory from 7 - 19 July '08 at Maternity Clinic in Dhaka.

The training was facilitated by Dr. Jahangira, Medical Officer, Dr. Shirin, Medical Officer, Dr. Loena Jakaria, Medical Officer, Dr. Jesmin Rubayath, Medical Officer, Dr. Shamima, Medical Officer, Mr. Ariful Islam, Medical Assistant, Ms. Maksuda Akter, Clinic Mnager, Ms. Shahina, Nurse, Ms. Rukshana Begaum, Nurse, Ms. Hamida Akter, Nurse, and Ms. Shefali Akter, Paramedic.

A total of four peer educators from a garments factory took training on how to diagnose and primarily manage common sickness i.e. fever, headache, dysentery, burn, electric shock, dysmenorrhea, water born disease, typhoid, diarrhea, and anemia etc. A practical session on how to use thermometer, blood pressure machine, weight measure machine etc. was done in the training. Family planning and use of its methods, how to prevent RTI/STD and HIV/AIDS and its symptoms, TB, water born diseases were also discussed in the sessions.

MR training of UPHCP -II starts

RHSTEP is providing MR training for the nurse/paramedics (PHC-static clinic) under Second Urban Primary Health Care Project (UPHCP-II) in five different RHSTEP centres since August 2008. The participants who have experienced at least one year paramedical course are eligible to be candidates. Around 101 participants obtained the training in four batches during July 2007 to June 2008.

This year, a total of 64 participants from 13 NGOs named BAPSA, Bangladesh Women's Health Coalition (BWHC), Population Services and Training Centre (PSTC), SHIMANTIK, Nari Maitree (NM), Marie Stopes Clinic Society (MSCS), Unity Through Population Service (UTPS), Progoti Samaj Kallayan Protisthan and Poribar Porikalpana Sangstha (PSKP&PPS), Chittagong City Corporation (CCC), MAMATA, Khulna Mukti Seba Sangstha (KMSS), Southern Ganounnayan Sangstha (SGS) and Srizony Bangladesh will be given training in different batches.

Training of the 5th batch was held on 9 - 28 August in five different RHSTEP centres at Dhaka Medical College Hospital (DMCH), Sir Salimullah Medical College Hospital (SSMCH), Rajshahi Medical College Hospital (RIMCH), Khulna Medical College Hospital (KMCH) and Chittagong Medical College Hospital (CMCH). A total of 14 participants from different NGOs namely Nari Maitree, BAPSA, KMSS, PSKP&PPS, SGS and CCC attended the training.

Training of the 6th batch will be held in three centres of RHSTEP at Dhaka Medical



A partial view of certificate giving ceremony

College Hospital, Khulna Medical College Hospital and Chittagong Medical College Hospital from 11 October to 30 October '08. In total, nine participants from MSCS, PSKP&PPS, SGS and CCC will be attending the training. The duration of the training is three weeks where the participants have to attend at least 90% of the scheduled classes, perform at least 25 MR cases independently and pass the post training evaluation test with minimum 75% score. The trainees would be provided certificates and MR kits at the end of the training.

Workshop on SRHR held in Dhaka

Embassy of the Kingdom of the Netherlands (EKN) organised a workshop to review and discuss the findings of an assessment on funding and programmatic priorities on sexual and reproductive health and rights in Bangladesh on 9 September 2008 at Lake Shore Hotel, Gulshan in Dhaka. Representatives from different GO and NGOs related with this programme and RHSTEP and BAPSA were present in the workshop.

The strategic goal for the Netherlands support to Bangladesh (2005-2008) is the improvement of the health status of bangladeshi population, with particular emphasis on sexual and reproductive health

and rights status of Bangladeshi women and girls. The Netherlands supports specific efforts in this regard through project funding and policy dialogue. The Embassy is currently exploring possibilities of supporting a safe motherhood initiative and scaling up of the national menstrual regulation programme.

At the beginning of the workshop, Ms. Marjan Wind, First Secretary, Health, Embassy of the Kingdom of the Netherlands introduced participants to SRHR policy priorities of the EKN. Then they shared with the 'Assessment Findings' presented by Ms. Elen M. Themmen, Consultant and Public Health Specialist of EKN.

The findings revealed that there are some funding gaps in three areas such as 'Adolescent Sexual and Reproductive Health (ASRH)', Sexual and Reproductive Health and Rights (SRHR) and MR. EKN expressed interest to support ASRH, Maternal Health and MR .

After the presentation, the participants were divided into four groups to prepare the papers on the following themes: policy, SRHR, MR and ASRH identifying its different aspects as well as programming priorities. The outcomes of the group works were presented and discussed at the end of the workshop.

Observance of World Population Day 2008

The World Population Day was observed all over Bangladesh on July 11, 2008. The theme of this year, "It's a right, let's make it real" (*Porikolpito poribar sobar adikar, nishchit kori a angikar*) emphasised on individual's basic human right to determine freely and responsibly the number and spacing of their children.

To mark the day in a massive way and to reach out the people, RHSTEP and BAPSA organised different activities through its clinics at different places like Comilla, Faridpur, Dinajpur, Rajshahi, Mymensingh, Rangpur, Bogra, Chittagong,



Participants in the rally on World Population Day 2008

Bandarban and in capital city, Dhaka.

The campaign covered awareness meetings, rallies and distribution of free medicine with treatment services on general and reproductive health related issues. Both

organisations participated in the rally organised by the Directorate of Family Planning and UNFPA, discussion meeting and prize giving ceremony for the best family planning workers and service providers organised by district authorities at various districts. The staff members of the organisations took part in the rally with colorful banners, festoons and placards in a festive mood. The clinics were decorated with posters, festoon and banners with slogans to create mass awareness

regarding health care, family planning, gender equity and overall life-cycle approach. To mark this day BAPSA participated in organising stalls for displaying its brochures, leaflets, booklets, reports, posters, festoons and other motivational materials. The stalls attracted a large number of audiences and different materials were distributed among them.

Besides, in all the centers of RHSTEP and BAPSA discussion sessions were organised and participants were sensitised on the consequences of the population growth and its effects on health, nutrition, education and environment. On the occasion free services and checkups were offered to the people. Discussion sessions with adolescents were given special emphasis and they were also invited to participate in other discussion sessions on issues like health and rights and other problems.

Celebration of World Breast Feeding Week 2008

Like every year RHSTEP and BAPSA observed the Breast Feeding Week from August 1 to 7, 2008, in order to join the campaign: "Support to mother will ensure golden future" (*Mayer prati sahayata, aamb shonali vabishat*).

This year there is a double message here: it is not enough to say that breastfeeding is an ideal source of nourishment for infants and children; mothers also need support to make optimal breastfeeding practices a reality. The global data showed that less than 40% of infants under six months of age are exclusively breastfed today. This underachievement in turn contributes to the unnecessary deaths of over a million children each year throughout the world including Bangladesh.

Keeping this in mind RHSTEP and BAPSA celebrated the Breastfeeding Week in all its

clinics. The objective of the week was: to expand awareness of the need for and the value of providing support to a breastfeeding mother; disseminate updated information about support for breastfeeding mothers; create optimal conditions for supporting mothers in all respect.

The discussion emphasised this and conveyed the message: *The facilitator was* empower women about their own right, and impart information to other women. Besides, antenatal check-up, hospital delivery, complication of home delivery, colostrums feeding were also highlighted during the programme. The participants highly appreciated the programme and



The facilitator was conducting the session on breast feeding and its importance.

expressed that they learnt various things through the education that they were not informed before. Nutritional foods, free medicine and treatment services and education materials were distributed among the participants at the end of the programmes.

Setting of Rural Reproductive Health Clinic at Rangamati

BAPSA has set up health facilities at Rajsthal, Rangamati in order to have a wider range of coverage of health care needs of the indigenous population at Bangalhalia union of Rajsthal upazila of Rangamati district. Prior to the selection of the spot for establishing the clinic rapid needs assessment survey was done to assess the

population and other pertinent issues. At the beginning of establishing clinical services, areas and cluster was selected for creating groups and basis for group discussions meeting with leaders and with other community people. The clinic started functioning on June 01, 2008 and the following services are being provided from

the clinic. Reproductive health services including MR, Post-MR contraception, ANC, PNC, Family Planning methods, RTI/STI, EPI, TT and limited Curative Care for the adults and the children are offered at the clinic. Besides, at the community level BCC activities are being carried out by the field staff and volunteers.

Lesson Learned

From page 3

Peoples frequently asked different questions about Cervical Cancer which is very important to know. The major questions and answers were as follows:

Q. What is cancer?

A. Cancer is the uncontrolled growth of certain cells in the body, causing tumours or growths. Not all growths are cancer. Those that spread to other parts of the body and can interfere with normal functions are called cancer.

Q. What is cervical cancer?

A. It is cancer that begins on the cervix, which is the opening of the womb. Cells on the cervix begin to grow abnormally and sometimes, if they are not treated, they become cancer. However, these early (precancerous) changes can disappear on their own, without causing problems.

Q. What causes cervical cancer?

A. Cervical cancer is caused by infection with a virus called human papillomavirus or HPV. Most of the time, HPV infection disappears without treatment; sometimes, however, HPV stays in the cells for years and, in some women, eventually causes cervical cancer. Not much is known about why some women get cervical cancer and others do not.

Q. Is cervical cancer a sexually transmitted infection (STI)?

A. No, but HPV is a sexually transmitted infection, which is quite common in both men and women. Only a few women with HPV will go on to get precancer. If not treated, some of these women will develop cervical cancer, many years after they were infected with HPV.

Q. Can cervical cancer be prevented?

A. Yes. Limiting the number of new sexual partners, using condoms, delaying first sexual relations and childbearing, and not smoking tobacco help prevent cervical cancer. HPV vaccines are now being tested and will probably be the most effective means of prevention, when they become widely available. Once they are available, they will need to be given to young people before they start to have sexual relations. The best way to prevent cervical cancer today is through screening of women for precancer, which can be treated before it becomes cancer.

Q. Who is at risk of cervical cancer?

A. All women who have had sexual intercourse are potentially at risk because they might have been infected with HPV.

Cervical cancer is most commonly found in women in their 40s and 50s. The women most at risk are those who have never been screened, had sexual intercourse and taken children at a young age, have had more than five children, have multiple partners or partners who have multiple partners, and smoke tobacco. Being infected with HIV also puts women at higher risk.

Q. Are women who take hormonal contraceptives at increased risk for cervical cancer?

A. There is a slightly increased risk when Oral Contraceptives (OC) are used for a long time. Women, who take OC, as others, should be screened regularly. There is no reason to stop using contraceptives as the benefits outweigh the risks.

Q. Do genital warts cause cervical cancer?

A. No. Cancer is caused by certain high-risk types of HPV. Genital warts are caused by different low-risk HPV types, which do not cause cancer.

Screening

Q. What is a screening test?

A. A screening test is a test done on people who are healthy and without symptoms, to identify those with a higher chance of getting a particular disease. A cervical cancer screening test can determine if a cervix is normal or not. It can detect early signs of disease before a woman has symptoms, when treatment can prevent the disease from developing.

Q. Who should be screened for cervical cancer?

A. Women between the ages of 25 and 65 years (or according to national norms) should have a screening test to detect early changes. Women younger than 25 almost never get cervical cancer and do not need to be screened. Women who have never had sexual intercourse do not need to be screened.

Q. What exactly is done during screening?

A. The most common screening test is the Papanicolaou (Pap) smear. The health care provider will do a genital examination to look at the cervix, collect a sample of cells from your cervix, and send it to the laboratory to be examined. Other tests are sometimes used to screen for cervical cancer, such as looking at the cervix after putting vinegar on it. The provider will tell you about the test used in your area.

Q. What if my test is negative?

A. If your screening test is negative, it means that you do not have any change that might develop into cervical cancer. It is important to be screened at regular intervals (every 3-5 years, depending on local norms) to make sure that such changes do not develop.

Q. What if my test is positive?

A. In most cases a positive test means you have precancer, a condition that might go away on its own or that can be easily treated in an outpatient setting. You might need to have other tests to make sure that what you have is precancer, and not cancer. Sometimes a positive test means you have cancer. In this case, you will be referred to a hospital for treatment.

Pre cancer and cancer

Q. What is pre cancer?

A. Pre cancer results when the cervix has been infected with high-risk HPV for some time. It is easily treated. Most pre cancer goes away on its own, but if it persists and is not treated, it can become cancer.

Q. What are the signs of cervical cancer?

A. Early cervical cancer usually has no signs, which is why screening is so important. Signs of cancer are: vaginal spotting or bleeding after sexual intercourse, between menstruations, or after menopause, and foul-smelling discharge that does not go away even with treatment. If you have any of these signs, you should see a health care provider, because the earlier cancer is found, the better your chance of being cured.

Q. Can cervical cancer be treated?

A. Most cervical cancer can be successfully treated if it is found early. In middle aged women who have never been screened, cancer may be discovered late, when it has already spread beyond the cervix and is more difficult to treat.

Q. Can cervical cancer be cured?

A. Yes, cervical cancer is curable, if it is found before it has spread too far. The earlier cancer is found, the better your chance of being cured.

Q. How is cervical cancer cured?

A. There are two major ways to treat and cure cervical cancer-by an operation to remove it surgically, or by radiation therapy which kills the cancer cells. Sometimes both methods are used.

Experience in RFSU

RFSU: dedicated to improving the sexual health and rights

The Swedish Association for Sexuality Education (RFSU) is a politically and religiously independent non-government organisation promoting unprejudiced, tolerant and open approach to sexuality and partnership since 1933. The association also runs clinics offering reproductive health services. RFSU is a member of association of the International Planned Parenthood Federation (IPPF).

For more information, please contact:
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Coordinator, International Projects
RFSU, Swedish Association for Sexuality Education
P.O. Box 4331, SE-102, STOCKHOLM, SWEDEN

On May 20, 2008 Dr. A Itaf Hossain, Director of BAPSA and Quazi Suraiya Sultana, the Executive Director of RHSTEP were invited to visit one of the clinics of RFSU located in the same building where the head office is also located. They observed the activities of the clinics and discussed different area of reproductive health with the doctors and authority.

The clinic is staffed by one full time director, one midwife, one part time nurse, two part time assistant nurses, psychotherapists, one secretary and a part time senior physician. The clinic also has 10 consultant midwives, 6 physicians and 4 psychotherapists. The clinic is well organised, there are well decorated reception with good quality materials and testing rooms for men and women. In all, there are four psychotherapist rooms.

About 9,000 visitors visit the clinic yearly. Among them 47% are men and 53% women and out of these clients 55% are between 25 to 44 years of age. Every year a good number of men and women come for sexual counselling and psychotherapy.

Last year ten thousand men and women visited the clinic and more than 1000 appeared for psychotherapy, informed the Director of the clinic in conversation with the SRHR consortium members.

The main services provided by the clinic include: contraception counselling and STI prevention, sexual counselling and psychotherapy. The clinics experts provide out-reach education services. For contraception and STI prevention the services

provided by the clinic are testing, treating and contract tracing of partners in relation to STIs, pregnancy testing and abortion counselling and treating problems of pain during intercourse. The clinic does not provide any abortion services but after counselling the clients are referred to the hospitals for abortion services.

Among the outreach education the clinic provides are; clinical sexology, young people question concerning sexuality, contraception and STI, sexual counselling on the telephone, and sexual questions and problems with physical disabilities.

The Director informed that during the year 2006, a total of 4,718 cases of Chlamydia test were done and 8% of them were found positive, 1,532 gonorrhoea tests were done and less than 1% was found positive, 311 syphilis tests were done and no positive cases were found and out of 1,076 HIV tests only one was found positive. The services provided by RFSU is well accepted and people can trust them.

RFSU Visit in Bangladesh

Capacity Building for RHSTEP and BAPSA in establishing YFS in clinics

A three member team of RFSU (Swedish Association for Sexuality Education) visited Bangladesh this year on 22-30 August. The team was led by Ms. Maria Anderson and other two members of the team were Mr. Jonas Tillberg and Mr. Olov Berggren. During the visit the team monitor the sexual and reproductive health rights situation in Bangladesh.

On 24 August the team visited the Rural Reproductive Health Clinic - 1 of BAPSA in Begumgonj, Noakhali where they met the staffs of the clinic, enquired about different activities of the clinic and talked with clients regarding their satisfaction. They also visited different parts of the clinic and expressed their satisfaction on the performance of the clinic. From there the team started for Cox's Bazar on that day. The Director, BAPSA, Executive Director, RHSTEP and Programme Coordinator, Project Management Team also accompanied the team.

In Cox's Bazar, the team visited different RHSTEP clinics and education programme at school and community. On 25 August, they visited RHSTEP clinics at Cox's Bazar Sadar Hospital and the

community clinic at Jhilongja, Cox's Bazar. They also visited the adolescent programme in a nearby school in Bangla Bazar where more than 200 girl students were present. The students asked different questions to the team members on different scenario of adolescents in the two countries. Ms. Maria Anderson answered the questions of the students. The team also visited a community programme in Ramu Upazila under Cox's Bazar district where a participatory discussion on reproductive health issues was held. More than 50 women from the nearby community were present in this programme.

The team expressed its high satisfaction over the activities of both RHSTEP and BAPSA and shown their keen interest in working with the RSH consortium on Youth Friendly Services - YFS issues

especially on capacity building support.

The team also visited the high officials of Sida, Save the Children-Sweden-Denmark office in Bangladesh, Family Planning Association of Bangladesh- a sister concern of IPPF in Bangladesh, Marie Stopes Clinic Society and Bondhu Social Welfare during their tour.



RFSU team visited to BAPSA clinic at N oakhali.

Performance Statistics

MR Services

Type of Centre	Last three months (April to June 2008)	Since beginning of financial year	Previous financial year
Training-cum-service centres	32,728	1,13,039	1,10,291

MR Training

Name and Location of the Centre	Year of MR Training Facilities Established	Turnout of Fresh Trainees						Turnout of Refresher Trainees		
		Apr to Jun 2008		Jul 2006 to Jun 2007		Total turnout		Apr to Jun 08	Jul 2006 to Jun 2007	Total turnout
		Doctor	Paramedic	Doctor	Paramedic	Doctor	Paramedic	Paramedic	Paramedic	Paramedic
MFSTC	1975	-	-	6	32	399	1,406	-	-	686
RHSTEP	1979	20	103	178	115	9,795	5,512	161	156	3,282
DMCH	1979	1	13	16	20	1,504	350	13	11	745
SSMCH	1979	3	12	5	11	1,482	380	11	10	177
CMCH	1979	1	8	14	10	868	645	17	14	256
RMCH	1980	1	13	43	12	1,116	615	14	14	266
SBMCH	1981	12	8	21	11	1,271	550	9	13	222
SMCH	1981	-	8	4	5	807	412	14	6	197
MMCH	1981	-	8	17	8	1,000	693	12	10	182
PGH	1981	-	4	-	9	266	588	11	15	277
KMCH	1981	-	8	3	7	440	709	14	14	237
RIMCH	1988	-	8	1	5	683	286	8	14	271
NSH	1991	-	-	-	7	27	99	13	15	230
COMCH	1998	1	7	32	8	205	90	14	14	106
FMCH	1989	1	6	21	2	109	69	11	6	75
CBSH	1999	-	-	-	-	10	19	-	-	22
JGH	2001	-	-	1	-	7	7	-	-	19
MCD	2003	-	-	-	-	-	-	-	-	-
BMCH	2005	-	-	-	-	-	-	-	-	-
DIMCH	2005	-	-	-	-	-	-	-	-	-
BWHC	1981	-	-	-	49	-	1,186	-	80	1,285
CCD	1981	-	-	-	-	-	258	-	-	220
CCM	1985	-	-	-	-	-	185	-	-	279
CCN	1986	-	-	-	15	-	282	-	15	301
CCT	1986	-	-	-	17	-	307	-	24	325
CCP	2000	-	-	-	12	-	62	-	18	66
CCL	2003	-	-	-	5	-	92	-	23	94
BAPSA	1983	-	4	-	-	-	-	28	35	220
MRHC-1	2002	-	4	-	-	-	-	28	35	145
MRHC-2	2002	-	-	-	-	-	-	-	-	-
RRHC	2002	-	-	-	-	-	-	-	-	5
Total		20	107	184	196	10,194	8,104	189	271	5,473

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