

committed to improving SRHR

ANNUAL REPORT 2015



REPRODUCTIVE HEALTH SERVICES TRAINING
AND EDUCATION PROGRAM (RHSTEP)

ISO 9001:2008
CERTIFIED

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Acronyms

ANC	: Anti Natal Care	Sida	: Swedish International Development Cooperation Agency
ASRH	: Adolescent Sexual Reproductive Health	SOMCH	: Sylhet MAG Osmani Medical College Hospital
ARH	: Adolescent Reproductive Health	STI	: Sexual Transmitted Infection
BBS	: Bangladesh Bureau of Statistics	SRHR	: Sexual and Reproductive Health and Rights
BCC	: Behavior Change Communication	SSMCH	: Sir Salimullah Medical College and Mitford Hospital
BMMS	: Bangladesh Maternal Mortality Survey	TT	: Tetanus Toxoid
CM	: Community Mobilizing	UFPO	: Upozila Family Planning Officer
CMCH	: Chittagong Medical College Hospital	UHFPO	: Upozilla Health Family Planning Officer
CordAid	: Catholic Organisation for Relief & Development Aid	YFS	: Youth Friendly services
CSE	: Comprehensive Sexuality Education	YP	: Young Pepole
DMCH	: Dhaka Medical College Hospital		
EKN	: Embassy of the Kingdom of the Netherlands		
FP	: Family Planning		
FWV	: Family Welfare Visitor		
GOB	: Government of Bangladesh		
HIV	: Human Immuno-Deficiency Virus		
IEC	: Information Education and Communication		
KMCH	: Khulna Medical College Hospital		
LCC	: Limited Curative Care		
MDG	: Millennium development Goal		
MR	: Menstrual Regulation		
MOH&FW	: Ministry of Health and Family Welfare		
NGOA,B	: NGO Affairs Bureau		
NGO	: Non-Government Organization		
OBS/GYANE	: Obstetrics and Gynaecology		
PAC	: Post Abortion Care		
PNC	: Post Natal Care		
PRSP	: Poverty Reduction Strategy paper		
RH	: Reproductive Health		
RFSU	: Swedish Association for Sexuality Education		
RMCH	: Rajshahi Medical College Hospital		
RpMCH	: Rangpur Medical College Hospital		
RTI	: Reproductive Track Infection		
SACMO	: Sub Assistant Community Medical Officer		
SBMCH	: Sher-e-Bangla Medical College Hospital, Barisal		



About RHSTEP

RHSTEP is a national non-Government Organization (NGO), dedicated to improving sexual and reproductive health rights of the people of Bangladesh. RHSTEP is the pioneer in establishing Menstrual Regulation Services and Training in Bangladesh as a special project of Government of Bangladesh in 1983 and was named as Menstrual Regulation Training and Services Program (MRTSP) then. In 1989 MRTSP became a separate entity and in 2000 took the new name RHSTEP along with its diverse activities on SRHR.

RHSTEP is governed by a 9 member Executive Council, which is elected by the 21 Members General Board in which renowned health expert, FCA, rights activist, social worker, teacher, lawyer and other part of the society are associated together. RHSTEP is a women led organization where women constitutes 67% of its total workforce. We are registered under Foreign Donations (Voluntary Activities) ordinance of Bangladesh with NGO Affairs Bureau of Bangladesh (# 430) and Voluntary Social Welfare Organization Ordinance under Directorate of Social Welfare of Bangladesh (# Dha 02459).

RHSTEP is the unique example of GO-NGO partnership in health sector of Bangladesh by establishing a service network in public hospitals. RHSTEP is the only NGO in Bangladesh permitted to perform its activities in public hospitals. Hospital Directors/Superintendent and Head of OB/GYN department are contributing as project advisor (PA) and technical advisor (TA) respectively at all RHSTEP centers in public hospitals as part of joint

management. In recent times, RHSTEP is operating 32 centers across the country covering 21 districts and out of those 22 centers in different Medical College Hospital and in District General Hospital. Being the partner of Government of Bangladesh we are contributing approximately 12% of total estimated MR in Bangladesh thus contributing in maternal mortality and morbidity and reduction of TFR among women of the country. Approximately 650,000 people are reached with SRHR information and Services in each year through our total service network of 32 service and resource centers across the country.

We are the only organization for providing MR training in Bangladesh. We provide training on Safe MR Procedure as well as other SRHR issues to Government, NGO, and private service providers including physician, nurses, paramedic, Family Welfare visitor (FWV), Sub-Assistant Medical Officer (SACMO) and other non-clinical providers.

We are now leading the largest SRHR network in Bangladesh named "Unite for Body Rights" comprised of 09 National level (BAPSA, BNPS, BANDHU, DSK, FPAB, IED- BRAC University, Naripokkho, PSTC and RHSTEP) and 03 International NGOs (Simavi, RutgersWPF and EKN) to improving SRHR of the commoners with special focus on Youth and Adolescents SRHR. Beside, RHSTEP is also leading SRHR consortium with BAPSA as partner since 2007 and implementing different projects on SRHR at different times.

At this moment RHSTEP is working with different development partners with different development projects in Bangladesh namely Sida, EKN, RFSU, Ipas-Bd, Nuffic, SAAF, SAAF-UK, and SNV-Netherlands. The total contribution for the projects is approximately US\$ 2,591,747 annually. To ensure transparency and accountability of project funds as well as maintain quality SRHR services and other activities we developed different tools, guidelines, manuals etc. For instance, we use a web based MIS system for collecting information; we achieved ISO 9001:2008 certification for our safe mother and childhood care center situated in Dhaka etc. We are continuously updating and developing our tools for meeting need of the clients as well as ensuring quality of care.

We Envision.....

a healthy, wealthy, self-reliant Bangladesh where every citizen is respectful to and practicing human rights irrespective of their age sex or social strata.

Our Mission.....

is to serve the poor and vulnerable people to establish their rights.

Our Goal.....

is to contribute towards improving SRH of women and adolescents and thus complement the GOB's National Health Program targets of reducing MMR and other SRH hazards in Bangladesh.





Message from Executive Director

I am very much delighted to report of an amazing year of the great effort of RHSTEP. It gives me great pleasure to present the annual report for the period spanned over January to December 2015. This report summarizes our main achievements in the year 2015. We look forward to continuing our efforts for many more years to come.

RHSTEP is a non government organization working from 1983. Since RHSTEP was founded, the organization has extended its reach to 21 districts, 31 service centers/clinics and contributed highly in providing safe MR Services to the women in needs. Develop capacity building of GoB, NGO and private service providers in Delivering SRHR services and improving knowledge, attitude and practices towards their sexual and reproductive health.

From the last three decades RHSTEP is devoted to establish the Sexual and reproductive health and rights of Women, men and Adolescents is participating in different SRHR related platforms from its inception as part of its advocacy on safe abortion and other SRHR issues. As the organization RHSTEP is more focused to reduction of unsafe abortions, advocacy and providing Family Planning Service to the women and Adolescent. Our service for adolescent is to create awareness on SRHR and Health Care services in School, communities, and garments sector.

I extend my sincere thanks to the authorities of GOB, specially ministry of Health and Family Welfare (MoHFW) including DG Health, DG Family planning, NGO affairs Bureau and local health authorities for their whole hearted support to our program. I would like to convey my heartiest gratitude to our entire development partner from Sida, RFSU, EKN, Rutgers WPF, Simavi, Nuffic and Ipas Bangladesh for their unstinted spontaneous support directives and pragmatic guidance for the betterment of the ongoing and upcoming programs and activities.

I would like to convey my gratitude to all our partners' organization for their supportive hand to make our mission successful. Finally, my special thanks and gratitude to Members Executive Council of RHSTEP and my colleagues those are working persistently at field and central offices for making our dream to reality.

I wish all a healthy life in coming days.Thanks to all.

Quazi Suraiya Sultana
Executive Director

Project 1

Title of the project

Promotion of Sexual and Reproductive Health and Rights: Provisioning of SRH services focusing on Safe MR and Reduction of Unsafe abortion in Bangladesh

Project duration

July 2014-December 2016

Funded By

Swedish International Development Cooperation Agency (Sida)

Purpose

The purpose of the project is to contribute in reduction of maternal mortality, morbidity from unsafe abortion and improve the SRHR situation of women and adolescents in the project areas.





Towards capacity building for quality of care:

Training is one of the focus activities of RHSTEP. RHSTEP is the lead organization for providing “Menstrual Regulation” training to doctors, FWVs, paramedics, SACMO and nurses from different government, NGO and private service points. During the year 2015 RHSTEP imparted “MR training” to 577-service providers including doctors, FWVs, paramedics, SACMO and nurses. RHSTEP also offered different trainings on clinical, and non-clinical SRHR related issues. RHSTEP conducted MRM and IP training for FPAB and UPHCSDP staffs in the reporting period. “MR with Medication” training imparted to 16 doctors and paramedics of FPAB and IP training facilitated to 90 service providers of UPHCSDP in three batches.

Advancing in sexual reproductive health

services: RHSTEP achieve a mile stone by achieving ISO: 9001:2008 for its Quality of Care. RHSTEP is regularly providing safe MR, family planning, safe motherhood, cancer screening, limited curative care and diagnostic services to its clients. During the last

12-months period ending in December 2015 RHSTEP served 552,410 clients with the special focus on groups whose health needs are underserved. (picture services)



Creating awareness and sharing information

on SRHR: To create awareness and to disseminate information on SRHR to clients and target population RHSTEP staffs used their expertise through individual counseling, orientation sessions (school, community, garments), door-to-door visit and adolescent fair those were organized in school and community level of the catchments area. On this regard, IEC material developed on specific issues, distributed among target population as a part of awareness and demand creation. In the reporting period approximate 529,421 population of RHSTEP's catchment reached with information on sexual and reproductive health and right related issues.

Case Study....

I am Zakia Aktar, I am at thirteen and studying in eighth standard Ibrahimpur Salauddin Shikhaloy, Mirpur. My father is a service holder. About one year ago a doctor and a counselor of RHSTEP came to our school to talk about reproductive health. At the beginning I felt shy to listen such things but later I developed a close relation with them and learnt many important thing, like – physical and mental changes during puberty, how to maintain hygiene during menstruation, what is HIV & AIDS and how it spread, ill effect of early marriage etc. I believe that everyone should know about reproductive health and that is why I share my learning's from RHSTEP to my neighbor. At the beginning it was difficult to share such a topic with people around me, because they believe I shouldn't have knowledge on all these at my age but now they started listening to me and want to know anything new I learned from the program. Few months back my mother fixed my elder sister's marriage. She is only 16 years old. I talked to my parents that early marriage and early pregnancy is very risky for both mother and child. Then my parents changed their mind and decided to continue her education.

Advocacy strengthened through network and policy discussion:

Advocacy is one of the major component of activities of RHSTEP with a sole focus on "SRHR and ASRHR". RHSTEP developed a close collaboration with media, government policy makers, and other stakeholders during the reporting period. RHSTEP successfully organized a round table meeting with prominent Daily Prothom Alo on Post MDG health issues in the light of upcoming SDG; Organized national level issue based workshop with Directors, Superintendent of Public Hospitals, representatives from DGFP, DGHS, and other expertson SRHR; organized workshop with front line MR service providers in division and district level; arranged discussion meeting with garments officials and staffs on SRH services at garments factories; participated in national and international day observation etc for the promotion of SRHR among all policy level of the health sector.

Research the new area of activities: To see the outcome of ASRHR program of RHSTEP a research titled 'The effect of a school-based educational intervention on sexual and reproductive health: an intervention study among adolescents of selected school in Dhaka city of Bangladesh.' was conducted in 4 schools of Dhaka city during the reporting period. The findings was published in the medical journal of Uttara Adhunic Medical College, Uttara Dhaka. Besides, RHSTEP's Research team strengthened through including new staff with high experience.





Performance

Training

MR Training

Comprehensive
MR Training to
Doctor 138

1

MRM training to 16
service providers of
FPAB

2

Comprehensive MR
training to FWVS,
paramedics, nurse
and SACMOs 282

Training to community
volunteers and peers
on SRHR 353

Refresher MR
training to FWVS,
paramedics, nurse
157

3

Training to doctor
paramedics and nurse
on IP 90





Service

142,954

Menstrual Regulation
(MR) related services

50,519

MR procedure by MVA &
MRM

16,791

Post Abortion Care (PAC)

87,402

Family planning services

20,667

Safe Motherhood services

16,940

Gynae /Obs & RTI/STI
services

62,988

Cancer screening support

45,750

Limited Curative Care
services

169,750

Diagnostic services

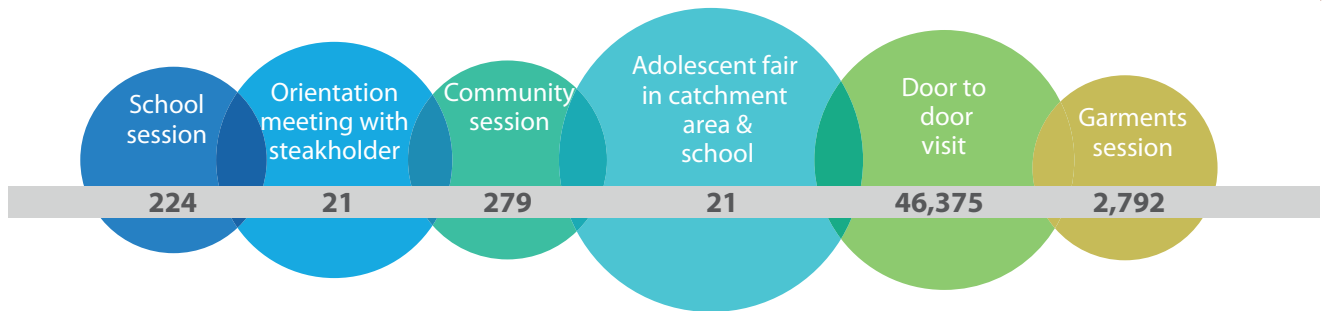
109,735

Blood and Urine Test

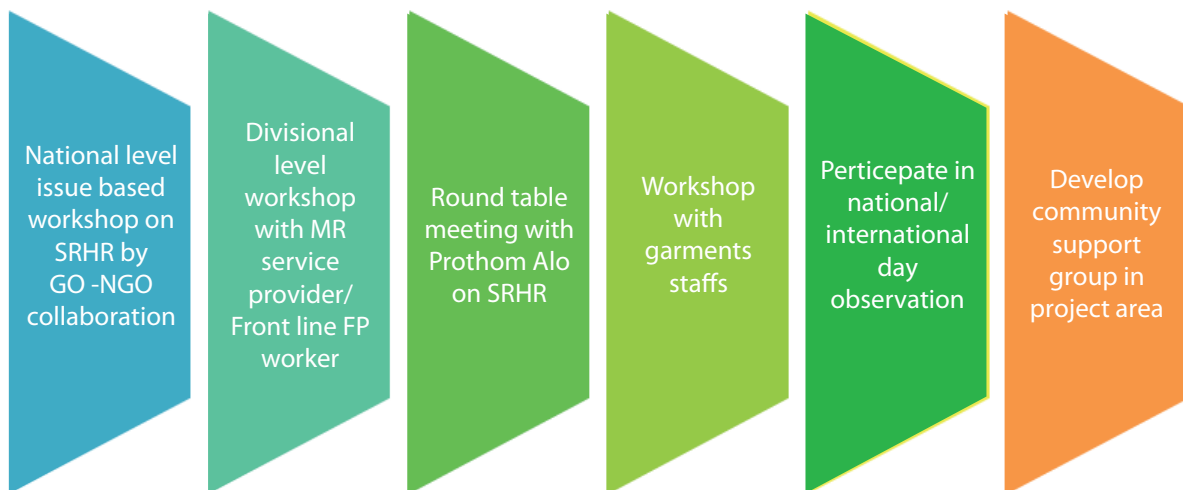
60,015

Ultrasonogram

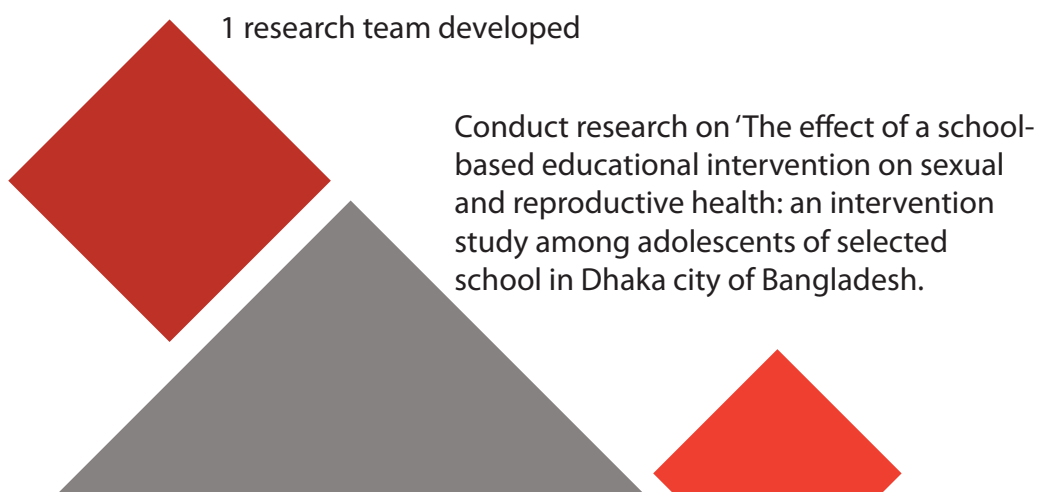
Demand creation



Advocacy



Research



Lesson learned

Though, Bangladesh becoming a middle-income country most of our women and adolescents do not have control over their sexual and reproductive health. However, once they became empowered by education, economic opportunity or choice, they can be a catalyst for positive change in their community. Therefore, more focused program is required to achieve future goal of SDG which includes women empowerment, male involvement, gender inequity, lessening policy barrier that have impact on achieving peoples' body rights in coming future.

Looking ahead (future projection)

Bangladesh has made significant progress in reducing maternal and infant mortality rate but only half of the mothers receive antenatal services from skilled service provider due to less access to health facilities among poor urban and rural people, staff shortage in public healthcare centers, insufficient supplies and inadequate supervision and monitoring. Considering this backdrop and achievement in the last year activities RHSTEP focused on the following

areas for its next one-year activities.

- RHSTEP will develop skills of the 450 Service providers on SRHR issues.
- RHSTEP will reach 460,700 people with quality SRHR services including, safe mother hood, family planning, limited curative services, cancer screening and diagnostic services in the project area.
- RHSTEP will organize 2 network meeting with like minded organization and GOB , 3 district and divisional level workshop with front MR service provider ,1 discussion meeting garments staffs and participate in national and international day observation for SRHR Advocacy
- Approximately 36,812 women, man, adolescent will receive Information awareness support on SRHR at catchments area. sharing
- 4 research on selected topics will be conducted in up coming year.

Project 2



Title of the project

Addressing unmet need of SRHR for young people through creating awareness in the selected area of Khulna and Sylhet, Bangladesh

Project duration

January 2014-December 2016

Funded by

The Swedish Association for Sexuality Education (RFSU)

Purpose

- i) To scaled-up sensitization on SRHR among community gatekeepers
- ii) To improve knowledge and skills of teachers in disseminating SRHR information at institutions
- iii) To strengthen advocacy initiative for ensuring existing RH curriculum are taught in schools
- iv) To improve information and knowledge base of Young people in the catchments area
- v) To increase utilization of Community Resource Centre (CRC) by young people

Major achievements

- A joint monitoring system comprising local education authority, SMC and RHSTEP has been established to monitor the teachers capacity in delivering SRHR issues at intervened schools
- Educational institutions are inviting AlorDhara to deliver speech on SRHR among students where they fell difficulties to make them open up properly
- A significant number of young girls are protecting them from child marriage who have come up with life skills education
- Young People at intervened area are driving their life with positive notions towards a healthy sexual and reproductive life
- AlorDhara-YFS Center has been established as a brand name to the all classes in the project area in producing sensible and responsible young people concerning their sexual and reproductive Health
- Community Support Group (CSG) members are playing their role as social advocate in community and institutions through participating various

program to raise awareness regarding ASRH on a regular basis.

- Parents/guardians are entrusting on Alor Dhara, where they can send their boys and girls without any hesitation to be educated on SRHR issues.

Performance (result area) /case study/ evidence

Complying with the strategic plan project has successfully completed all the planned activities following LFA matrix. During reporting year 2015 project has ran with 5 results which are verifiably understandable.

Result 1: Community Support Group (CSG) of AlorDhara in Khulna and Sylhet strongly recognized the significance of the program for the society. They attended in various community programs and played their role as spokesperson in favour of ASRH to sensitize the community. They brought to the force their voices in any adverse situation like; community resistance or traditional misinterpretation with ASRHR in the community as the representative of civil society. In fact CRC is a strong advocacy group through which Alor Dhara could maintain a smooth relationship with community gatekeepers in implementing community interventions.

CSG members play an important role in community meeting/courtyard meeting in disseminating the importance of SRHR among community people. They try to make the parents understand the significance of learning SRHR. People listen to them carefully and attentively. Parents become interested to send their children to AlorDhara to learn about SRHR. Some of the CSG members who are school teachers raise their voice in school meeting/seminar and attend SRHR seminar organized by other schools as well to talk and emphasize on SRHR issues and encourage students to learn SRHR. Strong recommendations came out from CSG members to organize seminar on SRHR in other schools. In response to their voice more activities are incorporated in 2016.

In a meeting Pukraj Moulie Sultana, Senior Teacher of Biresh Chandra High School, Sylhet who is also a member of Community Support Group said, "It is very much noticeable that the girls in my school attended in Knowledge Practice Game at AlorDhara now more curious on their various pubertical changes and ask questions in class to meet their curiosity." She also emphasized to organize more knowledge practice game at AlorDhara or even at school focusing on ASRHR.

Courtyard Session has worked as building blocks to sensitize the community at their door steps to make them aware on some key issues regarding



SRHR as well as to motivate them to send their boys and girls at AlorDhara. Young people as well as their parents/guardians have been sensitized towards YP's sexual and reproductive health needs through disseminating significant messages regarding SRHR. There was a special focus within discussion on consequences of early marriage and early pregnancy. At the end of every session 3 participants have been awarded through an evaluation process on discussed issues. Being motivated from the program parents is sending their boys and girls to the Community Resource Centre (CRC). More than fifteen hundred parents/guardians and young people got access to some significant messages related to SRHR.

In a Courtyard session a mother shared her own experience with early marriage. She expressed with sorrow that "I was to give in marriage at the age of 13. And the sufferings of my life had been started from that moment. I had to face many adverse situations as consequence of my child marriage. I could realize the bad effect of child marriage from the bitter experience of my life. I would like to request you all for not to giving your boys and girls child marriage. I would like to thanks AlorDhara for their today's discussion."

Result 2: Teachers and School Management Committee (SMC) have been sensitized through orientation meeting regarding significance of SRHR education in school. School teachers and SMC

have shown their great interest to the program as a contemporary initiative for young people. In this meeting they specially urged on increasing their own teaching capacity to deliver SRHR education in class.

In response to interest from schools ToT on SRHR was organized with 20 respective teachers of two particular subjects; i) Physical Education & Health ii) Home Science in Khulna and Sylhet with following contents; Concept of SRHR, Gender, SRHR & Human Rights, SRHR situation for young people in Bangladesh, RTI/STI/HIV/AIDS, Analysis of selected text books, Hands on practice with selected SRHR topics and so on. As outcome of the course teachers have been enlightened on SRHR, moved into positive attitudes towards SRHR education and could open up them in imparting SRHR education to their students. Thus students have gained knowledge to practice it into their daily life.

To assess the capacity of teachers in delivering lectures on SRHR a monitoring team (Comprised of 3 persons - one Government representative from Local Education Authority, representative from school management committee and representative from RHSTEP) conducted monitoring visit. Government representative sent the monitoring report to RHSTEP which says about the quality of received knowledge. In 2016 follow up visits will be conducted to monitor the activity.



In experience sharing session, S. M. Giasuddin, assistant teacher, Afludding High School, Khulna expressed that, "I think at this moment in time students have some knowledge in relation to SRHR. But there have some misconception within the knowledge. In fact we have also the lack of right information regarding SRHR. Participating this training we could gain complete knowledge concerning various significant information related to SRHR along with hands on practice on facilitation. From now on, we will be able to deliver SRHR issues comfortably with students on a regular basis."

Result 3: Advocacy meeting with Teachers and School Management Committee (SMC) was actually an activity of advocacy initiatives to convince them to monitor whether SRHR issues are being taught or not in their school through a joint monitoring system by local education authority and facilitating organization. In this meeting school authority also nominated representative from them to take part in monitoring process.

Advocacy meeting with local education authority was also the activity of advocacy initiatives to make sure GoB participation in participatory monitoring process. In this meeting District Education Officer was agreed upon in leading participatory monitoring team to monitor the progress of SRHR education in intervened schools as well as level of involvement of teachers in delivering the discussion in class with SRHR issues.

Regarding Participatory Monitoring, in Khulna Thana Secondary Education Officer and Academic Supervisor and in SylhetUpazila Secondary Education Officer took part in monitoring on behalf of District Education Officer along with other member from school and implementing organization. The monitoring process has gone through two parts by using the tolls; questionnaire to identify individual knowledge and FGD on significant issues related to SRHR. The joint monitoring team has given their monitoring findings with following comments and recommendations regarding 4 intervened schools:

- Respective teachers are now well equipped to deliver the SRHR issues in class

- Teachers are delivering the issues in class according to NCTB curriculum
- Students are showing their interest to know pubertical issues by asking questions in class
- Students have gained better knowledge on significant issues related to SRHR by the discussion in class
- To some extent some students were fond shy to explore them in open discussion session where have the opportunity to work
- visibly this is an unique initiative by RHSTEP- AlorDhara and it needs to organize ToT on SRHR for more teachers at national level at least at RHSTEP's intervened area

Result 4: The key beneficiary of the project is young people at catchments area and among them who have come up with various programs they can access information on their SRH rights, and about how their own bodies work. Therefore, they can protect themselves and make the right choices. Now they are in a position to exercise their sexual and reproductive health rights. They are free from stress, violence and health risks i.e. maternal death among young mother. Most significantly adolescents can protect them from child marriage utilizing their life skills.

Young people have been educated through Sessions on SRHR on their prime SRH needs like; masturbation, wet dream, unwanted pregnancy and so on which make them confused and frustrated during their puberty. Thus they will be able to protect themselves from consequences of unsafe sex. They also came to know RTI /STI/HIV/AIDS and already started to practice life skills in their daily life. They are now sensitized on health & nutrition, early marriage, early pregnancy and so on. They recognize "AlorDhara" community resource centre as a trusted partner at their locality.

Case Study 1....

An extreme introvert boy is Mohammad Shahidul Islam reads in class X in an NGO driven school (UCEP School) in Dawlatpur, Khulna. His father is a day labor and mother is a housewife. Characteristically he has no exposure outside house except his school even any friends. When his friends had been playing in ground, then he thought how his family may get relief from poverty. Simultaneously he had become anxious with his pubertical changes. He didn't find any enjoyment in playing or hangout with his friends. As regards his mother took this behavior unusual even thought it as impairment and intended to make changes the behavior.

Attending a Courtyard Session his mother came to know about Alor Dhara Community Resource Center. After that she brought Shahidul at AlorDhara with the hope of optimistic transformation. Initially he used to come with his mother and neighboring friends. Once he found felling comfort with Alor-Dhara he started to come without any accompany on a regular basis.

All staffs at Alor-Dhara developed an intimate relationship with Shahidul and provided all sorts of mental support for his endurance. Shahidul said that, "I fell really comfort accompanied with all who are working here. I am impressed by their friendly behavior. I have come up with a regular counseling with service promoters and counselor. First I have been enrolled in SRHR session and completed 6 sessions. Now I have been continuing Basic Computer Course as well as enrolled in music class. Actually I didn't know about pubertical changes before attachment with AlorDhara. I also utilize my time at Alor-Dhara with books as I like most and playing indoor games like youth friendly ludu which contains various significant messages regarding SRHR."

Notably, Shahidul added again, "Now I am associated with my friends and feel comfort with them. Reasonably now I become an extrovert in talking with others. I can think about my life positively utilizing life skills and I dream to go ahead. Now I feel, life is meaningful to me."

Case Study 2....

NisatMonirShila is growing up in an unprivileged family and now she is 15 years old. She has lost her father at her early age and her mother works for their food and others as a maid servant. After starting her puberty Shila had been going through many experiences with physical and mental changes. She tried every day to share with these with her mother but her mother works all day long outside the house for their living. She doesn't allow her daughter to talk about anything as she feels tired after returning home.

Shila experienced her first menstruation when she was in class vii. She became frightened and shared it with one of her friend. As her friend had lack of information she couldn't provide complete messages regarding menstruation and its management. Shila was going through with some unhygienic practice during her menstruation. As a consequence she had been suffering from many Reproductive Tract Infection related complications. It washampering her regularity in study as well as in school. Shila said, "When I was in class ix I attended an awareness session on SRHR organized by CRC-AlorDhara. Being motivated from there I received 6 sessions on SRHR. After attending sessions I came to know about physical and mental changes during puberty (Both boys and girls), reproductive organs, misconceptions with menstruation, proper maintenance of menstrual hygiene, wet dream, masturbation and so on. I also learnt about life skills and have taken into practice in my own life."

She also added that, "Being captivated to AlorDhara one day I visited the center along with some of my friends. I and my friends have received counseling from the counselor on our many pubertical issues. We enjoyed a friendly atmosphere as well as feel secured to open up to them during discussion due to their confidentiality protocol. I could rectify my misconceptions and have come to know many unknown matter related to SRHR. Now I can handle my puberty with confidence. As a result I become regular in my studies. I share with my other friends about my changes in life and bring them to Alor Dhara to enjoy a safer life."

Case Study 3....

Fateha Akther was born and brought up in a very lower income family with other 3 brother and 2 sisters. Now she is at the age of 20. Her father is somehow maintaining the family dealing with a little vegetable shop. Fateha couldn't continue her study after promoting in class ix due to poverty. She didn't have any job except to helping her mother at household work after dropping out from the school. At that juncture, once she attended in a Sensitization Meeting at her community organized by AlorDhara-Sylhet. Here she felt interest with discussed issues and came up in touch with a Service Promotor of AlorDhara. Then she Visited AlorDhara-Community Resource Centre (CRC). She attended in 6 SRHR sessions at AlorDhara with enthusiasm. She also completed Basic Computer Course successfully. Attending in various discussions at AlorDhara and receiving counseling from Counselor, Fateha has been enlightened on various pubertical issues and gained life skills to drive her life in the right way. Considering her regular attachment with AlorDhara as well as her motivation she was nominated by AlorDhara-CRC to be enrolled in Training Program under Income Generating Activities (IGA) program for young people. She had been admitted in Sewing Training Course at "Anonna Sewing training Centre" at her locality for 3 months duration. Being inspired by AlorDhara she became more enthusiastic and completed the course successfully. Being satisfied with her result and interest, Annona Sewing Training Centre appointed her as a worker at the rate of taka 2500/- (two thousand five hundred) per month. Now she is helping her family with her income which is a great support like their lower income family. It is building her confidence as well as she dreams to continue her study. She already started her study again under Open University. Fateha is regularly talking with her peers at her surroundings with their purbertical issues as well as bringing them to Alor-Dhara-CRC. Now she is a role model as an enlightened girl to other under privileged young people at AlorDhara working area.

Young people have got the opportunity to gather knowledge and information related to SRHR and others to make their life healthy through Knowledge Practice Game. Hence, they can think themselves as a good citizen for the nation in future.

Through exit interview we have discovered that one of the adolescent girls named Munni came to AlorDhara by herself to know about SRHR. She said, her younger sister changed her life style which thumped her. She gradually noticed her younger sister knows much more about SRHR whereas she doesn't know anything being 4 years elder than her. That insisted her to come to AlorDhara. When she gained some knowledge on SRHR she started to think how she can disseminate her knowledge around her who doesn't know anything. Then she got a way, which is to be a peer educator. She said, if she can be a peer educator that will create an opportunity to disseminate her acquired knowledge which is very much significant for all young people. Finally, she decided to apply for peer educator at AlorDhara.

Through group discussion we came to know that one of the peer educators who worked with AlorDhara for 2 years got government (Pre-primary section of School) job. She explained, "If I was not involved with AlorDhara I couldn't face the interview the way I talked. I got the result of Life Skill training provided by AlorDhara.

Analysis of pre-test and post-test question answer sheet says that knowledge on SRHR among young people increased attending SRHR sessions. In knowledge practice game score is being increased than previous games due to various interventions.

In future to measure the knowledge of young people a control group will be selected. Using the same questionnaire knowledge gap on SRHR can be measured between control group and intervened group.

A Youth Forum named "Making Friendship" has been developed by some of the members of AlorDhara. They were used to come to AlorDhara regularly. Now the forum is running by themselves in consultation with AlorDhara. This is the positive action taken by the young people enthusiastically and spontaneously.



Message dissemination meeting on SRHR was organized with community people at grassroots level participants like; young people and their parents/guardians. A large number of young people have been aware from the meeting about different SRHR messages including Safe MR and hazards of unsafe abortion. There is a good achievement of the program when community people have shown their interest towards Community Resource Centre (CRC) at their locality linked-up with the presentation. In open discussion with the SRHR messages parents/guardians were especially very much passionate to articulate the significance of SRHR for the young people as there is a prevalence of RTI/STI and HIV/AIDS at Sylhet region. On the other hand contraceptive prevalence rate is the lowest in Sylhet among six Divisions in Bangladesh. Moreover, they urged on early marriage and adolescent pregnancy where CRC can take place a vital role in RHSTEP-RFSU project area. Significant number of superstitions and misconceptions are prevailing regarding women's health and related treatment.

Through value clarification workshop it was possible to disseminate important values to these pertinent issues in a very shorter span of time to the responsible audience. This program has created opportunity for the parents/guardians/teachers to assess their beliefs with various statements regarding SRHR which are as follows: a) In most cases women are abused by the unknown persons, they are safe

at home b) Gender Based Violence is happened only in poor and marginalized community c) Access to safe MR services privilege young people towards irresponsible behaviour d) Men have no need to know information regarding MR, it is only the matter for women e) Sexual harassment is happened only in poor countries like; Bangladesh, it doesn't happened in developed countries. At the end of the program participants have been committed to act as an agent of eradicating the myths and misbelieves surrounding sexuality, sexuality education and sexual health and rights.

During the reporting period different types of national and international days in relation to SRHR have been observed in Khulna & Sylhet, organized by AlorDhara-Community resource Centre. AlorDhara attended in govt. program at their respective locality as well as they organized some colourful events focusing on the day at their own centres like; International Women's Day with the theme of "Make it Happen" World Health Day with the slogan of "From farm to plate, make food safe" International Population Day with the theme of "Vulnerable Populations in Emergencies" World Aids Day with the theme of "Getting to zero" International Day for the Elimination of Violence against Women. More than 5 hundred young people have come to aware regarding the themes of the days.

Training on Peer Education and Life Skills were



organized at Khulna where 5 girls and 6 boys attended in Training. It was a mixing of old and new peer educators. In line with objective of the course they have received SRHR education thus they are conveying their knowledge to their neighbouring peers as well as classmates at school applying peer education techniques. Simultaneously they are practicing life skills in their own life as well as transferring their skills to their peers to practice everything positively for a safer life. As a result Young people at catchments area are knowledgeable on ASRH hence they can handle their puberty.

Training on RTI/STI was organized for paramedics of AlorDhara. They attended in a 3 days training in RHSTEP-Dhaka Medical College Hospital where Dr. LutfaAkter, Program Coordinator (Training) and Dr. NomitaSaha, Clinic Manager facilitate the course. The contents of the course were Identification of reproductive organ/system, Infection/Diseases occurred through reproductive organ, Consequences of RTI/STI, Syndromes of HIV/AIDS, How HIV/AIDS transmitted or not, who are at Risk of HIV/AIDS and so on. After receiving the course paramedics are counselling and managing the cases confidently.

More than 127 young people where boys are 55 and girls are 72 have completed Basic Computer Course to be acquainted with information technology to build a "Digital Bangladesh" (Govt. slogan). In every new batch learners have a demand in introducing web based training so that they can go for out sourcing. Around 84 learners where boys are 32 and girls are 52 in touch with enter-education through Music where they are practicing to produce various messages related to SRHR.

Result 5: During this reporting period more than 12,060 young people where boys are 6248 and girls are 5812 visited Alor –Dhara in Khulna and Sylhet to avail various SRHR information and more than 1756 young people where boys are 776 and girls are 980 have gone through counselling with their various SRHR issues. Around 1431 young people where boys are 337 and girls are 1094 (married & unmarried) received RTI/STI/ANC/PNC/LCC/Blood Grouping/EPI/TT services within need based health services.

Women and men who are the parents/guardians of the boys and girls in the community have been benefitted attending in various programs. They could realize the significance of SRH services at their children's life where they didn't have any attention to the difficulties of the adolescents at their puberty. Adolescents mother also have been benefitted receiving ANC, PNC services as well as counselling with FP. Apart from that women/girls and men/boys have been aware regarding Safe MR and hazards of unsafe abortion. They could clarify their beliefs and opinion regarding myths and reality regarding sexuality and sexual health.

Seminar on SRHR was introduced as a new intervention in response to request from schools. It was an effective and easy way to disseminate SRHR messages among a large group of students. Significant messages related to SRHR was disseminated at a time through seminar as well as students became interested to learn SRH education which is included in their two text book (Physical education & health and Home science) from class vi to x.

Earlier it was almost impossible to enter in upper middle class and middle class residence during door



to door visits with the issue SRHR. But in 2015, it was noticed that the said classes have started to welcome AlorDhara field workers. This reflects AlorDhara has created a positive image in the community. Earlier religious leaders were strongly against talking on SRHR. In 2015, one of the religious leader sent his daughter to AlorDhara named Ayesha. Ayesha is partially mentally disabled and she didn't get proper support from school. Finally she left school. After that her father sent her to AlorDhara. Ayesha said, "I have got a new life. Attending different sessions I came to know many things. I like the environment of AlorDhara."

Health Camp has been introduced at the community to provide support to young people who have various social barriers to visit CRC. Typically young mothers have no awareness regarding health check-up during their pregnancy. Adolescent mothers are at high risk when they are the victim of child pregnancy. Around 1236 parents along with boys and girls have gone through various health check-up as well as counseling during this reporting period which saved them from pregnancy related complicity and other hazardous health behavior. This health camp has taken them into practice to visit physician regularly during their pregnancy.

Before establishing RFSU project there was very little information on SRHR for young people at the project area. Notably in our culture it is difficult to establish and run Youth Friendly Services centre at the community level as it is a silent issue in our country. In general it is thought that SRHR education may increase sexual exposure among young people and will destroy their morality. In conjunction, firstly RHSTEP-RFSU project established YFS Centre (AlorDhara) at project areas; that could break the silence as well as made changes the community towards a positive notion, from YFS centre as well as through peer approach YP could access SRHR information for a pleasant sexual health. On the other hand, students can access SRHR information from various school program organized by AlorDhara.

It's a big challenge for National Curriculum and Textbook Board (NCTB) to explore the teachers at secondary school in imparting SRHR education at

different classes which has been included in health education and home economics subjects from class VI to X. RHSTEP-RFSU project imparted ToT on SRHR for school teachers to make them capacitated in delivering the topics in respective classes from where students can easily access the information and education. On the other hand, a participatory monitoring system is in place with the representative from local education authority, School Management Committee/Teachers and RHSTEP to monitor whether SRHR education is going on properly or not.

Lessons learned

The lesson which is learnt through implementing the project is engaging community people at different stages of project cycle. As a consequence parents, teachers, community & religious leaders get involved with the project which keeps them away from various superstitions and misconceptions. Thus their valuable opinion also collected and incorporated in designing different activities of this proposal.

Future plan

- Expand project area utilizing its lessons learnt
- Introduce primary health care for parents/guardians at Alor-Dhara Youth Friendly Services Centre
- Introduce vocational training for young people for their financial sustainability
- Develop number of skilled teachers in terms of delivering SRHR education
- Advocacy with government to replicate the 'AlorDhara' model over the country

Project 3

Title of the project

Unite for Body Rights

Project duration

January 2011- December 2015

Funded by

The Unite for Body Rights program is supported by Dutch SRHR Alliance (Rutgers WPF, Simavi) along with the Embassy of Kingdom of the Netherlands

Location/area of the project

Kawkhali and Rajoshtali Upazila of Rangamati Hill Districts are the working area of UBR project.

Purpose

Following objectives have been formulated under UBR project:

1. Increased utilization and quality of comprehensive Sexual and Reproductive Health

(SRH) services

2. Increased quality and delivery of Comprehensive Sexuality Education (CSE)
3. Reduction of Sexual and gender-based violence (SGBV)
4. Increase acceptance of sexual diversity and Gender identity.

Major achievements

Comprehensive sexuality education

A total 40 educators were trained to deliver SRHR education among them 33 are teachers, 4 youth organizers, 3 SRHR educators from both upazila of RHSTEP. A total 5,116 young people have participated in the SRHR education in the both upazilla. Among them 311 girl's and 246 boys were graduated on MMW by the trained teachers, youth organizers along with required support from SRHR educator. Moreover 2,767 girl's 1,643 boys were graduated on NCTB by



the trained teachers. Besides this 70 boys and 79 girls of four communities were graduated on peer hand book by the trained youth organizers

Youth friendly services

In this reporting year 7594 client had received the service from both youth friendly service centre of both upazila and among them youth is 5794 and adult is the rest 1800 people. The number of counseling service received by the young people in the both Upazila has increase this year it is 3,069. Counseling through Mobile is one of the popular and easy counseling services in YFS center which is quite familiar among youth and helps to extend the support more young people.

Enabling environment

In the year 2015, 4 meetings with the Upazilla Secondary Education Officer and 2 meetings with 4 different Government departments were arranged in each Upazilla to create linkage with the Govt. Almost 900 parents attended in the parents meeting at the youth center and in the different schools of both upazilla. In the schools parents meeting were organized in presence of Headmaster, SMC members, teachers and students' representatives for pointing the importance of SRHR education to ensure the active support from their side. On the other hand youth representative try to enlighten the contribution of UBR to empower them in relation with SRHR ground.

Menstrual Hygiene Management Day, International Women Day, World Population Day, International Youth Day and 16 Days Activism was celebrated in the community alongside the government, where total 6,900 no. community people were reached by SRHR awareness raising activities throughout the year. Day celebrations are designed, planned and lead by the youth organizers in the community to step up them as a youth leader along with youth advocate also. Around 8,500 IEC materials were distributed to reach the community people. However different types of extracurricular activities like debate, quiz & wall magazine were performed in the MMW and NCTB schools. At the side of all this a variety of meeting, orientation were held in each upazilla to raise awareness among the parents, head teacher,

teacher, SMC members, community leaders and Govt. officials , almost 1400 people were reached throughout these program at the both upazila .

Performance

TOT for teachers and out school CSE by youth organizers

Teachers received training by CSE master trainers of UBR alliance, teachers understood the necessity & importance of SRHR issues and developed positive attitude towards SRHR issues. From the trainings the teachers are becoming friendly to their students and they are changing their traditional form of teaching style to facilitation mode in classrooms.

Taslina Khanom Misty -Asst. Teacher-Ghagra Girls High School, Kawkhali said, "This is a great experience of my whole life and a nice feeling to see my students changed and I become trust friend. I found student who never respond become active in MMW session. MMW really make my students confident, create openness and aware about their rights "

A very innovative approach as initiated by UBR. This year the project initiated to involve Youth Organizers (MMW graduates) as CSE facilitator. Therefore youth organizers (MMW graduates) were trained and engaged to facilitate MMW in UBR youth centre with out of school young people. To keep the zeal up of young people and to continue CSE in EDIs, different activities i.e. debate competition, quiz test, wall magazine are introduced and continued. Young people love these programs as they received prizes for their better performances.

Sensitizing the Upazilla education officer

Moreover, the project also initiated to sensitize the upazila Education officer to make them acquainted with CSE in schools to support & advocate. Education officer of Kawkhali attended in this training. This was found very essential & useful to make them committed & ready to initiate, implement, support and monitor/evaluate CSE program in schools. To ensure meaningful youth participation UBR has capacitated 23 youth organizers by providing them training on leadership skills, monitoring and

evaluation and on three pillars of UBR.

Promoting YFS other than UBR facilities

There is provision for YFS in every govt. health complex in govt. policy but the reality is it is not in practice in everywhere. But it is a right for every citizen of this county to get friendly service. So to introduce YFS to service providers among the non UBR service providers this year both Upazila arranged training on YFS for GO & NGOs service providers. In this training SACMO, FWV, FWA, CHP of community clinic and paramedic, counselor of NGOs were presented. The objective of training was promoting YFS in their own service delivery point. In this reporting year RHSTEP trained 16 Govt and 9 NGOs service providers of both upazilas. All Govt .participants had received this type of training for the first time.

One participant expressed that today he can realize that correct information and counseling is more essential for young people rather than clinical service... Rajib Dash, SACMO community clinic, Rjosthali.

Another participant expressed that through this training, her realization is to provide service among the young people ; service provider's must have a positive attitude towards young people along with this they have to feel their need.....SACMO, community clinic , Kawkhali .

Encouraging youth entrepreneurship

Last few years MHM session was carried out for in school & community young girl's , our feeling is

that many young girl are now habituated to use the napkin, but the high price of the napkin is a factor, as young girls haven't any income source & many of them come from a low socio-economic status . So, YFS team of UBR alliance has taken an initiative to produce low cost handmade sanitary napkin. Other objective of this training was to develop young entrepreneur.

With the help of Practical Action (one of the leading NGO in this sector), YFS team organized a training on "HANDMADE SANITARY NAPKIN" For 16 young girls from Gazipur and Kawkhali. 4 young girls' attended in this training from Kawkhali. In this training, they learn how to make this napkin, make a plan for marketing their products. As a pilot basis Kawkhali upazila started to produce the handmade sanitary napkin and promoting youth entrepreneurship among young people.

I feel very happy that I can produce an essential product for girl's .Through UBR program I have learnt the necessity of sanitary napkin, but sanitary napkin are not affordable for me and I could not use this regularly . However the price of sanitary napkin (what I made) is affordable for me as well as other young girls also.....Sumana Marma, youth organizer, Kawkhali

School health camps & students' health cards

This activity was really excellent to decentralize & create linkage with CSE education and SRHR services for school students, especially for the students in





distant schools far away from UBR Clinics. In the health camp Health cards are distributed among the service recipients. Health cards ensure the students to access for free services from the Youth friendly service centre.

Counseling training for teachers: Linkage between education and services

Moreover, in this reporting year another initiative was taken by UBR alliance that is Counseling training for Teachers. As a pilot basis this training was organized by YFS team and BRAC IED facilitate this training. 16 teachers from each upazilla named Kawkhali, Gazipur and Pabna upazilla attended in this training.

Counseling training makes me more efficient ; now a day's students come to me with their personal issues and I can deal the their issues more positively than earlier, I felt this training assisted me to change myself... Said Pallobi Chakma, Teacher, Powapara Model High School, Kawkhali)

Improved capacity of service providers to deliver SRH services

UBR is counseling focused program rather than clinical services. To increase the capacity of counselors on psychosocial support for young people YFS team of UBR alliance has organized 12 days training course for counselors that was facilitated by BAC IED. Among 24 counselors of UBR upazilla 4 counselors attended from Rajosthali and

Kawkhali Upazilla. By attending this training course they become more skilled and positive minded towards young people. As a result it was find out that this year counseling service was received by young people was more than last years. Mobile is one of the famous and easy counseling services in YFS center. Who are not willing to come at the youth friendly service centre they can get the counseling service through Mobile phone, Day by day it becomes more familiar among the young people.

YFS teams of UBR alliance organized and facilitate Training on YFS for UBR service provider to create a learning moment in which participants can reflect on their knowledge, skills and attitudes towards young people, providing youth friendly services and creating a youth friendly environment. Facilitator gave more emphasis on YP rights and Gender session. 4 services provider from both upazilla and youth officer had received this training.

When a young people come to my clinic I treated them as a patient, but this training enhances my insight to feel that YP have a right to get a friendly environment to meet their SRHR needs.....Konikhyang, paramedic, kawkhali.

With the support of Dutch consultant YFS team of UBR alliance made 3 training module on YFS for 3 categories' of participants. One for UBR service provider, one for Non UBR service provider another

one for young people. Though the modules are in draft mood but piloting has done in different upazillas. Based on these findings the module will be finalized by YFS team.

MRM (MR with Medicine) is a non-invasive method to terminate unwanted pregnancy. This is very new in our country and becoming more popular. YFS team has organized this training for service provider of UBR upazillas. RHSTEP has imparted this two days training through both theoretical and practical session. Trainees were awarded with certificate after successful completion of the training. Two paramedics from both upazila and Youth officer received this training now they are implementing in their upazilla.

Parents meeting in the schools and youth centre

To cover community parents this activity was held in both upazilla, through this meeting parents got the SRHR information as a parents children relationship

has improved dramatically.

After attending this meeting a significant change has happened in my mind about gender discrimination, now I try my best to distribute equal food and education materials among my boys and girls, though I am very poor but now I can feel that girls should get the same opportunity as boys, earlier this type of thinking was not in my mind..... Mecheching marma, parents Rajsthali.

A girl shared her experiences during menarche, "When I had my first menstruation, my mother asked me not to take any salt during menstruation. She said that salt will clot the menstrual blood. I was not allowed to take any curry during my first menstruation. I took only rice, milk, and banana." But now a days my mother withdraw his decision/food restriction, She give feed me those they are normally taking and even try to feed better food during menstrual period.



Case Study

16 year old Mitu (not her real name) studies in standard 8. Since Mitu comes from a village, in the town she lives in a rented house to continue with her studies. Her parents speak to her on holidays. In the meantime she grew a friendship with a boy from standard 9. That boy also lived in a rented apartment like Mitu. He used to call Mitu very often. Since they were talking over phone they grew closer. At a point they started loving each other. When the boy asked Mitu to have sex with him, she didn't agree to it. The boy even gave a marriage proposal to Mitu. He asked her to trust him. This made Mitu like him even more. One day Mitu's landlord and his family were not home. That time Mitu had physical relation with that boy. Only Shopa, a friend of Mitu who was younger than her knew about this incident. Nobody from their family knew about this. Their relationship continued like this. After the sexual intercourse Mitu started to miss her regular periods which made her very worried. She told Shopa and the boy about this. The boy suggested her to buy medication from a local pharmacy to abort the child. He said after having the medicine she will be fine. On the other hand Shopa told her not to do so as none of them knew how to buy these medications. And if she buys that medicine everyone will know. Shopa suggested her instead of doing all this she should go to RHSTEP for help. Listening to Shopa they both went to RHSTEP's youth centre for consultation. Mitu went to see the counselor. After listening to everything counselor explained Mitu the health risks of teenage pregnancy. Counselor wanted to know after all this would Mitu want to still continue her relationship with that boy and whether she still believes him. Mitu said if she hadn't come to RHSTEP she might not know what is wrong with her. After discussing everything Mitu understood that she made a mistake. Later Mitu had a pregnancy test done. The results were positive. Mitu informed the counselor that she didn't want to have this child. Mitu did not understand what to do. Counselor told Mitu what is MR, why is it being done, what is the right time to do MR, positive and negative sides of MR. After hearing this Mitu decided to go for MR. After the medical checkup performed by the paramedics, the MR was performed. After the MR was finished they informed Mitu about the rules and regulations to maintain. She was asked to come for a follow up after 15 days. For the follow up Mitu came back to the clinic. She said after the MR she didn't face any physical discomfort. The trauma she was facing during the relationship was over. She is fine now and can concentrate on her studies now.

Lessons learned

- Creating support base in EDIs through training, meeting with headmasters and upazilla Education Officers can make easier the CSE initiatives in EDIs for UBR program. We found after training of headmasters and education officers, they extended support to UBR program. Incorporating the SRHR classes in the regular teachers' lesson plan ensures the session conduction officially.
- UBR is the only source of SRHR information in the upazilla, we observe that, students are so keen to get information and UBR made a great platform to talk about Sexuality.
- Teachers' coordination meeting is a very efficient tool for on job learning sharing & collective quality improvement.
- Including health camp in school and materials distribution for all students helps to make the linkage between service and education of UBR target groups.
- Only availability of services does not ensure its utilization. The awareness raising activities, referral linkage, and friendly behavior of service providers are also very important factors to ensure more utilization of services.
- Headmasters & parents involvement is essential to accelerate working with young people.
- The day observance and other much gathering

are excellent ways to show the capacity in young people to all the community people including their parents & teachers. This also encourages the parents to feel proud of their child and to support more.

- Debate, quiz & wall magazine provide young people spaces for creative & interactive SRHR practices.

Future projection

- Keeping in mind the increasing demand for counseling in schools, the project is now planning to engage teachers as a friendly counselor for the students. There will be proper capacity building for selected teachers and also they will be nursed regularly by the regular UBR counselors.
- A youth alumni & a youth corner are planned to establish in each UBR schools, so that it can be functioned as a safe platform to learn, share & practice SRHR of the young peoples' needs.
- Based on the learning in the last years, onward the project is going to promote youth friendliness in the Govt. facilities throughout the meeting with Govt officials and providing training for to the govt. service providers.
- UBR will be more focused on Madrasha bringing MMW through proper approaches.
- Train more teachers so that SRHR issues of NCTB could be addressed.

Project 4



Title of the project

RHSTEP- Ipas Capacity Building Project

1. "Prevention of maternal death from unwanted pregnancy(PMDUP)"
2. "Capacity Building on Long Acting Reversible Contraceptive (LARC) Methods"

Project duration

JPMDUP : July 2011 - December 2016.

LARC : July 2015 - September 2016

Funded by

Ipas Bangladesh

Location/area of the project

Kawkhali and Rajoshtali Upazila of Rangamati Hill Districts are the working area of UBR project.

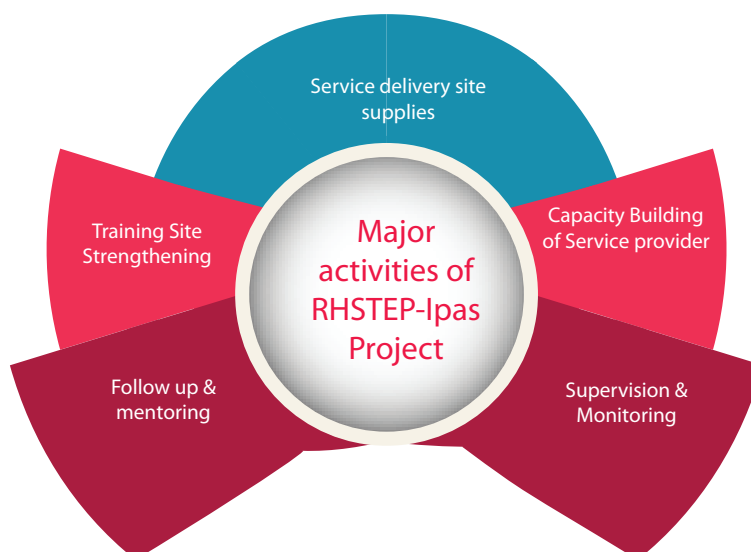
Objective

PMDUP Project : To improve and update the quality of MR & Post abortion Care Services in the public health facilities for reducing maternal mortality & morbidity in achieving MDG5.

LARC Project : To improve and update the Family Planning methods especially IUDs and Implants for the women of geographically disadvantaged areas of Chittagong , Sylhet & Barisal divisions

Major achievements

- Integrated MR, PAC and FP service package introduced.
- Introduction & continuation of Training on " Menstrual Regulation with Medication ".
- Nurses are successfully involved in MR, PAC and FP services.
- The Doctors & Nurses of DG Health facilities have trained & FWVs have update on Short & Long Acting Reversible Contraceptive methods . It will contribute in reduction of maternal mortality and morbidity indirectly in Bangladesh.
- Long Acting Reversible Contraceptive methods (IUD & Implants) are available in DG Health facilities .



Performance

Training Site Strengthening

Training sites logistics supply was provided as per requirements in different RHSTEP-Ipas facilities .

Service delivery site supplies

Service delivery site supplies in RHSTEP project

sites were given as per specific site's requirement i.e. in DMCH, SSMCH, KMCH, RMCH, SOMCH, CMCH, SBMCH, MMCH, FMCH, RpMCH, Khagrachari, Rangamati, Bardarban, Cox's bazar, Jessore & Pabna District Hospital .

Capacity building of service provider

ACTIVITY BRIEF Of PMDUP Project (January - December 2015)

Title of the Event	# of Events conducted	Venue	# of Total Trained Providers
Service provider training on Woman Centered MR & PAC Services for Doctors (4 days)	2	SSMCH	22
Service provider training on Woman Centered MR & PAC Services for Nurses (14 Days)	2 1	SSMCH RMCH	21 10
Service provider training on Woman Centered MR & PAC Services for FWVs (8 Days)	2 1	SSMCH RMCH	17 6
Training on Menstrual Regulation with Medication (2 Days)	2	SSMCH	37



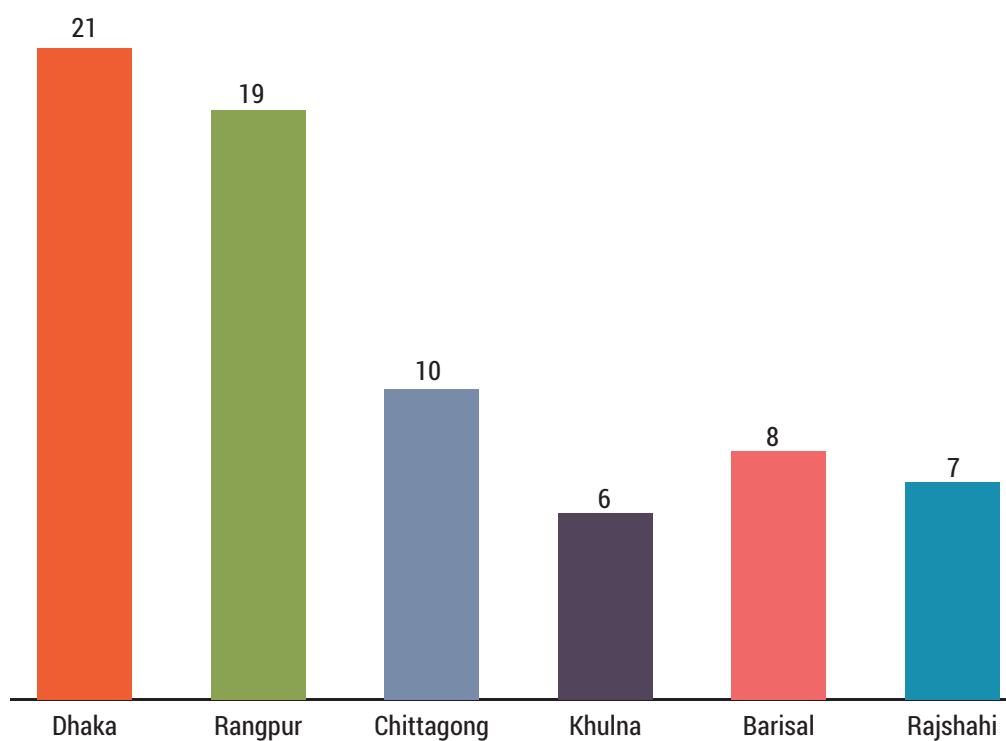
Capacity building of service provider

Activity brief of LARC project (January - December 2015)

Title of the Event	# of Events conducted	Venue	# of Total Trained Providers
"Training on Short & Long Acting Reversible Contraceptives Methods " for Doctors	1	DMCH	8
	1	CMCH	8
	1	SOMCH	7
"Training on Short & Long Acting Reversible Contraceptives Methods " for Nurses	1	DMCH	9
	4	SSMCH	31
	2	CMCH	14
	1	SOMCH	8
	1	SBMCH	8
Skill update for Doctors on IUD & Implants (1 Days)	4	CMCH	30
	1	SOMCH	16
	1	SBMCH	11
Skill update for FWVs on IUD (03 Days)	1	SOMCH	10
	1	SBMCH	11

Follow up & mentoring of Service providers

Total 71 Service providers follow up had done on PMDUP project & 36 in LARC project. Hard copies of provider progress report are supplied also



Lessons learned of the project:

1. To introduce MVA for PAC by replacing D & C reducing caseload of all level of govt. service centers.
2. Nurses are providing good number of services at primary and secondary level of hospitals
3. Follow up of providers after training make confidence of providers and also improve quality of services.
4. Support of Obs. and Gynae. department of Medical College Hospital make the training quality strong .
5. Orientation to staff of obs and Gyane department make up to date information to all staff
6. Involvement of supporting staff of govt. hospital in cleanliness & Infection Prevention is very tough specially at Medical college Hospital.
7. Decentralized trainers support in training and follow up.
8. GO-NGO trainers make the service and training towards sustainability of govt. program.

Future projection

PMDUP project

- Training on MR & PAC for 20 Nurses (At DMCH/SSMCH, 14 days training)
- Skill update for providers at MCH on MR, PAC (2 events at 2 MCH, 2 days event, 20 participant)
- Capacity building of RHSTEP staff (1 event, 10 participant, 1 day training)
- Supervision and monitoring at sites
- Need based provider support

LARC extension (July - Sep 2016)

- Training on Short and Long Acting reversible contraceptives for 16 midlevel worker in 2 batches
- Skill update of doctors (12) and nurses (8) in two batches in Medical College Hospital
- Follow up of 16 midlevel workers

Project 5

Title of the project

Developing TVET, HE and training on SRHR in the Health and population Sector in Bangladesh

Project duration

April 2013 – March 2017

Overall objective of the project

To strengthen the institutional setting to work towards a better understanding of SRHR in Bangladesh and increased delivery of rights-based SRHR services, collaboration and advocacy to empower professionals in academia, health care, population and education for the ultimate benefit of the male and female population in Bangladesh.

Requesting organizations

- James P. Grant School of Public Health (JPGSPH), Brac University (Lead)
- National Institute of Population Research and Training (NIPORT), GoB.
- Reproductive Health Services, Training and Education Program (RHSTEP)

Implementing consortium members

- Management Development Foundation (MDF), Netherlands (Lead)
- Rutgers WPF, Netherlands
- Institute of Gender Studies, Radboud University, Nijmegen, Netherlands
- CREA, India

Project background

REPRODUCTIVE health indicators show the great progress made in Bangladesh in recent years, especially in infant, child and maternal health issues. Since 1990, infant and child mortality rates have declined by more than two-thirds, and an impressive decline has been attained in the maternal mortality ratio, from 320 per 100,000 live births in 2001 to 194 in 2010. However, Bangladesh still needs to reduce maternal mortality by 25% to meet MDG 5 by 2015.

Problem analysed in the project

AMONG the many causes of the poor sexual health and rights of women and men in Bangladesh are the following three deeply rooted factors:

Norms of **gender inequality** are entrenched in economic, cultural, religious and political structures, traditional and modern, leading to a bias of the health, education and juridical systems in Bangladesh. In the BDHS 2007, almost half of women reported that they are not involved in making the decision to obtain health care for themselves. About a third of girls marry before they are 15, and another third before the legal age for marriage of 18. The payment of dowry is illegal but very common. **Sexual and gender-based violence (SGBV)** is widespread and, to some extent, culturally tolerated. In a nationally representative sample, 37% of men reported physically and/or sexually abusing their wives in the past year. Poor and uneducated women report more intimate partner violence than wealthier educated women. Gender-based violence against married women is also perpetrated by family members and in-laws, and unaccompanied girls and women are frequently subjected to sexual harassment and 'eve teasing'. People from sexual minorities, who do not comply with heterosexual gender norms, are also subjected to violence.

Capacity building of health, population and education services is well supported by the government, World Bank and other donors. However, they focus on reproduction, especially increasing access to family planning and maternal and child services for married couples. Women and adolescents in their own personal rights are left out. There is weak vocational training of health staff and educators with regard to gender, sexuality and human rights, as stated by the requesting organisations. This leads to prejudiced service provision in case of the health workers and giving biased SRHR information to students in schools, colleges and at universities. Health and education providers hold on to the

dominant Bangladeshi norm of marriage. This feeds discrimination against unmarried people, mostly adolescents, who experience stigma and discrimination when attempting to access SRH services or to get information about their bodily changes and their sexual feelings. Girls fear that simply visiting a health centre could generate rumours about their virtue. Because the only socially approved type of sex is heterosexual sex within marriage there is silence, shame and denial about other kinds of sexual activity. For example, children and adults who are victims of sexual harassment and abuse typically keep quiet rather than seeking help. In general the sexuality of unmarried people, of sexual minorities and of people with disabilities is not valued.

To create positive social changes, students, health providers, and teachers need to develop the skills to address issues of gender-based violence, child sexual abuse, early marriage; this demands a more reflective and informed attitude towards sexual and reproductive rights for all and gender equality. It is important that within action to improve the lives of Bangladeshis the meaning of SRHR is not limited to family planning and maternity services, but addresses the whole range of SRHR, including human sexuality, and sexual and reproductive rights.

Our advancement so far in 2015

A. Development of trainer's handbook for MR training

- b. RHSTEP started developing a Trainer's Hand book for MR Training with the support of CREA-India since 2014. During the reporting period, three such workshops were organized at RHSTEP. The first workshop was held during 31 May – 02 June 2015 where all the developed contents were reviewed by the experts and further development were done. The second workshop was held in 20-21 September 2015, where the feedback from experts integrated in the curriculum for organizing a Pilot facilitation workshop next. However in-house Pilot workshop was held in Dhaka Medical College Hospital on 03-08 October 2015.

C. Strategic planning for RHSTEP

As part of RHSTEP's long-term sustainability plan, a strategic planning workshop was held in the



organization facilitated by Dr. Martien Van Asseldonk from MDF and Ms. Anne Peters from Rutgers from 14-17 February 2015 in a local hotel. A number of 15 staff from different strata of the organization participated in this planning workshop.

C. Annual planning workshop

The Annual Planning workshop for the Year-03 was held in Kandy, Sri Lanka during 18-23 May 2015. A total of 09 officials from JPGSPH of Brac University, NIPOrt and RHSTEP attended in this planning workshop.

Project activities in coming year 2016

- Finalizing the Trainers' Handbook for MR Training
- Developing Business Plan for RHSTEP for its sustainability
- Staff capacity development on different SRHR and Management issues.

Conclusion

In this reporting year RHSTEP had taken different initiatives to scale up its capacity in relation to MR training and project management under this project. Beside, RHSTEP also actively participated in different activities organized by other partners organized to improve their capacity as well as planning for SRHR improvement. We hope in coming days RHSTEP's capacity will be more strengthened in delivering SRHR services as well as building a knowledge network with the other practitioners on this arena thus would contribute in improving and establish SRHR in the country context.

Project 6



Title of the project

Access to Safe MR and Reproductive Health for Youth and Adolescents (ASRYA)

Project duration

January 2014- December 2016

Objectives

1. To increase by 50% the access to the quality reproductive health services focusing safe abortion for women and adolescents in SAAF project areas during the project period
2. To improve by 70% the SRHR knowledge among the target beneficiaries in the project areas during the project period
3. To create an enabling environment in the project area for women, adolescents and youth to access the services and knowledge about SRHR

Funded by

Safe Abortion Action Fund (SAAF), IPPF, UK

Working area

- Nasirnagar Upazila, Brahmanbaria
- Gaibandha Sadar, Gaibandha

Major achievement/ Overall achievement

This project aims to achieve promotion of Safe abortion and Sexual & Reproductive Health and Rights for women and adolescents in underserved areas of Gaibandha sadar and Nasirnagar upazila of Gaibandha and Brahmanbaria districts respectively. Focuss of the project is to address reproductive health need of poor, vulnerable and hard to reach adolescent girls, women and youth of targeted working locations.

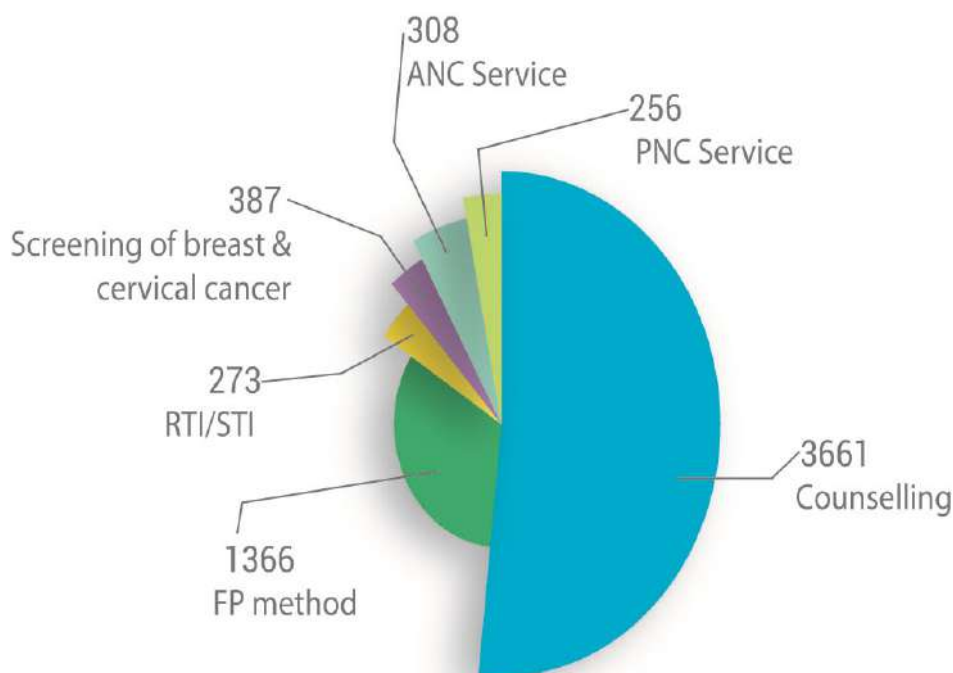
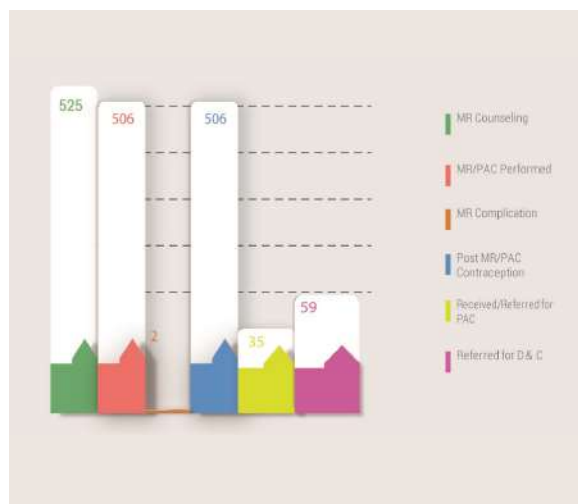
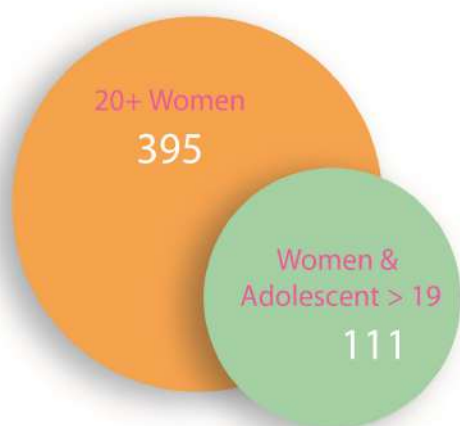
To achieve objectives, this project established 2 reproductive health centres in the beginning of the project. The innovativeness of the project is its community based approach and engaging the community at all stages of project cycle. Not only providing Menstrual Regulation (MR), Post Abortion Care (PAC), Family Planning and other SRH Clinical Services, it also disseminated SRHR information to number of women, adolescents, parents of adolescents, elderly, teachers, traditional birth attendants (TBAs), pharmacy owners/sellers, village doctors by organizing them into small groups, school education, workshops, community meetings etc. This project has developed a number of IEC posters, leaflet, Flip-charts etc. for wider coverage of SRHR information and behavior change communication

(BCC). In order to encourage community support to the project, it also formed Community Advisory Groups (CAGs) comprising of teachers, local elites, religious leaders, members of local government etc. in both project sites. This project also involved CBOs/ Youth Clubs with this project. These CAGs, CBO/ Youth Clubs not only generate people's support to the project, they also take part in keeping the momentum and possibility of sustainability of the project.

- 586 Number of women provided with safe MR and PAC aged 20 years and over.
- 207 Number of women provided with safe MR and PAC services aged 19 years and younger.

Performances 2015

Objective One: To increase by 50% the access to the quality reproductive health services focusing safe abortion for women & adolescents in SAAF project areas during the project period through establishing 2 (two) RH Centres





Others activities performance

Activities	Target	Achievement
Number of field staff & Community Health Volunteers trained and updated on access to MR/safe abortion, SRHR, Community Organization, communication & facilitation	8	8
Number of women reached with community outreach meetings held on i. Access to safe MR/abortion and ii. SRHR	2000	2096
Number of adolescents reached with information on i. Access to safe MR/abortion and ii. SRHR	500	474
Number of Community Actors (TBAs, Pharmacy owners/traditional healers/village doctors) aware on safe MR & abortion	80	76
Number of elderly women aware on safe MR & abortion	200	513
Number of parents (of adolescents) sensitized on SRHR needs and concerns of adolescents	200	375
Number of Community Gatekeepers (Community Advisory Group-CAG, School Teachers, Religious Leaders, Member of local govt., Government Health & FP staff, elites etc) sensitized on safe MR & abortion	40	40
Number of Youth Clubs/CBOs participate in SAAF project	4	3

Challenges faced

Participation of unmarried adolescent in MR and PAC is difficult to attain because of taboos and stigmatization. Though parents were educated about the importance of their kids on this issue, but still they found to be reluctant to share SRHR information with their kids. Peer education approach could be an alternative approach to address the needs of adolescents, but this project did not plan it.

Community participation especially stakeholders involvement was quite satisfactory in the success of

program performance, but unfortunately, community contribution in terms of resource mobilization and financial contribution in order to sustain the project was quite invisible.

Gradually after launching the project, many other players like NGOs and private sector started providing MR/PAC and other SRHR services who became competitors, instead of becoming associates. Collaborative efforts were missing among them neither from the organization nor from government.

Project 7



Title of the project

Go Bangladesh

Project duration

July 2015 - December 2016

Implementing organization

Square Toiletries Limited, RHSTEP

Project Location: Gazipur, Ashulia and Savar

Factory: Echotex Ltd, Millennium Textiles Ltd., AKH knitting & Dyeing Ltd.

Background

The overall situation of the sexual and reproductive health for women in Bangladesh is poor. The reproductive health and rights of RMG workers remain uncared.

- 97% Bangladeshi women are suffering from cervical infection
- Millions of women are suffering from exposed or enlarged uterus an average of 6 unpaid days per month due to menstruation related complication
- Only 14% Bangladeshi women are using hygienic sanitary napkin during menstruation

So Go-Bangladesh model is established for increasing productivity by ensuring SRHR product and service and a healthy menstrual cycle solution to RMG female worker.

Objectives

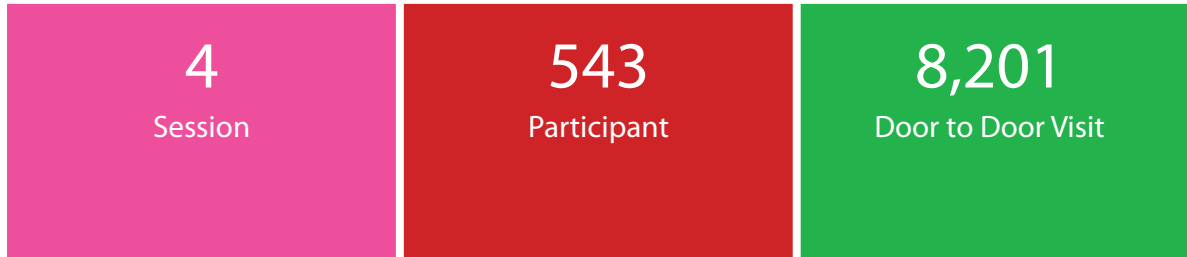
- Ensuring more contribution in Factory's income by reducing absenteeism and increasing productivity of female worker
- Educating female worker regarding how to maintain menstrual hygiene and why it is important
- Involving factory to invest and keep sanitary napkin available at affordable price.

Major activities

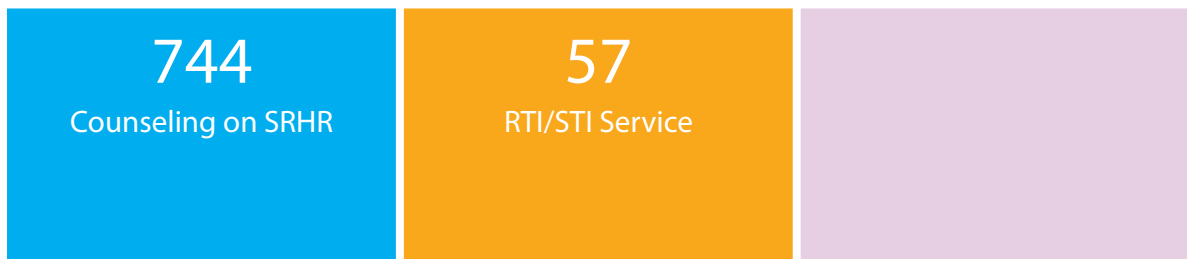
- Intervention inside the Factory/Garments premises.
- Intervention at community level near factory area.
- Referral linkage with health institution/clinic.
- Coordination meeting with factory management.

Performance

At Community



Inside Garments







Financial statement

এম.জে. আবেদীন এন্ড কোং
চার্টার্ড একাউন্টেন্টস
M.J. ABEDIN & CO
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109, Bir Uttam C.R. Datta Road,
Dhaka-1205, Bangladesh

AUDITORS' REPORT

We have audited the annexed Financial Statements of "Promotion of Sexual and Reproductive Health and Rights (SRHR), Provisioning of SRH Services Focusing on Safe MR and Reduction of Unsafe Abortion in Bangladesh" a Project of Reproductive Health Services Training & Education Program (RHSTEP) consisting of the Consolidated Balance Sheet as at 30 June 2015, Consolidated Income and Expenditure Account, Consolidated Receipts and Payments Account, and a summary of significant accounting policy and other explanatory notes for the year then ended.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstance.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Bangladesh Standards on Auditing (BSAs). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion:

In our opinion, the financial statements, give a true and fair view of the state of affairs of "Promotion of Sexual and Reproductive Health and Rights (SRHR), Provisioning of SRH Services Focusing on Safe MR and Reduction of Unsafe Abortion in Bangladesh" a Project of Reproductive Health Services Training & Education Program (RHSTEP) as at 30 June 2015 and comply with the Foreign Donations (Voluntary Activities) Regulation Ordinance, 1987 and other applicable laws and regulations.

We also report that:

- We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;
- Proper books of account have been kept by RHSTEP;
- The financial statements dealt with by the report are in agreement with the books of accounts;
- The activities have been done as per rules and conditions of the agreement and
- The entire project activities are being implemented by RHSTEP.



Harun Mahmud FCA
Partner
M. J. ABEDIN & CO
Chartered Accountants

Dated, Dhaka
25 August 2015

An independent member firm of
MOORE STEPHENS
INTERNATIONAL LIMITED


REPRODUCTIVE HEALTH SERVICES
TRAINING & EDUCATION PROGRAM (RHSTEP)
PROMOTION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR), PROVISIONING
OF SRH SERVICES FOCUSING ON SAFE MR AND REDUCTION OF UNSAFE ABORTION IN
BANGLADESH
FUNDED BY SIDA
CONSOLIDATED BALANCE SHEET
AS ON 30TH JUNE 2015

	Notes	Amount in Taka
<u>FUND AND LIABILITIES</u>		
Fund	3.00	17,242,286
Bank Interest	4.00	1,147,375
Accrued Expenses	5.00	5,369,897
Loan from Registration Fee Fund	6.00	-
		<u>23,759,558</u>
<u>ASSETS</u>		
Advance Office Rent	7.00	416,000
Cash and Cash Equivalents	8.00	22,330,272
Contribution Receivable from Registration Fee/General Fund	9.00	1,013,286
		<u>23,759,558</u>

Note : The accompanying notes form an integral part of this financial statement.


Executive Director


Treasurer


Director

As per our report of same date.



Harun Mahmud FCA
Partner
M. J. ABEDIN & CO
Chartered Accountants

Dated, Dhaka
25 August 2015

**REPRODUCTIVE HEALTH SERVICES
TRAINING & EDUCATION PROGRAM (RHSTEP)**

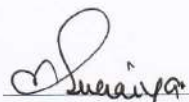
**ADDRESSING UNMET NEED OF SRHR FOR YOUNG PEOPLE THROUGH CREATING
AWARENESS IN THE SELECTED AREA OF KHULNA AND SYLHET, BANGLADESH**


FUNDED BY RFSU

**STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER 2015**

	Notes	Amount in Taka	
		31-Dec-15	31-Dec-14
<u>ASSETS & PROPERTIES</u>			
Cash and Cash Equivalents	3.00	53,690	636,808
Advance House Rent	4.00	-	12,500
Receivable from RFSU	5.00	205,907	205,907
		<u>259,597</u>	<u>855,215</u>
<u>FUND AND LIABILITIES</u>			
Unutilized Fund	6.00	106,028	683,098
Bank Interest		15	-
Accrued Expenses	9.00	153,554	172,117
		<u>259,597</u>	<u>855,215</u>

The accompanying notes form an integral part of this financial statement.


Executive Director


Director

As per our separate report of even date annexed.

Dated : 24 February 2016
Place : Dhaka


Harun Mahmud FCA
Partner
M. J. Abedin & Co
Chartered Accountants

Family Planning Association of Bangladesh (FPAB)
Unit for Body Rights Program (UBR)
funded by : Embassy of the Kingdom of Netherlands (EKN), Rutgers-WPFF and SIMAVI
Consolidated Financial Report
for the year ended 31 December 2015

Particulars	FPAB	Secretariat	PSTC	RHSTEP	CHC	DSK	Total
Income:							
Opening Balance	11,805	34,129	87,952	8,095	18,656	5,516	166,152
Grant Received -2015 from:							
EKN	42,086	21,340	18,190	18,190	17,004	18,190	135,000
Rutgers	130,915	77,039	45,927	56,583	52,893	56,583	419,940
Rutgers (SSH Alliance)	7,794	3,952	3,369	3,369	3,149	-	25,000
Rutgers grant adjustment (MDF Training)	-	26,557	-	-	-	-	26,557
Rutgers : Advocacy (UBR Day)	-	20,000	-	-	-	-	20,000
SIMAVI	178,515	148,575	50,183	73,442	49,899	76,315	576,928
Sub total	359,310	297,462	117,669	151,583	122,944	154,457	1,203,426
Bank interest and other service charge	4,402	-	13,062	-	-	7	17,471
Total Receipts (A+B+C)	375,517	331,591	218,682	159,678	141,600	159,980	1,387,049

Expenses:							
1.00 Human Resources							
Project Personnel (Management)	29,365	40,479	20,336	27,160	15,031	23,363	155,734
Project Personnel (Management)	252,752	19,056	138,490	69,743	66,823	67,073	643,939
Sub total:	282,117	59,535	158,826	96,903	81,856	120,436	799,673
2.00 Office Utilities							
Civil society strengthening	5,649	4,177	6,162	21,010	4,031	6,910	47,940
Collaboration	-	-	-	687	4,442	59	5,188
Increase Capacity	898	-	471	-	224	-	1,593
Sub-Total:	898	-	471	687	4,667	59	6,781
MDG 3, MDG 4-6							
Educational Institutes	16,028	103,389	25,464	9,246	23,713	14,663	192,504
SRHR services	61,527	31,508	26,574	24,594	17,803	13,734	175,741
Enabling environment	1,903	24,871	3,142	3,018	4,646	2,547	40,126
Sub Total :	79,458	159,768	55,180	36,859	46,162	30,945	408,371
3.00 Capacity building of Alliance partners on							
5 Core Capabilities							
4.00 Monitoring and evaluation	7,765	9,287	2,040	2,086	2,182	2,394	25,753
5.00 Audit	-	5,719	577	-	-	-	6,296
6.00 Administrative cost	3,534	4,981	2,738	1,837	965	3,423	17,479
Total Individual Partners Expenses	380,382	288,397	227,867	159,523	139,862	164,351	1,360,382
Currency Adjustment	(4,109)	(5,768)	(9,800)	(920)	(2,177)	(562)	(23,336)
Total Individual Partners Expenses after	376,273	282,629	218,067	158,604	137,685	163,789	1,337,047
Currency adjustment							
Closing Fund Balance	(755)	48,962	616	1,075	3,915	(3,809)	50,002

M.A. Zaman Co.
Chartered Accountants


127/7, Shantinagar Plaza(2nd floor)
Shantinagar, Dhaka -1000

**REPRODUCTIVE HEALTH SERVICES
TRAINING & EDUCATION PROGRAM (RHSTEP)
PREVENTION OF MATERNAL DEATH FROM UNWANTEED PREGNANCY
FUNDED BY IPAS
BALANCE SHEET
AS AT 30 TH JUNE 2015**

	Notes	Amount in Taka 30 th June-2015	Amount in Taka 30 th June-2014
<u>FUND AND LIABILITIES</u>			
Unutilised Fund	3.00	105,413	337,858
Accrued Expenses	4.00	170,000	185,000
		275,413	522,858
<u>ASSETS</u>			
Cash and Cash Equivalents	8.00	275,413	522,858
		275,413	522,858

Note : The annexed notes form part of this balance sheet.



Executive Director


Director

As per our annexed report of even date.

Dated : 16.10.2015
Place : Dhaka




M.A. Zaman & Co.
Chartered Accountants

REPRODUCTIVE HEALTH SERVICES TRAINING & EDUCATION PROGRAM (RHSTEP)
Access to Safe MR and Reproductive Health for Youths and Adolescents (ASRYA)
Funded by SAAF
Balance Sheet
AS AT 31 DECEMBER 2015

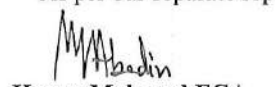
	Notes	Amount in Taka	
		2015	2014
<u>FUND AND LIABILITIES</u>			
Unutilized Fund	3.00	(186,148)	(110,302)
Loan	4.00	500,000	-
Accrued Expenses	5.00	282,903	461,221
Service Charge Fund	11.00	383,956	125,069
		<u>980,711</u>	<u>475,988</u>
<u>ASSETS</u>			
Cash and Cash Equivalents	7.00	904,979	326,658
Loan, Advance & Security	8.00	74,800	149,200
Advance Income Tax	9.00	932	130
		<u>980,711</u>	<u>475,988</u>

The accompanying notes form an integral part of this financial statement.


Executive Director

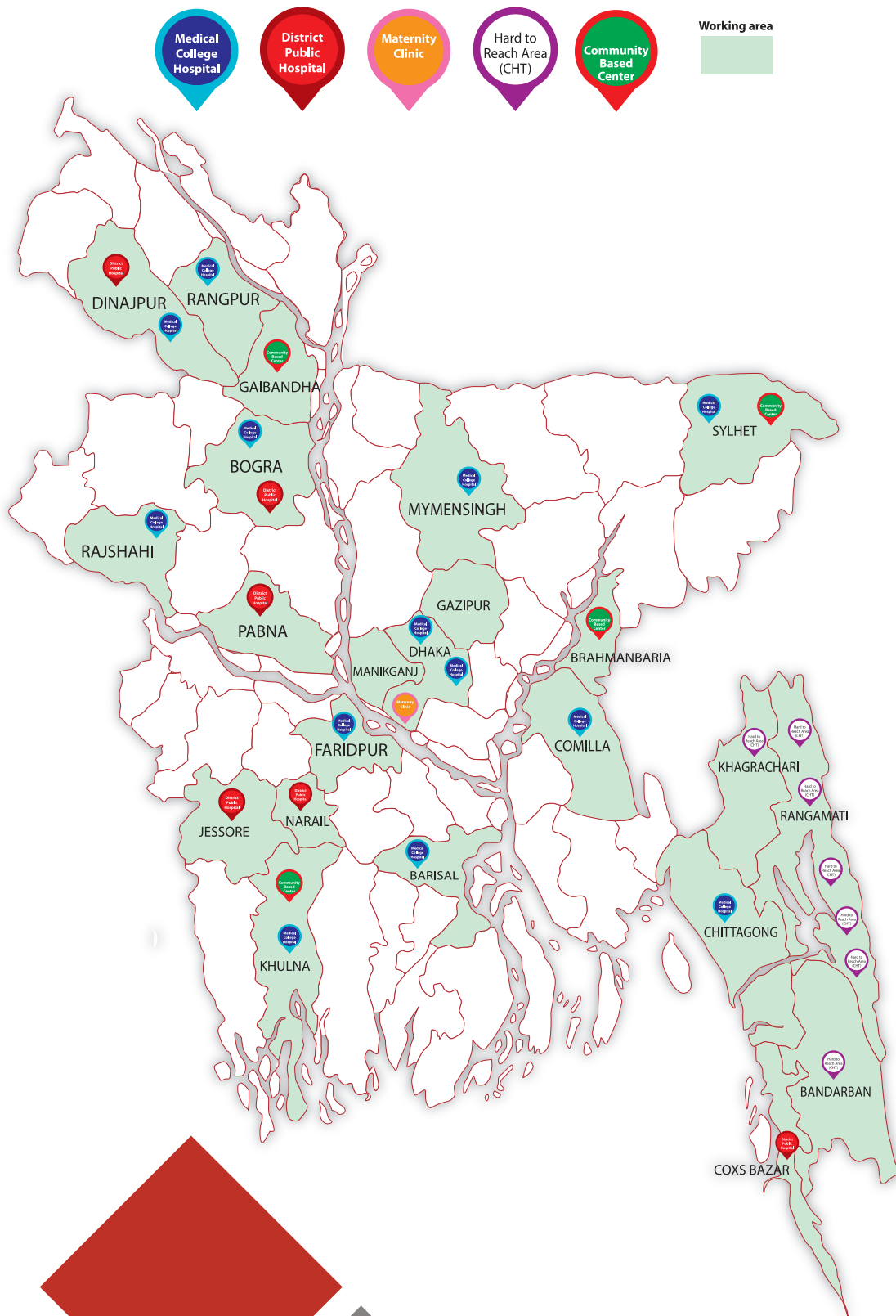

Director

As per our separate report of even date annexed.


Harun Mahmud FCA
Partner
M. J. ABEDIN & CO.
Chartered Accountance

Dated : 28 February 2016
Place : Dhaka

Operational area throughout Bangladesh



List of RHSTEP center/clinics

Public Medical Colleges-

1. Dhaka Medical College Hospital, Dhaka.
2. Sir Salimullah Medical College & Mitford Hospital, Dhaka.
3. Chittagong Medical College Hospital, Chittagong.
4. Mymensingh Medical College Hospital, Mymensingh.
5. Rangpur Medical College Hospital, Rangpur.
6. Sher-e-Bangla Medical College Hospital, Barisal.
7. Sylhet MAG Osmany Medical College Hospital, Sylhet.
8. Rajshahi Medical College Hospital, Rajshahi.
9. Khulna Medical College Hospital, Khulna.
10. Comilla Medical College Hospital, Comilla.
11. Faridpur Medical College Hospital, Faridpur.
12. Dinajpur Medical College Hospital, Dinajpur.
13. Sahid Ziaur Rahman Medical College Hospital, Bogra.

District Public General Hospitals

14. Pabna General Hospital, Pabna.
15. Narail Sadar Hospital, Narail.
16. Cox's Bazar Sadar Hospital, Cox's Bazar.
17. Jessore General Hospital, Jessore.
18. Mohammad Ali Hospital, Bogra.
19. Dinajpur General Hospital, Dinajpur.

Maternity Clinic

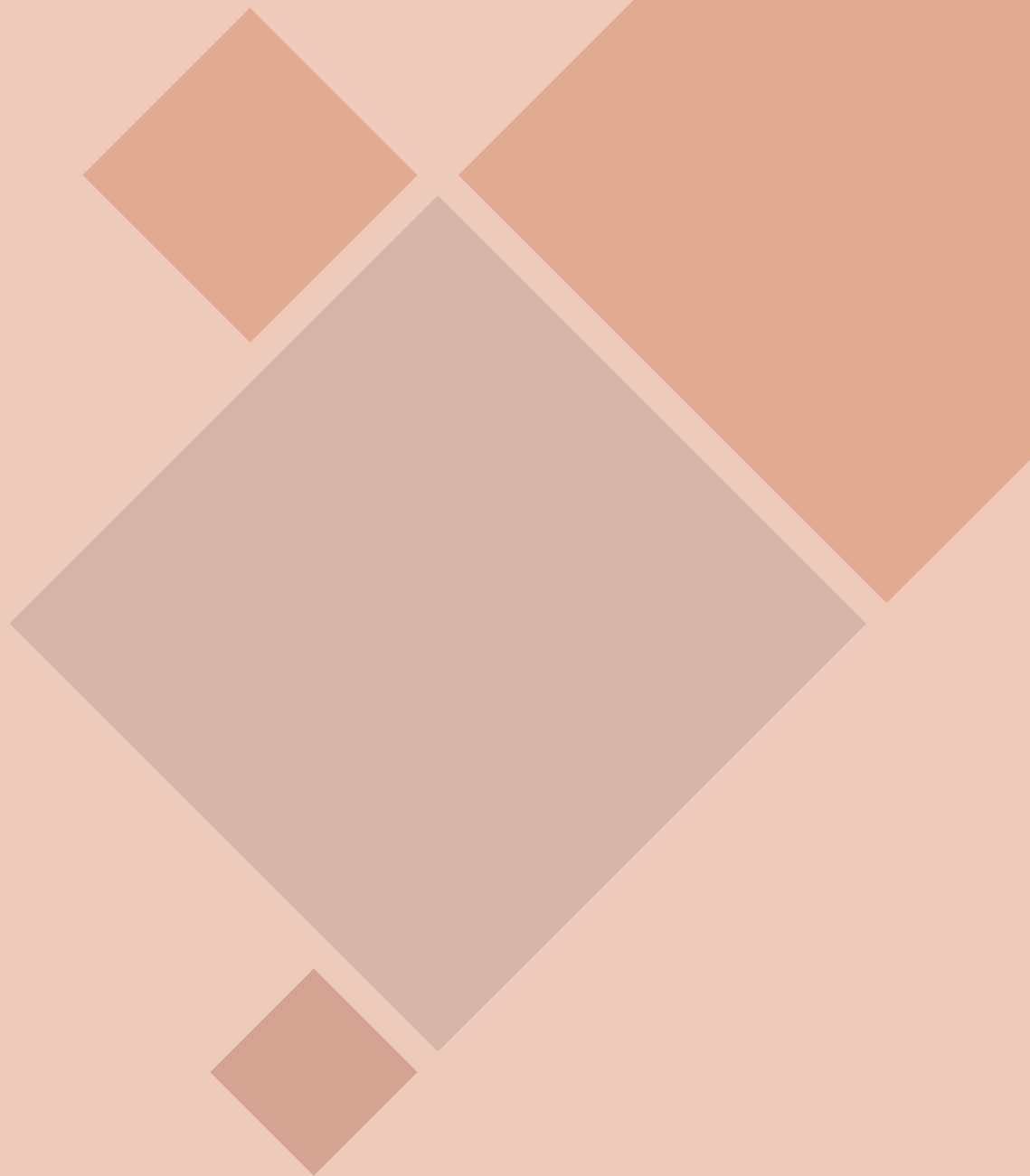
20. RHSTEP Maternity Clinic Dhaka (MCD), 965, East Shewrapara, Begum Rokeya Sharani, Mirpur, Dhaka-1216.

Hard to Reach Areas in Chittagong Hill Tracts

21. Rangamati Sadar Hospital, Rangamati Hill District.
22. Bandarban Sadar Hospital, Bandarban Hill District.
23. Khagrachori Sadar Hospital, Khagrachori Hill District.
24. RHSTEP UBR Clinic, Kawkhali, Rangamati Hill District.
25. RHSTEP UBR YFS Center, Betbuniya, Kawkhali, Rangamati.
26. RHSTEP UBR Clinic, Rajasthali, Rangamati Hill District.
27. RHSTEP UBR YFS Center, Banglahaliya, Rajasthali, Rangamati Hill District.

Community Based Centers

28. Alor Dhara (Community Resource Center), Daulatpur, Khulna
29. Alor Dhara (Community Resource Center), Noyapara, Akhaliya, Sylhet
30. RHSTEP Clinic, ASRYA Project, Sador Hospital Road, Gaibandha
31. RHSTEP Clinic, ASRYA Project, Nasirnagar, B. Baria



CENTRAL OFFICE

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Dhaka 1216, Bangladesh.

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