

Summary of Annual Report 2007

Thematic Area	Projects	Donor	Page #
Advocacy	Advocacy for breaking the silence (ABS)	IPPF	02
	Combating Gender Based Violence during Pregnancy	DFID	09
Adolescent	Sexual and Reproductive Health Education for Adolescents and Young People.	IPPF	24
	Madrasa Students Initiatives for Adolescents Health in Bangladesh	IF-IPPF	29
Accreditation and Governance	Organizational Development	IPPF	44
HIV/AIDS	HIV and AIDS Prevention Program for FPAB	IPPF	49
Abortion	Enhance access to gender sensitive comprehensive information & services on Abortion / Menstrual Regulation (MR) as right of women.	IPPF	68
	Flourishing Light on Women Empowerment and Rights to Services (FLOWERS)	IPPF	76
Access	Increasing access to SRHR information and services for poor and marginalized people	IPPF	85
	Working Towards Safe Motherhood in South Asia: Increasing Access to Maternal Health Services for Poor Women in Rural Bangladesh	EC	92
Financial (Actual Accounts eIMS Format)			101

Thematic Area	Advocacy					
Title of the project	Advocacy for breaking the silence (ABS)					
Objectives						
Objective-1	To strengthen support for promotion of SRHR with special focus on preventing gender based violence among government and non-government activists and leading print and electronic media organizations that promote, respect and protect these rights.					
Quantitative Indicators						
Indicators	Base Line	Expected	Actual	MOV	Assumption	Comments on variance
Increased number of articles, features and news reports on SRH and gender published in newspapers and programs on these issues aired in TV channels.	0	50	63	Newspaper, TV, Radio. MOU. Proceeding and reports. Paper clippings Reports	Media people were supportive	Articles, reports were published in local and national print and electronic media through out the year according to plan. Although all members of Health Reporters Forum (HRF).were not participated in developing articles and reports on SRHR. More interaction will be needed with HRF members.
Qualitative Indicators						
Indicators	MOV		Assumption	Expected	Qualitative Findings	Comments on variance
Wider coverage of SRH rights and GBV issues over print and electronic media.	Newspaper, TV, Radio. MOU. Proceeding and reports. Paper clippings.		Mutual understanding were developed between HRF and FPAB for developing SRHR awareness among community people	Shared responsibility of media professionals and FPAB for creating SRHR awareness among community people	A view exchange meeting held on 4 th August under the auspices of Health Reporters Forum (HRF) and Family Planning Association of Bangladesh (FPAB) at FPAB auditorium. Another meeting with Bangladesh Women Journalist Centre on 21 November 2007 was held. A Memorandum of	Coverage were achieved according to plan, but FPAB will need more sustained coverage through media as a pioneer of Reproductive Health leader in the country.

				<p>Understanding (MoU) between Health Reporters Forum (HRF) and Family Planning Association of Bangladesh (FPAB) was signed 8 October with a view to reinforcing awareness programs in the country in promoting sexual and reproductive health and rights.</p> <p>Reports, articles were published</p> <p>Articles, reports were published in local and national print and electronic media through out the year</p>	
<p>Improved level of implementation of policies and legal provisions in favor of protection SRH rights and preventing GBV</p>	<p>Work place policy on (1)Sexual harassment, (2)HIV and AIDS,(3) Gender, (4) SRH Advocacy were adopted by the governing body of FPAB</p>	<p>Gate keepers were supportive to SRH rights</p>	<p>Policies on SRH rights were developed, adopted and implemented through out the organization</p>	<p>Four policies on (1) Sexual harassment, (2)HIV and AIDS,(3) Gender, (4) SRH Advocacy were implemented throughout the organization.</p>	<p>Policies were developed and implemented according to plan. Follow up will be needed for further explanation of policies in field level.</p>

Activities		
Activities	Activity detail planned	Activity detail completed
Policy makers, media professionals and donors supports increased to SRHR and GBV.	1.1. Publish three issues of Sukhi Paribar magazine, 3000 copies of each issue containing news and articles on RH-FP topics and activities of FPAB.	One issue, 3000 copies of Sukhi Paribar magazine was printed and distributed.
	1.2. Publish four issues of FPAB Highlight, 1000 copies of each issue.	FPAB Highlight was not published in 2007. Instead of that FPAB published several reports and articles on SRHR through national print media in collaboration with media people.
	1.3. Produce 2,500 copies of diary with updated demographic data for the use of FPAB volunteers/staff.	3100 copies of FAPB appointment book printed and distributed. among community gate keepers, government officials, volunteers, and staff
	1.4. Organize 300 film shows through branches and impact evaluation.	226 film shows organized in rural villages on SRHR
	1.5. Provide FPAB Award in journalism to young journalists.	FPAB Award in Process.
	1.6. Observe national and international days & events at the NHQ.	World Population Day, World Health Day and World AIDS day were observed. through out the country
	1.7. Organize visit to FPAB project area by media personnel.	Organized visit to FPAB project area by media personnel. and reports were published through print and electronic media
	1.8. Students internship on advocacy.	Total 38 students of Dhaka University, Sidheswari Girls College, Habibullah Bahar College, and Dhaka Mohanagar College did internship in four batches in 2007.
	1.9. Organize a Resource Mobilization Workshop.	Organized a Resource Mobilization workshop. which is participated by 30 staff and volunteers. SARO staff facilitated .the workshop. Resource mobilization plan was developed by the participants.

	1.10. Printing of BCC materials.	Printed different BCC materials. Such as Sukhi Paribar Magazine, Booklet on Islamer Alope Narir Adhikar , 12 festoons on Gender, Leaflet on Reproductive health rights, Leaflet on human rights, Leaflet on MR service Advocacy writing pad on Zero tolerance, Six posters on Gender and Safe motherhood, Advocacy folder on Madrasa project, News letter on Madrasa project. Training manual on participatory training methodology, Annual Report, and APB 2007. Financial rules and policy, and Service Rules
	1.11. Project Supervision & monitoring from NHQ	Regular supportive supervisory visits conducted.
	1.12. Purchase bulbs and spares of audiovisual equipment.	Procured according to needs
	1.13. Recruit one Graphic Designer.	Appointed one Graphic Designer. Graphic Designer is now responsible for designing and developing BCC materials for FPAB and its all programs.
	1.14. Book and magazine subscription and procurement	Books and Magazine procured. according to needs of the knowledge management center of FPAB
	1.15. Domiciliary services and logistic replenishment.	Domiciliary services provided to 1,500,000 families at door step level through 1800 Reproductive Health Promoters (RHPs) Replenishes logistic supplies regularly.

AR Lessons Learned

What are the main achievements?	What worked well?	What did not work so well? Why?	What would you do differently
A view exchange meeting held on 4 th August under the auspices of Health Reporters Forum (HRF) and Family Planning Association of Bangladesh (FPAB) at FPAB auditorium. Another meeting with	A view exchange meeting with Health Reporters Forum and Women Journalist Centre.	More interaction will be needed with media people, gate keepers, and public leaders. This was the first initiative	FPAB will develop partnership with similar reproductive health organizations at national and local level, so that joint advocacy plan will be more cost effective. FPAB will train its staff and volunteers so

<p>Bangladesh Women Journalist Centre on 21 November 2007 was held.</p> <p>A Memorandum of Understanding (MoU) between Health Reporters Forum (HRF) and Family Planning Association of Bangladesh (FPAB) was signed 8 October with a view to reinforcing awareness programmes in the country in promoting sexual and reproductive health and rights.</p> <p>FPAB intended to work in collaboration with HRF for developing SRHR awareness among community people. Responsibilities of creating awareness has been shared with the FPAB staff and volunteers and media personnel.</p> <p>MoU created scope for journalists to get more and more up-to date information about reproductive and sexual health, facilitated them to visit project areas, share research findings with HRF members, share new project and experience through press conference and conducted training session on the issues.</p> <p>Impact evaluation conducted on BCC materials in this year. Several types of BCC materials such as printed, audio-visual, display and demonstration/training are being produced and disseminated by the Family Planning Association of Bangladesh. In this study the materials being used by FPAB since its inception in 1953, were assessed to identify the position of the present messages and its need to achieve the measurable behavior and attitude change among the target population. Broadly speaking, the</p>	<p>MoU signed with Health Reporters Forum.</p> <p>Produce FPAB appointment book with SRHR messages, good picture and BCC materials.</p> <p>Published Folder on Menstrual Regulation (MR) and Emergency Contraceptive Pill (ECP).</p> <p>World Population Day, World Health Day and World AIDS Day were observed.</p> <p>Done impact evaluation on BCC materials.</p>	<p>after initiating 5As involving media people. Adequate fund and different planning will be needed for more interaction with such people.</p>	<p>that they can do advocacy work more efficiently</p> <p>FPAB will work for SRHR advocacy with government at local and national level. FPAB will act as a secretariat of all SRH advocacies at District level and support government programs.</p>
---	--	--	---

<p>study investigated issues include in the five thematic areas like Access, Adolescents, AIDS, Advocacy and Abortion programs of FPAB.</p> <p>ATN (TV channel Bangladesh) Journalist Ms. Munni Shaha visited Mymensingh branch on 23 May. She organized Special Report and aired on ATN Bangla in three times in a day on 27 May to 31 May about FP and FPAB.</p>			
--	--	--	--

Annual Lesson Learned (Entity Summary By each “A”)

What are the main achievements	What were the key challenges	Do you have priority technical assistance needs in this area?
<p>A view exchange meeting held on 4th August under the auspices of Health Reporters Forum (HRF) and Family Planning Association of Bangladesh (FPAB) at FPAB auditorium. Another meeting with Bangladesh Women Journalist Centre on 21 November 2007 was held.</p> <p>A Memorandum of Understanding (MoU) between Health Reporters Forum (HRF) and Family Planning Association of Bangladesh (FPAB) was signed 8 October with a view to reinforcing awareness programmes in the country in promoting sexual and reproductive health and rights.</p> <p>FPAB intended to work in collaboration with HRF as developing health awareness among people is the joint responsibility of media professionals and the health activists.</p>	<p>Attitudinal problem of gate keepers regarding SRHR were the key challenges of advocacy.</p>	<p>Sharing of experiences might be helpful for addressing targeted people.</p>

<p>MoU will create scope for journalists to get more and more up-to date information about reproductive and sexual health, facilitate them to visit project areas, share research findings with HRF members, share new project and experience through press conference and conduct training session on the issues.</p> <p>For this, FPAB is keen to establish an effective professional partnership with the media.</p> <p>Done impact evaluation on BCC materials in this year.</p> <p>Several types of BCC materials such as printed, audio-visual, display and demonstration/training are being produced and disseminated by the Family Planning Association of Bangladesh. In this study the materials being used by FPAB since its inception in 1953, were assessed to identify the position of the present messages and its need to achieve the measurable behavior and attitude change among the target population. Broadly speaking, the study investigated issues include in the five thematic areas like Access, Adolescents, AIDS, Advocacy and Abortion programs of FPAB.</p> <p>ATN (TV channel Bangladesh) Journalist Ms. Munni Shaha visited Mymensingh branch on 23 May. She organized Special Report and aired on ATN Bangla in three times in a day on 27 May to 31 May about FP and FPAB.</p>		
--	--	--

Thematic Area		Advocacy			
Title of Project		Combating Gender Based Violence during Pregnancy Project			
Objectives					
Objective -1		To increase capacity of PAB to protect rights and entitlements of women who experience Gender-Based Violence (GBV) during pregnancy and to advocate against GBV			
Quantities Indicators					
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
<p>1.1. Knowledge of 400 pregnant women, 400 husbands and 400 in-laws and 1000 community leaders increased on gender, GBV and women rights increased</p> <p>1.2. Capacity of 20 service providers of neighboring districts increased on screening of GBV clients and services.</p>		<p>1.1. Capacity building training provided to 124 members of Caretaker Groups and 132 members of Survivor Support Groups</p> <p>1.2. Counselors of 21 districts have been given training on GBV, screening of GBV clinics at clinic settings, referral mechanism</p> <p>1.3. Capacity of the Branch Manager, Medial Officers, and Paramedics has been increased organizing 4 experiencing workshop at 4 GBV project sites.</p> <p>1.4. Organized Group counseling sessions with 472 pregnant women where on 387 spouse came with their wives.</p> <p>1.5. 434 mother-in-laws have been provided orientation on importance of taking nutrition, consequences of violence during pregnancy, gender and rights issues</p> <p>1,161 community leaders have been provided orientation on gender, GBV and women rights</p>	<p>-Training report</p> <p>-Training Registers</p> <p>-Meeting registers</p> <p>-Clinic record</p>	<p>- Branch level service providers are supportive</p> <p>-Commitment of project implementation committee at the branch level</p> <p>-All members of Caretaker and Survivor Support Group will attend the orientation session.</p> <p>- No natural disaster or calamity</p>	<p>- Some husbands were in abroad, some were engaged in their profession, so, all husbands did not attend to group counseling sessions with their spouse.</p>

Qualitative Indicators					
1.3.Capacity of community support groups increased for combating GBV 1.4.Capacity increased for integration of GBV in FPAB's mainstream		1.3. Caretaker Groups mediate GBV cases locally. Elected public representatives refer GBV cases to Caretaker Groups for Mediation. Some Caretaker Groups mediated GBV cases with the help of elected public representatives 1.4. Issue of women rights, legal issues have already been included in community level sessions, training and public meetings , 8 Branches have developed community based street theatre, all branches initiated partner mapping of GBV project. Capacity building training have been provided to Branch Managers, Medical Officers and Counselors of the other Branches of FPAB	-Quarterly reports -Registers maintained by Caretaker Groups - Case study - -Referral register Quarterly reports	Branch level service providers are supportive -Commitment of project implementation committee at thee branch level	
Objective -2	To increase capacity of survivors of GBV to advocate for their rights and entitlements				
Quantities Indicators					
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
2.1. Documented and dissemination best practices and positive changes of 20 survivors that are done through project interventions.		2.1 20 case history of GBV survivors that have made positive changes through project interventions have been recorded. Four cases have been disseminated in the Annual Project Review meeting meetings-2007. 2.2. Reprinted BCC and advocacy materials like SRH rights, leaflet on women rights in the light of Islam, booklet on Women rights and dignity in the light of Islam. Organized 14 street theatres, 3 -talk	- Files maintained at project sites - Record of store - Minutes of Annual Project Review - Trip reports	Branch level service providers are supportive -Commitment of project implementation committee at thee branch level -All members of Caretaker and Survivor	

		<p>show 17 interactive games for crating awareness on gender, GBV violence, and women rights.</p> <p>2.3 Organized district level activity review meeting where activities of the project were reviewed by the staff members, partners, and stakeholders involved in the project.</p> <p>Another review meeting was held centrally with the policymaking volunteers and officers of all FPAB Branches.</p> <p>2.4. End line evaluation was conducted by an external evaluation firm.</p> <p>2.5. Conducted monitoring and supervision of the project and provided technical assistance to the staff members of the project in implementing the project activities.</p>		<p>Support Group will attend the orientation session.</p> <p>- No natural disaster or calamity</p>	
Qualitative Indicators					
<p>◆</p> <p>2.2. Income and status of pregnant women increased.</p> <p>2.3. Capacity of pregnant women who are experiencing GBV survivors increased to ensure their rights and entitlements</p>		<p>2.2. Negotiation power of pregnant women who have been given micro-credit and counseling increased.</p> <p>2.3. Seed money created self-employment of GBV survivors and that made them economically empowered for livelihood.</p> <p>2.4. Formation of groups and information to them through counseling and group meetings made them confident to fight against violence</p>	<p>- Findings of small studies conducted on GBV survivors</p> <p>-Quarterly report</p>	<p>-GBV survivors are supportive</p> <p>-Family members are supportive to provide accurate information about pregnant women who are experiencing GBV</p>	<p>-Institutional delivery rate increased</p> <p>-Rate of PNC is not increased as desired</p>

Objective -3	To engage government including law enforcing agencies in policy debate and to protect and uphold women's rights and prevent GBV.				
Quantitative Indicators					
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
<p>3.1. Districts established working protocol with 20 law enforcing agencies. Key stakeholders for cross-referral services.</p>		<p>3.1. Organize round table conference in collaboration with a Popular daily “Samakal” on “Role of law enforcing agencies in preventing GBV”. Government policymakers, law enforcing agencies, NGOs, civil society groups and media were attended. The round table covered a full page of the daily.</p> <p>3.2. Dialogue was held the representative of Gender Cell at national level on enforcement of existing law, prevention of early marriage.</p> <p>3.2. Working protocol has been established with District Police Department. Gender sensitization training has been given to the 120 Sub-Inspectors of police and Assistant Sub-Inspector of Police.</p>	<p>-Training / Workshop registers -Reports of roundtable -News paper</p>	<p>-Attitude of law enforcing agencies are positive to work in collaboration for combating GBV - Law enforcing agencies are suppose to gave their time - National dailies are interested to work for combating GBV</p>	<p>Only in three branches collaboration was done successfully. In one Branch, law enforcing agencies was so busy that they were unable to provide time to the project</p>

		Quantitative Indicators			
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
3.2. Human rights organizations/partners included GBV during pregnancy within their advocacy strategy		3.2. MOU signed with District Units of Bangladesh Legal Aids Services Trust (BLAST) and Bangladesh National Women Lawyers Association (BNWLA) for conducting advocacy against GBV and referral services. 3.2. ICDA a partner organization introduced micro-credit among the GBV survivors -Prodipon a social welfare organization formed Survivor Support Groups for prevention of GBV	-Deeds - Loan registers of ICDA - Meeting registers of Prodipon	- Organizations are committed to work for jointly fir combating GBV - Legal support giving agencies will take GBV cases as one of their agenda	-MoU signed with 10 organizations. -Developed working protocol with government agencies because they can not formally sign MoU.
Objective -4	To increase knowledge about institutionalization of best practice model within SRH providers				
		Quantities Indicators			
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
4.1. Five hundred pregnant women received ANC, natal and PNC services. 4.2. Incidence of GBV reduced among 500 pregnant women 4.3. Capacity of survivor pregnant women increased for their rights and		4.1. Provided mukti-fund to 134 pregnant women, micro-credit to 123 GBV survivors and involved them in income generation activities. 4.2. Legal counseling session were organized at the community level with the help of partners BLAST. 334 women visited the sessions	-SRH service register -Quarterly report - Monthly reports of branches Case studies	Branch level service providers are supportive -Commitment of project implementation committee at the branch level - No natural	Best practices of GBV survivors were documented and shared to other branches. -A counselor at Mymensingh was appointed for screening of GBV clients and group counseling. But after

entitlements 4.4. Income and status of pregnant women increased		and gathered information about legal issues and their rights. 4.3 Four Field Coordinators facilitated for the skills development training, micro-credit, mediation and legal support and emergency shelter and also capacity building of GBV survivors on GBV and women rights.		disaster or calamity	three months she left the jobs
		Quantitative Indicators			
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
4.2. Assessed impact of project interventions on GBV survivors		4.2.1 Formation of survivor groups and information to them through group meetings made them confident to fight against violence 4.2.2. Seed money created self-employment of GBV survivors and that made them economically empowered for livelihood. 4.2.3. SSG members strengthened the position of survivors to negotiate safer contact with the perpetrators- husband and in-laws Most of the GBV survivors have changed their lives utilizing seed money	Findings of small studies conducted on GBV survivors	service providers are supportive -Commitment of project implementation committee at the branch level - No natural disaster or calamity	

Activities		
Activities	Activity detail planned	Activity detail completed
1.1.. Legal advocacy and counseling for GBV survivors including travel	1.1. Legal advocacy and counseling session will be organized at the community level. GBV survivors were provided transportation cost including travel to GBV survivors	1.1. 16 legal advocacy and counseling session organized where 765 community leaders, in-laws attended. . Issue of gender, GBV and women rights was discussed. Some GBV survivors were provided transportation cost for attending the court. Organized legal advocacy and counseling session for the GBV survivors at the community level. With the help of partners. -Provided transportation cost to the survivors of GBV who are in a very distressed position
1.2. Cost for screening and counseling for GBV survivors	1.2. GBV survivors who are visiting clinics will be screened and be provided clinical services and counseling also refer to partners for required services	1.2 . 4,219 clients have been screening in the reporting period and 588 GBV clients provided clinical service and counseling. 1,045 GBV clients refer to partners
1.3. Facilitation to GBV survivors for increasing their capacity at district level	GBV survivors need different type of services, like clinical, counseling, skill development training, micro-credit, emergency shelter etc. 4 Field Coordinators will facilitate the GBV survivors to get all these services.	1.3. Field Coordinators facilitated to get 4,219 screening, - 588 provided clinical services, 153 skills development training, and 03 emergency shelter
1.4. Conduct impact study of project interventions on GBV survivors	A small study will be conducted to assess to the impact of micro-credit given to GBV survivors.	A small study was conducted at Mymensingh and Barisal districts among 100 GBV survivors who have taken micro-credit from the project to assess the impact of micro-credit
1.5. Identify key government ministries or individuals for policy and practice reform	1.5. Will organize round table meetings with the high officials of the Directorate of Women Affairs on early marriage issues	Organized roundtable meeting with the high officials of Directorial of Women Affairs and discussion was made on stopping early marriage of girl child.
1.6. Develop collaborative partnership with the key human rights organizations and increased their capacity training for inclusion of GBV during pregnancy within their advocacy strategy	1.6. Will develop collaborative partnership with Bangladesh Legal Aids Services Trust (BLAST) and Bangladesh National Women Lawyers Association (BNWLA) for conducting advocacy against GBV and referral services. Will motivate NGOs for inclusion of agenda for	3.2. MOU signed with District Units of Bangladesh Legal Aids Services Trust (BLAST) and Bangladesh National Women Lawyers Association (BNWLA) for conducting advocacy against GBV and referral services. 3.2. ICDA a partner organization introduced micro-

	introducing community support groups for advocacy against GBV and micro-credit for the GBV survivors	credit among the GBV survivors -Prodipon a social welfare organization formed Survivor Support Groups for prevention of GBV
1.7. Group counseling session with young people, couple, in-laws and community people	Through group counseling sessions at different project areas the young people, couple, in-laws and community people will empowered on GBV and women rights issues	Organized Group counseling sessions with 472 pregnant women where 387 spouse came with their wives. 434 mother-in-laws have been provided orientation on importance of taking nutrition, consequences of violence during pregnancy, gender and rights issues 1,161 community leaders have been provided orientation on gender, GBV and women rights
1.8.Document, distribute and disseminate best practices	1.8. Case studies and best practices will be documented at the project sites and printed, distributed all focal points and all branches of FPAB and also disseminated in Annual Project Review meetings, GBV mainstreaming training programs	Documented 20 success stories of GBV project - Disseminated success stories and best practices of GBV project to 16 other branches of FPAB, NGOs and government officials -Hands on training on mainstreaming GBV was held in 4 GBV districts where service providers from nearby FPAB districts, NGOs, stakeholders attended. Success stories and good practices were shared with them.
1.9.Develop BCC and Advocacy materials	1.9. Some BCC materials will be reprinted, messages and articles developed by prominent religious leaders will be printed and distributed to government policymakers, NGOs, religious institutions, and service providers	Reprinted festoons, leaflets, interactive game and print leaflet and booklet developed by religious leaders on women's rights and dignity in the light of Islam
1.10 Organizing district level review meeting	1. 10. District level review of project activities will be held with the participation of service providers, stakeholders, partners, public representatives and government representatives involved in project activities	4 district level review meetings were held and progress, success, failure and the best practices of the project were discussed. The meeting also recommended some suggestions for improvement of activities
1.11. End Line Evaluation of GBV project	1.11. End Line Evaluation of the project will be conducted in consultation with IPPF/SARO	End Line Evaluation of the project was conducted by and external firm. Major findings are as follows
1.12. Monitoring and supervision of project sites	1.12. Project activities will be monitored and supervised by the Project Manager of the project. Director General, Additional Director General will also monitor the project activities visiting the	Project Manager of the project conducted regular visit to the branches and monitored the activities. Trip reports were submitted to ADG and DG with a copy to respective branch for addressing the findings of visit.

	project sites and also reviewing project reports periodically.	
1.13. Capacity building training for community support groups	Capacity building training will be provided to the members of survivor support groups and caretaker groups on mediation, planning, implementation and monitoring of activities	124 members of survivor support group and 60 members of caretaker group of 4 project sites have been provided capacity building training on mediation of GBV cases locally, referral mechanism, how to plan activities, how to implement activities and how to monitor activities
1.14. Provide skills development training and mukti-fund to the GBV survivors for income generation activities.	1.14. GBV survivors will be provided skills development training and mukti-fund to involve them in income generation activities.	-Provided micro-credit to the 294 survivors of GBV for income generation activities. - Introduced mukti-fund (women emancipation fund) for the pregnant women who are experiencing GBV. Provided this fund to 34 pregnant women.
1.15. Capacity building training to the service providers of neighboring districts for mainstreaming GBV	4 capacity building training program will be organized in 4 GBV project sites for providing hands on training on GBV and also to share best practices that have been achieved in GBV project	4 capacity building training were held in 4 GBV project sites. Branch Managers, Medical Officers, Counselors, and Paramedics were invited and took part in hands on training. Lessons learned and good practices were shared to the participants. Participant of every individual district developed their work plan to be implemented.

Qualitative Analysis

What are the remarkable Achievements	Any Important Lesson Learnt?	Greatest Constraint/s	How did you overcome them
<p>1. Zero Tolerance Zone in Gender: The project successfully involved district administration, law enforcing agencies, NGOs, elected public representatives, civil society members and community leaders in selection and declaration of “Zero Tolerance Zone in Gender”. In three GBV districts three Unions have been selected jointly by above stakeholders and the Deputy Commissioner declared for achieving Zero Tolerance Zone in</p>	<ul style="list-style-type: none"> ▪ This has involved a broad spectrum of partners for working together to tackle a common problem • Demand for BCC and advocacy materials of the projects is high among the partners • Some of the strategies of BCC and Advocacy were adapted by the Partners • Capacity building training made service providers proactive to GBV program. 	<p>-GBV is still considered as a private matter. -Survivors’ needs and requirement are varied and that we can not meet up fully. -Threat to service providers due to supporting survivors for getting legal service. -Survivors do not</p>	<ul style="list-style-type: none"> - Caretaker Groups and Survivor Support Groups are gradually making a change through advocacy and awareness sessions to make violence as public issues and to reduce the threat of service providers. - Partnership and rapport with government and NGOs helped to address the requirements of survivors

<p>Gender within next 5 years.. To achieve this goal, committee was formed at the union involving union parisad, law enforcing agencies, caretaker groups, survivor support groups, community leaders. Public meeting, community level sessions, interactive games, schools, street theatre were organized to sensitize the community people. Caretaker group started mediating the GBV cases locally and putting pressure to the perpetrators to stop GBV. Respective NGOs at local level are involve to sensitize the people. Union The committee sit for reviewing the progress. The committee members are working for stopping early marriage, dowry, identifying violence cases, visiting houses and discussing consequences of violence. They also organize and conduct interactive games on in different community institutions. Community Based Emergency Shelter for GBV Survivors were also established in tow districts.</p> <p>2. Mainstreaming GBV: Capacity of FPAB increased to screen and to support GBV survivors in different approaches. Now the some of the activities of GBV project have been integrated in different projects of FPAB. Clinic integrated screening and providing care and</p>	<ul style="list-style-type: none"> • Caretaker Groups established community support system especially for mediation and community based emergency shelter for GBV survivors • The project unfolded GBV as a public and public health issue • This has increased community awareness and responsibility to protect and negotiate GBV • The project has added credibility to FPAB in terms of right based approach and understanding women’s entitlements 	<p>always speak up about her violence because of afraid of further violence.</p>	
---	---	--	--

<p>counseling as an essential components of it service. Women Development Centers integrated micro-credit / mukti-fund to GBV survivors. Urban, Youths project disseminating information to the target people about gender , GBV and women rights. Safe – Motherhood and Youth Incentive project borrowed the ideas developing community based street theatre.</p>			
--	--	--	--

What are the main achievements?	What worked well and why?	What did not worked well?	What would you do differently if implementing this kind of project in future
<p>1. Zero Tolerance Zone in Gender: The project successfully involved district administration, law enforcing agencies, NGOs, elected public representatives, civil society members and community leaders in selection and declaration of “Zero Tolerance Zone in Gender”. In three GBV districts three Unions have been selected jointly by above stakeholders and the Deputy Commissioner declared for achieving Zero Tolerance Zone in Gender within next 5 years.. To achieve this goal, committee was formed at the union involving union parisad, law enforcing</p>	<p>1. Advocacy campaign worked well. Round Table Meeting on Zero Tolerance Zone in GBV, rally and mass meeting helped to bring together all civil administration, law enforcing agencies, civil society, NGOs, media, public representatives, community leaders in a common platform to work against GBV through a joint declaration. Moreover, civil administration and worked well. The joint</p>	<p>1. National Level Advocacy: National Level Advocacy for creating debate on GBV against women who are experiencing violence during pregnancy was not work well. Because of general strike, emergency and sanction by government and also high engagement of law enforcing agencies and civil administration in administrative jobs discouraged us for initiating national level advocacy activities as per the proposal.</p>	<p>1. More focus could be given in electronic and print media as a part of national level advocacy. More collaborative activities could be organized with the popular national dailies</p> <p>2. Micro-credit could be given to groups not to individual. The groups could be given responsibility to initiate high yielding income generation activities.</p>

<p>agencies, caretaker groups, survivor support groups, community leaders. Public meeting, community level sessions, interactive games, schools, street theatre were organized to sensitize the community people. Caretaker group started mediating the GBV cases locally and putting pressure to the perpetrators to stop GBV. Respective NGOs at local level are involve to sensitize the people. Union The committee sit for reviewing the progress. The committee members are working for stopping early marriage, dowry, identifying violence cases, visiting houses and discussing consequences of violence. They also organize and conduct interactive games on in different community institutions. Community Based Emergency Shelter for GBV Survivors were also established in tow districts.</p> <p>2. Mainstreaming GBV: Capacity of FPAB increased to screen and to support GBV survivors in different approaches. Now the some of the activities of GBV project have been integrated in different projects of FPAB. Clinic integrated screening</p>	<p>force declared a particular of district as Zero Tolerance Zone in GBV. This was happened because thought advocacy campaign people of all sectors have been sensitized to work together against GBV.</p> <p>2. Community Support Groups worked well. The project sensitized them, increased their capacity on mediation. Involved them in planning, implementation and monitoring of project activities at the community level.</p> <p>3. Mukti-fund worked well. Because pregnant women, spouse and in-laws are counseled on consequences of violence during pregnancy, importance of nutrition, ANC, institutional delivery and PNC care. Counseling changed their attitude towards pregnant women. The family members were found more supportive</p>	<p>2. Micro-credit to GBV survivors: It was difficult to club together the GBV survivors, because they are living scatteredly. It was really difficult to initiate innovative type of income generation activities that bring good return to them..</p>	
--	---	---	--

<p>and providing care and counseling as an essential components of it service. Women Development Centers integrated micro-credit / mukti-fund to GBV survivors. Urban, Youths project disseminating information to the target people about gender , GBV and women rights. Safe-Motherhood and Youth Incentive project borrowed the ideas developing community based street theatre.</p> <p>3. Mobilization of Community Support Groups: Caretaker and Survivor Support Groups unfolded GBV as a public health issues. They created awareness among the community people about the consequences of violence, low of domain against violence against women and source of support available for the GBV victims</p> <p>The Group successfully involved informal and elected community leaders in advocacy campaign and mediation of GBV disputes locally. Perpetrators are meeting to the members of caretaker groups to mitigate their old family disputes of</p>	<p>proactive towards pregnant women. Small funds helped to meet nutrition, purchasing ANC, natal and PNC care. Moreover, close supervision and monitoring helped to make this program a success.</p>		
--	--	--	--

<p>violence. Educational institutions invite caretaker group members for discussion in GBV and rights issues. Pulled resources form community and outside the community for GBV programs</p> <p>4. Mobilization of religious leaders: The project initiated collaboration with the religious leaders form the Islamic Foundations, Imam Training Centers and Islamic education institutes, that have helped to identify positive interpretations form the Hadith and the Koran on violence against women and women rights. For BCC and advocacy purpose messages have been developed by the religious leaders on violence and women rights. Four prominent religious leaders developed four articles on women rights. The articles are published jointly by GBV and Madrasa Projects.</p> <p>Mdrasa teachers are also acting as resource persons in public meetings and seminars</p> <p>A resolution was taken by the religious leaders to prevent violence and also to uphold</p>			
---	--	--	--

<p>women rights.</p> <p>4. Mukti-fund: Pregnant women who are experiencing GBV were provided counseling, fund for purchasing poultry for nutrition and income, ANC, natal and PNC services. Rate of ANC, PNC and institutional delivery increased, nutrition status improved. Negotiation skills for taking part in decision making especially for seeking health services increased..</p> <p>5. Community Based BCC and Advocacy Group: Four community Based Street theatre groups are skilled to develop script on GBV, adolescent, HIV/AIDS and other social issues and staging theater with the support of community. Community institutions invite the groups and support for staging theatre. Moreover, Community support groups organize interactive games in GBV and rights issues at the educational institutions.</p>			
--	--	--	--

Thematic Area	Adolescent					
Title of the Project	Sexual and Reproductive Health Education for Adolescents and Young People.					
Objectives						
Objective-1	To strengthen commitment and support of the 30% of the community gatekeepers in project areas for SRH needs and rights of adolescents/young people					
Quantitative Indicators						
Indicators	Base Line	Expected	Actual	MOV	Assumption	Comments on variance
1.1 Enhanced knowledge of 30% community gatekeepers on ASRHR education	3,393	2,880 community gatekeepers like public representatives; teachers and parents received knowledge on ASRHR through 144 advocacy meetings.	3,150	Advocacy meeting register	Community gatekeepers play proactive role	Community gatekeepers realized the importance to educate YP on SRH.
Qualitative Indicators						
Indicators	Base Line	Expected	MOV		Assumption	Comments on variance
1.2 Increased support of community gatekeepers to the ASRH program	A large number of community gatekeepers are unaware of the needs of SRH education.	Public representatives, teachers and parents extended support in organizing SRH meeting with young people.	1. SRH meeting register 2. FGD		Community gatekeepers play proactive role	Due to repeated interventions, public representatives, teachers and parents extended support in organizing SRH meeting with young people.

Quantitative Indicators						
Objective-2	To increase adolescents/young people's access to comprehensive youth friendly, gender sensitive and sexuality education access by 45%					
Indicators	Base Line	Expected	Actual	MOV	Assumption	Comments on variance
2.1 Enhanced knowledge on SRHR of 45% adolescents 2.2 Increased use of condom among young people for safe sex. 2.3 An increase of 70% FP acceptors among Young couple.	45,711	43,200 adolescent/young people educated through 1,728 group meetings.	81,583	1. SRH meeting register 2. Client register 3. Activities report 4. FGD	Local youth clubs, adolescents & school management cooperate and support	The young people of project areas elected the youth organizers this year. They were very much enthusiastic to work with voluntary zeal. The newly elected organizers spontaneously showed interest with increased yearly target. So, they re-fixed yearly target and achieved with sincerity.
Qualitative Indicators						
Indicators	Base Line	Expected	MOV	Assumption	Comments on variance	
2.4 Increased acceptance of young people on SRH program and participated in the programs 2.5 Increased acceptors of FP methods among the young people both married and unmarried 2.6 Decreased early marriage specially among the young girls	Young people's opinions are not valued specially regard to ASRH, partner choice and marriage	<ul style="list-style-type: none"> Developed youth constituency in all youth project locations. Young people visited clinics 	<ul style="list-style-type: none"> Report on holding youth constituency election Client register Activity report 	Local youth clubs, adolescents & school management cooperate and support	Community gatekeepers' realization increasingly played proactive role to value the young people's opinion.	

Objectives						
Objective – 3		To increase access to adolescent friendly services of 30% adolescent/young people in FPAB clinics				
Quantitative Indicators						
Indicators	Base Line	Expected	Actual	MOV	Assumption	Comments on variance
3.1 An increase of 70% FP acceptors among Young couple	No specific room for young people at clinics.	<ul style="list-style-type: none"> 20 youth friendly corners set up at 20 branch clinics. 	20 youth friendly corners	<ul style="list-style-type: none"> Client register Activity report Youth friendly corner visit register 	Rooms for corners available	Each branch has developed youth friendly corner. The corners are decorated with various BCC & sport materials; some are provided TV, computer and internet facilities.
3.2 Refer 4,000 young people to clinics for SRH services	9547	<ul style="list-style-type: none"> 20,000 young people visited youth friendly corners and clinics 	12,825	<ul style="list-style-type: none"> Client register Activity report Client register 	Youth friendly environment exists with six basic youth friendly principles	Visit by the young people still low. For the name of the clinics young people seems it family planning clinic i.e. only for the married people. This makes them shy and get reluctant to come and receive services.
3.3 Domiciliary services and logistic replenishment.	10,521	<ul style="list-style-type: none"> Youth Organizers will supply contraceptive specially condom among the young people 	10,025	<ul style="list-style-type: none"> Client register Activity report 	Contraceptive available	Organizers provide contraceptives specially condom among the young couple.
Qualitative Indicators						
3.4 Conduct impact evaluation on competition and sensitization at Branch, Division and National levels	No	<ul style="list-style-type: none"> One study conducted 	<ul style="list-style-type: none"> Study report 		County situation exits normal	Monitoring and Evaluation section of FPAB conducted the impact evaluation debate competition

Activities		
Activities	Activity detail planned	Activity detail completed
1.1 Hold meeting with public representatives, teachers and parents	Organize 144 advocacy meetings with 2,880 community gatekeepers like public representatives, teachers and parents on ASRHR	Organized 150 advocacy meetings with teachers, school governing body members and club board members.
2.1 Organize 1,728 group meetings with 43,200 adolescent/young people	Each organizer will organize meeting with 25 young people at least once a month.	Organizers organized meeting twice a month. For sustainability of the messages, Organizers conducted follow up session.
2.2 Organize competition and sensitization at Branch, Division and National levels	Total 56 debate competitions will be organized in schools/madrasha and colleges on SRH&R, HIV/AIDS and social problems throughout the year. Branches and special work units will organize 51 district level and NHQ will organize 4 divisional level one national level debate.	Branches and Special Work Units organized 51 district level debate competitions. NHQ with the support of branches organized 4 divisional. & 1 national level debates. In total 411 students participated in the debate competitions and 18,571 students & teachers enjoyed the debates competitions.
2.3 Observe national youth day, world population day and world AIDS day	Branches will observe national & international days & events e.g. National Youth Day, world population day, world AIDS Day in the project areas.	Branches and units observed the days and events level in collaboration with local level GO/NGOs. .
2.4 Provide vocational training on various trades like poultry, fishery and other trades to 2,130 needy young people in collaboration with Govt. Youth Directorate & other NGOs	Branches/Units will communicate with GOB youth directorate to provide training to 2,130 young people.	2241 young people were trained on various trades like poultry, fishery through Govt. Youth Directorate & other NGOs
2.5 Review and assess the existing curriculum, flip charts and booklets on ASRH/R & HIV/AIDS	NHQ will review and develop/procure need based BCC materials and	FPAB has developed BCC strategy for Adolescent program. Based on recommendation FPAB is reprinting/reprinting the video cassette developed on adolescent sexuality, gender, drug abuse etc.
2.6 Involve rural level youth clubs at project locations	Branches/SWUs will establish network with local level youth organizations.	Network with local level youth organizations has been established and strengthened.
2.7 Develop youth constituency in all youth project locations	FPAB will develop a platform for the young people at branch/SWU and national levels.	Young people of the project areas have elected members to the Youth Parliament. They elected twelve members including leader of the House and Leader of the Opposition, Speaker and Deputy Speaker.
3.1 Provide SRH services to the young people through youth friendly clinical services in FPAB clinics	Youth Organizers will refer young people to the clinics for SRH services.	Organizers are providing peer counseling to the young people and sending to the clinics if necessary.

Annual Lesson Learned

What are the main achievements	What worked well and why	What did not work well?	What would do differently if implementing this kind of project in future?
<ul style="list-style-type: none"> Recruit Youth Organizers elected by the young people through democratic process Develop Youth Parliament, a non-political platform for the young people Provide training to the youth organizers with the financial support of YIF, the Netherlands 	<ul style="list-style-type: none"> Strong commitment of both volunteers and staff members 	<ul style="list-style-type: none"> We could not involve young people to the policymaking bodies of FPAB. It requires making provision in FPAB constitution. It is under active consideration of the policymaking volunteers and Senior Management staff members. 	<ul style="list-style-type: none"> Develop partnership with the organizations working with/for the young people.

What are the main achievements?	What are the key challenges?	Do you have priority technical assistance needs in this area? If so, please describe and indicate from whom you require the technical assistance?
<ul style="list-style-type: none"> Conducted 3,403 SRH meetings where 41,244 male and 40,339 female young people participated. Initially we had a plan to organize one short session for each group. But keeping in mind the issues of sustainability of messages, FPAB re-planned to conduct follow-up session for all young people. After every follow up session, Organizers conducted quiz test to assess the knowledge level of the participants. FPAB has developed a question bank to assess knowledge, attitude, beliefs and values of the participants. Organized debate competition on the issue of only female education can ensure women empowerment. To ensure youth friendly services, FPAB has developed youth friendly corners, provided training to the clinical service providers on youth friendly services. The youth organizers were also trained on peer counseling. To attract the young people, FPAB has set up 7 computer training centers at branch level. <p>FPAB has developed youth parliament, a platform for the young people through a democratic process. The members elected 12 members parliament including Leader of the House and Leader of the Opposition, Speaker and Deputy Speaker. The parliament met a session and resolved a draft constitution. The process to include the youth representatives to the policy-making bodies of FPAB is going on.</p>	<ul style="list-style-type: none"> Frequent changes of the Youth Organizers. Shortage of fund to train the new organizers for conducting peer education. 	<ul style="list-style-type: none"> At present we need to know about the modern and in-depth monitoring methodologies of the adolescent program as a whole. The SARO office can organize a training program for this purpose.

Thematic Area	Adolescent				
Title of Project	Madrasa Students Initiatives for Adolescents Health in Bangladesh				
Objectives					
Objective -1	To increase youth participation in the promotion of sexual and reproductive health program and services in 10 Madrasa in Bangladesh.				
Quantities Indicators					
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
1.1. Increased youth participation in the planning, implementation and monitoring of project activities 1.2. Increased capacity of FPAB to manage and implement peer education program with Madrasa students and their community		1.1. Identified 182 students and engaged them as Peer Educators. 1.2. Created 36 peer groups, one male and one female in each Madrasa 1.3. A five-day long ToT provided to 40 Peer Educators on SRH, rights, gender, GBV and legal provision. 1.4. Nine Teacher-Student Forums were formed in nine Madrasa	-Madrasa list file - Branch record -Reports	- Authority is supportive -Service Providers are open to work with this community -Madrasah authority will be supportive/open to the change - Clinical staff will sustain in work -Partners will be supportive	One Madrasa refused to work in SRHR
Qualitative Indicators					
5.2.		1.1.1. Attitude of the Peer educators is changed towards sexual and reproductive health and rights issues. 1.1.2. 50% of the madrasah students participated in planning, implementation and monitoring process of project activities.	-Attendance register of interactive session - Wall magazine - Attendance of sensitization and planning meeting -Half-yearly report	-Madrasah authority is supportive	Some of the Peer Educators of Quami Madrasah are yet to change

Objective -2	To improve knowledge and understanding of sexual and reproductive health and rights among Madrasa students, teachers (and Imams) and their community in 10 Madrasa in Bangladesh				
Quantities Indicators					
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
<p>2.1.Improve knowledge, attitude and behavior of Madrasa students, teachers and their community relating to sexual and reproductive health</p> <p>2.2.Improved-decision making negotiation skills among Madrasa students and increased peer support among male and female students</p>		<p>2.1. About 97 Interactive session was held on SRHR with the Madrasa students.</p> <p>2.2. Toolkits on SRHR, life skills, communication, and leadership were developed and distributed to PEs for use in interactive sessions.</p> <p>2.3. 9 Teachers as student counselors were identified one in each Madrasa</p> <p>2.4. Thirty-education session on SRHR and skills development training were organized.</p> <p>2.5.Teacher's Information Toolkits was prepared (on gender, rights, SRHR)</p>	<ul style="list-style-type: none"> - Session registers - Profile of teacher as student counselors 	<p>Authority is supportive</p> <ul style="list-style-type: none"> -Service Providers are open to work with this community -Madrasah authority will be supportive/open to the change - Clinical staff will sustain in work -Partners will be supportive 	<p>Interactive sessions were not held as per the target because there was problem in selection of madrasah again introducing the sessions.</p>
Qualitative Indicators					
		<ul style="list-style-type: none"> -Knowledge level of students on anatomy and physiology, reproduction system, sex and sexuality increased. -Peer support among male and female students increased 	<ul style="list-style-type: none"> - Session registers -Half-yearly report 	<p>Pre-post session evaluation sheet</p>	<p>In Quami madrasah is not yet satisfactory level</p>

Objective -3	To increase access to youth friendly health services to Madrasa students, teachers (and Imams) and their community in 10 Madrasa in Bangladesh.				
Quantitative Indicators					
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
3.1.To improve access to youth friendly sexual and reproductive health services to Madrasa students, teachers (and Imams) and their community of 10 Madrasa		3.1. Established 9 Health Posts for Youth Friendly SRHR services and organized 1080 outreach sessions for students, teachers and their communities. 3.2. Supplied 10 Health and First Aid Kits for students and teachers 3.3. Organized capacity training for the service 23 providers on gender, rights and sexuality including facilitation and communication.	- Health post service registers -Training attendance register -Reports	Authority is supportive -Service Providers are open to work with this community -Madrasah authority will be supportive/open to the change - Clinical staff will sustain in work -Partners will be supportive	Actually 10 Health Posts were established but because of withdrawn of one madrasah it is now stopped.
Qualitative Indicators					
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
		-Increased number of adolescents in health posts -80% of the students and teachers were counseled - Introduced referral services to FPAB clinic	-SRH Service register -Referral register.	Madrasah authority will be supportive/open to the change - Clinical staff will sustain in work -Service Providers are youth friendly	Only some chronic cases are referred to FPAB clinics

Objective-4		To increase support for young people's rights, and promote gender equality among all stakeholders and partner organizations in Bangladesh			
		Quantitative Indicators			
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
<p>4.1. Recognition of and commitment to the rights of young people to increase access to sexual and reproductive health education and services among key stakeholders such as governing board members and partner organization.</p> <p>4.2. Improve parent-child communication on issues relating to sexual and reproductive health, career development, marriage and other social development.</p> <p>4.3. Partnership with institutions working with young people on gender based violence, children's rights and sexual and reproductive health.</p>		<p>4.1. Nine launching programs were organized. Policy makers. NGO's, civil society, media people, prominent religious leaders, Madrasah teachers, governing bodies members, PE attended. Total participants were 903.</p> <p>4.2. BCC and Advocacy strategy was developed and some booklets, journals and magazines related to SRHR, gender, rights issues were collected and distributed to Madrasa.</p> <p>4.3. Four sessions were held on skill building, advocacy and SRH with the Madrasa governing body and management committee members. 52 members attended</p> <p>4.4. Exchange visit in was not held because the it was late to start who package of activities</p> <p>4.5. Twenty meeting at project sites were held and reviewed activities of Madrasa project</p>	<p>-Meeting and training registers</p> <p>-Evaluation sheet</p> <p>-Progress report.</p> <p>-Meeting register</p>	<p>Authority is supportive</p> <p>-Service Providers are open to work with this community</p> <p>-Madrasah authority will be supportive/open to the change</p> <p>- Clinical staff will sustain in work</p> <p>-Partners will be supportive</p>	<p>Exchange visit was not held because it was late to start who package of activities</p> <p>-</p>

		<p>4.6. Ten meeting were held at the district level with the stakeholders where about 150 stakeholders attended.</p> <p>4.7. Six thousand (6,000) letter have been distributed to the parents/guardians and community with a request to send their adolescents boys and girls to send to interactive sessions and also the health posts for counseling and care.</p> <p>4.8. Six parents meetings were held in six madrasahs where 268 parents attended.</p> <p>4.9. Health Information Kit was prepared and distributed</p> <p>4.10. Medical Officers and Counselors visited 892 houses and counseled about SRHR issues of adolescents.</p> <p>4.11. Twelve Pre-Consultation meeting were held in 10 madrasahs where 20-25 participants of committee members and teachers attended.</p> <p>4.12. Tens sensitization meeting on SRHR were held and discussed on SRHR and probable risks of young people.</p> <p>4.13. Some brief materials on SRH and rights, GBV for using in Friday prayer were developed on distributed to the</p>			
--	--	--	--	--	--

		<p>religious leaders.</p> <p>4.14. 10 public meetings were held in 10 madrasa where 845 public of different categories attended. Issues of SRHR, GBV were discussed.</p> <p>4.15. Ten resource centers have been established, one in NHQ and another 9 in nine Madrasa. Booklets related to SRHR, GBV, women rights were distributed in resources centers.</p> <p>4.16. Conducted Resource Mapping Exercise in NHQ were 21 partners have been identified. Five branches have also conducted resources mapping exercise and identified partners.</p> <p>4.17. No formal MoU signed till now. In second phase MoU will be signed with some of the partners.</p> <p>4.18. BCC workshop was organized with the participation of madrasah students of male and female where some teachers were also attended and made their contribution.</p>			
--	--	--	--	--	--

		Qualitative Indicators			
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
		<ul style="list-style-type: none"> - Support and recognition of stakeholders and community leaders increased to SRHR issues of adolescents - Parents-child relationship in regard to SRHR improved. - Partnership with Islamic Foundation improved for selection and providing capacity building training to the madrasah students 	<ul style="list-style-type: none"> - Attendance of adolescent in interactive sessions - Development of a booklet on rights of women <p>Utilization of the experts of Islamic Foundation.</p>	<ul style="list-style-type: none"> -Stakeholders are supportive - Parents will realize the problems of their adolescents and send them to Health Post for SRH care. 	<p>Resource Mapping exercise has been conducted in 2007 and identified 21 partners. MoU will be signed with some of the partners in 2008 and start</p> <p>-</p>

Objetive-5		To contribute to increased knowledge on Islamic teaching relating to sexual and reproductive health and rights.			
		Quantitative Indicators			
Indicators	Baseline	Expected	MOV	Assumption	Comments on variance
<p>5.1. Increased and shared knowledge on Islamic teaching relating to SRHR.</p> <p>5.2. Improve capacity of FPAB in protection and promotion of rights of madrasa students to increase access to sexual and reproductive health information and care.</p>		<p>5.1. Ten resource centers have been established, one in NHQ and another 9 in nine madrasa. Booklets related to SRHR, GBV, women rights were distributed in resources centers.</p> <p>5.2. Nine Wall Magazine was published in 9 madrasa. About 5,000 students and teachers visited the magazines. Issues related to health, hygiene, SRHR, gender, GBV, rights were published through wall</p>	<ul style="list-style-type: none"> -Reports of project sites - Photographs 		<p>In the reporting year on 9 wall magazines were published. Because of delay in selection of madrasa and refusal of Madrasa to work on SRHR</p>

		<p>magazines.</p> <p>5.3. Existing Madrasah curriculum and teachers training program have been reviewed.</p> <p>5.4. Necessary communication has been made with madrasa education board, ministry of education and education directorate for training.</p> <p>5.5. We are planning to organize National advocacy activity in 2008.</p> <p>5.6. Technical Advisory Committee at central level have been formed.</p> <p>5.7. Activities of the project were documented and shared to FPAB authority, IPPF/SARO and donor.</p> <p>5.8. Central Project Advisory Committee was formed and one meeting was held. Five meetings of District Project Advisory Committee were held where activities of project were reviewed and suggested for improvement of project activities.</p>			
--	--	---	--	--	--

Activities	Activity detail planned	Activity detail completed
1. Identification and selection of Peer Educators	Identified Peer Educators in consultation with the teachers and finally engaged them as Peer Educators	1.5. Identified 182 students and engaged them as Peer Educators.
2. Creation of 20 peer groups	Two male and 2 female groups in each madrasa	Created 36 peer groups, one male and one female in each madrasa
3. Training of trainers for Peer Educators	The project constituted a team to design the TOT program for the peer educators. The team prepared training manuals and provides TOT to peer educators.	A five day long ToT provided to 40 Peer Educators on SRH, rights, gender, GBV and legal provision
4. Student-Teacher Forum	Teachers student forum were formed one in each madrasa	Nine Teacher-Student Forums were formed in nine madrasa
2.1. Monthly educational/Interactive sessions on SRHR	Interactive session started as per plan	About 97 Interactive sessions were held on SRHR with the madrasa students.
2.2 Developed toolkits for interactive learning	Collect print materials related to SRHR, review and developed toolkits for interactive learning	Toolkits on SRHR, life skills, communication, and leadership were developed and distributed to PEs for use in interactive sessions.
2.3. Identification, selection and training of Teachers as Students Counselors/facilitators in each Madrasa	Teachers interested to work for promotion of SRHR will be selected and provided training.	Teachers as student counselors were identified one in each madrasa
2.4. Educational session on SRHR and skills development	Session will be organized on SRHR and skill development	Thirty education session on SRHR and skills development training were organized
2.5. Teacher's Information Toolkit on gender, rights and SRHR	Print materials will be collected, review and developed toolkit for teachers on SRHR, gender, GBV	2.5. Teacher's Information Toolkits was prepared and distributed to branches (on gender, rights, SRHR)
3.1. Youth Friendly Services for madrasah students	Health Post will be developed one in each madrasah, medical officer or paramedic will provide clinical care and counseling.	3.1. Established 9 Health Posts for Youth Friendly SRHR services and organized 1080 outreach sessions for students, teachers and their communities.
3.2. Health and first aid kits	First aid kits will be supplied to 10 madrasahs with necessary logistics for providing first aid care.	.3.2. Supplied 10 Health and First Aid Kits for students and teachers

3.3. Capacity building training for service providers on gender, rights and sexuality	Capacity building training will be organized for counselors, medical officers, Assistant District Project Officers and District Project Officers on gender, rights and sexuality	3.3. Organized capacity training for the service 23 providers on gender, rights and sexuality including facilitation and communication
3.4. Capacity building program for strengthening counseling skills	Five counselors and five medical officers will be provided training on counseling	Training on counseling have been provided to 10 services providers
4.1. Launch Event	Launching event held both central and district level.	4.1. Nine launching programs were organized. Policy makers, NGO's, civil society, media people, prominent religious leaders, Madrasah teachers, governing bodies members, PE attended. Total participants were 903.
4.2. Develop and distribution of BCC materials	BCC materials will be collected from FPAB and other NGOs and developed some printing materials and distributed to madrasahs	4.2. BCC materials were collected from FPAB and other NGOs , some printed materials have been developed and distribute to madrasahs
4.3. Skills building sessions for Madrasah Governing Body and Management Committee	Skill building session will be organized at Madrasah level with the participation of Madrasah committee members.	4.3. Four session were held on skill building, advocacy and SRH with the madrasa governing body and management committee members. 52 members attended
4.4. Exchange visit	It was planned to organized exchange visit at the last quarter of 2007	4.4. Exchange visit in was not held because the it was late to start whole package of activities
4.5. Six monthly update on the progress of the project	Half yearly review meeting organized accordingly.	4.5. Twenty meeting at project sites were held and reviewed activities of Madrasah project
4.6. Annual Stakeholders Meeting	Stakeholders meeting organized with the participation of Madrasah teachers, students, Managing Committee members, Imams, service providers, parent representatives, government representatives, and NGO representatives	4.6. Ten meeting were held at the district level with the stakeholders where about 150 stakeholders attended
4.7. Letter to parents	Letter will be designed, print and be distributed to parents, guardians and community peoples.	4.7. Six thousand (6,000) letter have been distributed to the parents/guardians and community with a request to send their adolescents boys and girls to send to interactive sessions and also the health posts for counseling and care
4.8. Parent's meeting/orientation in Madrasah	Parents meeting organized at the Madrasah premises	4.8. Six parents meetings were held in six madrasa where 268 parents attended

4.9. Health Information kit	Health information kits will be developed	4.9. Health Information Kit was developed and distributed
4.10. Meetings with counselors and doctors	Introduced community level consultation visiting by the medical officer and counselors	4.10. Medical Officers and Counselors visited 892 houses and counseled about SRHR issues of adolescents
4.11. Pre-consultation meeting	Pre-consultation meeting organized to build rapport with the Madrasah teachers, committee members and students before selection of Madrasah.	4.11. Twelve Pre-Consultation meeting were held in 10 madrasa where 20-25 participants of committee members and teachers attended
4.12. Sensitization program for Madrasah governing bodies, local leaders and marriage registrars	Sensitization meeting organized.	4.12. Tens sensitization meeting on SRHR were held and discussed on SRHR and probable risks of young people
5.13. Developed brief materials for on SRHR and other related issues for Friday prayer	Brief materials will be developed for distribution among the religious leaders of mosque	4.13. Brief materials on SRH and rights, GBV for using in Friday prayer were developed on distributed to the religious leaders.
4.14. Public Meetings	Public meeting organized.	4.14. 10 public meetings were held in 10 madrasahs where 845 public of different categories attended. Issues of SRHR, GBV were discussed.
4.15. SRHR information resource for moderate religious leaders	SRHR information will be developed for moderate moderate religious leaders	Booklets were collected and identified areas for developing information resource for moderate religious leaders.
4.16. Mapping of partners/organizations at local, regional and national level.	Mapping of partners meetings already conducted	4.16. Conducted Resource Mapping Exercise in NHQ was 21 partners have been identified. Five branches have also conducted resources mapping exercise and identified partners
4.17. Development of partnership and MoU	Bi-lateral discussion will be held to identify the area/s of partnership, develop MoU and sign	4.17. No formal Moue signed till now. In second phase Moue will be signed with some of the partners.
4.18. BCC workshops	BCC workshop held with the participation of Madras students and adolescents of FPAB youth project.	4.18. BCC workshop was organized with the participation of madras students of male and female where some teachers were also attended and made their contribution.
5.1. Establish Resource Centers in 9 Maracas and at the National Head Quarters in Dhaka.	Established Resource Centers in 8 Madrasah and at the National Head Quarters in Dhaka.	. Ten resource centers have been established, one in NHQ and another 9 in nine madrasahs. Booklets related to SRHR, GBV, women rights were

		distributed in resources centers.
5.2. Wall Magazine in each Madrasah	Wall magazine published.	5.2. Nine Wall Magazine were published in 9 madrasahs. About 5,000 students and teachers visited the magazines. Issues related to health, hygiene, SRHR, gender, GBV, rights were published through wall magazines
5.3. Desk review of existing madrasa curriculum	Madrasah curriculum will be collected and reviewed	Madrasa curriculum has been collected and reviewed
5.4. Orientation program for the members of madrasa education board, ministry of education and education directorate.	Rapport will be build up to provide orientation to the member of madrasa education board, ministry of education and education directorate	Communication has been made with the madrasa education board, ministry of education and directorate of education to provide orientation
5.5. National advocacy activities	A national level advocacy campaign will be organized for introducing SRHR, gender, GBV in the curriculum of madrasa	Because of emergency it was not possible to organized
5.6. Formation of Technical Advisory Committee (TAC)	Explore experts and form a TAC	TAC was formed with three members.
5.7. Process documentation	Records will be maintain at project sites and periodical report will be collected	Records are maintained at the project sites and monthly reporting system are introduced
5.8. Project Advisory Committee meeting at Branch Level.	Five Advisory Committee will be formed and meeting will be organized half-yearly	Central Project Advisory Committee was formed and one meeting was held. Five meetings of District Project Advisory Committee were held where activities of project were reviewed and suggested for improvement of project activities

What are the main achievements?	What worked well and why?	What did not worked well?	What would you do differently if implementing this kind of project in future
<p>1. Parents meetings held at the Madrasah premises on Adolescents Sexual Health.</p> <p>Parents meeting on adolescent's health at the Madrasah premises were held in the Madrasahs. Some Madrasahs organize parents' day at the Madrasah premises, where parents and guardians get together. But a parents meeting on adolescent's sexual health at the school/college/Madrasah premises was beyond thinking. Madrasah project organized parents meetings on SRHR at the Madrasah premises. Parents /guardians and teachers of the Madrasah attended the meetings. Adolescents SRHR needs and its importance including rights to have SRHR information and care were discussed in the parents meetings.</p> <p>2. Launching Ceremony held with the support of Madrasah in the Madrasah premises:</p> <p>The Launching ceremony of the project was held in the Madrasah premises where female and male students, teachers, local leaders and community people participated. At the launching ceremony. Issues relating to adolescent reproductive health & rights, gender, HIV and AIDS and Family Planning were discussed. Commitment and support</p>	<ol style="list-style-type: none"> 1. Involvement of Madrasah students, teachers and management committee of Madrasah in planning, implementation and monitoring process of project activities worked well. Because it gives ownership to them. 2. Consultative meetings with members of the Madrasah Management committee help to convince to authority to give approval to work on SRHR. Pre-consultation meeting helps to sensitizes madrasa teachers, governing committee members on SRHR, gender and GBV issues 3. The provision of health services to students, teachers and nearby Madrasah communities was a key factor in getting authorisation from <i>Qaumi</i> Madrasahs. 4. Involvement of Islamic Foundation Bangladesh as stakeholder facilitated to in selecting Madrasah and operation others activities. 5. District managers and volunteers of the project sites were involved in mobilizing selection of Madrasah for the project activities. They are also contributing in implementing project activities. 	<ol style="list-style-type: none"> 1. Although it was assumed that authorization from the Qaumi Madrasahs to start the project in their premises would be a challenge, it took more time than was anticipated, thereby leading delay in initiating some of the project activities. 2. Turnover of Madrasah: Initially after consultation meeting, Madrasah showed their interest to work with FPAB but later on after starting implementation of the activities 6 Madrasa refused to work with FPAB on SRHR issues. 3. High turnover of medical officer and counselors: Medical officer and counselors find it difficult to work with religious community. Poor salary structure is also another reason for high turnover. 	<ol style="list-style-type: none"> 1. Madrasa teachers and students are very sensitive to family planning and MR issue. They discuss sexual and reproductive health issues within the framework of the Quarn and the Hadith carefully. 2. It is good to develop any BCC and Advocacy materials discussing with the madrasa students and teachers to make it compatible to religious environment. They like religion friendly approach in interventions. 3. More consultation meetings with the madrasa governing bodies could help for retention of madrasa with the project. It was found that governing bodies play key role for giving authorization to work with the project. One principal lost his job because of attending a TOT of the project. 4. Name and logo of the implementing organization FPAB especially Family planning is also a barriers for implementation of the project.

What are the remarkable Achievements	Any Important Lesson Learnt?	Greatest Constraint/s	How did you overcome them
	<ol style="list-style-type: none"> 1. Madrasa teachers and students are very sensitive to family planning and MR issue. They discuss sexual and reproductive health issues within the framework of the Quarn and the Hadith carefully. 2. It is good to develop any BCC and Advocacy materials discussing with the madrasa students and teachers to make it compatible to religious environment. They like religion friendly approach in interventions. 3. More consultation meetings with the madrasa governing bodies could help for retention of madrasa with the project. It was found that governing bodies play key role for giving authorization to work with the project. One principal lost his job because of attending a TOT of the project. 4. Name and logo of the organization (Family planning) is also important for acceptance. 	<ol style="list-style-type: none"> 1. Although it was assumed that authorization from the Qaumi Madrasahs to start the project in their premises would be a challenge, it took more time than was anticipated, thereby leading delay in initiating some of the project activities. 2. Turnover of Madrasah: 6 Madrasahs refused to work with FPAB on SRHR issues. Initially, madrasah showed interest, but after starting implementatio 	<ol style="list-style-type: none"> 1. Organizing consultation meeting, frequent visit of the madrasa authority helped to overcome the problem. 2. Frequent visit, consultation meeting with the madrasa principal and governing bodies helped to motivate them to work with FPAB on SRHR. 3. Continue clinical session hiring casual medical graduate.

		<p>n SRH of activities, some madrasah refused.</p> <p>3. High turnover of medical officer and counselors: Medical officer and counselors find it difficult to work with religious community. Poor salary structure is also another reason for high turnover.</p>	
--	--	--	--

Thematic Area	ACCREDITATION & GOVERNANCE				
Title of the Project	Organizational Development				
Objectives					
Objective-1	To improve the capacity of the volunteers to enhance the image of FPAB through effective advocacy and resource mobilization.				
Quantitative Indicators					
Indicator	Base Line	OVI	MOV	Assumption	Comments on variance
Local financial resource increased. (NEC has formed a Resource Mobilization Committee to work in this regard).	Tk 16,705,377 was generated as local financial resource in the year 2006.	T. 15,658,826 have been generated as local financial resource in the year 2007. That is 6.68% reduction of local financial resource generation in the year 2007.	<ul style="list-style-type: none"> Financial records/Books of accounts. Bank transactions/ac counts. 	Local support in the form of branch generated incomes received from membership fees, service charges, donations etc. will continue for resource mobilization	There happened 6.68% reduction of local financial resource generation in the year 2007. It happened due to stoppage of the pathological laboratory services at the branch clinics as per instruction from the govt. health administration. Because as per government policy to run pathological laboratory services qualified laboratory technician passed from the govt. affiliated institution is a must. As we had not any laboratory technician passed from affiliated institution; we were bound to stop this lab. program.
2. Percentage of young, women and marginalized groups increased in the governance structure of FPAB	In the term 2005-2007 the number of female representative was 10 in the National Executive Committee (NEC)	<ul style="list-style-type: none"> At the National Council governance body the Female members are representing 56% for the term 2008- 	<ul style="list-style-type: none"> Membership registers. National Councilor's body. Branch Executive 	More young, women and marginalized groups will come forward voluntarily to involve themselves in the governance structures.	Representation from young, women and marginalized groups as membership in different level of governance platform of the MA is increasing day by day. For

	i.e. near to 50%. In the Branch Executive Committees (BEC) it was 35% and Special Work Unit (SWU) Executive Committees it was near to 39%.	<p>2010.</p> <ul style="list-style-type: none"> • At the National Executive Committees (National level Governance body) the Female members are representing 33% for the term 2008-2010. • At the Branch Executive Committees (branch level Governance body) the Female members are representing 51% for the term 2008-2010. • At the Special Work Unit (SWU) Executive Committees (SWU level Governance body) the Female members are representing 52% for the term 2008-2010. 	Committees (branch level Governance body)		the term 2008-2010 new election of governance bodies was happened; it was possible to increase the involvement of young, women and marginalized groups in the governance structures of different levels. It was possible due to commitment of the Honorary Volunteers; both males and females to create conducive environment to attract more female and youth segment to be involved in the governance platforms of FPAB.
--	--	--	---	--	--

Qualitative Indicators

Indicator	Base Line	OVI	MOV	Assumption	Comments on variance
1. Governance & management skills	Of moderate level.	The capacity of volunteers & senior	• MOU signed	- Representatives from Government and non-	The capacity of volunteers & senior staff is increasing

improved		staff increased for making partnership with Government & non -Government Organizations	<ul style="list-style-type: none"> • Meeting minutes. • Correspondences between the Honorary Volunteers and relevant Government & non -Government Organizations 	Government organizations will attend meeting spontaneously. - FPAB will follow the different policies and guidelines.	day by day for making partnership with Government & non - Government Organizations
2. FPAB image enhanced at national, regional & international level	Of moderate level.	The credibility of FPAB's program and management is being recognized more by the Government and international agencies.	<ul style="list-style-type: none"> • Wide media coverage • Government report • FPAB is called by the district administration to attend monthly meeting of the District Coordination Committee convened by the Govt. Administration at district level – Branch/SWU level. 	FPAB's performance will be reflected in the Govt. MIS.	FPAB image has been enhanced at national, regional & international level. However, we can expect more enhancements in the coming days. FPAB believes that it will succeed to achieve the accreditation of IPPF as per IPPF's set standard; then image of the MA to other development partners will noticeably be improved.

Qualitative Indicators

Activities	Activity detail plan	Activity detail completed
1.1 Organize Raffle draw among volunteers, staff, beneficiaries etc. for generating funds at the local level.	<ul style="list-style-type: none"> • Organize Raffle draw among volunteers, staff, beneficiaries etc. for generating funds at the local level. 	Raffle draw was not permitted by the government. it is in the list for 2009. Once the political governments come in power.
1.2 Organize meeting with Philanthropists, Industrialists and leading Businessmen for local resource generation. This activity has to be considered as a special effort aiming to involve the corporate sector in FPAB program as these high profile people will not be or unlikely to be	<ul style="list-style-type: none"> • Organize meeting with Philanthropists, Industrialists and leading Businessmen for local resource generation. This activity has to be considered as a special effort aiming to involve the corporate sector in FPAB program as these high profile people will not 	Meeting with Philanthropists, Industrialists and leading Businessmen for local resource generation have been organized. This activity has enhanced income generation as well as enhanced focus on the SRH issues.

available throughout the year. Keeping this activity for a particular allotted time will ensure quality and focus on the issue.	be or unlikely to be available throughout the year. Keeping this activity for a particular allotted time will ensure quality and focus on the issue.	
2.1 Recruit committed young women and marginalized groups i.e. socio-economically deprived people in and around the project areas, as member of FPAB	<ul style="list-style-type: none"> Recruit committed young women and marginalized groups i.e. socio-economically deprived people in and around the project areas, as member of FPAB 	Committed young women and marginalized groups i.e. socio-economically deprived people in and around the project areas, as member of FPAB have been recruited.
2.2. Select/elect young, women and marginalized groups in the BEC, NEC and National Council.	<ul style="list-style-type: none"> Select/elect young, women and marginalized groups in the BEC, NEC and National Council 	For the term 2008-2010 election of governance bodies have been happened; it has been possible to increase the number of young, women and marginalized groups in the governance structures. Conducive environment has been created to incorporate more young, women and marginalized groups in the BEC and National governance bodies in the coming days.
3.1. Disseminate FPAB's Constitution, Service rules, Financial & Procurement guidelines among staff according to IPPF mandate for smooth functioning of FPAB.	<ul style="list-style-type: none"> Disseminate FPAB's Constitution, Service rules, Financial & Procurement guidelines among staff according to IPPF mandate for smooth functioning of FPAB. 	Draft guideline prepared, shared and finalized.
3.2. Disseminate Advocacy, Sexual Harassment and Gender policies of FPAB.	<ul style="list-style-type: none"> Disseminate Advocacy, Sexual Harassment and Gender policies of FPAB. 	Draft policy prepared and shared with branches and approved by NEC and AGM. Now it is under process of printing.
3.3. Organize APR Workshop involving Volunteers and staff from Branch and NHQ	<ul style="list-style-type: none"> Organize APR Workshop involving Volunteers and staff from Branch and NHQ 	APR workshop was held in February 2008 involving honorary volunteers; staff members & youth.
3.3. Organize BEC, NEC, Sub-Committee and Council meetings	<ul style="list-style-type: none"> Organize BEC, NEC, Sub-Committee and Council meetings 	BEC, NEC, Sub-Committee and Council meetings organized regularly.
3.4. Organize Capacity building training for the	<ul style="list-style-type: none"> Organize Capacity building training for the 	Capacity building training for the support staff on

support staff. On transparency, accountability and organizational rules and regulations.	support staff. On transparency, accountability and organizational rules and regulations.	transparency, accountability and organizational rules and regulations arranged
3.5. Conduct an impact study on BCC material used in different projects of FPAB.	<ul style="list-style-type: none"> • Conduct an impact study on BCC material used in different projects of FPAB. 	Impact study on BCC material used in different projects of FPAB conducted.
3.6. Institutionalize service statistics of IPPF through orientation of concerned staff of branches and NHQ.	<ul style="list-style-type: none"> • Institutionalize service statistics of IPPF through orientation of concerned staff of branches and NHQ. 	Service statistics of IPPF institutionalized at branch level and orientations to the program managers was conducted.
3.7. Conduct internal audit at Branch & NHQ at least once in a year, and this auditing will be done branch-wise. Details of best possible mechanism of auditing related issues will be discussed in the next MSC (Management Sub-Committee) and NEC meetings in November 2006.	<ul style="list-style-type: none"> • Conduct internal audit at Branch & NHQ at least once in a year, and this auditing will be done branch-wise. Details of best possible mechanism of auditing related issues will be discussed in the next MSC (Management Sub-Committee) and NEC meetings in November 2006. 	Internal audit at Branches & NHQ was conducted and this is a continuous process.
3.9. Recruit Information professionals for the Knowledge Management Centre	<ul style="list-style-type: none"> • Recruit Information professionals for the Knowledge Management Centre 	Information professionals for the Knowledge Management Centre recruited and KMC upgraded and strengthen.
4.1. Organize consultative meeting with concerned government agencies and professional bodies for sharing experience and knowledge.	<ul style="list-style-type: none"> • Organize consultative meeting with concerned government agencies and professional bodies for sharing experience and knowledge. 	Consultative meeting with concerned government agencies and professional bodies for sharing experience and knowledge organized on different occasions.
4.2. Organize GO-NGO coordination meeting at Branch levels for mutual support and cooperation.	<ul style="list-style-type: none"> • Organize GO-NGO coordination meeting at Branch levels for mutual support and cooperation. 	GO-NGO coordination meeting at Branch levels for mutual support and cooperation organized every of and on.

Thematic Area	HIV and AIDS					
Title of the Project	HIV and AIDS Prevention Program for FPAB					
Objectives						
Objective-1	Strengthen VCT services at 14 FPAB clinics, along with appropriate follow up services or referral linkage for prevent age of parents to children transmission.					
Quantitative Indicators						
Indicators	Base Line	Expected	Actual	MOV	Assumption	Comments on variance
1.2 Number of client used 14 VCT centers	586 586 Pretest counseling 135 post test counseling 217 test was done	700	2115 2115 Pretest counseling 531 post test counseling 588 test was done	Service Statistics	Training was conducted as planned as such planned activities were run smoothly. Virology department of BSMMU supported for its technical training courses. Occasionally few staff who were trained left the job. FPAB mitigate this problem by providing on the job training by the supervisors and peers.	HIV and AIDS prevention program is a new program for FPAB. In terms of number of client using VCT centers are increasing gradually. More vulnerable peoples are receiving services. In 2006, 586 client received pretest counseling, 135 client post test counseling and 217 tests was done. Out of them one was positive. But in 2007, 2115 client received pre test counseling, 531 post test counseling and 588 test was done. Among them three were positive. In 2006 FPAB did not address socially excluded group of people in VCT centers as that was the initiating year. But in 2007 FPAB intentionally addressed socially excluded people like sex workers in VCT centers. In 2007, 126 sex workers received VCT service including pre and post test counseling. FPAB overcome this barrier by involving CBOs and establishing referral services with them. But FPAB did not involve significant number of IDUs in 2007 with its VCT activities. In 2008 FPAB should involve IDUs people in HIV and AIDS prevention program.

Objectives						
Objective-2	Organize advocacy seminar with youth, women, religious leaders, teachers and community leaders for reducing stigma and discrimination					
Quantitative Indicators						
Indicators	Base Line	Expected	Actual	MOV	Assumption	Comments on variance
2. Condom utilization rate increased from the 14 centers from previous year	16800	33600	526000	Service statistics.	Community and social gate keepers' forum supports all interventions	<p>In the 3rd quarter of 2006 FPAB started condom distribution for STI/HIV clients. FPAB did not expect such a huge number of clients needs condom for STI/HIV prevention.</p> <p>In 2007 FPAB started work with CBO, that works with HIV/ key people like MSM, SWs and IDUs through these partners FPAB addressed these vulnerable people. So distribution is higher than expected.</p> <p>FPAB received free condom from FHI for STI preventions, it helps to run the program with less cost.</p>
Objectives						
Objective-3	Organize educational sessions with college and Madrasa teachers for reducing stigma and discrimination.					
Qualitative Indicators						
Indicators	MOV	Assumption	Expected	Qualitative Findings	Comments on variance	
Women able to negotiate for safer sex.	Rapid survey and FGD with women's. In depth inter view , case study	Stigma and gender discrimination reduced as planned.	Vulnerable women able to negotiate for safer sex	Vulnerable women were trained on condom usage through conducting interactive discussion session when they come for STI treatment. Proper condom	<p>FPAB started to work with vulnerable woman to prevent STI/HIV in 2007.</p> <p>FPAB compared the status of vulnerable woman with control area and it shows that where FPAB intensively works the vulnerable woman like sex workers, internally</p>	

				<p>demonstration was also done during session. It requires several discussion sessions and understanding by the client that condoms will protect them from STIs including HIV and AIDS. Peer Group approach also introduced to train women for negotiation of safer sex. FPAB developed understanding with CBOs and work with them to address the issue of negotiation of safer sex.</p> <p>Case study Puja is about 18 years old. Passed grade VII. She is engaged in sex work at Faridpur brothel. She suffered a lot both physically and mentally after entering in this occupation. Previously she was not getting condom and no treatment for STIs. After getting STI services from FPAB satellite</p>	<p>displaced people are much more able to negotiate for safer sex.</p> <p>Women are more knowledgeable where condom promotion services were started on STI/HIV prevention.</p>
--	--	--	--	---	--

				<p>sessions conducted at the brothel she was free from STIs. She also receiving free condom regularly from FPAB and acknowledge her gratitude. She knows that condom will protect her from sexual disease. She is now convincing other sex workers that condoms are essential part of their business as well as health.</p>	
Objectives					
Objective – 4	Organize round table advisory meeting/ technical committee meeting with GoB, NGOs for mutual technical cooperation.				
Qualitative Indicators					
Indicators	MOV	Assumption	Expected	Qualitative Findings	Comments on variance
Family willingness to support and care infected affected enhanced	In depth interview Group interview	Community and social gate keepers’ forum supports all interventions	Family willingness to support and care infected and affected enhanced	Community people participated in HIV and AIDS stigma and discrimination reduction meetings in all Districts. Several meetings, workshops were conducted with the gate keepers like teachers, religious leaders, public representatives and GOB and NGOs representatives to reduce stigma and	HIV prevalence is very low in Bangladesh as such very few clients are residing within FPAB project area. FPAB developed collaboration with other NGOs that works with positive people. In some area FPAB started to work with positive people to help them to survive within the community by providing and creating opportunities to work with the FPAB staff. These interaction helps positive people

				<p>discrimination. HIV positive people were introduced in some meetings in front of community people. In this way HIV and AIDS related stigma and discrimination were reduced significantly as such FPAB can organize meeting with community people along with the positive people. In 2007, three positive cases were identified and properly followed up for getting family support. All three positive persons are living with their families.</p> <p>Case study:</p> <p>Md. Siddiqur Rahman, Age 40 years, passed HSC. He is from Faridpur District, married to Roma Akter and has a daughter age 5 years. He went for overseas job in 1991. He returned back in</p>	<p>to express their own needs in larger community. As for example in a social audit exercise the positive people was involved as a team member and describes how he enjoyed family supports. These were happened because Civil Society changed a lot after several interaction with positive people.</p>
--	--	--	--	---	--

				<p>February 2006 and diagnosed as HIV positive person at virology department of BSMMU.</p> <p>First of all relatives are hiding fact that he is suffering from HIV. Gradually he became very sick and unable to move from one place to another. He lost his weight to 40 kg. He was waiting for his death. His relatives were scared and hide community about his illness. One journalist wrote news about his illness in local news paper. After that he tries to hide himself and not to disclose anything about his illness. After getting information from news paper District authority helps him to get treatment from CAAP and other NGOs. He is now getting ARV regularly. When he first started treatment his CD4 cell count</p>	
--	--	--	--	---	--

				<p>was only 10/cmm, but now it is 175/cmm. His weight is now 63 KG. He is now a happy and apparently healthy person.</p> <p>He is now working voluntarily as a FPAB facilitator/resource person to reduce stigma and discrimination among the community. He is living with his wife and daughter. They are also positive.</p>	
--	--	--	--	---	--

Annual Lesson Learned by Projects:			
What are the main achievements?	What worked well?	What did not work so well? Why?	What would you do differently
<p>1. VCT Services</p> <p>Fourteen VCT centers are functioning. Service providers were trained in pre and post test counseling. Quality of testing maintained by the virology department of Bangabandhu Sheikh Mujib Medical University (BSMMU). These are within the comprehensive reproductive health centers of FPAB fourteen branches and run by existing staff. No additional staff was hired for this. Linkages established with the virology department of BSMMU and Confidential Approach for AIDS Prevention (CAAP) for treatment and care services of PLHIV. In 2007 three positive people were diagnosed by these centers and linked with the referral centers for treatment and care. CAAP provided treatment free of cost to the poor clients. Total 2115 clients received pre test counseling, test done 588 and 531 client received post test counseling. Total service contact for STI services was 129477 from 14 clinics.</p> <p>2. Attitudinal Reconstruction</p> <p>FPAB started HIV and AIDS stigma and discrimination reduction process among Volunteers, Staff and in the Community through conducting workshops, interactive discussion session, and assess progress by conducting systematic study. From the study</p>	<p>1. VCT Services VCT services are rendering from comprehensive reproductive health clinic and did not create any barrier to serving general population due to maintenance of confidentiality and reducing stigma and discrimination.</p> <p>2. Networking and Collaboration with CBOs Networking with CBOs increases access to VCT centers for socially excluded people. Male and Female Sex Workers of different types are receiving VCT services from FPAB centers after initiating relationship with CBOs.</p> <p>3. STI services for key population STI/HIV treatment and prevention service for socially excluded people through developing understanding with CBOs is an eye opening exercise for FPAB. This initiative helps FPAB to learn about the need and magnitude of the problem. In 2008 FPAB will develop</p>	<p>1. Appropriate Attention</p> <p>“Bangladesh is a low prevalence country for overall HIV rates, HIV prevalence increase from 1.4% to 4% to 8.9% among IDUs in the past three years. Simultaneously an increase in risk behaviors such as sharing of injecting equipment and decline in consistent condom use in sexual encounters between IDUs and female sex workers. IDU population is well integrated into the surrounding urban community, socially and sexually, thus raising grave concern about the spread of HIV infection.” Ref. NASP, MOHFW, Bangladesh 2006</p> <p>The relatively low level of HIV (less than 1% in general population) in Bangladesh today does</p>	<ol style="list-style-type: none"> 1. Involving positive people as a resource person to reduce stigma and discrimination through conducting meetings, workshops, and seminars for the service providers and gate keepers. 2. Involve all reproductive health service organizations of a particular district to maintain confidentiality, privacy and practice of universal precautions. 3. Strengthen networking with CBOs, NGOs, and GO so that comprehensive steps to prevent HIV and AIDS would be possible. 4. Addressing key population like sex workers, MSM, IDUs by involving and working with the CBOs that are worked with the key population. 5. Increasing interpersonal communication with the vulnerable groups of people including youth not depending solely on group communication, as youth are hiding their personal issues in large group. 6. Increasing number of satellite clinics for IDUs, MSMs and FSWs.

<p>findings it was revealed that significant improvement happened. Like conception of service providers regarding transmission of AIDS have been improved. Attitude of providers changed as some of them are now serving socially excluded people like male and female sex workers, clients of sex workers, IDUs and PLHIV. Providers are now more conversant with adolescent and adult client to talk on the issues of sexuality and distributed condoms for STI prevention to people irrespective of marital status.</p> <p>3. Addressing Key Population</p> <p>Socially excluded people like male and female sex workers, IDUs, client of sex workers, floating sex workers, hotel and brothel based sex workers were served for STI treatment through conducting satellite sessions in their community. In 2007, 6991 socially excluded people were treated for STIs through eight Districts. Among them male sex workers were 3126, female sex workers 1536. Hijra sex workers 332 and client of sex workers were 2265. They came for STIs and RTIs. FPAB Branches developed formal relationship and understanding with Community Based Organizations (CBO) that are serving socially excluded people and serve these people through conducting satellite sessions in their community.</p>	<p>more initiative with the CBOs of all branches to address the need of socially excluded people like all types of sex workers, client of sex workers, IDUs and PLHIV. FHI supports these CBOs through funding and facilitate FPAB to linkup with them.</p> <p>4. Stigma and Discrimination Reducing Activities</p> <p>HIV stigma and discrimination is prevailing among GOB and NGO service providers and the community. Initiative of HIV stigma and discrimination reduction is acceptable by the volunteers, staff and coalition partner. FPAB should extend its effort to reduce stigma and discrimination to other GOB and NGO service providers of a particular geographic location/District.</p> <p>5. Involving PLHIV in Social Audit</p> <p>From conducting social audit FPAB learned that involving positive people to reduce sigma and reduction is a very important step. In every district FPAB should try to involve</p>	<p>not guarantee low prevalence tomorrow. All the risk factors, which give birth to explosive HIV epidemics are present in Bangladesh today. In the absence of good quality and high coverage intervention programs, HIV prevalence may jump to very high levels within months. Policy makers and programmers within GOB, bi-lateral agencies, national and international NGOs have a key role to play in recognizing the urgency of the situation and taking immediate action.</p> <p>3. Homosexuality and MSM</p> <p>Homosexuality is considers as abnormal behavior by general people in Bangladesh. MSMs are scared and hide themselves and not to exposed to take services. Although it is prevailing in all cities and villages. In 2007</p>	
--	---	---	--

<p>4. Involving PLHIV in Social Audit Conducted social audit in four Districts and gain enormous experiences in terms of networking, coalition building and doing work together with other GO and NGOs. Involvement of HIV positive people gave us remarkable lesson. It helps us in multiple ways such as:</p> <ul style="list-style-type: none"> • Audit Team member directly witnessed the status of a positive person. • Learn that a positive person is capable to work and support family. • Team member talk, ate, and spends time with the positive person without showing any discriminatory behavior. Even the positive person stayed at FPAB dormitory for three nights using bed, toilet, utensils etc. and staff were not afraid of it. • Positive person also declared himself voluntarily among the team members that he is a positive person. • District administrative and health authority visited social audit team and encouraged team member to serve the positive people maintaining dignity and respect. <p>5. Coalition Building</p> <p>HIV Stigma and Discrimination reduction, Gender, and Rights issues were addressed very strongly with the coalition partner like Comptroller and Auditor General (CAG) Office</p>	<p>positive people as a resource person for conducting HIV stigma and discrimination workshops, trainings and meetings.</p> <p>6. Availability of Condom Availability of condom for STI/HIV prevention among key population is an important step. FPAB should continue and strengthened this effort in 2008.</p>	<p>FPAB serve 3126 male sex workers for STI services through eight Districts. But there is a great unmet need in all Districts. Proper attitude of service providers, adequate fund, and networking with CBOs will be needed to serve the unmet need of MSMs.</p> <p>4. Usage of Condom by Key Population Condoms are not used consistently in sexual encounters although it is available everywhere by key population. Following data indicate usage of condom by key population: Condom use at last commercial sex with new clients past week is 39.7% among brothel based sex workers. 37.7% in street sex workers, 29.7% in hotel sex workers, Hijras 15.6% and MSM 43.6%. (Ref. NASP, MOHFW, Bangladesh, 2006) Increase rate of condom usage depends upon peer education approach,</p>	
--	--	---	--

<p>and Financial Management Academy (FIMA) through conducting two TOTs for the trainers of FIMA. As such they included this curriculum in their regular training courses for the national auditors and accounts officers. As well as they are involving FPAB facilitators to facilitate those training courses. Auditors and Accountants of all government offices of Bangladesh are receiving training from FIMA. It is a great achievement of FPAB to introduce Gender, Rights and HIV curriculum in their context. This activity will help the nation as a whole to reduce HIV stigma and discrimination.</p> <p>6. Supports from Strategic Partners</p> <p>FPAB developed understanding and formal relationship with FHI to support 14 FPAB VCT centers. FPAB received and distributed 526,000 pieces of condoms for STI/HIV prevention and 410 Rapid Test Kit for HIV testing (RTKs) from FHI free of cost to serve these people in 2007. FPAB procured 350 RTKs from the market. This helps FPAB to run the program with a low budget. Total 2115 clients received pre test counseling, test done 588 and 531 client received post test counseling. Total service contact for STI services was 129477 through these 14 centers.</p> <p>7. Youth Friendly Services</p> <p>FPAB initiated youth friendly services in its all 21 Branches. Condoms were freely available for the young clients in the youth corners.</p>		<p>availability of condoms and organizational effort. FPAB is doing this effort in small scale in some selected areas. In 2008 FPAB will strengthened this effort in more working area.</p> <p>5. Addressing IDUs</p> <p>HIV prevalence among this group is increasing very alarming in Bangladesh. At present 8.9% IDUs are HIV positive. FPAB did not address adequately IDUs in 2007.</p> <p>In 2006 FPAB started HIV and AIDS program and started VCT services in 12 centers. In 2007 FPAB strengthened VCT services in 14 centers and initiate addressing socially excluded people like male and female sex workers in some of the centers by involving CBOs. In 2008 FPAB should address IDUs by involving CBOs and extending network.</p>	
---	--	---	--

<p>Linked are initiated with the youth friendly services of the clinic and local youth club, college and schools. Books, magazines and computers are in place in youth corners. Youth Organizers are attending youth centers by rotation and providing counseling services to the young clients. Attitudes of service providers, managers and volunteers towards youth friendly services are gradually changes in a positive way.</p> <p>8. Learning by Playing: A participatory approach</p> <p>A wonderful and innovative participatory training methodology on reproductive health initiated for the grass root level staff known as “Khelte Khelte Shekha”. It means ‘learning by playing’. One curriculum developed, pre tested and printed. One TOT organized for 21 field level supervisors. These supervisors will train grass root level workers designated as Reproductive Health Promoter (RHP) to disseminate knowledge and skill to the target community people.</p> <p>9. Involving Religious Groups</p> <p>Initiative has been taken to involve Islamic religious groups of student and teachers to reduce HIV and AIDS stigma and discrimination through conducting various types of meetings, workshop, and seminar in 14 branches. Beside this Teachers and Students of Madrasa project of five districts were trained on HIV and AIDS prevention and stigma and</p>		<p>6. Addressing Young People of Vulnerable Group</p> <p>Young people of vulnerable groups are not coming to the FPAB youth centers. Only youth of general population are coming to the youth corners of FPAB clinics. FPAB is missing vulnerable youth population. Mostly they are working group of people, usually doing different types of work like motor vehicle labor, hotel/restaurant boys, street hawkers etc. FPAB should develop communication with these groups and offer services to them. Interpersonal Communication through peer educators will enhance communication appropriately.</p>	
--	--	---	--

discrimination reduction. Involvement of religious groups helps FPAB to reduce stigma and discrimination towards PLHIV.

What worked well? Why?

1. VCT Services

VCT services are rendering from comprehensive reproductive health clinic and did not create any barrier to serving general population due to maintenance of confidentiality and reducing stigma and discrimination.

2. Networking and Collaboration with CBOs

Networking with CBOs increases access to VCT centers for socially excluded people. Male and Female Sex Workers of different types are receiving VCT services from FPAB centers after initiating relationship with CBOs.

3. STI services for key population

STI/HIV treatment and prevention service for socially excluded people through developing understanding with CBOs is an eye opening exercise for FPAB. This initiative helps FPAB to learn about the need and magnitude of the problem. In 2008 FPAB will develop more initiative with the CBOs of all branches to

<p>address the need of socially excluded people like all types of sex workers, client of sex workers, IDUs and PLHIV. FHI supports these CBOs through funding and facilitate FPAB to linkup with them.</p> <p>4. Stigma and Discrimination Reducing Activities</p> <p>HIV stigma and discrimination is prevailing among GOB and NGO service providers and the community. Initiative of HIV stigma and discrimination reduction is acceptable by the volunteers, staff and coalition partner. FPAB should extend its effort to reduce stigma and discrimination to other GOB and NGO service providers of a particular geographic location/District.</p> <p>5. Involving PLHIV in Social Audit</p> <p>From conducting social audit FPAB learned that involving positive people to reduce sigma and reduction is a very important step. In every district FPAB should try to involve positive people as a resource person for conducting HIV stigma and discrimination workshops, trainings and meetings.</p> <p>6. Availability of Condom</p> <p>Availability of condom for STI/HIV prevention among key population is an important step. FPAB should continue and strengthened this effort in 2008.</p>			
--	--	--	--

Annual Lesson Learned (Entity Summary By each “A”) :

What are the main achievements?	What are the key challenges?	Do you have priority technical assistance needs in this area? If so, please describe and indicate from whom you require the technical assistance?
<p>1. VCT Services</p> <p>Fourteen VCT centers are functioning. Service providers were trained in pre and post test counseling. Quality of testing maintained by the virology department of Bangabandhu Sheikh Mujib Medical University (BSMMU). These are within the comprehensive reproductive health centers of FPAB fourteen branches and run by existing staff. No additional staff was hired for this. Linkages established with the virology department of BSMMU and Confidential Approach for AIDS Prevention (CAAP) for treatment and care services of PLHIV. In 2007 three positive people were diagnosed by these centers and linked with the referral centers for treatment and care. CAAP provided treatment free of cost to the poor clients. Total 2115 clients received pre test counseling, test done 588 and 531 client received post test counseling. Total service contact for STI services was 129477 from 14 clinics.</p> <p>2. Attitudinal Reconstruction</p> <p>FPAB started HIV and AIDSs stigma and discrimination reduction process among Volunteers, Staff and in the Community through conducting workshops, interactive discussion session, and assess progress by conducting systematic study. From the study findings it was</p>	<ol style="list-style-type: none"> 1. Addressing Key People for HIV and AIDS like male and female sex workers, transgender, and clients of sex workers, IDUs and positive people were the main challenges of the program. Learn the needs and way to solve the problem through working together with CBOs that are experienced with key population. 2. Attitudinal reconstruction on HIV stigma and discrimination of service providers of reproductive health organization including GOB, and NGOs is also a challenge for FPAB. 3. Working together with Community Based Organization (CBOs), NGOs, and GOB on HIV and AIDS prevention is very important because no one organization cannot solve the problem and due to deep rooted social stigma associated with AIDS. 4. Working with the limited budget to serve key population. 	<p>FPAB is getting technical help for running VCT centers from following:</p> <ul style="list-style-type: none"> • Technical Advisory Committee on AIDS (TACA) for FPAB policies on AIDS prevention • Virology Department of Bangabandhu Sheikh Mujib Medical University (BSMMU) for quality of VCT centers • Confidential Approach for AIDS Prevention (CAAP) for treatment care and support. • IPPF/SARO provides guidelines for institutionalization of AIDS prevention program.

revealed that significant improvement happened. Like conception of service providers regarding transmission of AIDS have been improved. Attitude of providers changed as some of them are now serving socially excluded people like male and female sex workers, clients of sex workers, IDUs and PLHIV. Providers are now more conversant with adolescent and adult client to talk on the issues of sexuality and distributed condoms for STI prevention to people irrespective of marital status.

3. Addressing Key Population

Socially excluded people like male and female sex workers, IDUs, client of sex workers, floating sex workers, hotel and brothel based sex workers were served for STI treatment through conducting satellite sessions in their community. In 2007, 6991 socially excluded people were treated for STIs through eight Districts. Among them male sex workers were 3126, female sex workers 1536. Hijra sex workers 332 and client of sex workers were 2265. They came for STIs and RTIs. FPAB Branches developed formal relationship and understanding with Community Based Organizations (CBO) that are serving socially excluded people and serve these people through conducting satellite sessions in their community.

4. Involving PLHIV in Social Audit

Conducted social audit in four Districts and gain enormous experiences in terms of networking, coalition building and doing work together with other GO and NGOs. Involvement of HIV positive people gave us remarkable lesson. It helps us in

multiple ways such as:

- Audit Team member directly witnessed the status of a positive person.
- Learn that a positive person is capable to work and support family.
- Team member talk, ate, and spends time with the positive person without showing any discriminatory behavior. Even the positive person stayed at FPAB dormitory for three nights using bed, toilet, utensils etc. and staff were not afraid of it.
- Positive person also declared himself voluntarily among the team members that he is a positive person.
- District administrative and health authority visited social audit team and encouraged team member to serve the positive people maintaining dignity and respect.

5. Coalition Building

HIV Stigma and Discrimination reduction, Gender, and Rights issues were addressed very strongly with the coalition partner like Comptroller and Auditor General (CAG) Office and Financial Management Academy (FIMA) through conducting two TOTs for the trainers of FIMA. As such they included this curriculum in their regular training courses for the national auditors and accounts officers. As well as they are involving FPAB facilitators to facilitate those training courses. Auditors and Accountants of all government offices of Bangladesh are receiving training from FIMA. It is a great achievement of FPAB to introduce Gender, Rights and HIV

curriculum in their context. This activity will help the nation as a whole to reduce HIV stigma and discrimination.

6. Supports from Strategic Partners

FPAB developed understanding and formal relationship with FHI to support 14 FPAB VCT centers. FPAB received and distributed 526,000 pieces of condoms for STI/HIV prevention and 410 Rapid Test Kit for HIV testing (RTKs) from FHI free of cost to serve these people in 2007. FPAB procured 350 RTKs from the market. This helps FPAB to run the program with a low budget. Total **2115** clients received pre test counseling, test done **588** and **531** client received post test counseling. Total service contact for STI services was **129477** through these 14 centers.

7. Youth Friendly Services

FPAB initiated youth friendly services in its all 21 Branches. Condoms were freely available for the young clients in the youth corners. Linked are initiated with the youth friendly services of the clinic and local youth club, college and schools. Books, magazines and computers are in place in youth corners. Youth Organizers are attending youth centers by rotation and providing counseling services to the young clients. Attitudes of service providers, managers and volunteers towards youth friendly services are gradually changes in a positive way.

8. Learning by Playing: A participatory approach

A wonderful and innovative participatory training methodology on reproductive health initiated for the grass root level staff known as “Khelte Khelte Shekha”. It means ‘learning by playing’. One curriculum developed, pre tested and printed. One TOT organized for 21 field level supervisors. These supervisors will train grass root level workers designated as Reproductive Health Promoter (RHP) to disseminate knowledge and skill to the target community people.

9. Involving Religious Groups

Initiative has been taken to involve Islamic religious groups of student and teachers to reduce HIV and AIDS stigma and discrimination through conducting various types of meetings, workshop, and seminar in 14 branches. Beside this Teachers and Students of Madrasa project of five districts were trained on HIV and AIDS prevention and stigma and discrimination reduction. Involvement of religious groups helps FPAB to reduce stigma and discrimination towards PLHIV.

Thematic Area	Abortion	
Title of the Project	Enhance access to gender sensitive comprehensive information & services on Abortion / Menstrual Regulation (MR) as right of women.	
Objectives		
Objective-1:	To raise awareness of the target people of project areas of FPAB about consequences of unsafe abortion on public health.	
Activities		
Activities	Activity detail planned	Activity detail completed
Organize day-long orientation session with the FDC Members, their adolescent-youth girls and the neighbor adolescent-youth girls to uplift knowledge, attitude and belief on information and procedures of preventing unwanted pregnancies through emergency contraceptives and safe abortion / MR including post abortion contraception and care focusing on sensitization on clients' rights and gender issues.	<p>1) Arrangement of day long orientation session at each of the FDC for the FDC Members, Adolescent-youth daughters of the Members of the FDC, adolescent-youth girls of the neighborhoods to uplift knowledge, attitude and belief on information and procedures of preventing unwanted pregnancies through emergency contraceptives and MR including post abortion contraception and care focusing on sensitization on clients' rights and gender issues.</p> <p>2) Arrangement of day long orientation session for the RHPs at the branch/SWU premises in batches (Around 20 participants per batch) to uplift knowledge, attitude and belief on information and procedures of preventing unwanted pregnancies through emergency contraceptives and MR including post abortion contraception and care focusing on sensitization on clients' rights and gender issues.</p>	<p>1) Day long orientation session has been arranged at the 71 FDC for the FDC Members, Adolescent-youth daughters of the Members of the FDC, adolescent-youth girls of the neighborhoods to uplift knowledge, attitude and belief on information and procedures of preventing unwanted pregnancies through emergency contraceptives and MR including post abortion contraception and care focusing on sensitization on clients' rights and gender issues.</p> <p>2) Day long orientation session has been arranged for the 2,000 RHPs at the branch/SWU premises in batches (Around 20 participants per batch) to uplift knowledge, attitude and belief on information and procedures of preventing unwanted pregnancies through emergency contraceptives and MR including post abortion contraception and care focusing on sensitization on clients' rights and gender issues.</p>

	3) Documentation of the orientation session.	<p>3) Pre and post session assessment of knowledge & attitude on Menstrual Regulation (MR) and Emergency Contraception has been done on the attending participants of the organized sessions.</p> <p>12 questions were raised to the participants one by one. At first the participants' responses have been assessed by requesting them to raise their hands if they know or believe the aspect. Next time was requested to raise their hands if they do not know or believe the aspect. All the participants were told that they have every right to make non-response to any question if they feel shy to respond either positively or negatively; as some of the questions might be sensitive to them.</p>
Organize focus group discussion / courtyard meetings to raise awareness and to mobilize the community to choose safe abortion.	<ol style="list-style-type: none"> 1) Organize 3,840 focus group discussion / courtyard meetings (32 Units X 20 Field Workers X 6 sessions) to raise awareness and to mobilize the community to inform on the availability of safe abortion /MR services from different clinical outlets. 2) Sensitize the population to choose safe abortion as women right. 	<ol style="list-style-type: none"> 1) 3,840 focus group discussion / courtyard meetings (32 Units X 20 Field Workers X 6 sessions) have been organized to raise awareness and to mobilize the community to inform on the availability of safe abortion /MR services from different clinical outlets. 2) The population has been sensitized to choose safe abortion as women right.
Sensitize community people on MR through IEC / BCC activities to strengthen referral mechanisms for provision of treatment of complications of septic abortion, post abortion contraceptive services	<ol style="list-style-type: none"> 1) Sensitize community people on MR through IEC / BCC activities during their routine domiciliary visits to distribute contraceptives in CBD mode. 2) Strengthen referral mechanisms for provision of MR services from the FPAB clinic or from the nearby Govt. or allied NGO/private clinics. 3) Strengthen referral mechanisms for treatment of complications of septic abortion and post abortion contraceptive services 	<ol style="list-style-type: none"> 1) Community people have been sensitized on MR through IEC / BCC activities during their routine domiciliary visits to distribute contraceptives in CBD mode. 2) Referral mechanisms for provision of MR services from the FPAB clinic or from the nearby Govt. or allied NGO/private clinics have been strengthened. 3) Referral mechanisms for treatment of complications of septic abortion and post abortion contraceptive services have been strengthened.

Objective-2:	To increase access to safe abortion for the beneficiaries of the program operation areas of FPAB.	
Activities	Activity detail planned	Activity detail completed
<p>Operating 29 Branch/SWU clinics round the year 2007 to provide information and services on contraceptives, emergency contraceptives, and safe abortion including treatment of complications of septic abortion, post abortion contraceptive services, maintenance of functional referral mechanism and referral of high risk post abortion cases from.</p>	<p>Was planned to provide information & services from the 20 comprehensive clinics located at 20 branches on:</p> <ul style="list-style-type: none"> • Contraceptives, • Emergency contraceptives, and safe abortion including treatment of complications of septic abortion, • Post abortion contraceptive services, • Maintenance of functional referral mechanism and • Referral of high-risk post abortion cases from the clinic to the higher centers. 	<p>1) Round the year 2007 the 20 comprehensive clinics at 20 branches provided information and services on:</p> <ul style="list-style-type: none"> • Contraceptives, • Emergency contraceptives, and safe abortion including treatment of complications of septic abortion, • Post abortion contraceptive services, • Maintenance of functional referral mechanism and • Referral of high-risk post abortion cases from the clinic to the higher centers.
<p>Conduct assessment of the effect of introduction of pregnancy test in the activity of Reproductive Health Promoter (RHP) / Female Field Workers on receipt of MR services early; so that they are not rejected late seeking of services.</p>	<p>Was planned that the M&E dept. would assess the effect of introduction of pregnancy test in the activities of Reproductive Health Promoter (RHP) / Female Field Workers on receipt of MR services early; so that they are not rejected for late seeking services.</p>	<p>As the RHP just started the pregnancy test in the year 2007; it was decided that the assessment of the effect of introduction of pregnancy test on receipt of MR services early would be conducted in the 1st quarter of 2008. Accordingly it would be done.</p>

Quantitative Indicators

Indicators	Base Line	Expected	MOV	Assumption	Comments on variance
<p>1) Number of BCC/IEC materials/tool developed and number of Field workers and staff trained.</p>	<p>Zero (No tool/BCC material was to the reach of the RHPs)</p>	<p>Develop 1 tool on MR. Develop 1 tool on ECP. Production of 50,000 brochures on MR & ECP. Sensitization of 2,000 RHPs on MR & ECP</p>	<ul style="list-style-type: none"> • Session conduction reports. • Service statistics 	<p>The RHPs would try to disseminate the information they have achieved among the targeted population.</p> <p>The RHPs would refer more clients to the clinics</p> <p>The community women would receive services on MR, ECP and others on abortion issues proactively.</p> <p>The clinic would serve more clients on MR, ECP and others on abortion issues.</p>	<p>Developed 1 tool on MR.</p> <p>Developed 1 tool on ECP.</p> <p>Produced 50,000 brochures on MR & ECP.</p> <p>Sensitized 2,000 RHPs on MR & ECP.</p> <p>No variance as staff members were committed to accomplish the job.</p>

<p>2) Increased referral linkages among the Field functionaries and the FPAB clinics for MR and minor cases of Post Abortion Care (PAC) clients and the major cases of PAC from FPAB clinics to the higher allied clinics of GO/NGOs.</p>	<p>1,447 clients received MR services in the year 2006.</p>	<p>3,000 clients would receive MR services in the year 2007.</p>			<p>3,131 clients received MR services in the year 2007; that is 131 more clients received MR services against the expected. It has been possible due to motivational drive at the community level to aware them on safe abortion issue.</p>
---	---	--	--	--	---

Qualitative Indicators

Indicators	Base Line	Expected	MOV	Assumption	Comments on variance
<p>1) Women and community gatekeepers able to talk openly about abortion.</p>	<p>3% Women and community gatekeepers able to talk openly about abortion</p>	<p>70% Women and community gatekeepers able to talk openly about abortion</p>	<ul style="list-style-type: none"> • Session conduction reports. • Service statistics • Focal 	<p>The targeted community women, adolescent-youth girls would proactively participate at the program.</p>	<p>More than 70% Women and community gatekeepers able to talk openly about abortion</p>

<p>2) Improved knowledge, attitude, skill and practice of the service providers on safe abortion, post abortion care and emergency contraception services.</p>	<p>Around 3% community women, adolescent-youth girls have clear knowledge on safe abortion, post abortion care and emergency contraception services</p>	<p>70% of the targeted community women, adolescent-youth girls would have clear knowledge on safe abortion, post abortion care and emergency contraception services.</p>	<p>Group Discussion</p>		<p>Around 75% of the targeted community women, adolescent-youth girls have clear knowledge on safe abortion, post abortion care and emergency contraception services.</p>
--	---	--	-------------------------	--	---

The new questions for each “A” are:

1) What are the main achievements?

- At the orientation sessions at each of the FDC for the FDC Members, Adolescent-youth daughters of the Members of the FDC, adolescent-youth girls of the neighborhoods; their knowledge, attitude and belief on information and procedures of preventing unwanted pregnancies through MR and emergency contraceptives have been updated. They have also been equipped with information on post MR/abortion contraception and care focusing on sensitization on clients’ rights and gender issues.
- Day long orientation session for the RHPs at the branch/SWU premises in batches (Around 20 participants per batch) have uplift their knowledge, attitude and belief on information and procedures of preventing unwanted pregnancies through emergency contraceptives and MR including post MR/abortion contraception as women right.
- In spite of the restricted abortion law, through the delivery of Menstrual Regulation (MR) services, many women have nevertheless enjoyed access to a way to avoid unwanted pregnancies. In 2007 the 20 branch clinics have performed 3,131 MR, which is more than double of the year 2006 (1,447 MR were performed in the year 2006).

2) What were the key challenges?

- Most women of our rural community; which constitute 80% of our population are unaware of the MR procedure like what it is? Who provide these services? How to avail these services? Within which time a woman with missed period need to attend the service provider / clinic? And so on.
- Main reasons for this may be as minimum knowledge of the Field functionaries, the RHPs on MR and emergency contraceptives and provision of necessary information to the eligible couples to whom they regularly attend at their home for distribution of condom /oral contraceptive pill in CBD mode.
- Due to socio-cultural, religious and political reasons MR related messages are not being well disseminated by the workers to whom the responsibilities have been delegated.
- MR is available only up to 8 weeks LMP by the Female Paramedics (FWV). Doctors in relatively larger centres at district level do MR beyond eight weeks and thus this service is less accessible to rural women. The majority of rural women are illiterate and do not have access to written materials on safe abortion issue.
- Although sufficient Female Doctors and Paramedics have received formal training in MR, and the rate of complications and side effects have been reduced over the last couples of years, clandestine type of unsafe termination of pregnancies yet is being happening at the rural areas by using indigenous medicines / devices by the untrained village doctors or TBAs.
- It is much difficult to obtain information on abortion from the rural population/clients.
- The women and adolescent girls of the rural areas of Bangladesh are very shaky to discuss openly on MR and contraception issue. However, they believe that they should have the right of averting their unwanted pregnancies in a safe way.
- The rural communities are almost unaware about ECP and the supply systems of necessary logistics/commodities are in deplorable condition.

Comments/Observations and follow up/next steps:

- Ensure access to updated information and services on MR for all women and adolescent-youth girls through strengthening BCC activities by the field functionaries of both the govt. and NGOs. The field functionaries, the RHPs of FPAB need to be well equipped with necessary training/information to update their knowledge for its dissemination among the communities.
- Strengthening of quality of MR services, training new service providers and raising awareness about the critical importance of universal access as a means of preventing unwanted pregnancies to honor women's lives and establish it as their right also.
- Adequate training to the service providers at the rural areas and supplies of necessary logistics need to be ensured to minimize unsafe abortion. Information and supply system of the newly introduced ECP as a method of contraception need to be strengthened.

Strengthening of MR activities may play an important role in lowering the number of unsafe abortions with minimum complication rate and thus reducing morbidity and mortality due to clandestine type of unsafe termination of pregnancies. Besides; it may play a vital role to regulate the high fertility rate in Bangladesh.

Thematic Area	Under the program of Abortion (in the 2007)					
Title of the Project	Flourishing Light on Women Empowerment and Rights to Services (FLOWERS)					
Objective	To raise awareness of the target people of project area of FPAB about consequences of unsafe abortion on public health					
Quantitative Indicators						
Indicators	Base line	Expected	Actual	MOV	Assumption	Comments on variance
Indicator-1.4: # of FDC organizers received 2 day long refreshers training courses on capacity building on Gender and Reproductive health.	0	32 FDC organizers received capacity building on Gender and Reproductive health.	72 FDC Org.	Training Report Pre- and post training assessment.	32 FDC Org. became knowledgeable and they could facilitate the community session on Gender and RH.	Rest 40 FDC Org will receive training gradually.
Indicator-1.5: # of FDC organizers and FDC committee members from 7 Branches and 6 SWUs received training on Leadership.	112 FDC Org	32 FDC organizers and FDC committee members received training on Leadership.	144 FDC Org and Member.	Training Report Pre- and post training assessment.	FDC org. and Member expert on leadership strategy and after phase of the FDC they can run.	All FDC Org. and selected Member received Leadership training.
Indicator-1.6: # of FDC organizers received Technology Training for IGA (Poultry farm, Handicrafts, Tailoring, Photography, Beautician course etc).	0	32 FDC Organizers received 4 months (Dec.07-Mar.08) skill development training from Govt. and NGO.	32 FDC Org.	List of trainees Training Certificate	After training they can work as a trade teacher and they can also earn money by small business.	All selected FDC Org. received training.

Indicators	Baseline	Expected	Actual	MOV	Assumption	Comments on variance
Indicator-1.7: # of target group women empowered to access SRHR information and services.	1936 group meeting 35610	1760 group meetings were conducted for 40158 FDC women members to ensure safe motherhood and prevention of unsafe	2800 group meeting. 61530 women	Quarterly report Half yearly report Yearly report	FDCs women members aware on safe mother hood and unsafe abortion and other RH issues.	Organize 896 more group meeting to motivate FDC women

	women participated	abortion including other components of reproductive health issues and women's empowerment.	participation .			member.
Indicator-1.8: # of target group Adolescent empowered to access SRHR information and services.	434 group meeting 8566 Adolescent participated	519 group meetings were organized for 11399 adolescent girls. In these sessions informative discussion takes place like gender discrimination, effect of early marriage, violence against women, human rights, legal rights etc to create gender awareness among the adolescent.	722 group meeting 15766 Adolescent participation .	Quarterly report Half yearly report Yearly report	FDCs adolescent members aware on SRHR, gender & rights.	Organize 231 more group meeting to create awareness on Adolescent member of FDC.
Indicator-1.9: # of target group Men empowered to access SRHR information and services.	260 group meeting 5350 Male participated	361 group meetings were organized for 7550 male. To improve understanding of men's own identity, behavior and reproductive and sexual health needs. Encouraging elimination of violence against women within their families, communities, educational systems and places of work.	548 group meeting 12550 Male participation	Quarterly report Half yearly report Yearly report	As leaders and key decision makers, male partners would support gender equity, education for girls, women's empowerment and safer sex practices. Men should protect their partners and themselves against unwanted pregnancies, sexually transmitted infections and HIV/AIDS.	Organize 73 more group meeting to create awareness on husband/brother of FDC member.
Indicator-1.10: # of review meeting on Gender Cell conducted.	0	<ul style="list-style-type: none"> 40 review meetings on Gender Cell were conducted in branch level. 	40	Meeting minutes	Gender Cell would be able to promote SRHR, create awareness to support	Gender Cell run successfully.

					gender relations, address gender inequality, exercise power dynamics, and involve males leading role to empowerment of women.	
--	--	--	--	--	---	--

Indicator-1.11: # of review meeting on Gender Cell conducted at Central level.	0	1 review meeting on Gender Cell was conducted in NHQ level.	2			Due to shortage of fund.
Indicator-2.4: # of satellite clinic sessions at the FDC level.	0	Organized 455 Satellite clinic sessions at the FDC.	288	MIS report	Positive attitude of the community people.	More 167 Satellite clinic sessions conducted for FDC member.
Indicator-2.5: 15 supervisory visits from NHQ and 2627 visits from Branches on FDCs.	15	15 supervisory visits from NHQ and 2627 visits from Branches on FDCs.	30	Monitoring Reports	Manpower and logistics support of monitoring is adequate.	Monitoring and Supervision organize successfully.

Activities	Activity detail planned	Activity detail completed
1. Organize 2 days long refreshers Training courses on capacity building on monitoring gender perspective regarding SRH of FDC organizers and ADPOs.	<ul style="list-style-type: none"> • Develop Module. • Develop Schedule. • Organize 2days long Refreshers Training for FDC Organizers. 	<ul style="list-style-type: none"> • Module developed. • Schedule developed. • 32 FDC Organizers received training on Gender and Reproductive health.
2. Capacity building of FDC Group Leaders pm SRHR to promote Gender and SRH Rights in community in 7 branches and 6 SWU.	<ul style="list-style-type: none"> • Develop Module. • Develop Schedule. • Organize 2days long Training for FDC Organizers and FDC committee members. 	<ul style="list-style-type: none"> • Module developed. • Schedule developed. • 32 FDC Organizers and FDC committee members received training on Leadership.
3. Technology Training for Income Generation Activities (Poultry farm, Handicrafts, Tailoring, Photography, Beautician course, Paramedics etc.)	<ul style="list-style-type: none"> • Permission from Women Affairs Department of Bangladesh Govt. • Selection of subject of skill training. • Select time frame of training. 	<ul style="list-style-type: none"> • 32 FDC Organizers received four months skill development training form Govt. Women Affairs Department. • The training will continue up to 2008.
4. Monthly Group meeting with women at FDC community.	Organize monthly group meeting with FDC women members.	1760 group meetings were conducted for 40158 FDC women FDC members on reproductive health, gender issues, SRHR, legal rights for the women, dowry, marriage registration etc.
5. Quarterly group meeting with adolescent at the FDC community.	Organize group meeting with women adolescent.	519 group meetings were organized for 11399 adolescent girls on ASRHR, early marriage, consequence of early pregnancy, divorce etc.
6. Quarterly group meeting with male at the FDC community.	Organize group meeting with male members	361 group meetings were organized for 7550 male.
7. Organize meeting with EC of FDC	Organize meeting with EC members	Organized
8. Women Sub-Committee Meeting	Review yearly activites of the project	<ul style="list-style-type: none"> • Organized meeting. • Report prepared.
9. Conduct review meeting with gender cell at branch level.	<ul style="list-style-type: none"> • ToT for Gender Cell • Member selection • Prepare a guideline to organize the meeting. • Prepare a schedule. 	<ul style="list-style-type: none"> • Developed a ToT. • Member selected. • Prepared schedule. • 20 Gender cell in branch level formed.

	<ul style="list-style-type: none"> • Formation of Gender Cell • Report 	<ul style="list-style-type: none"> • Report prepared.
10. Conduct review meeting with gender cell at the central level.	<ul style="list-style-type: none"> • ToT for Gender Cell • Member selection • Prepare a guideline to organize the meeting. • Prepare a schedule. • Formation of Gender Cell • Report 	<ul style="list-style-type: none"> • Developed a ToT. • Member selected. • Prepared schedule. • 1 Gender Cell in NHQ level Formed. • Report prepared.

Activities	Activity detail planned	Activity detail completed
11. Organize satellite clinic sessions at the FDC to provide information and services on SRH to prevented unwanted/unplanned pregnancies and making services sustainable.	Organize satellite clinic sessions at the FDC community.	Organized 455 clinic sessions at the FDC community.
12. Supervision of the project activities from the National Headquarters level.		Strong monitoring and supervision process was applied.
13. Organize financial loan to the poor disadvantage women through the FDCs.	Organize financial loan to women through the FDCs.	<ul style="list-style-type: none"> • 11479 women was benefited by loan which was provided through FDC. • FPAB loan money with branches were Tk. 44,05,562.00.
14. Organize treatment support for Prolapse cases of rural women in Rangpur and Bogra Branches through health insurance policy.	<p>Organize treatment support for Prolapse cases of rural women in Rangpur and Bogra Branches through health insurance policy.</p> <ul style="list-style-type: none"> • Patient diagnosis and confirmation through Health camp. • Organize sharing Meeting at Branch level with Govt. Hospital and NGO clinic. • Treatment support. • Follow-up 	157 rural women received surgery treatment through health insurance policy.
15. Development of BCC materials (Brochure and leaflet) on Safe Abortion and chronic morbidity under	Development of BCC materials	10000 poster and leaflet on Safe Abortion and chronic morbidity was developed and distributed to all branches so women of project area were aware on

Health Insurance Project.		prolapse and VVF.
16. Baseline study on ‘Negotiation of safe sex within marital relations with 30 married women in sexually active age.	<ul style="list-style-type: none"> • Questionnaire development • Pre testing and finalization of questionnaire • Data collection • Data cleaning, data entry • Data interpretation/ Report writing 	<ul style="list-style-type: none"> • 30 married reproductive aged women of age 15-35 selected as target groups. • Baseline study on ‘Negotiation of safe sex: conducted at Ghona in Manijganj.
17. Session conduct with 30 married women for empowerment on negotiate safe sex.	Prepare tools for session conduction	16 Session conducted on safer sex negotiation with target group
18. Training with Clinical Assistants on Male involvement in SRHR.	<ul style="list-style-type: none"> • Develop Module. • Develop Schedule. • Organize 3days long Training for Clinical Assistants on Male involvement in SRHR. • Report preparation. 	<ul style="list-style-type: none"> • Developed Module. • Developed Schedule. • Organized 3days long Training for 21 Clinical Assistants on Male involvement in SRHR. • Report prepared.
19. Observe national and international days	Observe national and international days	<ul style="list-style-type: none"> • International women’s day observed. • National population day observed. • Prevention of GBV day. • Rokeya day.
20. Establish networking with GO & NGO.		
21. Organize rally on national and international days.		
22. Organize Annual General Meeting for FDC	Hold Annual General Meetings	<ul style="list-style-type: none"> • Conducted 72 Annual General Meetings • Report prepared.

AR Lessons Learned

What are the main achievements?	What worked well? Why?	What did not work so well? Why?	What would you do differently if implementing this kind of project in future?
<ol style="list-style-type: none"> 1. Capacity building training on Gender and SRH. 2. Leadership training. 3. Technology Training for IGA. 4. Awareness building session with FDC members, Adolescent girls, and with Male. 5. Gender Cell formation and review meeting. 6. Satellite Clinic at FDC. 7. BCC materials on chronic morbidity. 	<ol style="list-style-type: none"> 1. Training on Gender and SRH: Participants understand the effect of gender relation based on present Socio-economic status. They also understand the effect and result of gender relation on health care facilities. They detected different kinds of violence against women and could identify policy issues to avoid such situation. 2. Leadership training: One of the major objectives of the FDC is to strengthen capacity as a leader to establish reproductive health rights for others in the society. In this view, FPAB organized leadership training for the FDC Organizer and Group Leader who can play leadership role in their locality to ensure reproductive health rights and in combating gender based violence. 3. Technology Training for IGA: 32 FDC Organizers received skill development training form Govt. Women Affairs Department. In 2008 they will train FDC members. 4. Group meeting with women: 1760 group meetings were conducted for 40158 FDC women members on reproductive health, gender issues, SRHR, legal rights for the women, 	<ol style="list-style-type: none"> 1. FPABs FDC Org is working as a volunteer and they are part time worker. But to run FDC properly need a fulltime worker. 2. Now in the FDCs, there are three types of funds i.e. saving of members, club fund and the seed money provided by FPAB. Currently, the FDCs are utilizing the seed money as micro-credit for income generation activities of members. But the rest two funds are lying idle. Up to last month the amount including the seed money by FPAB and Club fund was 55,75,879.00 Tk. and Savings of the member was 56,98,935.00 Tk. We want to utilize all funds for enhancing economic status of the members of FDCs. But how these two funds could be used for maximizing benefits of members is a question to us. We would like to I request IPPF/SARO to provide technical assistance for a 	<ul style="list-style-type: none"> • FPAB is trying to make positive changes in all spheres of women’s lives through awareness on sexual and reproductive health issues, income generation, combating GBV, adult and child literacy, empowerment etc. And as a part of financial sustainability FPAB has introduced savings of FDC members for their individual sustainability. • Increased leading Capacity of FDC members to protect SRHR of women and adolescent in locality. • Create gender awareness among the members. Informative discussion takes place at the meeting such as Gender discrimination, violence against women, reproductive health right, legal right women empowerment etc. <ol style="list-style-type: none"> 1. Increased male involvement in clinic and in FDC health education session.

	<p>dowry, marriage registration etc.</p> <p>5. Group meeting with adolescent: 519 group meetings were organized for 11399 adolescent girls on ASRHR, early marriage, consequence of early pregnancy, divorce etc.</p> <p>6. Group meeting with male: 361 group meetings were organized for 7550 male were conducted to encourage male involvement in SRHR, men responsibility etc.</p> <p>7. Gender cell: Formed gender cell in branch and NHQ level. Shared experiences and ideas. Influenced the policy makers to enact laws and policies for improving women's status and protecting their rights. Involved in project planning and designing. Advocate prevention of violence against women. Extended technical support to FPAB for planning and implementing process</p> <p>8. Satellite clinic sessions: Organized 455 clinic sessions at the FDC to provide information and services on SRH to prevented unwanted/unplanned pregnancies and making services sustainable.</p> <p>9. Financial loan: 11479 women was benefited by loan which was provided through FDC. FPAB loan money with branches were Tk. 44,05,562.00.</p> <p>10. BCC materials: 10000 poster and leaflet on Safe Abortion and chronic morbidity was developed and distributed to all branches so women</p>	<p>thorough review and suggesting us on how to enhance the benefits through optimum utilization of the funds.</p>	
--	--	---	--

	<p>of project area was aware on prolapse and VVF.</p> <p>11. Baseline study on ‘Negotiation of safe sex: It is a pilot project at Ghona in Manijganj.</p> <p>12. Training on Male involvement in SRHR: 21 Clinical Assistants of FPAB received the training. They realized that men too have SRH needs, which too are really important.</p> <p>13. On the job training for RHP: were conducted at 21 branches. It was an on going process. In every batch 20 RHPs received training. Analytical report was shared with individual branch.</p> <p>14. Orientation of Local Govt. Institute at FDC areas on SRHR in relation to Gender and safe abortion in 20 Branches.</p>		
--	--	--	--

Thematic Area	Access				
Title of the project	Increasing access to SRHR information and services for poor and marginalized people				
Objectives					
Objective - 1	Increased access for poor marginalized and underserved people and exercise rights to SRHR information and services.				
Quantitative Indicators					
Indicators	Base Line	Expected	MOV	Assumption	Comments on variance
1.1 Increase # of male client flow at FPAB clinics as compared to 2006.	40,405 in the year (2006)	21 clinics were in operational to provide SRHR services to all clients.	Clinic record	Perception of SRH information and service needs by the male segment of the community people	Male client flow in the clinics Increased by 58.6% as compared to 2006.
1.2. Positive shift of male clients towards their partner and family members to access reproductive health services		Provide SRH information & services to 10,000 male clients.	Clinic record	Male segment of the community people are aware about the importance of male involvement in SRHR.	54,119 more male clients received SRH information and services from the clinics of FPAB in the year 2007 than expected.

Qualitative Indicators					
Indicators	MOV	Assumption	Expected	Qualitative Findings	Comments variance
Positive shift of male clients towards their partner and family members to access reproductive health services.	Quick survey on male participation at selected locations	Community gate keepers, male members of the family and religious leaders extend cooperation to FPAB		Male clients are coming to clinics accompanying their wives.	
Objective - 2	To increase coverage of quality SRH information & services for beneficiaries in the project areas with Clients' satisfaction				
Quantitative Indicators					
Indicators	Base Line (2006)	Expected	MOV	Assumption	Comments on variance
20% increase access to information and services on SRH in project location and clinical catchments over 2006	7,186,151 (Both from clinics & non clinic based outlets)	8,623,381	Clinic Service statistics and field MIS report	Community people are supportive to receive information and services from clinic service providers and from RHPs.	8,118,994 clients received SRH information and services from all service delivery outlets which is 932,843 more than the year 2006 & 504,387 less than expected. 13% increase in access to information and services over the year 2006.
Qualitative Indicators					
Indicators	MOV	Assumption	Expected	Qualitative Findings	Comments on variance
Improved quality and coverage of domiciliary RH services in the rural areas	Clients' In-depth exit Interview	Community gate keepers, male members of the family and religious leaders extend cooperation to FPAB		Client's interview during supervisory visit.	

Activities	Activity detail planned	Activity detail completed
1.1 Strengthen the male reproductive health services and provide comprehensive sexual and reproductive health services to at least 10,000 clients.	21 clinics will be in operational & 3960 satellite sessions will be held through which 21 Medical Officers, 45 Paramedics and 21 Counsellors will provide SRH information, counseling and services to all segments of the community people.	21 comprehensive clinics were in operational to provide SRH information & services supported by one Medical officer, one Counselor and two paramedics in each clinic. During the reporting period, 4788 satellite sessions were held to provide SRH information and services to clients. 64,119 male clients receive information and services from the clinics of FPAB.
1.2. Stationeries and printing to promote IEC activities to increase male involvement.	Financial support will provide to Branches to strengthen IEC activities. IEC materials will develop from HQ and distributed to Branches	Financial support provided to 21 Branches to strengthen IEC activities on male involvement. Developed banner for 'male involvement in the program' for 21 Branches. 'Male involvement in SRH' – Photocopy of the module done (21 nos.), spiral bonded & sent to 21 branches.
1.3 Study on deprivation ranking and social audit	Plan to conduct Social Audit at 2 districts.	Social Audit conducted at 3 districts namely, Noakhali, Tangail, Pabna . Audit report sent to all concerned personnel participated in the program & also to SARO/IPPF.
1.4 Panel of experts formed at NHQ & at 20 Branch level to provide periodic technical support on sexual and reproductive health and quality of care in service delivery points of FPAB.	Plan to form Pannel Of Expert (POE) at 21 Branches of FPAB.	Central Project Advisory Group (CPAG) formed at NHQ through SMP. Panel of Expert formed at 13 Branches. Due to changed political situation, transfer of district level Government officials hinders formation of POE at some Branches.
1.5 Strengthening 32 documentation centers at each SDP level.	Documentation center to be strengthened at 21 Branches & 11 SWUs	Documentation center strengthened at 17 Branches. Some Branches & Special Work Units (SWUs) could not due to infrastructure constraints.
2.1 Provide SRHR information and services to 1.2 million clients from all service delivery outlets of FPAB including clinical and non-clinical outlets.	Planned to provide services to 1.2 million clients through all service delivery outlets of FPAB including 32 static outlets and other non clinical (CBD) service delivery outlets.	8,118,994 clients received information and services on SRHR through all service delivery outlets of FPAB including 32 static outlets and other non clinical (CBD) outlets.

<p>2.2 Organize 3960 yearly outreach /satellite sessions through all the static outlets.</p>	<p>Planned to organize 3960 yearly satellite session through static outlets to provide SRH information & services to 200,000 clients.</p>	<p>4,788 satellite sessions held through static outlets & 315,426 clients provided services from satellite sessions. 828 more satellite sessions held than expected. 115,426 more clients served through satellite clinics than expected.</p>
<p>2.3 Organize technical sessions and provide material support to 2097 reproductive Health Promoters (RHPs) working at rural Bangladesh.</p>	<p>Planned to organize technical sessions for the RHP's round the year from Branches to develop their skills on SRHR. 20-25 RHPs will participate in each session.</p>	<p>Round the year technical sessions organized from Branches to develop skills of 2097 RHPs on SRHR.. A total of 105 technical sessions held at branch level to develop skill of RHPs on issues related to SRHR.</p>
<p>2.4 MR services including pre & post MR counseling & Post abortion care to 10,000 clients through all SDPs.</p>	<p>Planned to provide MR services including pre & post MR counseling & Post abortion care to 10,000 clients through 21 SDPs.</p>	<p>3,131 clients provided MR service. 3,541 clients provided services on PAC 8,869Clients provided pre & post MR counseling. Total 15,541 clients served on MR & PAC services including pre & post MR counseling. 5,541 more clients provided counseling & services on MR & PAC than expected.</p>
<p>2.5 Provide Gynecological health related information and services to 6,000 clients.</p>	<p>Planned to provide Gynecological health related information and services to 6,000 clients.</p>	<p>97,548 clients served on Gynecological health related information and services from clinics. 91,548 more clients provided information and services on Gynecological problems than expected.</p>

<p>2.6 Provide family planning services to at least 60,000 clients based on the principles of informed and expanded contraceptive choices</p>	<p>Planned to provide family planning services to at least 60,000 clients on Injectable, Implant, IUD, VSC, Pill & condom.</p> <p>Provision of information, education and counseling. Availability of emergency contraceptive to clients.</p>	<ul style="list-style-type: none"> • 4,824 new clients on Oral pill served & 8,756 clients re supplied on oral pill. • 3,082 new clients on condom served & 4,900 clients re supplied on condom. • 29,095 new clients on injectable served and 44,162 clients re-supplied on Injectable method. • 1,890 new clients on IUD served. • 3,175 clients on NSV served • 2,331 clients on Tubectomy served. • 10,846 clients on ECP served from clinics and from non clinic service delivery outlets (21, 692 ECP served). • 213, 750 clients Counseled on ECP. <p>55,243 new clients on FP methods served from clinics & 128, 303 new clients served from non-clinic service delivery outlets. Total 183,546 new clients served on FP methods including ECP but excluding ECP counseling. 123,546 more clients served on FP methods than expected</p>
<p>2.7 Strengthen Voluntary Counseling and Testing (VCT) services and provide counseling and clinical services for Reproductive Tract Infections and sexually transmitted infection to 30,000 clients.</p>	<p>Strengthen Voluntary Counseling and Testing (VCT) services and provide counseling and clinical services for Reproductive Tract Infections and sexually transmitted infection to 30,000 clients.</p>	<p>2,115 clients provided service on VCT 36,785 clients provided services on RTI 19,035 clients provided services on STI. Total 57,935 clients served on VCT, RTI & STI.</p> <p>27,935 more clients served than expected. Partnership project with FHI helped to serve more clients on VCT, RTI, STI.</p>
<p>2.8 Follow up at least 5000 clients referred from FPAB clinic to higher center for specialized services.</p>	<p>Follow up at least 5,000 clients referred from FPAB clinic to higher center for specialized services.</p>	<p>7,504 clients referred from FPAB clinics to higher facilities for specialized services. 2,504 more clients referred to higher facilities than expected.</p>
<p>2.9 Provide pathological diagnostic services to at least 20,000 clients</p>	<p>Planned to provide material & logistic support provided to Branches to provide pathological diagnostic services to 20,000 clients.</p>	<p>24,421 clients served on pathological diagnostic services. 4,421 more clients served on pathological diagnostic services than expected.</p>
<p>2.10 Collect contraceptive & logistic including MSR from Govt.</p>	<p>Collect contraceptive & logistic including MSR from Govt.</p>	<p>All Branches collected contraceptive & logistic including MSR from Govt.</p>

2.11 Strengthen counseling skills of 20 Counselors	Planned to conduct capacity development of 20 Counselors on 'Counseling Skills'.	A year long training course on 'Strengthening Counseling Skills for the service providers' by the technical Assistance of SARO/IPPF implemented where 19 counselors participated & developed their skills on counseling.
2.12 Capacity development of service providers on VSC, implant, MR, QOC after assessing training need.	Planned to provide skill development training to service providers after training need assessment.	3 Medical Officers trained on VSC 4 Medical Officers and 6 Clinical Assistants (Paramedical personnel) trained on MR.
2.13 Procure and maintenance of equipment, clinic emergency requirement & other material support to run clinic.	Planned to provide financial support to SDPs to procure and maintain equipment, clinic emergency requirement & other materials to run clinic as required from branches & also to provide support as per their SDP action plan to maintain quality services from clinics.	Financial support provided to branches to procure and maintain equipment, clinic emergency requirements as per their requirement.
2.14 Improvement of clinic infrastructure to maintain audiovisual privacy.	Planned to provide financial support to SDPs to improve clinic infrastructure to maintain audiovisual privacy as required from branches.	Financial support provided to branches to improve clinic infrastructure to maintain audiovisual privacy as required from branches.
2.15 Undertake field visit to provide supportive supervision and technical guidance to branches from HQ to improve quality of services.	Planned to undertake field visit to provide supportive supervision and technical guidance to branches from HQ to improve quality of services.	Supportive supervision provided to 21 Branches & SWUs to provide technical guidance from HQ to improve quality of services.
2.16 Once a year SDP visit to do internal assessment to all SDPs of FPAB by a group of team members.	Once a year SDP visit to do internal assessment to 21 SDPs of FPAB by a group of team members by utilizing IPPF QOC Internal Assessment checklist.	Internal Assessment planned & conducted at 20 SDPs by a group of team members in the year 2007. 19 SDPs score on and above 90%. 1 SDP score less than 90%.
2.17 Contraceptive procurement to maintain buffer stock to meet emergency need	Planned to purchase oral pill and condom as buffer stock to meet emergency need of contraceptives by Branches within approved budget.	81,200 cycle oral pill and 97,800 pieces of condom procured as buffer stock to meet emergency need of contraceptives by Branches.

<p>2.18 Home visit by 2097 RHPs to provide basic reproductive health and family planning services at working areas of 21 branches.</p>	<p>Home visit by 2097 RHPs to provide basic reproductive health and family planning services at working areas of 21 branches.</p>	<p>56,258 new clients served on oral pill by RHPs 30,041 new clients served on condom by RHPs 28,250 new clients on injectables served by RHPs. 5,590 new clients on IUD served. 3,346 new clients on implant served. 3012 new clients on Tubectomy served. 2444 Clients on NSV served. 71,359 nos. of clients served on ANC. 24,417 nos. of clients served on PNC. 53,682 clients served for pregnancy test by RHPs.</p>
--	---	--

Qualitative Analysis			
What are the remarkable achievements?	What worked well?	What did not work so well?	How would you do differently?
<p>1. Initiated on the job training for the RHPs through technical sessions with the aim to expand RH & FP services to poor, marginalized and underserved population. A total of 105 sessions were held to provide training to 2097 Reproductive Health Promoters (RHPs).</p> <p>2. Services providers' knowledge & skills on counseling developed through training, A year long training was organized for 19 counselors by the technical Assistance of SARO/IPPF.</p> <p>2 Medical Officers trained on VSC. Total 10 service providers trained on MR.</p> <p>3. Three Social Audit conducted in the year 2007 at Pabna, Tangail & Noakhali Branches.</p> <p>4. Increased Male clients participation in the program for which special emphasis given through training to program managers and service providers.</p>	<p>1. Service providers feel confident to provide services after getting training. Utilization of RHPs can help to reach to poor, marginalized and underserved people.</p> <p>2. Counseling training helps counselors to update their knowledge on basic principles of counseling. They are now helping clients to take decision, know the suitable settings for counseling, know the qualities of a good counselor, know to explore options, steps of problem solving and decision making process. After being trained, as a trainer they are sharing their knowledge & experience with their peers to develop their skills on counseling.</p> <p>3. Create opportunity to work together among GO, NGO, stakeholders,</p>	<p>1. High turn over of Medical Officers. Drop out of Professionals disrupted continuity of activities.</p> <p>2. Contraceptive supply from Government Family Planning Department is not adequate to fulfill the demand at Branch level.</p> <p>3. Political situation adversely affect to implement some activities like POE formation, pathological services.</p>	<p>1. By immediate replacement through advertisement and selection process.</p> <p>2. Provision of fund to maintain buffer stock of contraceptives is in place.</p> <p>3. Initiatives has been taken to fulfill Government criteria to run laboratory diagnostic services like appointment of Laboratory Technician who have academic training from a recognized institution.</p>

<p>5. Service provider's & community peoples knowledge on ECP & MR enhanced through on the job, on the site training & through technical sessions.</p> <p>6. Supportive Supervision & monitoring visit & SDP Internal Assessment strengthen.</p> <p>Other activities :</p> <p>7. SRH policies, strategies & Programmes documents of Bangladesh reviewed. Reviewed document available.</p>	<p>Elected representatives, opinion leaders & community people to assess programme needs and expectations. Also create an environment to explore resources for partnership & referral linkages.</p> <p>4. Men's participation in the program have enhanced project activities.</p> <p>5. Supportive Supervision increases staff moral and commitment</p> <p>5. SDP Internal Assessment is important to assess that clients rights are protected.</p>		
---	--	--	--

Thematic Area	Access					
Title of the Project	Working Towards Safe Motherhood in South Asia: Increasing Access to Maternal Health Services for Poor Women in Rural Bangladesh					
Objectives						
Objective-1	To scale up quality innovative programs to promote and encourage women's access to sexual and reproductive health and maternal health information and education					
Quantitative Indicators						
Indicators	Base Line	Expected Quantitative Result	Actual Result	Means of verification (M&E Tools)	Assumption / Constraints	Comments on variance
2.1 Women and young people received SRH information and education 2.2 UPAG meeting conducted		1.1 45,000 Women and young people received SRH information and education 1.2 268 UPAG meeting conducted	1.1 53706 Women and young people received SRH information and education 1.2 112 UPAG meeting conducted	Resolution book, attendance register of UPAG meeting, observations of NHQ staff		Male also has been included In Dharma pasha unit flood influenced and in some units UP chairman are could not give schedule due to other work.
Qualitative Indicators						
Indicators	Base Line	Expected Qualitative Result	Qualitative Findings	Means of verification (M&E Tools)	Assumption/Constraints	Comments on variance
1.3 Increase awareness among community gatekeepers on sexual and reproductive health		Community gatekeepers will know the importance of sexual and reproductive health care	Community gatekeepers are positive about sexual and reproductive health care	Community gatekeepers speak in favor of sexual and reproductive health care		
Objective-2	To increase access to quality sexual and reproductive health services including safe delivery service					

Quantitative Indicators						
Indicators	Base Line	Expected Quantitative Result	Actual Result	Means of verification (M&E Tools)	Assumption/Constraints	Comments on variance
2.1 Referral agreement made 2.2 Community/manual vehicles established and operated in community level 2.4 Satellite clinic conducted		2.1 6 Referral agreement made 2.2 43 Community/manual vehicles established and operated in community level 2.4 1206 Satellite clinic conducted	2.1 3 Referral agreement made 2.2 35 Rickshaw van are in place and are being operated Five motor ambulance and one boat ambulance are in place are carrying patient There are two country boats are in place and are in operation 2.4 1056 Satellite clinic conducted	Patients' refer register, MoU, NFR Community vehicle register Monthly monitoring report Satellite clinic register	In Sylhet Rickshaw van is not culturally accepted to carry women patient	In Sylhet Rickshaw van is not culturally accepted to carry women patient. So there were under utilization of rickshwa van. So SMP sold the 7 vans. The satellite clinic session has reduced in Dharmapasha & some hilly areas for difficult transportation.
Qualitative Indicators						
Indicators	Base Line	Expected Qualitative Result	Qualitative Findings	Means of verification (M&E Tools)	Assumption/Constraints	Comments on variance
2.3 Increase male involvement in reproductive health intervention in project location		Male will be involved in sexual and reproductive health activities	Positive mindset about sexual and reproductive health care of male of the project is improving	Talking with male in the project area	Breaking cultural rules is a challenge	
Quantitative Indicators						
Objective-3	To promote women's right to safe motherhood services as a matter of social justice and human rights					

Indicators	Base Line	Expected Quantitative Result	Actual Result	Means of verification (M&E Tools)	Assumption/Constraints	Comments on variance
3.1 Women enjoyed more reproductive rights in the project location		3.1 Number of ANC and PNC will increase. Women will attend more SRH reproductive health session.	3.1 30282 women contact for ANC and 13381 mother received PNC 15439 women got SRH attended SRH session	Record register, Monthly monitoring report		The service outlet has increased. ANC has increase more than 200% & PNC increase 331% over 2006.
3.3 Build strategic partnerships with thana reproductive health service providers		3.3 Strategic partnership built at every units of SMP	3.3 6 Strategic partnership has been built at every units of SMP	MoU, NFR Motivational meeting register	Advocacy session at community level on sexual and reproductive issue face some barriers sometimes	
3.4 Advocacy Session conducted		3.4 Enough advocacy session will be done with stakeholders	3.4. 40 motivational meeting held at six units of SMP 104 number of meeting held with GO and NGO	NHQ documentation		

Qualitative Indicators

Indicators	Base Line	Expected Qualitative Result	Qualitative Findings	Means of verification (M&E Tools)	Assumption/Constraints	Comments on variance
3.2 Reduced violence against women at CDC level		Women can come to the RH clinic alone and take decision independently	There are few women who can come to RH clinic alone	visit to the RH clinic and talk with women		

Objective-4

To contribute increased knowledge on innovative approaches for maternal health service delivery targeting poor communities

Quantitative Indicators

Indicators	Base Line	Expected Quantitative Result	Actual Result	Means of verification	Assumption/Constraints	Comments on variance
------------	-----------	------------------------------	---------------	-----------------------	------------------------	----------------------

				(M&E Tools)		
4.1 Review meeting conducted		4.1 3 Review meeting conducted	4.1 6 Review meeting conducted at unit level.	Attendance register Photograph Invitation Card Resolution of meeting		Annual Review Meeting held in each unit, so numbers become six against three.
4.3 Research report published		Publish one research report	One research report on “Community Barriers to maternal Health Care in Rural Bangladesh” has been selected for publish at Harvard Health Review policy journal(HHPR)	Written article sent to HHPR		

Qualitative Indicators

Indicators	Base Line	Expected Qualitative Result	Qualitative Findings	Means of verification (M&E Tools)	Assumption/Constraints	Comments on variance
4.2 Monitoring system established		Revisit and Revise existing Monitoring system	Monitoring system revisited and revised and made more user friendly and effective	All forms and formats		

Activities

Activities	Activity detail planned	Activity detail completed
1.1 SRHR education session in community level	45,000 Women and young people will receive SRH information and education at community level	53706 Women and young people received SRH information and education. Among them 32507 adolescent boys and girls and 21199 adult women and men got the education. SMP has started involve male in SRH education.
1.2 SRH education session with adolescents at school level	45,000 Women and young people will receive SRH information and education at community level. This target was for community as a whole. There was no separate target for school level.	53706 Women and young people received SRH information and education. Among them 32507 adolescent boys and girls and 21199 adult women and men got the education. SMP has started involve male in SRH education. This figure is for community as a whole. There is no separate target for school level.
1.3 SRH education session with adolescents at out of school	45,000 Women and young people will receive SRH information and education at community level. This target was for community as a whole. There was no separate target for at out of school level.	53706 Women and young people received SRH information and education. Among them 32507 adolescent boys and girls and 21199 adult women and men got the education. SMP has started involve male in SRH education. This figure is for community as a whole. There is no separate target for school level.
1.4 Identified pregnant women through home visit	RHP will identify the pregnant women through home visit according to their working areas. It was planned that 17537 pregnant women will be identified in the year.	20996 pregnant women identified through the year by RHPs.
1.5 Refresher training	RHPs and CDCOs will get one day orientation in every month	201 RHPs and 67 CDCOs got one-day orientation in every month in every unit.
2.1 Conduct satellite clinic session	1206 Satellite clinic will be conducted at community level	1056 Satellite clinic sessions conducted at community level. In the satellite clinic most of patients were pregnancy related. From satellite clinic 2314 patients were referred to static clinic.
2.2 Motivational meeting with the service providers and managers of EOC referral points	Motivational meeting will be held with the service provider as of referral links and continued cooperation	A total of 40 motivational meetings were held with the service provider as of referral links and continued cooperation
2.3 Adolescents received SRH care and counseling	45,000 Women and young people will receive SRH information and education at community level	53706 Women and young people received SRH information and education. Among them 32507 adolescent boys and girls and 21199 adult women and men got the education. SMP has started involve male in SRH education.

2.4 Discussion session and conduct video film show on SRHR session	It was planned to conduct 2078 video show at static clinic	A total of 1680 video film show have been showed at both clinic and 68 video shows were held outside the clinic. A total of 37,222 person attended the sessions. In addition 68 video film shows arranged at community level.
2.5. Show Folk drama for raising awareness on safe motherhood	Folk drama is to be showed for raising awareness on safe motherhood	Three street theatres were held in Naniarchar and Noakhali unit.
2.6 Conduct delivery service and counseling	It was expected that 3546 deliveries will be conducted at project clinic and 6066 deliveries will be conducted by RHPs.	A total of 615 deliveries were conducted in project clinic and 7394 deliveries were conducted by RHPs.
3.1 Build strategic partnerships with NGOs, CBOs and civil society groups working on gender issues	Number motivational meeting with service providers will be 28	Number of motivational meeting service providers held 40.
3.2 Build strategic partnerships with local thana and union level reproductive health service providers	Built up strategic partnerships with local thana and union level reproductive health service providers	140 meeting was held with GO-NGO. Five strategic partnership built with at six units (Dharmapasha unit with THC, Sylhet unit with Osmani Medical College Hospital, Noakhali unit with District Hospital, Kaptai unit with Chandraghona Cristian Hospital and In Naniarchar Unit with THC.)
3.3 Conduct advocacy seminar	It was expected that SMP will arrange 12 advocacy sessions. Every six monthly at each unit level.	Six advocacy sessions were held. Each unit arranged one annual review meeting.
3.4 UPAG and CPAG meeting	UPAG meetings are planned to conduct at each union of project area CPAG meeting is planned to be held at central level.	A total of 125 meetings were held at UPAG level. A Central Project Advisory Group has been established. The project had several informal meetings with the members of this group during the last one year, but second formal meeting of CPAG was held on August 16, 2007.
4.1 Hold annual meeting with stake holder	12 annual review meeting will be held at unit level.	4 annual review meeting held at unit level.
4.2 Conduct Research and analysis of innovative approach	Publish at least one research report	One research report on “Community Barriers to maternal Health Care in Rural Bangladesh” has been selected for publish at Harvard Health Review policy journal(HHPR)
4.3 Monitoring visit and supervision	It was planned NHQ officers will visit each unit on a regular basis.	In every month monitoring visit from NHQ held. Program Officers and project director visit and monitor unit activities. Team member of SMT and volunteers also visit units.

AR lesson Learnt			
What are the main Achievements?	What worked well? why	What did not work so well? Why?	What would you do differently if implementing this kind of project in the future?
<ol style="list-style-type: none"> 1. Initiated SRH session in remote areas. A total of 5857 sessions were held for adolescent and women in the project. A total of about 53706 persons attended the sessions. 2. A total of 1056 satellite clinic sessions were held in 67 sites (CDC). Previous year it was 601 sessions. 3. 7394 safe deliveries were conducted using RHPs. It was 3579 in previous year. 4. 30,282 women provided with ANC, it was 10,009 in previous year.(2006) 5. 13381 women provided with PNC services, it was 5,314 in previous year (2006) 6. Some innovative initiatives undertaken which are as follows:: <ul style="list-style-type: none"> ▪ Community transports: Thirty five rickshaw vans, two country boat (for Kaptai), five motor ambulances and one boat ambulance were made available for community level 	<ol style="list-style-type: none"> 1. All 67 Community Development Centers (CDC) have been fully functional at Union level, which is the lowest administrative unit of the Government of Bangladesh. The linkage between CDCOs, RHPs and government health functionaries has been strengthened for reaching out to poor, marginalized and underserved families. The system of field level work was effective. It gave ownership of community for SMP. The CDCs were fully functional because Monitoring system of field level work was effective. 2. All six reproductive health clinics are fully functional and providing a comprehensive Sexual and Reproductive Health (SRH) services. The six reproductive health clinics functioned properly because there was efficient management to run the clinics. The clinics are showing upward trends of all types of services. 3. Increase in satellite clinic sessions by 176% 	<ul style="list-style-type: none"> • Some pregnant of remote areas were not registered. RHP could not reach remote areas. RHP distribution in community was not proper. Some remote areas were not considered at the time of distribution. • Labor in SMP clinic was lower than expected. There is a tradition of home delivery. More than 95% of all deliveries conducted in home (cultural barriers). Community does not feel comfortable for hospital delivery. • SRH educational session was not participatory and knowledge retention was poor. There was some obstacles socially regarding the issues Lack of efficiency of CDCOs and FCs to make SRH educational session participatory. 	<ol style="list-style-type: none"> 1. Reallocation of RHP based on cluster mapping. So that most of the target group can get services. 2. Will make SRH educational session participatory. 3. Performing more BCC activities to motivate people to accept health services.

<p>transport in the project areas.</p> <ul style="list-style-type: none"> ▪ CDCOs have been provided with mobile phones which have enhanced the communication system ▪ Family Health Cards/ Health insurance: It ensures that poor will pay less for same quality care.(Charge weaving) ▪ Birth registration: All births are registered with legal authority (Union Parishad). ▪ Verbal autopsy and community meeting regarding death and if possible to prevent death. 	<p>(601 in 2006 and 1056 in 2007). Average number of satellite clinic sessions at union level has increased from 12 per month to 15 per month for each unit in the second half of the year.</p> <p>The satellite clinic sessions were increased for giving emphasis on community work. RHP service created community demand for more satellite clinic.</p> <p>The satellite clinic has ensured reproductive health services at close proximity to people, particularly poor and marginalized population.</p> <p>4. Identification and enrolment of pregnant women increased by 26 % over the previous year.</p> <p>RHPs were active. They went door to door to provide services. RHPs started conducting satellite clinic. Program focus is on enhancing community activities.</p> <p>5. Number of ANC services increased from 10009 to 30282 by the end of December 2007.</p> <p>This is due to availability of services at close proximity and due to increase knowledge of RHP.</p> <p>6. Total number of PNC services has increased from 5314 to 13381 by the end of December 2007.</p>	<ul style="list-style-type: none"> • Culturally in sylhet community transport rickshaw vans were not well utilized. <p>Women of Sylhet don't ride on rickshaw van because of religious reason.</p>	
---	---	---	--

	<p>The PNC services are available at door step. The first PNC was arranged at home within 8 days of delivery.</p> <p>7. Community level transport and communication system were implemented in all six project areas.</p> <p>With some exception, community accepted community transport.</p> <p>8. Established formal referral linkage with Upazila hospitals (Dharmapasha and Naniarchar), NGO hospital (Chandraghona, Kaptai) and 250 bed Hospital (Noakhali)</p> <p>Other service providers were positive to SMP. There was developed functional relationship.</p>		
--	--	--	--