

BANGLADESH AIDS PROGRAM

October 2005 - October 2009

FINAL REPORT

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by Family Health International, Bangladesh

ACKNOWLEDGEMENT

Family Health International (FHI) is immensely grateful to the United State Agency for International Development (USAID)/Dhaka for continuous guidance, support, and funding throughout the life of the Bangladesh AIDS Program (BAP).

We are also grateful to the numerous BAP partners who have helped us respond to the HIV epidemic in Bangladesh. In particular, we thank the members of the National AIDS/STD Programme (NASP) and the Ministry of Health (MOH). Without their high level of commitment and collaboration, we would not have achieved all that we did.

A special thanks to all of the BAP implementing agencies for their long-term commitment and dedication in this field—and to the people and communities with whom we work closely in the field, as these individuals and groups are most affected by this epidemic.

The BAP program was managed by a very dedicated team based in Dhaka, Bangkok and Arlington who showed complete commitment to their responsibilities. To them we say, thank you and well done! The invaluable contribution of the international and local consultants who provided technical assistance to the program also cannot be overemphasized. Accomplishments and successes achieved through BAP have laid a strong foundation for future HIV programs in Bangladesh.

GLOSSARY OF ACRONYMS

ABC	Abstinence, Be faithful, and use Condoms
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
A ²	Analysis and Advocacy Project
BAP	Bangladesh AIDS Program
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
COCAT	Condensed Organizational Capacity Assessment Tool
DNC	Department of Narcotics Control
DOTS	Directly Observed Treatment, Short course
EQA	External Quality Assurance
EWC	East-West Center
FHI	Family Health International
FSW	Female Sex Worker
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
ICDDR,B	International Center for Diarrhoeal Disease Research, Bangladesh
IDU	Injecting Drug User
IHC	Integrated Health Center
IMPACT	Implementing AIDS Prevention and Care
IPT	Isoniazid Preventive Therapy
MoHA	Ministry of Home Affairs
M&E	Monitoring and Evaluation
MACCA	Masjid Council for Community Advancement
MARP	Most-at-Risk Population
MIS	Management Information System
MSCS	Marie Stopes Clinic Society
MSM	Men who have Sex with Men
MSW	Male Sex Worker
MDR-TB	Multi-Drug Resistant Tuberculosis
NASP	National AIDS/STD Programme
NEP	Needle Exchange Program
NGO	Non-Governmental Organization
NTP	National TB Control Programme
OI	Opportunistic Infection
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PPST	Pre-Packaged STI Therapy
SBC	Strategic Behavioral Communication
SMC	Social Marketing Company
STI	Sexually Transmitted Infection
TOT	Training Of Trainers
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development

VCT Voluntary Counseling and Testing
VSO Voluntary Service Overseas
WHO World Health Organization

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EXECUTIVE SUMMARY

From October 2006 to October 2009, the Bangladesh AIDS Program (BAP) provided HIV prevention, care and support to Bangladesh's groups most vulnerable to HIV. The goals of BAP were to reduce the transmission of HIV among most-at-risk populations (MARPs) and mitigate the impact among people infected with and affected by HIV. FHI was the prime partner for BAP with three major collaborating partners: Masjid Council for Community Advancement (MACCA); Research, Training, and Management International (RTMI); and The Social Marketing Company (SMC).

The project focused on providing services to MARPs in a safe environment. Based on the successful drop-in center model which provided a place for vulnerable populations to receive behavior change interventions FHI expanded the services to include voluntary counseling and testing (VCT) and management of sexually transmitted infections (STIs). For injecting drug users FHI also provided and drug rehabilitation and linkages with needle exchange programs and for people living with HIV the program supported care and support services and linkages to antiretroviral treatment.

In total the project reached over 2,8 million people with HIV messages, treated over 71,000 patients for STIs, tested over 34,000 clients for HIV and distributed over 48 million condoms. We believe that these results have helped Bangladesh stay a low prevalence country.

Building local technical and program management capacity was an outcome for the project. FHI Bangladesh invested considerable time and resources in building the technical and program management capacity of its local partners and key government stakeholders. This included support for implementing subproject interventions, as well as preparing subproject work plans and routine programmatic, technical, and financial reports. FHI provided continuous technical and program management assistance to its partners through organized training seminars, regular supervisory visits, and technical assistance visits.

From the beginning FHI collaborated with the Bangladesh government in all of its programming. It supported the development of national policies, guidelines and tools and was viewed as a trusted technical partner.

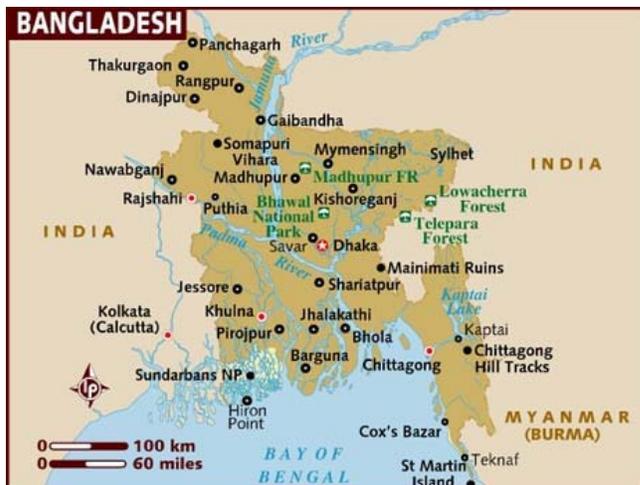
PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS

Introduction

FHI Bangladesh began activities under the USAID's Implementing AIDS Prevention and Care (IMPACT) project from 2000 until September 2007 to support interventions for people most vulnerable to HIV. These activities continued under USAID's four-year bilateral cooperative agreement, the Bangladesh AIDS Program (BAP). Through BAP, FHI received US\$13,780,690 to lead the response to HIV in Bangladesh. FHI continued to support USAID/Dhaka's strategy and the Bangladesh Ministry of Health's priorities by concentrating efforts on groups most vulnerable to HIV. When BAP started, Bangladesh was still a country with low HIV prevalence; however, during the project phase, the country moved to having a concentrated epidemic (NASP, 2007). BAP, in collaboration with other key players, worked to reduce HIV vulnerability through targeted interventions with several high-risk groups including female, male and transgender sex workers and their clients, men having sex with men (MSM), and injecting drug users.

Country Context

Bangladesh is a low-lying, riparian country located in South Asia with a largely marshy jungle coastline of 710 kilometers (440 miles) on the northern littoral zone of the Bay of Bengal. Formed by a deltaic plain at the confluence of the Ganges (Padma), Brahmaputra (Jamuna), and Meghna Rivers and their tributaries, Bangladesh's alluvial soil is highly fertile but vulnerable to flood and drought. Hills rise above the plain only in the Chittagong Hill Tracts in the far southeast and the Sylhet division in the northeast. Straddling the Tropic of Cancer, Bangladesh has a subtropical monsoonal climate characterized by heavy seasonal rainfall, moderately warm temperatures, and high humidity. Natural calamities, such as floods, tropical cyclones, tornadoes, and tidal bores, affect the country almost every year. Bangladesh also is affected by major cyclones—on average 16 times a decade.



Bangladesh gained independence from Pakistan in 1971. The official language is Bengali (Bangla). English is widely spoken especially in government and commercial circles. Over 86 percent of the population is Muslim, and there are small Hindu,

Buddhist, and Christian minorities. Religion is the main influence on attitudes and behavior. Since 1988, Islam has been the official state religion.

The estimated population of Bangladesh in 2007 was 142.6 million with a population density of about 966 people per square kilometer. The infant mortality rate was 43/1,000. The life expectancy for males was 65.4 years and, for females, 67.9 years. The literacy rate at age seven and above was 65.1 percent (Bangladesh Bureau of Statistics, 2007).

HIV in Bangladesh

For many years, Bangladesh has escaped the HIV epidemic that is affecting surrounding countries and was thus considered a low prevalence country. However, recent national surveillance data indicate that Bangladesh should step up prevention efforts. Data from the 7th round of the National HIV Serological Surveillance in 2006 showed HIV prevalence of seven percent among IDUs in Dhaka, with a peak of 10.5 percent among IDUs in one neighborhood. Still, HIV prevalence remains less than one percent among other vulnerable groups surveyed, namely men, women, and *hijras* (transgenders) who sell sex, and their male clients: truck drivers and their helpers, dock workers, STI patients and MSM (men who have sex with men). Among the general population, regular HIV surveillance is not conducted (NASP, 2007).

Unfortunately, the low rates of HIV infection documented in the other groups are not due to lower rates of risk behavior. In actuality, many men such as rickshaw pullers and students continue to buy sex in Bangladesh. Over 60 percent of men still do not use condoms in commercial sex encounters and female sex workers report the lowest condom use in Asia (14% in Dhaka and 5% in other places). Consistent condom use with regular and new partners remains very low in all groups. Young people, especially males, start sexual activity at an early age and commonly buy commercial sex (Reddy, 2007).

From an epidemiological perspective, the HIV epidemic in Bangladesh could evolve rapidly and Bangladesh is poised to join the list of Asian countries experiencing an HIV epidemic among IDUs. The seven rounds of National Serological HIV Surveillance show how the epidemic among the IDUs evolved. In 2000 and 2001, HIV rates among IDUs in Dhaka were 1.4% and 1.7%, respectively, only to increase sharply to four percent in 2002. In 2004, HIV prevalence rose to 4.9% and in 2006 it reached seven percent (NASP, 2007). The Behavioral Surveillance Survey 2006-07 adds important information to understand the situation. Data show that up to 80% of IDUs in central Dhaka are engaged in needle sharing with multiple partners the last time they injected drugs (NASP, 2009). Contrary to common belief, the IDU population is integrated into the surrounding urban community, socially and sexually, thus raising grave concerns about the spread of HIV infection to the general population. They are also highly mobile traveling from other cities to Dhaka where they inject drugs and sell blood (Reddy, 2007).

A small success with IDUs seems to be a sharp decrease in sharing of injection equipment in Dhaka that may be attributed to program interventions. However, in two surveillance sites, sharing among drug users has increased and it remains generally too high, calling for stronger, more effective interventions. Another success has been the significant increase in the consistent use of condoms by IDUs with female sex workers. However, there are still many IDUs who do not use condoms consistently. Activities such as behavior change communication, cooperation with the law-enforcing agencies in

sensitizing them about preventive activities and harm reduction, and uninterrupted condom supply still need to be reinforced (BSS, 2006-07).

Given the high rates of risk behavior in Bangladesh, HIV will not be confined to the injecting drug user population for much longer. All the risk factors that give birth to rapidly evolving HIV epidemics are present in Bangladesh today. These include a large sex industry, low levels of consistent condom use, increasing rates of untreated sexually transmitted infections (STIs), large-scale sharing of injecting equipment among IDUs, a lack of appropriate knowledge among the general population, and high levels of stigma and discrimination against HIV-positive people. Policy-makers and programmers within the government of Bangladesh, bilateral and multi-lateral agencies, and national and international NGOs have a key role to play in recognizing the urgency of this situation and taking immediate action.

Strategies and activities

BAP had four strategic approaches for its first three years and added an additional approach in year four.

1. Expand the quality and availability of culturally appropriate, gender sensitive and sustainable HIV prevention and care programming.
2. Enhance the capacity of NGOs, CBOs and the private sector to design and implement HIV prevention and care programs.
3. Strengthen the generation of strategic information through monitoring and evaluation, surveillance, and research to produce integrated analysis and model the outcome and impact of interventions.
4. Strengthen strategic information dissemination to ensure appropriate use of data for evidence-based policy development and decision-making.
5. Support the national response in addressing TB and HIV co-infection.

Time line

	FY06				FY07				FY08				FY09			
	Q1	Q2	Q3	Q4												
Planning and Management																
Placement of Country Director																
Provision of technical assistance to implementing agencies																
Provision of technical assistance to national government																
Interventions																
Faith-based HIV prevention																
SBC for MARPs																
Peer Education																
VCT																
STI																
IDU detoxification																
Tripartite Project																
Care and support for PLHIV																
BSS																
TB/HIV integration																

Program Results

The following program results were achieved:

BAP Indicators	Year 1 FY 2006 Oct 05 –Sep 06	Year 2 FY 2007 Oct 06 –Sep 07	Year 3 FY 2008 Oct 07 –Sep 08	Year 4 FY 2009 Oct 08 –Sep 09	BAP Total	COMMENTS
# of individuals reached through program						
Female Sex Workers	16,799	19,448	8,737	10,704	10,704	Taken Year 4 as highest
Male Sex Workers	7,942	7,540	8,234	7,403	8,234	Taken Year 3 as highest
Transgenders (<i>Hijras</i>)	3,932	3,932	5,418	4,053	5,418	Taken Year 3 as highest
IDUs	2,770	2,276	1,746	1,998	1,998	Taken Year 4 as highest
Ashar Alo Society (AAS) Site	576	230	652	388	652	Taken Year 3 as highest
Clients of Sex Workers	582,171	384,550	525,062	509,258	2,001,041	Cumulative (Year 1 MACCA data included)
General population		3,135,062	865,430	862,866	865,430	Taken Year 4 as highest
Total	614,190	3,553,038	1,415,279	1,396,670	2,893,477	Total NOT cumulative
# of Modhumita Integrated Health Centers (IHCs)	26	62	58	54	69	Total is NOT cumulative
# of new members to IHC	9,605	20,400	5,861	3,360	39,226	Total is cumulative
# of STI clinics	54	62	53	48	60	Total is NOT cumulative
# of Individuals attending STI clinic session						
Female Sex Workers				11,875	11,875	This was a new indicator for year 4; data were not reported in previous years.
Male Sex Workers				8,525	8,525	
Transgender (<i>Hijras</i>)				2,914	2,914	
IDUs				2,213	2,213	
Clients of Sex Workers				8,164	8,164	
Total	0	0	0	33,691	33,691	Total is cumulative
# of patients treated for STI symptoms						

BAP Indicators	Year 1	Year 2	Year 3	Year 4	BAP Total	COMMENTS
	FY 2006 Oct 05 –Sep 06	FY 2007 Oct 06 –Sep 07	FY 2008 Oct 07 –Sep 08	FY 2009 Oct 08 –Sep 09		
Female Sex Workers	8,141	8,940	10,308	7,647	35,036	
Male Sex Workers	2,877	5,469	4,839	4,830	18,015	
Transgenders (<i>Hijras</i>)	292	2,230	2,421	1,669	6,612	
IDUs	595	943	798	915	3,251	
Clients of Sex Workers	349	2,257	2,694	3,142	8,442	
VCT center/Jagori	29	0	0	0	29	
Total	12,283	19,839	21,060	18,203	71,385	Total is cumulative
# of contacts (One-to-one and Group)						
Female Sex Workers	312,254	398,376	494,281	456,153	1,661,064	Total is cumulative
Male Sex Workers	76,598	178,622	224,834	205,020	685,074	
Transgenders (<i>Hijras</i>)	23,857	64,240	95,377	89,332	272,806	
IDUs	40,749	126,597	108,241	39,530	315,117	
AAS	2,523	4,194	4,820	4,916	16,453	
Clients of Sex Workers	838,730	3,889,203	786,039	740,276	6,254,248	
General Population	0	0	7,421,982	7,114,291	14,536,273	MACCA-Friday sermons and Media Talk Show
Total	1,294,711	4,661,232	9,135,574	8,649,518	23,741,035	Total is cumulative
# of condoms distributed through the intervention						
Female Sex Workers	4,379,096	4,181,449	8,555,225	7,745,143	24,860,913	
Male Sex Workers	525,371	1,081,698	2,333,868	2,585,776	6,526,713	
Transgenders (<i>Hijras</i>)	214,473	665,925	873,663	897,857	2,651,918	
IDUs	17,993	66,604	91,475	82,563	258,635	
AAS Sites	7,908	13,890	18,707	20,811	61,316	
Clients of Sex Workers	3,143,730	2,915,775	3,313,441	3,217,900	12,590,846	
Others	500	0	1,044,000	792,000	1,836,500	
Total	8,289,071	8,925,341	16,230,379	15,342,050	48,786,841	Total is cumulative
# facilities providing voluntary counseling and testing	42	45	49	58	75	Total is NOT cumulative

BAP Indicators	Year 1	Year 2	Year 3	Year 4	BAP Total	COMMENTS
	FY 2006 Oct 05 –Sep 06	FY 2007 Oct 06 –Sep 07	FY 2008 Oct 07 –Sep 08	FY 2009 Oct 08 –Sep 09		
# of clients receiving counseling and testing at VCT centers						
Female Sex Workers	292	2,136	3,116	3,112	8,656	
Male Sex Workers	90	1,527	2,053	2,082	5,752	
Transgenders (<i>Hijras</i>)	0	276	406	811	1,493	
IDUs	166	833	1,137	1,665	3,801	
AAS Site	0	91	145	160	396	
Clients of Sex Workers	112	2,538	3,885	5,293	11,828	
Others	726	176	176	1,220	2,298	
Total	1,386	7,577	10,918	14,343	34,224	Total is cumulative
# Clients testing HIV-positive						
Female Sex Workers	2	2	4	3	11	
Male Sex Workers			3	4	7	
Transgenders (<i>Hijras</i>)		2	2	4	8	
IDUs	2	8	4	10	24	
AAS Site		38	24	35	97	
Clients of Sex Workers		5	3	10	18	
TB-HIV				1	1	
Others	34		1		35	
Total	38	55	41	66	201	Total is cumulative
# of IDUs receiving detoxification services						
Male	250	276	1,229	1,595	3,350	
Female	85	18	187	319	609	
Total	335	294	1,416	1,914	3,959	Total is cumulative
# of TB patients tested for HIV						
Male				739	739	TB sites started HIV testing in Q3/FY2009
Female				481	481	
Total	0	0	0	1,220	1,220	Total is cumulative

OVERARCHING LESSONS LEARNED AND RECOMMENDATIONS

Valuable lessons were learned in the course of the project and key recommendations can be drawn from these lessons. This section highlights the overarching lessons and makes corresponding recommendations. The next section includes more specific lessons associated with each major activity area.

Lessons one: Quality Services

FHI branded their supported centers as a way to meet patients' needs for belonging, caring and trust. *Modhumita* (a sweet friend) signifies quality, confidentiality and privacy. Visitors to Modhumita drop-in centers found friendly, respectful staff and high-quality services. However, the success of the Modhumita centers depends not only on the branding but on the service quality and whether high quality care can be maintained.

Recommendation:

FHI ensured quality of services at the centers with consistent supportive supervision and mentoring, training of staff to build technical and organizational capacity, effective technical assistance tools, and regular quality assurance and quality control. It is essential that high quality interventions be maintained and there is a mechanism to continue to improve the interventions as well as the capacity of the implementing agencies.

Lesson two: Integrated services

MARPs are very stigmatized in Bangladesh and have very little access to health services. The drop-in centers for high-risk populations have proven to be a successful model in Bangladesh and including HIV testing and STI services at the center had a positive impact on the population by allowing them to access services in a safe place. Clients often requested that services be expanded to include such things as family planning and general health care as they are oftentimes refused services such as general health care, family planning, TB, and STI management in the public sector. In the last year of BAP, FHI partnered with the Smiling Sun Franchise Program (SSFP) to provide limited curative services through a satellite clinic at two female sex worker sites in Dhaka. The pilot was very successful; not only did it provide other health services to this marginalized population but it also reduced stigma among the health providers.

Recommendation:

This type of partnership should be expanded to all FHI supported centers either through SSFP or similar organizations. In the future, FHI should also look at possibly integrating HIV services at some SSFP sites.

Lesson three: Participations from all levels

Information provided to, and participation of, secondary stakeholders such as hotel staff, local communities, law enforcement agencies, local government and religious leaders was an important strategy to improve utilization of services by the target groups. This participation helped the program with prevention efforts; care for those affected; change harmful attitudes and behaviors and provide sustainability of the program.

Recommendation:

Efforts should be made to continue these types of participation and to increase them when possible.

Lesson four: Build systems that will outlive the program

Over the life of the project, BAP made great strides in building the technical capacity of local counterparts and institutions through consistent and high-quality technical assistance. Training and capacity building were integral to the FHI program and contributed to the project's success. However, since HIV prevalence is low in Bangladesh, it was difficult to get the commitment of the government to manage the overall HIV efforts. There is little coordination and the quality of services supported by different donors varies. This lack of commitment hinders forward movement and sustainability of the program when the program ends.

Recommendation

The Government of Bangladesh, especially NASP, should be strengthened to provide multi-level coordination among key donors and NGOs. There should be a mechanism to ensure widespread coverage and that consistent and quality approaches and messages are used for HIV interventions.

Lesson five: A comprehensive approach to drug treatment for injecting drug users

Drug use-related HIV transmission has been documented as an increasing factor contributing to the timing and scale of the future HIV epidemic in Bangladesh. Though BAP was successful in many areas, there was still a high relapse rate among IDUs who went through residential treatment. The program changed its treatment stay from 15 days to three months but this had little effect on the relapse rate. Also, despite all the efforts for HIV prevention among IDUs, the HIV prevalence continued to increase in IDUs from 1.4% in 2000 to seven percent in 2006.

Recommendation:

HIV programs need to be comprehensive and address all aspects to prevent HIV. The programs should not only include interventions that reduce drug injection and encourage safe sex among injectors and their partners but also promote the use of sterile equipment when injecting does occur. Drug substitution programs should also be part of the approach. This is not yet available in Bangladesh and efforts should be made to advocate for its approval by the government.

HIGHLIGHTS OF MAJOR ACTIVITIES

HIV Prevention

1. HIV prevention among high-risk groups

Implementing agencies	All IAs
Target Populations	Male, female and transgender sex workers, injecting drug users, men who have sex with men, clients of sex workers, general population

HIV prevention was a key strategy for FHI and BAP. One of the most effective ways to reach MARPs, who are sometimes also hidden populations, is through the involvement of the target group itself using peer approaches. Trained peer educators (PEs) worked with the centers and provided education material, peer support, condoms, water-based lubricant, safe sex kits, referrals and HIV and STI prevention messages to their peers.

FHI set up a thorough and effective selection and training process for the PEs. Prior to becoming a PE, the person needed to work as a peer volunteer for at least six to 12 months. Training was provided at the beginning and the outreach team observed volunteers' activities and evaluated their performance. PEs were then selected based on their performance as a volunteer and through a voting process of a selection committee.

Once selected, the volunteers went through the PE training. Peer education training under BAP was not a one-time event but rather a continuous process. The training included basic, refresher and in-house training. The basic peer education training was intensive and comprehensive and included theory as well as observed practical sessions. Training continued through weekly in-house training and orientation and bi-monthly and annual refresher trainings which were carried out by the outreach workers and education officers in each center.

Goals

- Improve the HIV/STI knowledge, attitude and practices of MARPs and facilitate the adoption of safer behaviors.
- Reduce STI and HIV rates among MARPs.

Key accomplishments

- 69 branded Modhumita centers offered high quality STI/VCT services, peer education and a safe place to relax for seven sub-groups of MARPs. 54 were active at the end of the project.
- 2,893,477 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
- 39,226 new members to Modhumita centers.
- 23,741,035 contacts with target group members (one-to-one and group).
- 48,786,841 non-branded male condoms distributed.
- 12,195,318 lubricant sachets distributed.
- 437 peer educators trained.

Lessons learned and Recommendations

- Too many stages for the training of peer educators caused gaps in appropriate implementation in the field; training contents gets changed and watered down. Training should be streamlined.

- The experience of high quality, non-judgmental service provision created an environment that encouraged target groups to visit the center repeatedly.
- Contextualized SBC materials (photo album, referral cards, etc.) were produced under continuous consultation with the target groups to motivate the target groups to come to the centers and avail STI and VCT services.
- Experience showed that some of the SBC materials were not well accepted in the hotels where sex business takes place, which demonstrates the importance of testing and adapting SBC materials to the context where they are used. Testing should be done repeatedly as sometimes rejection of materials develops after some time.

2. Faith-based HIV prevention

Implementing agencies	MACCA
Target Population	General population

FHI partnered with Masjid Council for Community Advancement (MACCA), a local faith-based organization, to use religious networks in Bangladesh for HIV risk elimination and risk reduction, encouraging greater involvement and utilizing the influence and skills of Imams and leaders of other faiths. MACCA reached out to the general population to promote prevention of HIV, focused on abstinence, faithfulness and reduction in the number of sexual partners and HIV-related stigma and discrimination.

Goals

- Improve HIV/STI/VCT knowledge and positive attitude and practices among the general population and facilitate the adoption of safe behaviors.

Key accomplishments

- 865,430 individuals reached with behavior change interventions regarding abstinence and/or being faithful.
- 14,536,273 contacts made with the general population.
- 104 Imams chosen as area coordinators and trained on HIV prevention (three-day training).
- 2,608 Imams trained in 104 bathes on HIV prevention, care and support (one-day training) in six divisions and 44 districts of Bangladesh.
- Imams reached approximately 3.7 million people with HIV prevention messages through regular Friday sermons.
- One National Interfaith Committee formed.
- Three National Interfaith Dialogue Seminars organized in Dhaka, Chittagong and Rajshahi on HIV prevention, care and support with different stakeholders.
- Organized 15 inter-faith talk-shows on satellite TV and reached approximately five million people through these shows.
- Developed one Khutba guide (two editions), one HIV question and answer book and one training guide to build Imams' capacity in delivering HIV messages.

Lessons learned

- Imams showed great willingness to deliver HIV prevention messages and other social issues during Friday prayers and did not face major problems in doing so.
- The general public accepted and appreciated the Imams' approach.
- The Khutba Guide served as a very useful and informative tool to the Imams and Khatibs in delivering Khutbas. It should be revised to include more information on HIV-related issues

- Delivering HIV messages through religious leaders is a promising approach which should be scaled up.
- The faith-based approach in raising public awareness on HIV to the community worked well and effectively.

Care and Support

Implementing agencies	Ashar Alo Society (AAS)
Target Population	People living with HIV (PLHIV)

FHI provided care and support services to PLHIV through Ashar Alo Society (AAS). Part of the support included providing funds for their monthly “members’ day”. This meeting was a very efficient and unique platform for PLHIV to receive support through a range of activities such as health check-ups by trained physicians, routine micronutrient supplements, educational sessions including lectures and discussions on relevant issues, group discussions and presentations, and it gave them an opportunity to meet and share experiences. AAS also supported PLHIV through home visits, courtyard meetings, community sensitization meeting, positive living training, caregiver training and VCT services.

Goals

- Improve access to quality support services for PLHIV, including home visits, group meetings, and trainings on positive living and medical support.
- Reinforce the capacity of AAS to develop and manage services for PLHIV and their families.

Key accomplishments

- 652 individuals reached by program using palliative care approaches as defined by FHI.
- 13,215 contacts made with PLHIV and their family members (one-to-one and group).
- 43 patients referred to TB screening and DOTS (only in year 4).
- 16 trainings held 323 PLHIV received care-givers training (male: 142; female: 181).
- 93 (times) households served by community- and home-based care programs.
- 93 individuals reached by community- and home-based care programs.
- 4,214 counseling sessions on issues such as follow-up (1551), partner counseling (450), family counseling (580), caregiver (459), nutritional (638), and drug adherence counseling (253) and ARVs (283) were held.
- Three combined members’ day with 356 participants held.
- 652 individuals received outpatient treatment services.
- Referrals to other services for in-patient care.
 - o In-patient support: 882 times (male: 526; female: 345, children: 11)
 - o Admitted to hospital: 284 times (male: 167; female: 107; children: 10)
 - o CD4 test: 396 times (male: 249; female: 138; children: 9)
- 28 courtyard meetings conducted with 267 individuals. (male: 146; female: 121)
- 13 peer education trainings held with 271 participants. (male: 154; female: 117)
- 10 positive living trainings held with 234 participants. (male: 125; female: 109)

Lessons learned and recommendations

- Co-ordination and collaboration among different programs for care and support are missing. A comprehensive continuum of care package for PLHIV should be developed in cooperation with other donors.
- There is no care and support activity in the public health sector because of stigma and discrimination. The program should be expanded to build the capacity of the public health system to include HIV services including treatment, care and support for PLHIV.
- Professional medical care for PLHIV in the form of home visits; PMTCT and job rehabilitation are missing and should be offered in the future.

Injecting Drug Users

Overall Aim

BAP worked to reduce drug dependence and crime and to prevent the spread of HIV by strengthening existing programs by enhancing the working capacity of various agencies, increasing the number of treatment slots along with long-term rehabilitation services, and establishing referral systems.

1. Treatment Centers

Implementing agencies	Ashokti Punorbashon Nibash (APON), Dhaka Ahsania Mission (DAM), Khulna Mukti Sheba Sangstha (KMSS), Padakhep, NONGOR, Society for Community Health Rehabilitation, Education and Awareness (CREA).
Target Population	Injecting drug users (IDUs)

FHI supported six NGOs to run treatment centers and provide care and treatment to IDUs. At these centers, IDUs received: (i) drug dependence treatment and rehabilitation, (ii) confidential HIV counseling and testing and STI services, (iii) information on HIV treatment and care services and referral to partner organizations, (iv) education on drug use-related HIV transmission, and (v) HIV prevention. During the project, the duration of the drug residential treatment program was changed from 14 days to three months.

FHI also supported the Job Opportunities and Business Support (JOBS) Project. Through JOBS, clients were selected from rehabilitation centers, given basic workplace training and orientation, assessed for their readiness (physical and mental state) and relocated to private sector jobs. Other NGOs did similar work; Padakhep and Khulna Mukti Sheba Sangstha (KMSS) worked to integrate IDUs back into society by organizing advocacy meetings with civil society representatives, religious leaders, drug user caretakers and NGO representatives for social integration and job placement of recovered IDUs.

Goals

- Reduce drug-use related HIV transmission among IDUs and their sexual partners.
- Improve HIV care, support, and treatment for IDUs living with HIV and their families.

Key accomplishments

- Supported ten centers for IDUs with drug rehabilitation and support services.
- 103,108 contacts (one-to-one and group).
- 3,959 injecting drug users received detoxification services.
- 256,175 condoms distributed to IDUs.
- 2,401 IDUs received STI treatment.
- 3,635 IDUs received counseling and testing for HIV.
- 24 IDUs tested HIV-positive.
- 272 trained in JOBS program.
- 273 provided with a job placement (JOBS: 206; others: 67).

Lessons learned and recommendations

- Relapse of drug users was high despite changing the duration of detoxification and rehabilitation. The program needs to be a client-based rehabilitation program with regard to length, kinds of support (such as full-time rehabilitation, daycare center or community rehabilitation and substitution treatment). A comprehensive range of services needs to be available and all services must be voluntary.
- Social reintegration is a vital part in keeping clients from using drugs after treatment. Linkages should be made with the Ministry of Youth and Women's Affairs for vocational training of ex-drug users and micro-credit organizations (e.g., Grameen Bank) for providing loans to ex-drug users (e.g. to start small businesses).
- HIV prevalence is still low in Bangladesh and programs should continue to focus on reducing drug injecting and encouraging safe sex among injectors and their partners but the program should also promote the use of sterile equipment when injecting occurs and either linking clients to needle and syringe programs or providing them in the centers.

2. Tripartite Project

Implementing agencies	South-South Center (SSC), International Organization for Migration (IOM)
Target Population	Injecting drug users

From 2006, FHI worked in collaboration with Ministry of Home Affairs, South-South Center (SSC), and the International Organization for Migration (IOM) to implement the "Police, Prisons, Narcotics Control and Community Service: A Tripartite Project to reduce crime, drug addiction and to prevent the spread of HIV in Dhaka City". The program activities included: (i) training of police, Department of Narcotics Control (DNC) and prison personnel on the relationships of drug use and spread of HIV and how law enforcement personnel can help keep the HIV epidemic under control by bringing IDUs to treatment and rehabilitation services, (ii) strengthening and expanding detoxification facilities at the central jail and in the public, private and NGO sectors, (iii) establishing links between community outreach programs and rehabilitation programs, (iv) building drug detoxification and rehabilitation networks and (v) program advocacy.

Goals

- Reduce spread of HIV, drug addiction and crime.
- Improve the attitude of law enforcement agencies towards IDUs.

Key accomplishments

- Five police stations out of 33 in Dhaka were reached with the program.
- 1,832 personnel of law enforcement agencies trained on HIV prevention by IOM and SSC as follows:
- IOM conducted trainings: 1,715
 - o 103 ToTs for the master trainers for police, prison and Ansar personnel [Police: Dhaka: 27, Rajshahi: 30, Sarda Police Academy; Prison: Dhaka: 21, Ansar/VDP: Gazipur: 25]
 - o 20 ToT refreshers for prison personnel
 - o 758 police personnel (five out of 33 police stations in Dhaka covered)
 - o 257 police personnel in Sarda Police Academy, Rajshahi
 - o 393 prison personnel trained
 - o 184 Ansar/VDP personnel trained
- SSC conducted trainings: 117
 - o TOT provided to prison and DNC personnel: 34
 - o 83 DNC officials trained
- 246 advocacy meetings held (contacts) to create an enabling environment. On-site meetings: 102; CFC: 32 (SSC-9: IOM: 23); social mobilization meetings: 98; Steering Committee meetings: 12; stakeholder meetings: 2)
- 1,173 IDUs referred for assessment.
- 645 IDUs admitted for treatment.

Lessons learned and recommendations

- Bi-monthly meetings of the Community Facilitation Committee (CFC), in which representatives from FHI, IAs, police, prison, Ministry of Home Affairs (MoHA), Department of Narcotics Control (DNC) and National AIDS/STD Programme (NASP) meet, received positive feedback from the social elites.
- After implementation of the Tripartite Project, “petty crimes” in the communities decreased as well as admissions of IDUs to rehabilitation centers. The Tripartite Project should be refined and scaled up to other police stations in Dhaka and to other cities.
- Police are among those people of mainstream society who are in touch with IDUs and can act as ideal “outreach workers” for reaching out to them. A positive relationship of police with guardians of IDUs helps in reaching IDUs with interventions. Relationships with all police stations in the intervention areas and IDU hotspots should be established.

Voluntary Counseling and Testing

Implementing agencies	All IAs and partners
Target Population	All target groups and the general population

FHI supported VCT services at 75 centers for most-at-risk populations, including centers for clients of sex workers and TB patients.

Over the period of BAP FHI facilitated the introduction of a serial rapid HIV testing algorithm at all VCT sites, which was approved and country validated by WHO/CDC (World Health Organization, Centers for Disease Control and Prevention). In order to ensure the quality of this testing and to document the efficacy of the testing algorithm, FHI supported an External Quality Assurance System (EQAS) for rapid HIV testing. FHI conducted External Quality Assurance (EQA) on 113,651 samples. The EQA reports

indicated that FHI-supported sites offered a very high standard of HIV testing. The model of testing is now being adopted by a number of other agencies and partners in Bangladesh.

In collaboration with the GoB, FHI and its partner NGOs participated in the development and finalization of the National Guidelines for HIV Testing and Counseling.

Goal

- Reduce the transmission of HIV among MARPs, their sexual partners and the general population.

Key accomplishments

- 75 VCT centers established over the life of the project.
- 34,224 individuals received counseling and testing for HIV.
- 201 individuals tested HIV-positive.
- Developed National Guidelines for HIV Testing and Counseling.

Lessons learned and recommendations

- Offering high-quality VCT services to certain target groups under BAP was a great achievement for Bangladesh. High-quality VCT services should continue and expand to reach more people.
- FHI data from IDUs do not reflect the epidemic hotspots of HIV that are seen in national data. The program should establish VCT in IDU hotspots through mobile VCT or at drop-in centers that are providing needles and syringes.
- As HIV prevalence is low in Bangladesh, people are not motivated to be tested especially because if they test HIV-positive, care and support services are minimal. The program needs to find innovative ways to encourage MARPs to be tested.

Sexually Transmitted Infections

Implementing agencies	All IAs, FHI
Target Population	All target groups and the general population

FHI supported STI services at 60 centers where clients underwent syndromic diagnosis and treatment. This service was well appreciated by the clients at the centers. STIs can facilitate the transmission of HIV and the control of STIs is recognized as a critical and effective means of mitigating HIV transmission, especially in the early stages of an HIV epidemic such as is currently present in Bangladesh. In the last BSS (2006-2007), the percentage of STI symptoms in the last year was still high among MARPs, though lower than the previous BSS. Therefore, FHI was looking at how to improve and increase STI services, especially to clients of sex workers. Often, the demand for STI services was higher at the IHCs than what is currently being offered.

Goal

- Reduce STI infection and ensure early treatment of STIs among MARPs and their sexual partners.

Key accomplishments

- 60 Modhumita centers provided STI treatment for MARPs.
- 71,385 individuals diagnosed and treated at STI clinic.

- Developed three manuals for targeted STI services: Minimum Standards, Clinical Guidelines, and Toolkit.
- Study completed: “The Effectiveness and Costs of Two Methods for the Systematic Prevention and Control of STIs Among Female Sex Workers in Dhaka, Bangladesh” (FHI, 2007)

Lessons learned

- Developing and defining minimum standards for STI services was a new initiative during BAP. Developing tools and training staff on their use were successful in improving the quality of STI services at the centers. These tools should be incorporated into the national program.
- The impact of syndromic management of STIs should be evaluated after four years of services in order to see whether there is an actual reduction of STIs among the target population and what other effects it may have brought.
- Outsourcing the health service provision to another organization was not felt to support the functioning of the centers efficiently. High staff turnover and friction with the partner organization were common problems. If possible, medical practitioners should be employed by the implementing agencies and the STI drugs should be provided directly by the national government.
- Periodic presumptive treatment of STIs among female sex workers is a cost-effective and efficient tool in rapidly reducing prevalence of STIs in a high STI prevalence setting.

TB/HIV

Implementing agencies	BRAC, Damien Foundation, National Institute of Diseases at the Chest Hospital
Target Population	All of FHI’s target groups, TB patients

FHI supported the national response in addressing TB and HIV co-infection. During year four of the project, FHI worked on establishing nine VCT centers at BRAC and Damien Foundation facilities as well as one VCT center at the National Institute of Diseases and Chest Hospital.

FHI built the capacity of staff at the implementing agencies through training and orientation on TB and TB-HIV co-infection. Project staff at the centers were able to identify suspected TB cases and refer them to government hospitals and NGO clinics for diagnosis and treatment.

In collaboration with the GoB, FHI and its partner NGO participated in the development and finalization of the National Guidelines for TB/HIV.

Goals

- Strengthen the continuum of care by enhancing referral mechanisms and linkages with the government, NGOs and other agencies.
- Decrease the burden of TB in PLHIV.
- Decrease the burden of HIV in TB patients.

Key accomplishments

- 10 VCT centers set up for addressing TB/HIV co-infection.
- 1,220 TB patients provided with VCT services.

- 1,339 individuals provided with TB diagnosis.
- Staff from 21 IAs received orientation on TB and TB-HIV co-infection.
- Development and finalization of the National Guidelines for TB/HIV.

Lessons learned

- FHI helped to build the National Coordination Committee for TB/HIV Collaborative Activities between the National AIDS/STD Programme (NASP) and the National TB Control Programme (NTP). Cooperation between government partners was not easy but frequent, open discussion helped to overcome hurdles.
- An important issue is to ensure linkage of high-risk patients with medical services and provide acceptable services for these target groups.
- The approach of training staff at the IHCs to collect sputum for TB testing of clients who are at risk of TB infection needs to be revisited.
- The different aspects of TB infection control in the VCT/IHCs could not be addressed in a satisfactory manner and should be improved.
- Isoniazid preventive therapy (IPT), recommended by WHO to protect HIV-positive people of dying from TB, could not yet be initiated due to restricting government regulations.
- More attention should be given to the coordinated management of multi-drug resistant tuberculosis (MDR-TB).

Behavioral Surveillance/Other studies

Implementing agencies	FHI, RTMI
Target Population	MARPs and general population

FHI Bangladesh supported the country in improving its scope, quality, and appropriateness of surveillance systems for HIV in general, and behavioral surveillance in particular, in order to strengthen the generation of strategic information. Under BAP, FHI carried out the 6th round of the Behavioral Surveillance Survey 2006-07. Several other surveys were also conducted.

Goals

- Assess trends in behavior, produce integrated analyses of behaviors, and model the outcome and impact of interventions.
- Ensure widespread awareness of the current situation by informing policy-makers, donor organizations, implementing agencies and MARPs.
- Ensure appropriate planning and use of resources in future policy, strategies, and programs.

Key accomplishments

- 6th rounds of BSS 2006-07 completed.
- Completed the study “Assessment of Sexual Behavior of Men in Bangladesh: A Methodological Experiment” (FHI, 2006).
- Completed the study “The Effectiveness and Costs of Two Methods for the Systematic Prevention and Control of STIs among Female Sex Workers in Dhaka, Bangladesh” (FHI, 2007).
- Conducted Modhumita Mid-term Evaluation (2005).
- Conducted a Pilot evaluation of the Modhumita Campaign (2008).
- Conducted a small study on relapse rate of IDUs and prevention of the same.

- Conducted Tripartite Project evaluation study (August 2009).

Lessons learned and recommendations

- The approval from the government of round 6 of the BSS took a long time and, by the time the data were released, it was outdated. Efforts should be made by the government to approve important documents quickly.

Capacity building

Implementing agencies	FHI, RTMI
Target Population	All IAs, GoB

BAP worked with implementing agencies (IAs) of varying size and institutional capacity spread throughout Bangladesh in both urban and rural areas. Most organizations in Bangladesh lacked the capacity to implement prevention and care programs. Therefore, FHI supported the capacity-building of human resources in collaboration with RTMI, who designed a training system that ensured high quality, gender-sensitive services. Volunteers from the UK-based volunteer organization Voluntary Service Overseas (VSO) further supported building the skills of staff and peer educators.

Goals

- Support IAs in effectively carrying out HIV programs and deliver quality goods and services.
- Ensure institutional viability of IAs through stable leadership, systems and procedures, and sufficient human, financial, and material resources.
- Strengthen organization's ability and establish linkages with other partners who work in the HIV sector.

Key accomplishments

- FHI in partnership with RTMI completed an organizational capacity assessment and SWOT analysis for 23 IAs.
- 115 participants trained by RTMI (MIS, organizational capacity building).
- RTMI conducted extensive 'On-site Coaching and Mentoring' initiative covering 13 IAs with distance support program (e-mail, web and voice call-based) for continuing organizational development.
- FHI trained the healthcare providers:
 - o 100 participants trained on "Minimum Standards for STI Services" in five trainings.
 - o 162 participants trained on STI management.
 - o 261 counselors trained on VCT and STI counseling.
 - o 53 laboratory technicians trained.
 - o 63 participants trained in trainings of trainers (TOT).
 - o 351 participants trained on M&E.
 - o 256 participants received financial orientations.
 - o 437 Peer Educators trained
 - o 400 participants received drug-related trainings
 - o 44 participants trained (A²: 20, AEM: 24)
 - o 59 participants trained for BSS-6
 - o 62 participants trained for QA/QI
 - o 24 participants for HIV treatment and care

- 56 participants trained on demand generation campaign

Lessons learned and recommendations

- The project made great strides in building the technical and organizational capacity of local NGOs. This approach was appreciated by all organizations and provides sustainability to the program. Continued capacity building of organizations and the government should be continued.
- It is important to regularly review and follow up all capacity building assistance with IAs. This is also a way to retain skilled and trained professionals within organizations for as long as possible.
- Time and budget constraints can hamper training activities and should be available and planned appropriately before starting the program.
- Planning the project in a participatory way with the IA and consistent collaboration facilitate local support for and ownership of the project interventions.

Collaboration with national, regional, and local partners

Implementing agencies	FHI
Target Population	Government agencies, donors, NGOs, CBOs, FBOs

BAP worked to achieve coverage, scale, and sustainability by collaborating with and strengthening existing agencies working in the field of HIV prevention. For this, FHI worked with policy-makers, planners, program managers and law enforcement personnel to minimize the HIV epidemic in Bangladesh.

Goals

- Create an enabling environment that facilitates the successful and continuous implementation of HIV prevention, care, and treatment programs in Bangladesh.
- Increase the use of strategic information to allocate funding for programs that effectively respond to the epidemic in Bangladesh.

Key accomplishments

- FHI completed national guidelines on ART, VCT and rapid HIV testing protocols, and a draft on IDU detoxification and treatment.
- Conducted eight workshops on advocacy and data modeling and scenarios, using national surveillance data (SSC).
- Conducted four workshops/seminars on advocacy and training with the police, the Department of Narcotics Control and journalists (SSC).
- Conducted three national advocacy workshops at each of the six divisional levels (SSC).
- 393 prison personnel trained (IOM).
- 1,015 police personnel trained (IOM).
- 184 Ansar personnel trained (IOM).
- 117 staff of the Department of Narcotics Control (DNC) trained (SSC).
- 20 prison personnel received refresher TOT (training of trainers) (IOM).
- 103 ToTs for the Master Trainers for Police, Prison and Ansar personnel

Lessons learned

- Information for and involvement of other stakeholders (hotel managers, hotel boys, local community and police) added local support to the FHI-supported

centers (tolerance, undisturbed service provision, referrals) and improved the utilization of their services by the target groups.

HIGHLIGHTS OF PARTNERS

Social Marketing Company (SMC)

Geographic focus: Countrywide

Target population: Clients of sex workers

Length of support: December 2005 – September 2009

Level of support: US\$1,327,439

Goal

To reduce the risk of HIV and STI transmission among the general population and clients of sex workers.

Accomplishments

- 284,519 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
- 360,075 contacts (one-to-one and group).
- 2,185,754 non-branded condoms distributed.
- 11,715 individuals received pre-test counseling for HIV.
- 11,715 individuals tested for HIV.
- 11,715 individuals received their results and post-test counseling.
- 18 individuals tested HIV positive.
- 8,400 individuals diagnosed and treated for STIs.
- 24,849 people from different segments of society received telephone counseling services on HIV, STIs, psychosexual issues and reproductive health issues.
- 41,170 youth and adolescents (out of school) reached.
- 20,613 participants attended CSMs (Community Support Meetings).

Masjid Council for Community Advancement (MACCA)

Geographic focus: Countrywide

Target population: General population

Length of support: December 2005 – September 2009

Level of support: US\$320,467

Goal

To promote prevention of HIV and reduce HIV-related stigma and discrimination among the general population by utilizing the influence and skills of Imams and other leaders of faith-based communities.

Accomplishments

- 865,430 individuals reached with behavior change interventions regarding abstinence and/or being faithful (AB approach).
- 14,536,273 contacts to the general population.
- 104 area coordinators trained on HIV prevention (three-day training) using the AB approach.
- 2,608 Imams trained on HIV prevention, care and support (one-day training) in six divisions and 44 districts of Bangladesh, using the AB approach.

- National Interfaith Committee formed.
- Three National Interfaith Dialogue Seminars held in Dhaka, Chittagong and Rajshahi on HIV prevention, care and support with different stakeholders such as the leaders of different faith and development agencies.
- Initiated an inter-faith dialog on HIV prevention in the media and produced 15 inter-faith talk-shows for satellite TV.
- Developed materials to build human capacity: Imam Training Manual, Khutba Guide (for Friday Sermons 1st and 2nd editions), HIV-related question and answer book and souvenir and Guideline for National Seminar Dialogue.
- Organized three strategic planning and message development workshops with different faith-based leaders in Dhaka, Chittagong and Rajshahi.
- Coordinated activities on World AIDS Day which was observed by all IAs.

Research, Training and Management International (RTMI)

Geographic focus: Countrywide

Target population: Implementing agencies

Length of support: January 2006 – June 2009

Level of support: US\$449,232

Goal

To strengthen and expand the performance and capacity of non-governmental organizations to deliver high quality, gender-sensitive HIV prevention and care services.

Accomplishments

First and second year:

- Conducted organizational capacity assessment and SWOT analysis of 23 IAs using the Condensed Organizational Capacity Assessment Tool (COCAT), which was jointly developed by FHI and RTMI.
- Categorized 23 IAs according their organizational capacity and developed corresponding training curricula and materials.
- Provided 23 IAs with generic trainings in Program Management, Leadership & Team Building and Financial Management.
- Follow-up 'On-Site Coaching and Mentoring' for 23 IAs.
- Conducted 6th National Behavior Surveillance Survey (BSS) 2006-07 under the guidance of FHI

Third year:

- Provided technical assistance (organizational developments) to 13 IAs, which had proactively communicated their interest to RTMI.
- Provided 'On-Site coaching and mentoring' for 37 IA staff focusing on program management.
- Provided training/orientation to 41 IAs on leadership and team building.
- Provided training to 44 staff of IAs on financial management.
- Provided training to eight IAs on developing a financial management manual.
- Provided training to six IAs on developing a human resource management manual and on leadership training.
- Assisted four IAs in developing a gender policy manual.
- Assisted three IAs in developing a participatory strategic planning workshop and designing and implementing policies, procedures and project work plans.
- Developed different manuals and templates:
 - o Generic Human Resource Manual and Template
 - o Generic Financial Manual and Template

- Generic Gender Policy template
- Generic template on HIV workplace policy for IAs

Fourth year:

- Conducted training for 15 IAs on analytical report writing, strengthening of organizational MIS, proposal writing, development of a generic template on HIV workplace policy, organization of a workshop, and data audit for improvements.
- Conducted a workshop on Management Information Systems (MIS) with 12 participants from six IAs

IMPLEMENTING PARTNER ACTIVITIES

Ashar Alo Society (AAS):

Geographic focus: Dhaka, Chittagong, Sylhet. Three Liaison offices (now closed: Rajshahi, Benapole (Jessore), Khulna)

Target population: People living with HIV

Length of support: December 2005 – September 2009

Level of support: US\$349,908

Goal

To support people living with HIV as well as their family members to improve their quality of life, support HIV prevention efforts and reduce stigma and discrimination.

Accomplishments

- 652 individuals reached by program using palliative care approaches as defined by FHI.
- 13,215 contacts (one-to-one and group)
- 53,520 condoms distributed.
- 429 individuals received pre-test counseling.
- 429 individuals tested for HIV.
- 429 individuals received their results and post-test counseling.
- 97 individuals tested HIV-positive.
- 43 patients referred to TB screening and DOTS (Only year 4).
- 323 PLHIV received care-givers training (male: 142; female: 181).
- 4,214 counseling sessions on issues such as follow-up (1'551), partner counseling (450), family counseling (580), caregiver (459), nutritional (638), and drug adherence counseling (253) and ARVs (283).
- 93 (times) households served by community- and home-based care programs.
- 93 individuals reached by community and home based care programs.
- 3 combined members' day held with 356 participants.
- 652 individuals received outpatient treatment services.
- Referrals to other services for in-patient-care.
 - o In-patient support: 882 (male: 526; female: 345; children: 11).
 - o Admitted to hospital: 284 (male: 167; female: 107; children: 10).
 - o CD4 tests: 396 (male: 249; female: 138; children: 9).
- 267 individuals participated in courtyard meetings (28 meetings) (male: 146; female: 121).
- 271 PLHIV trained on providing peer support (male: 154; female: 117).
- 234 individuals trained on positive living (male: 125; female: 109).

Ashokti Punorbashon Nibash (APON)

Geographic focus: Dhaka

Target population: Female injecting and non-injection drug users (I/DUs)

Length of support: December 2005 – September 2009

Level of support: US\$222,702

Goal

To prevent the spread of HIV and STIs among marginalized female I/DUs by providing comprehensive, quality treatment of drug addiction and STIs in greater Dhaka city.

Accomplishments

- 124 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
- 8,867 contacts (one-to-one and group).
- 34,054 condoms distributed.
- 351 individuals received pre-test counseling.
- 351 individuals tested for HIV.
- 308 individuals received their results and 322 post-test counseling.
- 1 individual tested HIV-positive.
- 351 individuals diagnosed and treated for STIs.
- 163 IDUs received detoxification services.
- 4,072 IDUs accessed at day-care center.
- 49 IDUs received vocational training.

Association of Voluntary Action for Society (AVAS)

Geographic focus: Barisal City

Target population: Hotel-based sex workers and their clients

Length of support: November 2005 – July 2009

Level of support: US\$106,700

Goal

To reduce the risk of STI and HIV transmission among hotel-based female sex workers and their clients in the Barisal city area.

Accomplishments

- 1,901 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 335 female sex workers
 - o 1,566 clients of sex workers
- 129,000 contacts (one-to-one and group).
 - o 40,220 female sex workers
 - o 88,780 clients of sex workers
- 519,254 condoms distributed.
 - o 416,962 female sex workers
 - o 102,292 clients of sex workers
- 290 individuals received pre-test counseling.
- 288 individuals tested for HIV.
- 288 individuals received their results and post-test counseling.
- No individuals tested HIV-positive.
- 1,757 individuals diagnosed and treated for STIs.

Badhan

Geographic focus: Dhaka

Target population: Transgenders (*Hijras*)

Length of support: June 2006 – September 2009

Level of support: US\$177,042

Goal

To reduce the risk of STI and HIV transmission among transgender sex workers and their clients in Dhaka Metropolitan area.

Accomplishments

- 6,648 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 1,158 transgender sex workers
 - o 5,489 clients of transgenders
- 165,671 contacts (one-to-one and group).
 - o 86,141 transgender sex workers
 - o 79,530 clients of transgenders
- 1,397,336 condoms distributed.
 - o 1,289,161 transgender sex workers
 - o 108,175 clients of transgenders
- 683 individuals receiving pre-test counseling.
- 683 individuals tested for HIV.
- 676 individuals received their results and post-test counseling.
- 6 individuals tested HIV-positive.
- 3,468 individuals screened and treated for STIs.

Bandhu Social Welfare Society (BSWS)

Geographic focus: Dhaka, Chittagong, Sylhet, Mymensingh

Target population: Male sex workers and their clients

Length of support: November 2005 – September 2009

Level of support: US\$654,607

Goal

To reduce the risk of STI and HIV transmission among male sex workers and their clients in the cities of Dhaka, Chittagong, Mymensingh and Sylhet and enable them to achieve sustainable behavior change, attain a high degree of self-reliance and manage their lives with dignity and freedom.

Accomplishments

- 12,402 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 3,819 male sex workers
 - o 8,583 clients of male sex workers
- 367,536 contacts (one-to-one and group).
 - o 198,138 male sex workers
 - o 169,398 clients of male sex workers
- 5,303,624 condoms distributed.
 - o 3,740,017 male sex workers
 - o 1,563,607 clients of male sex workers
- 3,192 individuals received pre-test counseling.
- 3,187 individuals tested for HIV.
- 3,060 individuals received their results and post-test counseling.
- Two individuals tested HIV-positive.
- 8,957 individuals diagnosed and treated at STI clinic.
- Two SBC booklets produced promoting condom use among MSM and their partners and transgender sex workers.

Bangladesh Women's Health Coalition (BWHC)

Geographic focus: Dhaka city

Target population: Hotel-based sex workers

Length of support: November 2005 – September 2009

Level of support: US\$399,575

Goal

To reduce the STI and HIV transmission risk among hotel-based sex workers and their clients in the hotels within Dhaka city.

Accomplishments

- 34,109 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 1,623 female sex workers
 - o 32,485 clients of sex workers
- 835,789 contacts (one-to-one and group).
 - o 431,353 female sex workers
 - o 404,436 clients of sex workers
- 10,681,570 condoms distributed.
 - o 91,37,773 female sex workers
 - o 1,543,797 clients of sex workers
- 2,579 individuals received pre-test counseling.
- 2,579 individuals tested for HIV.
- 2,579 individuals received their results and post-test counseling.
- Five individuals tested HIV-positive.
- 10,653 individuals diagnosed and treated for STIs.

Bangladesh Rural Advancement Committee (BRAC)

Geographic focus: Dhaka, Chittagong

Target population: TB patients

Length of support: January 2009 – September 2009

Level of support: US\$53,127

Goal

Reduce TB/HIV associated morbidity and mortality of TB patients by providing voluntary HIV counseling and testing.

Accomplishments

- Established HIV counseling and testing centers in six TB centers.
- 694 individuals received pre-test counseling.
 - o 334 women
 - o 360 men
- 694 individuals tested for HIV
 - o 334 women
 - o 360 men
- 694 individuals received their results and post-test counseling.
 - o 334 women
 - o 360 men
- 801 of individuals received TB screening.
 - o 388 women
 - o 413 men

Community Association for Integrated Development Service (CAIDS)

Geographic focus: Greater Mymensingh

Target population: (Injection) drug users

Length of support: July 2006 – December 2006

Level of support: US\$13,553

Goal

Short-term detoxification, long-term rehabilitation and referral services for marginalized male (I)DUs.

Accomplishments

- 33 clients assessed
- 24 clients referred for detoxification 24 (14 days)
- 93 clients provided drug counseling
- 16 clients referred for STI services
- 73 one-to-one advocacy meetings
- 350 people reached through advocacy meetings
- Three steering committee meetings organized

Society for Community-Health Rehabilitation Education and Awareness (CREA)

Geographic focus: Greater Dhaka

Target population: (Injection) drug users

Length of support: December 2005 – September 2009

Level of support: \$USD656,578

Goal

To prevent the spread of HIV and STIs among male and female (I)DUs by providing comprehensive treatment of STIs and drug dependence followed by psycho-social rehabilitation in Greater Dhaka City.

Accomplishments

- 653 of individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 414 men
 - o 82 women
 - o 157 from Tripartite Project
- 30,043 of contacts (one-to-one and group).
 - o 16,791 men
 - o 3,063 women
 - o 10,189 from Tripartite Project
- 112,492 of condoms distributed.
 - o 75,352 men
 - o 3,937 women
 - o 33,203 from Tripartite Project
- 1,221 individuals received pre-test counseling.
 - o 662 men
 - o 201 women
 - o 358 from Tripartite Project

- 1,153 individuals tested for HIV.
 - o 617 men
 - o 190 women
 - o 346 from Tripartite Project
- 1,141 individuals received their results and post-test counseling.
 - o 606 men
 - o 189 women
 - o 346 from Tripartite Project
- 10 individuals tested HIV-positive.
- 728 individuals diagnosed and treated for STIs.
 - o 303 men
 - o 183 women
 - o 242 from Tripartite Project
- 1,625 IDUs received detoxification services (male: 904, female: 361, Tripartite Project: 360)
- 5,205 IDUs accessed at daycare center (male: 4,726, female: 464, Tripartite Project: 15)
- 3,967 IDUs received vocational training (male: 1,945 female: 2,022)
- Five individuals provided with a job placement with the help of partners (APEX, a private company).

Damien Foundation

Geographic focus: Mymensingh, Netrokon and Tangail

Target population: TB patients

Length of support: January 2009 – September 2009

Level of support: US\$20,504

Goal

Reduce TB/HIV associated morbidity and mortality among TB patients by providing voluntary HIV counseling and testing.

Accomplishments

- Established three HIV counseling and testing centers at three TB hospitals.
- 515 individuals received pre-test counseling.
 - o 135 women
 - o 380 men
- 515 individuals tested for HIV.
 - o 135 women
 - o 380 men
- 515 individuals received their results and post-test counseling.
 - o 135 women
 - o 380 men
- One individual tested HIV-positive (male).

Dhaka Ahsania Mission (DAM)

Geographic focus: Dhaka City, Mymensingh (Municipality).

Target population: (Injecting) drug users

Length of support: December 2005 – September 2009

Level of support: \$USD479,760

Goal

To prevent the spread of HIV and STIs among marginalized male (I)DUs by providing comprehensive, quality treatment of drug addiction and STIs in Greater Dhaka City and Mymensingh.

Accomplishments

- 442 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
- 5,948 contacts (one-to-one and group).
- 40,455 condoms distributed.
- 1,201 individuals received pre-test counseling.
- 1,153 individuals tested for HIV.
- 589 individuals received their results and 602 post-test counseling.
- Nine individuals tested HIV-positive.
- 499 individuals diagnosed and treated for STI.
- 952 IDUs received detoxification services
- 8,999 IDUs accessed daycare center
- 4,564 IDUs received vocational training
- 15 individuals provided with a job placement with the help of partners (local employers and a local vocational training institute).

DRISTI

Geographic focus: Comilla City

Target population: Female sex workers

Length of support: November 2005 - September 2009

Level of support: \$USD195,823

Goal

Reduce vulnerability and risk of HIV/STIs among street-based and hotel-based sex workers and their clients in Comilla city.

Accomplishments

- 8,893 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 750 female sex workers (HBSWs: 434; SBSWs: 316).
 - o 8,143 clients of sex workers (HBSWs: 4,496; SBSWs: 3,647).
- 247,478 contacts (one-to-one and group).
 - o 115,991 female sex workers (HBSWs: 63,698; SBSWs: 52,293).
 - o 131,487 clients of sex workers (HBSWs: 86,481; SBSWs: 45,006).
- 3,285,594 condoms distributed.
 - o 2,395,984 female sex workers (HBSWs: 1,205,814; SBSWs: 1,190,170).
 - o 889,610 clients of sex workers (HBSWs: 509,488; SBSWs: 380,122).
- 2,296 individuals received pre-test counseling. (HBSWs: 1,154; SBSWs: 1,142).
- 2,296 individuals tested for HIV (HBSWs: 1,154; SBSWs: 1,142).
- 2,296 individuals received their results and post-test counseling (HBSWs: 1,154; SBSWs: 1,142).
- One individual tested HIV-positive.
- 2,292 individuals diagnosed and treated for STIs (HBSWs: 1,251; SBSWs: 1,041).

Health and Education for Less-privileged People (HELP)

Geographic focus: Chittagong and Cox's Bazaar

Target population: Hotel-based sex workers

Length of support: November 2005 – July 2008

Level of support: \$USD84,876

Goal

To reduce the spread of HIV/STIs among hotel-based sex workers and their clients in Chittagong City and Cox's Bazaar.

Accomplishments

- 1,336 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 489 female sex workers
 - o 847 clients of sex workers
- 26,509 contacts (one-to-one and group).
 - o 18,901 female sex workers
 - o 7,608 clients of sex workers
- 764,145 condoms distributed.
 - o 629,543 female sex workers
 - o 134,602 clients of sex workers
- 254 individuals received pre-test counseling.
- 252 individuals tested for HIV.
- 244 individuals received their results and post-test counseling.
- No individuals tested HIV-positive.
- 650 individuals diagnosed and treated for STIs.

Health Solution International (HSI)

Geographic focus: Chittagong

Target population: Clients of sex workers

Length of support: November 2005 – October 2007

Level of support: US\$46,424

Goal

To reduce the spread of HIV and other STIs among hotel-based sex workers and their clients in Chittagong City and Cox's Bazaar.

Accomplishments

- 12,440 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
- 54,238 contacts (one-to-one and group).
- 500,866 condoms distributed.

International Organization for Migration (IOM)

Geographic focus: Dhaka

Target population: Law enforcement agencies and civil society

Length of support: June 2006 – September 2009

Level of support: US\$162,259

Goal

Build the capacity of law enforcement agencies to understand the extent of the drug dependence issues, strengthen referral systems for drug dependence treatment, and deliver HIV awareness and prevention messages to the community they serve to support the reduction of drug dependency and prevent HIV under the “Police, Prisons, Narcotics Control and Community Service: A Tripartite Project to reduce crime, drug addiction and to prevent the spread of HIV in Dhaka City” since 2006. IOM was working with Bangladesh Police (Police), Bangladesh Rifles (BDR), Bangladesh Ansar and the Prisons Directorate.

Accomplishments

- Developed and printed a training manual for the members of law enforcement agencies (LEAs) on awareness building and prevention of HIV infection (250 copies distributed).
- Developed two short films for awareness rising of prisoners.
- Developed two posters for police and prison (200 copies).
- Developed flip-charts for awareness rising (900 copies).
- Developed training participant booklets (10,000 copies).
- Trained members of law enforcement agencies:
 - o 103 master trainers trained for police, prison and Ansar personnel
 - Police: Dhaka 27, Rajshahi 30
 - Prison: Dhaka 21
 - Ansar/VDP: Gazipur: 25
 - o 20 prison personnel (refresher training)
 - o 758 police personnel (five out of 33 police stations in Dhaka City covered)
 - o 257 police personnel in Sarda Police Academy, Rajshahi
 - o 393 prison personnel trained
 - o 184 Ansar/VDP personnel trained
- Formed five Community Facilitation Committees.
- Disseminated project outcomes and lessons learned to policy planners and other relevant stakeholders.

International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B): Centre for Health and Population Research (JAGORI)

Geographic focus: Dhaka

Target population: General Population

Length of support: November 2005 – June 2006

Level of support: US\$44,145

Goal

The overall goal of this project was to reduce HIV transmission by maintaining high quality and sustainable VCT services for the people in Bangladesh and to develop the capacity of health professionals engaged in VCT services, including professionals from FHI supported implementing agencies (IAs).

Accomplishments

Accomplishments

- 726 individuals received pre-test counseling for HIV.
- 635 individuals received post-test counseling for HIV.

- 721 individuals tested for HIV.
- 34 individuals tested HIV-positive (male: 21, female: 13).
- 758 individuals screened for syphilis.
- 3,510 condoms distributed.

Job and Opportunity Business Support (JOBS) Bangladesh

Geographic focus: Dhaka

Target population: Injecting drug users

Length of support: October 2007 – April 2009

Level of support: US\$388,162

Goal

The ultimate goal of the project is to prevent spread of HIV and STIs by reducing the chance of relapse by recovering drug dependent individuals through creating livelihood options for rehabilitated male and female IDUs at BBRL, APEX, Fibretech and garment industries.

Accomplishments

- 312 one-to-one interviews (APON, DAM, CREA).
- 272 IDUs trained in workplace discipline and congenial environment (WDCE) module.
- 206 job placements (dropped out: 61, working: 145).

Khulna Mukti Sheba Sangstha (KMSS)

Geographic focus: Khulna

Target population: (I)DUs

Length of support: January 2006 - September 2009

Level of support: US\$127,183

Goal

To prevent the spread of HIV among marginalized male (I)DUs by providing comprehensive drug dependence treatment in Khulna City.

Accomplishments

- 287 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
- 26,187 contacts (one-to-one and group).
- 12,373 condoms distributed.
- 349 individuals received pre-test counseling.
- 349 individuals tested for HIV.
- 349 individuals received their results and post-test counseling.
- One individual tested HIV-positive.
- 10 individuals provided with a job placement with the help of partners.

Let There Be Light (LTBL)

Geographic focus: Dhaka

Target population: Male sex workers and their clients

Length of support: February 2006 – June 2009

Level of support: US\$123,973

Goal

To reduce the risk of STI and HIV transmission among MSM, with a special focus on male sex workers and their clients.

Accomplishments

- 3,793 of individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 1,065 male sex workers
 - o 2,728 clients of male sex workers
- 138,270 of contacts (one-to-one and group).
 - o 73,346 male sex workers
 - o 64,924 clients of male sex workers.
- 1,020,980 Condoms distributed.
 - o 705,953 male sex workers
 - o 315,027 clients of male sex workers.
- 1,913 individuals diagnosed and treated at STI clinic
- 817 individuals received pre-test counseling.
- 817 individuals tested for HIV.
- 814 individuals received their results and 817 post-test counseling.
- Two individuals tested HIV-positive.

Light House

Geographic focus: Rajshahi, Bogra, Santahar, Naogaon and Natore, Iswardi (Pabna)

Target population: Hotel-based, street-based sex workers, MSWs, *Hijras*

Length of support: November 2005 – September 2009

Level of support: US\$ 484,138

Goal

To reduce the risk of STI and HIV transmission among street-based and hotel-based female sex workers, *hijras*, male sex workers and clients of sex workers in Bogra, Santahar, Naogaon, Rajshahi, Natore and Iswardi Town.

Accomplishments

- 19,241 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 671 street-based female sex workers
 - o 211 hotel-based female sex workers
 - o 1,898 male sex workers
 - o 173 transgenders
 - o 16,288 clients of male sex workers (SBSWs: 4,459, HBSWs: 1,506, MSWs: 8,531, transgenders: 1,792)
- 723,774 contacts (one-to-one and group).
 - o 90,071 street-based female sex workers
 - o 32,929 hotel-based female sex workers
 - o 284,399 male sex workers
 - o 36,118 transgenders
 - o 280,257 clients of male sex workers
- 4,022,689 condoms distributed.
 - o 755,253 street-based female sex workers
 - o 359,835 hotel-based female sex workers
 - o 1,479,420 male sex workers
 - o 210,961 transgenders

- 1,217,220 clients of male sex workers
- 2,069 individuals received pre-test counseling for HIV.
 - 387 street-based female sex workers
 - 1670 male sex workers
 - 12 transgenders
- 2,069 individuals tested for HIV.
 - 387 street-based female sex workers
 - 1670 male sex workers
 - 12 transgenders
- 2,069 individuals received their results and post-test counseling for HIV.
 - 387 street-based female sex workers
 - 1670 male sex workers
 - 12 transgenders
- Three individuals tested HIV-positive (male sex workers)
- 6,565 individuals diagnosed and treated for STIs.
 - 1,435 street-based female sex workers
 - 370 hotel-based female sex workers
 - 4,314 male sex workers
 - 446 transgenders

National Institute of Diseases of Chest and Hospital (NIDCH)

Geographic focus: Dhaka

Target population: TB patients

Length of support: January 2009 – September 2009

Level of support: US\$5,669

Goal

Reduce TB/HIV associated morbidity and mortality among TB patients by providing voluntary HIV counseling and testing to TB patients.

Accomplishments

- Established one HIV counseling and testing center.
- 21 individuals received pre-test counseling for HIV.
 - 10 women
 - 11 men
- 21 individuals tested for HIV.
 - 10 women
 - 11 men
- 21 individuals received their results and post-test counseling for HIV.
 - 10 women
 - 11 men

Padakhep

Geographic focus: Jessore, Satkhira

Target population: IDUs

Length of support: January 2006 – September 2009

Level of support: US\$141,231

Goal

To prevent the spread of HIV among marginalized (I)DUs by providing drug dependent individuals with treatment and increasing access to HIV counseling and testing services in Jessore and Satkhira.

Accomplishments

- 441 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
- 25,517 contacts (one-to-one and group).
- 42,263 condoms distributed.
- 273 individuals received pre-test counseling for HIV.
- 273 individuals tested for HIV.
- 273 individuals received their results and post-test counseling for HIV.

NONGOR

Geographic focus: Teknaf (Cox's Bazar)

Target population: (I)DUs

Length of support: June 2006 – September 2009

Level of support: US\$157,661

Goal

To prevent the spread of HIV among marginalized male (I)DUs in Teknaf by providing comprehensive treatment of drug dependence, followed by psycho-social rehabilitation.

Accomplishments

- 573 individuals reached with behavior change interventions beyond abstinence and/or being faithful through community counseling.
- 11,077 contacts (one-to-one and group).
- 14,491 condoms distributed.
- 358 individuals received pre-test counseling for HIV.
- 358 individuals tested for HIV.
- 358 individuals received their results and post-test counseling for HIV.
- One individuals testing HIV-positive.
- 572 individuals diagnosed and treated for STIs.
- 37 individuals provided with a job placement with local employers.

Society for Health Education and Development (SHED)

Geographic focus: Teknaf (Cox's Bazar)

Target population: Hotel- and residence-based female sex workers

Length of support: June 2006 – July 2009

Level of support: US\$78,419

Goal

To reduce the risk of STI and HIV transmission among hotel-based and residence-based female sex workers and their clients in Teknaf.

Accomplishments

- 1,098 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 473 residence-based sex workers
 - o 625 clients of sex workers
- 45,992 contacts (one-to-one and group).

- 27,231 residence-based sex workers
- 18,761 clients of sex workers
- 385,918 condoms distributed.
 - 279,586 residence-based sex workers
 - 106,332 clients of sex workers
- 255 individuals received pre-test counseling for HIV.
- 255 individuals tested for HIV.
- 255 individuals received their results and post-test counseling for HIV.
- Zero individuals tested HIV-positive.
- 885 individuals diagnosed and treated for STIs.

Shustha Jibon

Geographic focus: Dhaka

Target population: Transgenders (*Hijras*)

Length of support: January 2006 – September 2009

Level of support: US\$171,854

Goal

To reduce the risk of HIV and STI transmission among the transgender population and their partners in Shyampur and Saver Thana, Dhaka district.

Accomplishments

- 4,946 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - 2,363 *Hijra* sex workers
 - 2,583 Clients of *Hijras*
- 181,204 contacts (one-to-one and group).
 - 97,002 *Hijra* sex workers
 - 84 202 Clients of *Hijras*
- 1,154,900 condoms distributed.
 - 834,651 *Hijra* sex workers
 - 320,249 Clients of *Hijras*
- 781 individuals received pre-test counseling for HIV.
- 765 individuals tested for HIV.
- Two individuals tested HIV-positive.
- 2,419 individuals diagnosed and treated for STIs.

Step for Human Asset Development (SHAD)

Geographic focus: Khulna

Target population: Hotel-based sex workers

Length of support: December 2005 – July 2009

Level of support: \$USD89,746

Goal

To reduce the risk of STI and prevention of HIV transmission among hotel-based sex workers and their clients in Khulna.

Accomplishments

- 17,765 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - 796 female sex workers

- 16,969 clients of sex workers
- 301,416 contacts (one-to-one and group).
 - 80,294 female sex workers
 - 221,122 clients of sex workers
- 757,793 condoms distributed.
 - 579,223 female sex workers
 - 178,570 clients of sex workers
- 454 individuals received pre-test counseling for HIV.
- 454 individuals tested for HIV.
- 442 individuals received their results and post-test counseling for HIV.
- 1,595 individuals diagnosed and treated at STI clinic.

Sylhet Jubo Academy (SJA)

Geographic focus: Sylhet, Sreemongol (Moulovibazar)

Target population: Hotel-based sex workers

Length of support: November 2005 – September 2009

Level of support: US\$170,097

Goal

The goal of this project intervention is to reduce the risks of STI/HIV transmission among hotel-based sex workers and their clients in the city of Sylhet and Sreemongol.

Accomplishments

- 4,884 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - 905 female sex workers
 - 3,979 clients of sex workers
- 313,512 contacts (one-to-one and group).
 - 96,094 female sex workers
 - 217,418 clients of sex workers
- 1,366,147 condoms distributed.
 - 1,193,992 female sex workers
 - 172,155 clients of sex workers
- 286 individuals received pre-test counseling for HIV.
- 286 individuals tested for HIV.
- 286 individuals received their results and post-test counseling for HIV.
- 2,565 individuals diagnosed and treated for STIs.

Social Advancement Society (SAS)

Geographic focus: Barisal

Target population: Street-based sex workers

Length of support: November 2005 - September 2009

Level of support: US\$97,349

Goal

To reduce the risk of HIV and STI infection among street-based sex workers and their clients within Barisal City Corporation.

Accomplishments

- 2,061 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 1,009 female sex workers
 - o 1,053 clients of sex workers
- 134,675 contacts (one-to-one and group).
 - o 92,085 female sex workers
 - o 42,590 clients of sex workers
- 1,141,818 condoms distributed.
 - o 962,541 female sex workers
 - o 179,277 clients of sex workers
- 321 individuals received pre-test counseling for HIV.
- 321 individuals tested for HIV.
- 300 individuals received their results and post-test counseling for HIV.
- 2,025 individuals diagnosed and treated for STIs.

South-South Centre (SSC)

Geographic focus: Dhaka

Target population: Policy-makers and program managers

Length of support: June 2006 – September 2009

Level of support: US\$150,190

Goal

To work with the Ministry of Home Affairs (MoHA), Bangladesh Police, Prisons Directorate, Department of Narcotics Control (DNC) and NGOs to create an enabling working environment that, through communication and advocacy, facilitates the implementation of the Tripartite Project for reducing drug dependence, crime and spread of HIV.

Accomplishments

- 34 training of trainers (ToTs) provided to prison and DNC personnel
- 174 DNC officials trained.
- Eight coordination meetings held with prisons authority.
- 309 contacts (one-to-one and group).
- 12 steering committee meetings held with MoHA.
- 98 social mobilization meetings (with influential people of the communities, such as local government members and social elites)
- 90 regular on-site meetings held (with police stations, police boxes)
- Five Community Facilitation Committees (CFCs) formed.
- Three coordination meetings held with prison personnel.
- One study tour for 11 staff of law enforcement agencies organized.

Young Power in Social Action (YPSA)

Geographic focus: Chittagong

Target population: Street-based sex workers

Length of support: November 2005 – September 2009

Level of support: \$USD234,273

Goal

To reduce the vulnerability and risk of HIV and STI infection among street-based sex workers and their clients in Chittagong city.

Accomplishments

- 8,595 individuals reached with behavior change interventions beyond abstinence and/or being faithful.
 - o 2,482 female sex workers
 - o 6,113 clients of sex workers
- 389,990 contacts (one-to-one and group).
 - o 284,417 female sex workers
 - o 105,573 clients of sex workers
- 3,444,227 condoms distributed.
 - o 3,312,668 female sex workers
 - o 131,559 clients of sex workers
- 1,183 individuals received pre-test counseling for HIV.
- 1,181 individuals tested for HIV.
- 1,175 individuals received their results and post-test counseling for HIV.
- Two individuals tested HIV-positive.
- 3,410 individuals diagnosed and treated for STIs.

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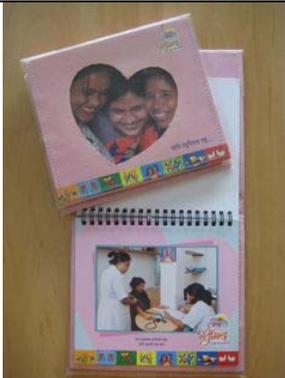
Reddy, A. (2007). A Synthesis of the Situation in Bangladesh. An Epidemic in Transition. Family Health International, Dhaka.

APPENDIX

Appendix 1: Deliverables

- SBC materials
- Studies
- Guidelines

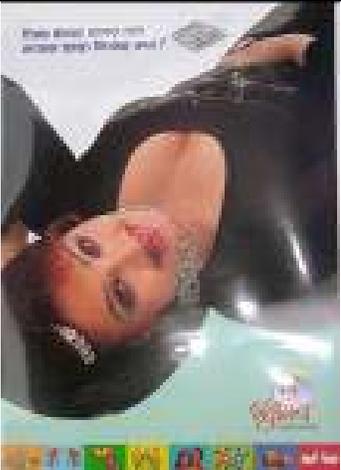
SBC materials

SBC materials adapted to each target group's needs			
In the following, the SBC materials for hotel-bases sex workers in light pink color are displayed.			
Name of material		Description	Use
Photo diary		A photo album for peer educators and site workers illustrating the interior of the Modhumita IHC and the services offered there.	For the outreach setting.
IHC referral card		A card with the address of the nearest IHC to be distributed to people at the first contact.	For the outreach setting.
Membership card		A membership card to easily access services offered at any IHC.	Provided at the IHC through staff.

<p>Interior posters</p>		<p>Four interior posters trigger clients to become aware of their risk, promotes Modhumita IHCs as a place for quality treatment, a place to socialize and a place to have an “identity”.</p>	<p>Specific posters are put in specific places. As an example, the treatment compliance poster (displayed in the box) is put up in the doctor’s room at the wall the client is facing.</p>
<p>Mood posters</p>		<p>Five thematic mood posters promote positive feelings and a good mood. They aim at making the clients feel welcomed, assure their confidence, and establish openness for friendship.</p>	<p>A set of thematic mood posters is put in the reception area, but they can also be put up in the training and community room.</p>
<p>High quality posters</p>		<p>Three posters reminding of the high quality of services the IHC wants to provide. One is the patient’s pathway through the IHC, the other two encourage IHC staff and peer educators of their responsibilities in offering high quality services.</p>	<p>Used in the IHC to remind staff and inform clients.</p>

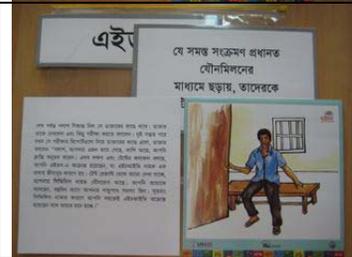
SBC materials for all target groups			
Name of material		Description	Use
Badge		Badge with the Modhumita logo to help clients to identify IHC staff.	Used for IHC staff and service providers and hotel site worker during office hours.
Client leaflet (one for MSM/Hijras and one for clients of sex workers)		This leaflet contains the frequently asked questions about safer sex, STI and HIV. Sex workers give it to their clients.	For the outreach setting.
Safer sex kit (one for MSM/Hijras and one for sex workers and their clients)		A kit containing one condom, one packet of lubricant and an instruction for safer sex on the backside of the envelope.	For outreach setting.
Registration card		For registering clients at the IHC.	IHC
Partner referral card with envelope		Card for referring partners to a STI service outside of Modhumita.	Doctor at the IHC

SBC materials for all target groups			
Name of material		Description	Use
Outpatient referral form		Form for referring a client to another service (e.g. to a hospital).	Doctor at the IHC

SBC materials for female sex workers			
Name of material		Description	Use
Modhumita calendar (HBSWs)		A reminder for sex workers and hotel staff to inform the clients about the importance of condom use. It also encourages sex workers to remember monthly follow-up visit at the IHC.	Placed in hotel receptions, or hotel lobbies, or in the hotel manager's room.
Modhumita door message board (HBSWs)		The door board reminds clients and sex workers of condom use at the place of sexual encounter.	Placed at the backside of hotel room doors, easily visible during sexual encounter.

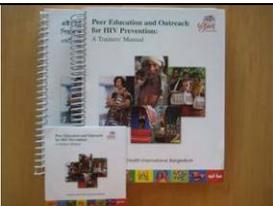
SBC materials for female sex workers			
<p>Modhubarta Magazine (HBSWs, MSM)</p>		<p>A quarterly film-type magazine containing gossip on movies, news, basic health and hygiene information, beauty tips etc. It aims to promote regular monthly visit of sex workers at an IHC. It was originally focused at HBSWs, but then also extended to MSM. It was very popular with the target groups, but due to financial constraints it was produced only four times.</p>	<p>Distributed to sex workers and later to MSM in IHCs and outreach settings.</p>

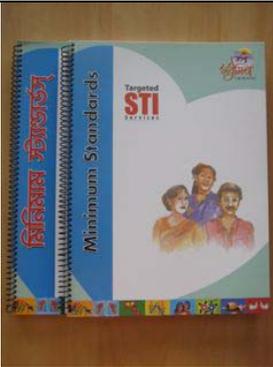
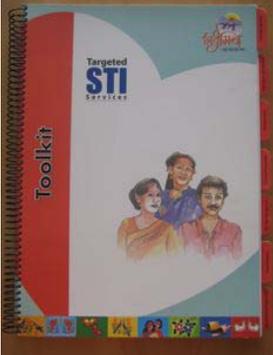
SBC material for peer education			
Name of material		Description	Use
<p>Peer educator bag</p>		<p>A kit of different SBC materials for one specific target group is contained in this bag.</p>	<p>Peer educators, site workers and outreach supervisors use it during outreach.</p>
<p>Model pictures (Training set and pocket set)</p>		<p>A set of 16 model picture cards in a transparent folder with the key message: Everyone can be vulnerable to HIV depending on his/her personal behavior and social network. This material was extended under Modhumita and newly branded.</p>	<p>Used in peer educator training and for outreach.</p>
<p>Talking pictures (Training set and pocket set)</p>		<p>A set of 15 cards in a transparent folder used for training on modes of transmission and clarifying misconceptions about HIV. This material was newly branded.</p>	<p>Used in peer educator training and for outreach.</p>

SBC material for peer education			
STI pictures, photos (training set and pocket set)		A set of 16 pictures cards with in a transparent folder on general side effects of STIs. Key message: Do seek professional help for STIs; it is better to prevent STIs as some are not curable; some STIs are asymptomatic. This material was extended and newly branded.	Used in peer educator training, for outreach and in IHC training.
STI pictures, drawings (training set and pocket set)		A set of 16 pictures cards with three packets of name tags in a transparent folder on long-term effects of STIs. Key message: Do seek professional help for STIs; it is better to prevent STIs as some are not curable; some STIs are asymptomatic. This material was newly branded.	Used in peer educator training, for outreach and in IHC training.
Condom wheel (sex workers, MSM)		Paper wheel containing possible excuses and responses in condom negotiation. This material was branded under Modhumita with a sticker.	For sex workers (female and male) to discuss condom use before the sexual encounter.
Moyna story		An outreach material to teach the words HIV, syphilis, etc. for female sex workers.	For use in the outreach setting.
Polash story		An outreach material to teach the words HIV, syphilis, etc. for male sex workers.	For use in the outreach setting.

SBC materials for reward scheme			
Name of material		Description	Use
Reward scheme card		Form to write down points earned in the reward scheme.	Used for peers, peer educators and site workers.
Edutainment audio cassette/CD		An edutainment material promoting ABC prevention messages on HIV and STI.	For distributing as a reward.
Modhumita Mug		A mug imprinted with the Modhumita logo and the reward message "Bring a friend and take a reward."	For distributing as a reward.
Jewelry box, purse		A Jewelry box and a purse with the Modhumita logo and the reward message "Bring a friend and take a reward".	For distributing as a reward.

SBC materials for reward scheme			
Umbrella, photo frame		An umbrella and a photo frame with the Modhumita logo and the reward message "Bring a friend and take a reward".	For distributing as a reward.
T-shirt		A cotton T-shirt in 3 sizes (L, XL & XXL) and in 4 colors with the Modhumita logo and the reward message "Bring a friend and take a reward".	For distributing as a reward.

Training manuals			
Name of material		Description	Use
Peer Education and Outreach for HIV Prevention		A training manual containing 45 sessions which provide peer educators and program coordinators with the knowledge and skills they need to work effectively. This manual was newly branded under Modhumita.	Peer education
Clinical Guidelines for Targeted STI Services		A clinical guideline for doctors, nurses and counselors providing STI services. The diagnostic flow charts and treatment regimes are based on national recommendations for STI case management approved in 2004 by the National AIDS/STD Programme of Bangladesh. This manual complements <i>Minimum Standards: Targeted STI Services and Peer Education and Outreach for HIV Prevention: A Trainers' Manual</i> .	Training of IHC staff and for reference in the IHC.

Training manuals			
Minimum Standards for Targeted STI Services (English and Bangla)		A manual describing the activities and responsibilities of implementing agencies, IHC and clinical staff involved in delivery of STI services. It complements <i>Clinical Guidelines: Targeted STI Services</i> and <i>Peer Education and Outreach for HIV Prevention: A Trainers' Manual</i> .	Training of IHC staff and for reference in the IHC.
Toolkit for Targeted STI Services		A manual providing tools, e.g. work plans, clinic schedule, job descriptions, STI health cards, data collection systems for running an IHC. CD ROM is included. It accompanies and supports <i>Minimum Standards: Targeted STI Services</i> .	Training of IHC staff and for reference in the IHC.

Guidelines

- National Guidelines for HIV Testing and Counseling
- Development and finalization of the National Guidelines for TB/HIV
- National Guidelines on ART
- National Guidelines on IDU Detoxification and Treatment

Studies

- Sixth rounds of BSS 2006-07
- Assessment of Sexual Behavior of Men in Bangladesh: A Methodological Experiment (FHI, 2006)
- The Effectiveness and Costs of Two Methods for the Systematic Prevention and Control of STIs Among Female Sex Workers in Dhaka, Bangladesh (FHI, 2007)
- Modhumita Mid-term Evaluation (2005)
- Pilot evaluation of the Modhumita Campaign (2008)
- Small study on relapse rate of IDUs and prevention of the same
- Tripartite evaluation study (August 2009)

Appendix 2: Financial Summary of BAP

Bangladesh AIDS Program Obligation Amount by Year (US\$)	
2005-06	US\$3,900,000
2006-07	US\$3,366,000
2007-08	US\$3,566,000
2008-09	US\$2,948,690

Appendix 3: Success Stories

Health Services Reach High-Risk Population

Together two projects are ensuring sex workers receive respectful medical care in a sustainable manner.



“[We] very much like the Smiling Sun paramedic. When service providers call [us] ‘Apa’ [we] feel very honored. They are always smiling when providing services. They don’t show any anger towards us. We feel very honored by the respect they show us.”

Smiling Sun Franchise Program (SSFP) and Family Health International’s (FHI) Bangladesh AIDS Program (BAP) collaboration helps at-risk women meet their health needs in a respectful and sustainable manner. In March of this year the two projects launched a service where a Smiling Sun satellite team of one paramedic and one service promoter visit a BAP integrated health center (IHC) on a weekly basis to provide a full range of family planning, maternal health, general consultation and diagnostic services.

While women (female sex workers) visited the IHCs for HIV prevention services (VCT, STI treatment, free condoms) they are now able to take advantage of the general medical services that they would likely not have sought elsewhere due to discrimination and often refusal of services because they are sex workers.

Prior to initiating these satellites, service providers “considered them as ‘bad girls/sex workers’ but not as human beings.” After this collaboration where Smiling Sun service providers were trained by FHI staff in the emphasis of confidentiality, stigma issues, and non-judgmental attitude, service providers have become “sensitized, [and are] starting to see them as human... [and have become] very sympathetic towards them.” Some clients commented “the women at the IHC feel very comfortable with the Smiling Sun providers. We feel we can easily share our health related problems... and ask them any question without hesitation which we can’t do other places”

Preliminary finding show that the provision of these basic health services at the IHCs can be sustainable. The Mohakhali IHC satellite sessions is already recovering 107% of its costs. SSFP and FHI plan to expand theses satellite sessions to more IHCs and provide needed medical services to other high-risk populations

Kajol shows a way to women in sex trade

FHI works with female sex workers in Bangladesh on HIV prevention and behavior change



Kajol teaches other female sex workers about HIV and how to prevent infection and BWHC Health Center in Dhaka, Bangladesh.

Kajol's initiation into sex work was tragically similar to that of many young women who come to Dhaka looking for work. She was kidnapped and forced into the trade, but had nowhere else to go after a police raid freed her from one year of captivity. Her family rejected her because they didn't believe she had been kidnapped, so she continued in sex work to survive, this time based in a hotel.

That is where Kajol met a peer educator from Bangladesh Women's Health Coalition (BWHC) who told her about the great risks to her health she was taking and the services available to her through the coalition's HIV and STI Prevention Project, which receives funding and support from USAID through Family Health International.

Kajol was convinced to go to the BWHC health center and then started visiting regularly. At the center, she had access to voluntary HIV counseling and testing, diagnosis and treatment of sexually transmitted infections (STIs), condoms, peer support, and behavior-change messages.

Her enthusiasm for what she found and BWHC's mission caused her to be selected as a peer educator who would know the best way of communicating with female sex workers about HIV and other STIs and other health issues.

As Kajol learned more and more about the extremely high health risks involved in sex work, she became more determined to leave it. As she put it, "Life is very valuable. No one can buy it with money." As a peer educator, Kajol goes to hotels, reaches out female sex workers, and brings them to the clinic. They trust her because she was one of them. After more than four years as a peer educator, Kajol stopped relying on sex work for an income. She cites this fact as she declares, "A person can achieve anything if he or she really wants it."

She added, "When I was a sex worker I used to feel very bad and that my life had no value. But now I feel good about myself because I am taking care of others and educating them."

Finding Community, Common Cause, and a Happy Life at Shusta Jibon

FHI works with high-risk groups in Bangladesh on HIV prevention



Miss Pahari distributes awards to peer educators who are promoting HIV prevention and testing

August 2009—Pahari was born in 1957 as a male and went by the name Nazrul. At age 10, she started to realize that she did not feel like a boy: she loved to dress in women’s clothes and behaved like a female. Her classmates and relatives did not accept this change. They often harassed her and sometimes beat her, and she was depressed and lonely.

Because she felt like an outcast, she did not pursue further studies after she finished two years of college. She managed to get a job as a cook in a Pakistani Army Camp during the Bangladesh Liberation War, but experienced sexual abuse from soldiers who threatened to kill her if she did not have sex with them.

After the war, she didn’t know what else to do to make a living and began selling sex on the streets of Dhaka, the capital of Bangladesh. At the time, Pahari had very little awareness of the risks she was taking for contracting HIV or another sexually transmitted infection (STI) and she had never consulted a doctor.

In 2000, a friend introduced Pahari to Shustha Jibon, a community-based organization managed by and supporting *hijras*, the term used in South Asia for people like Pahari who are considered the “third gender.” Shustha Jibon, which translates into English as healthy life, has been working in Dhaka to reduce the risk of HIV and STI transmission among hijras.

These efforts have been funded by USAID and supported by FHI since 2000, since many in this group are sex workers and considered to be at high risk of transmitting HIV. Within this context, USAID and FHI supports two of Shustha Jibon’s health centers in Sympur and Savar, Dhaka where *hijras* drop in or are referred by outreach workers and peer educators to receive HIV counseling and testing, STI diagnosis and treatment, condoms and behavior change messages.

At the Shustha Jibon Health Center, Pahari met many others like herself and at last found a place where she felt part of a community and could share her feelings. She began practicing safe sex, and soon became an outreach worker. She now works to save lives by promoting condom use, HIV testing, and diagnosis and treatment of STIs.