

JOINT EVALUATION REPORT

**PROJECT NAME: CONTINUUM OF CARE AND SUPPORT TO
HIV INFECTED AND AFFECTED
PROJECT CODE: BD 024A
Phase-01**

11-20 JANUARY 2009

HASAB

List of Acronyms

| | | |
|--------|---|--|
| AIDS | - | Acquired Immune Deficiency Syndrome |
| ART | - | Antiretroviral Therapy |
| AAS | - | Ashar Alo Society |
| BSMMU- | | Bangabandhu Sheikh Mujib Medical University |
| CAAP | - | Confidential Approach to AIDS Prevention |
| CCS | - | Continuum of Care & Support to HIV infected and affected |
| DIC | - | Drop In center |
| HASAB- | | HIVAIDS & STD <i>Alliance</i> Bangladesh |
| HATI | - | HIV/AIDS Targeted Intervention |
| HIV | - | Human Immune Deficiency Virus |
| IGA | - | Income Generating Activity |
| IDH | - | Infectious Disease Hospital |
| IEC | - | Information Education Communication |
| ICDDR- | | International Center for Diaphoreal Disease Research, Bangladesh |
| NASP | - | National AIDS/STD Programme |
| OI | - | Opportunistic Infections |
| PPTCT | - | Prevention of Parent to Child Transmission |
| PLHAs | - | People Living with HIV/AIDS |
| SHG | - | Self-Help Groups |
| STI | - | Sexually Transmitted Infection |
| VSO | - | Voluntary Services Overseas |
| VCT | - | Voluntary Counseling and Testing |
| WHO | - | World Health Organization |

1. Preface

Although the estimated number and reported cases of HIV in Bangladesh is not very high, but all the factors present here may allow rapid spread of infection leading to an epidemic. These factors include high-risk behavior, lack of awareness, very mobile populations and being surrounded by countries that have a higher prevalence of HIV.

Bangladesh initiated early response to address HIV problem, but during the last decade most of the responses were confined in the area of awareness raising for prevention. HASAB, working with various partner NGOs since 1994, found that there is a burning need to address care and support issues for those who are already HIV infected including members of their families; as well there is a need to enhance organizational development and capacity building of other organization/institution in this area. Realizing this, HASAB evolved in the process of formation and capacity building of self-help groups of PLHAs since 2001. In addition to these initiatives, HASAB also felt the need to establish a comprehensive package on care and support issues- that include VCT, half-way home services and rehabilitation supports for HIV infected and affected. As a part of this, “Continuum of Care & Support to HIV infected and affected” was initiated in 2006 with the support of Terre Des Hommes – Netherlands and other strategic linkages of PLHA’s self-help groups and other NGOs are working in the same area.

In December 2008, the project has completed its 2-years and 9 months of the project period. By the end of these 2 years and 9 months, a joint evaluation process has been initiated by TdH- Netherlands and HASAB to assess project progress, output of the activities implemented and impact as much as possible as well. The planning meeting was the first step of respective evaluation, an evaluation team was formed including member from TdH- Netherlands and HASAB who were in fact responsible for conducting the activities of evaluation according to the agreement of TOR and plan developed in cooperation with both parties on 1st day (11th January 2009). The Joint evaluation process started on 11th January 2009 and ended on 20 January 2009.

2. Back ground :

Terre des Hommes Netherlands (TdH-NL) is a registered charity, in The Netherlands with the aim to improve the quality of life of children who are living in difficult circumstances all over the world, regardless of race, faith and vision. It raises funds from the public in the Netherlands to support projects and programmes, which create better opportunities for children and environment where they can safely grow up.

HIV/AIDS and STD Alliance Bangladesh (HASAB), is involved in prevention and control of HIV/AIDS/STI among diversified population having high risk behavior. HASAB is active in providing care and support to the HIV positive people. As a part of this in 2006, HASAB initiated “The Continuum of Care & Support to HIV infected and affected” with the support of Terre Des Hommes - Netherlands.

“The Continuum of Care & Support to HIV infected and affected” has been designed with care & support components to cover the clients from all over Bangladesh, with particular focus at two geographical locations (Dhaka & Sylhet) at the initial phase. HIV/AIDS infected and affected people including children are the specific target populations for this project. The project also planned to focus on the populations who belongs to lower socio-economic classes, marginalized, highly discriminated and stigmatized in the family and in the society. According to the project design, most of the targeted populations are engaged in low paid job such as; rickshaw pullers, truck bus drivers & helpers, garments & fish processing workers, commercial sex workers, internal or external migrant workers. To address these communities effectively, the project also designed to work with local leaders (social & religious), government officials, elected members of local governments, local elites, teachers etc. as a the secondary target populations, those who can play vital roles to raise awareness of the society in ensuring the accessibility of the primary target population to resources, services and enter into the mainstream of development.

“The Continuum of Care & Support to HIV infected and affected” planned that, the care and support component of HIV should have greater emphasis on the program approach not only for the treatment & care of the patients but also for strengthening the prevention. This project planned to ensure a package of VCT, appropriate referral system, half-way home service for the infected and affected person and their children to extend and link with further required support. The project also planned to involve Ashar Alo Society, CAAP and Mukto Akash as strategic partners, who were directly supporting PLHAs.

3. Project components

The CCS project has four components. They are the following

- i) Awareness raising of target population and stakeholders on HIV/AIDS risk, spread and prevention,
- ii) Service delivery through Voluntary Counseling and Testing (VCT) centre & Halfway Home,
- iii) Developing capacity of the Health Care Providers & staffs of the project;
- iv) Rehabilitation of HIV infected and affected people.

4. Methodology:

As per TOR the evaluation was conducted for three days from 12th to 14 January 2009. A planning session was organized at the beginning of the evaluation and all the participants agreed on a schedule for three days and the team was divided into two groups. In total there were 12 core members, which included three from TdH-NL, and 09 from HASAB. The representative of HASAB include the Executive Director, Director CB & PM, Director-Finance, Project Co-ordinator, Senior Accounts Officer, Lab Technologist, Field Organiser, Staff Nurse. TDH representative included the Country Director, Health Care Co-ordinator and the Project Officer. List of the participants is attached.(See *appendix 1*). One group evaluated the administration and financial management while other group evaluated the programme. The team members evaluated the project in the following ways: The schedule of evaluation is attached.(See *Appendix 2*).

a) Review of record keeping

- ❖ Records related to monitoring system
- ❖ Reports and documents related to the project implementation, management and measurement of result
- ❖ Records, reports and other related documents used and produced for and by an external assessment or evaluation of the programme, if there was one, for the project under study now
- ❖ Financial management records, reports and other documents
- ❖ Staff management including training, salary and related items

b) Observation :

- ❖ Progress made in regards to beneficiaries
- ❖ Rapport among staff, beneficiaries and management
- ❖ Involvement of management, staff and target group in the work of the organisation

Discussion with

- ❖ Target population (HIV/AIDS infected and affected).
- ❖ Clients attending the VCT and Halfway home.
- ❖ Relatives & neighbours of HIV/AIDS infected and affected.
- ❖ Rehabilitated HIV/AIDS infected and affected people
- ❖ Staff members of HASAB & its strategic partners.

- ❖ Strategic partners of HASAB
- ❖ Management of HASAB
- ❖ Consultants/doctors
- ❖ Representatives of Terre des Hommes-Netherlands

5. Review of Objective and outputs

The JET members reviewed the overall objective, purpose and outputs of the project. The overall objective of the project was, “Health status of the HIV infected & affected, in the project area of HASAB improved.”. The indicator was that frequency of illness, STI & OIs of HIV infected & affected decreased by 20% from baseline assessment after completion of second year. Setting of this indicator was appropriate but collection of information was inaccessible as the target beneficiaries are living in discrete areas instead of in a defined outreach area and receiving services from different service providing organizations.

However study of the clinical records shows that the frequency of OIs among the PLHAs attending the clinic reduced by 7% during the evaluation period.

Two purposes set to achieve the overall objective are-a) Increased awareness on HIV & AIDS and b) care & support service for HIV infected & affected established. The JET members found that setting of purposes and indicators for their measurement was appropriate. The expected outputs of the project were:

A.1. Awareness of target population and stakeholders on HIV/AIDS risk,spread,and prevention increased

- 200 people/stakeholders in every year will have known about HIV/AIDS.
- 160 people/stakeholders in every year will have known about mode of spread of HIV.
- 140 people/stakeholders in every will have known about preventive measures.
- 140 people/stakeholders in every will have known about risk behaviour.

A.2 National level dissemination seminar for advocacy organised

- 01 seminar will have been organized in year 2 and year 3.
- 100 key actors in HIV/AIDS will have participated in the seminar in year 2 and year 3.

B.1 Voluntary counseling and Testing centre established

- 01 Central VCT centre will have been established in year 1.
- 380 people in year 2, 510 in year 2 and 630 in year 3 will have received services from the VCT centre .

B.2 Treatment for Sexually Transmitted Infection(STI) & Opportunistic infection(OI) established.

- 100 people in year 2, 140 in year 2 and 160 in year 3 will have received treatment for STI.
- 20 people in year 2, 30 in year 2 and 40 in year 3 will have received treatment for OI.

B.3 Halfway home service established

- 01 Halfway home will have been established and operational in year 1.
- 20 people in year 2, 30 in year 2 and 40 in year 3 will have received services from the VCT centre.

B4 Capacity of staff, service providers & caregivers built

- 02 staff of HASAB & strategic partners will have received training on ART & side effect management in year 1.
- 05 staff of HASAB, GOB & strategic partners will have received training on STI management in year 1.

- 02 doctors of HASAB & strategic partners will have received training on OI management and standard precaution.
- 04 staff of HASAB, GOB & strategic partners will have received training on general counseling in year 1.
- 06 SHG members and Nurses trained as Care givers in year 1.
- 02 Paramedics /volunteers will have received training on Lab Technology in year 1.
- 12 service providers of referral institutions /organizations will have received training on sensitization in year 1.

B.5 Rehabilitation

- 20 HIV/AIDS infected & affected families in year 1, 30 in year 2 and 30 in year 3 will have been covered through family counseling.
- 20 PLHA, their family members, neighbours, community leaders of HIV/AIDS affected HIV/AIDS infected & affected in every year 3 will have attended central sensitization & social reintegration meeting at HASAB.
- 06 HIV/AIDS infected & affected person in every year will have been brought under IGA & employment opportunities.
- 06 HIV/AIDS infected & affected person in every year will have been provided skill development/vocational training.
- 06 HIV/AIDS infected & affected person in every year will have been provided grants.

6. Review of outputs of CCS project

Output A.1: Awareness of target population and stakeholders on HIV/AIDS risk, spread, and prevention increased.

- ❖ A total of 1409 people/stakeholders(100%) received knowledge of about HIV/AIDS through seminar/sensitization/advocacy meeting with the gate keepers/key stake holders and (ii) courtyard sensitization meeting of the HIV infected with relatives and neighbours including local elites and influential.
- ❖ Through an informal discussion with the 09 gate keepers who attended sensitization meeting in an area with prevalence of HIV/AIDS the JET members found that more than 75% of them had knowledge of mode of spread of HIV/AIDS, risk behaviour and preventive measures .(See **appendix -08**).
- ❖ An informal discussion with 07 neighbours of an HIV infected the JET members found that more than 60% of them had knowledge of mode of spread of HIV/AIDS, risk behaviour and preventive measures .(See **appendix -09**).

Output A.2 : National level dissemination seminar for advocacy organized

- ❖ One Dissemination seminar was organized in the 2nd year which was attended by 58 stakeholders from GO, NGOs and International organizations.

The dissemination seminar assisted to carry the problems and needs of PLHAs in surface. It further facilitated the national stakeholders including GO/NGO to understand and realize the necessity of Continuum of Care and Support for the PLHAs. The realization was reflected in the activities and

assignment planned under GFATM # 910 package that was actually designed and planned for the people mostly infected and affected by HIV.

Output B.1 : Voluntary Counseling and testing centre established

1. To prevent/reduce vulnerability of STI patients to HIV infection and as well as preventing progression of disease of PLHAs the Project has set up a Central VCT Centre at Dhaka. A peripheral VCT centre within strategic partners' office at Sylhet was established for the target population especially PLHAs and their family members.
2. A total of 599 clients (100%) received VCT service package from VCT centre while 1501 clients (100%) received general counseling. **(See Appendix -3)**
3. This Central VCT center with provision of VCT & general counseling service package has created easy access /opportunity to the people vulnerable to HIV/AIDS to know their HIV status in the prevention and control of HIV/AIDS. **(Ref: Appendix-05B)**
4. Services of VCT centre & general counseling service package (nutritious food & treatment of incidentally diagnosed ailment) has been highly acceptable to the recipients of VCT services. **(Ref: Appendix-05B & 07)**
5. 10 persons were diagnosed HIV positive among the vulnerable population including family members of previously diagnosed HIV cases. **(Ref: PMR)**
6. General counseling created interests among the attending clients which led to their 60% attendance in VCT. **(Ref: Reports & discussion)**
7. 6 pregnant women were screened for Syphilis during pregnancy and HIV before pregnancy. All of them were HIV positive but Syphilis negative. All six delivered apparently healthy baby. Among 6 babies 2 passed their 18 months of life and tested HIV negative. **(Ref: PMR)**

Limitation:

- Elisa machine is found underutilized due to unavailability of the relevant reagent in the local market following availability of reagent for rapid test at relatively cheaper rate.**(Ref: Group Discussion)**

Output B.2 : Treatment for Sexually Transmitted Infection(STI) & Opportunistic Infection(OI) established.

(See appendix 3)

- ❖ 332 clients (92%) received treatment for STI.
- ❖ 84 HIV infected people (92%) received treatment for OI.

Limitation:

- There are no lab facilities for STI screening in the respective center. If any client is in need of lab test for further specific management then he or she is referred to Laboratory outside. Apart from this it needs to mention that if any client is sent for laboratory test he/ she does not come back for getting treatment or Follow up.**(Ref: Discussion with CCS staff)**

- Follow-up of 40% of the initial clients of STI could not be done due lack of outreach activities. .
(Ref: Discussion with CCS staff)
- There were cases of re-infection of STI clients whose partners received treatment but no counseling in their abstention. This was because of absence of outreach service.(Ref: Doctor's opinion)
- The project had to take support of other project of HASAB to ensuring adequate supply of condom to the STI clients. (Ref: Group Discussion)

Output B.3 : Halfway home service established. (See Appendix 3)

1. The Project has set up a Halfway Home to provide service to the PLHAs during an initial period when they are refused by the family following diagnosis and disclosure to the family. Halfway home service is not available elsewhere in the country. At HWH package the PLHIV and affected as well received good but balanced diet, regular physical check up, continued counseling, Enter educative session, OIs treatment support and referral services (to IDH, ICCDDR, AAS, CAAP, BSSMMU) according to emerged need.

2. 404 People, HIV infected or affected (100%) received services from Half way Home.

3. Services of Halfway home was highly acceptable to the PLHAs as they got accommodation, adequate nutritious food, treatment, enter education and referral services. Recipients of HWH services got psychological strength and support from HASAB at HWH that helped some time their social reintegration through initiative (Family Counseling, Social reintegration meeting etc.) taken by CCS project. (Ref: Reports & Appendix-07)

Limitation: The project could not meet up at all the needs of ARV. Due to unavailability of ARV in this project, the clients had been referred to other organization/institute for the service that created hassle to them. ARV provision in the service center beside other Half Way Home services could be a good initiative towards comprehensive continuum of care to the HIV Infected people

Output B.4 : Capacity of staff, services providers & caregivers built.

The project planned and organized different relevant training for the service providers of the project, strategic partners and the PLHAs to enabling them in providing services efficiently.

1. 44 staff of HASAB and its strategic partners received training on OI, STI, and standard precaution.
 2. 05 counselors of HASAB were trained on HIV/AIDS counseling including VCT.
 3. 05 CCS staff were trained on general counseling.
 4. 14 PLHA and 01 Nurses were trained as Care Givers.
 5. 02 paramedics of HASAB were trained on Lab Technology.
 6. 39 selective service providers of referral institutions/organizations were sensitized to managing and dealing with HIV/AIDS cases admitted in their services.
- The recipients of different training have been performing their jobs satisfactorily found during visit at HASAB office and strategic partner's office as well.
 - At Follow Up visit by project staff, trained family members of PLHAs were found working as good Care Givers to serve the target people.

- Although there is no provision of ARV in the CCS project, the recipients of training on ART and side effect management were found doing follow up the PLHAs on ART and guiding them with referral services.
- Strategic partners have been receiving the PLHAs with cordiality and providing necessary services available with them.
- Co-ordination among the referral organization has strengthened that facilitated accessibility and availability of the services for the PLHAs. (**Ref: Observation in National Dissemination workshop & FGD with PLHAs- Appendix)**

Limitations:

- In the first year the project could not organize participation of staff from other partner NGOs in the training courses on Voluntary Counseling & Testing (VCT) and general counseling due to inadequate linkage with them.
- Training courses on ART and side effect management and Standard Precaution could not be organized in the first year due to non-availability of resource persons in the country. With the assistance and support of a VSO Volunteer HASAB could organize and conducted the training successfully in second year.

Output B.5 : Rehabilitation (See Appendix 3)

The PLHAs were found in need of shelter and psychological support during the initial period of diagnosis due to family and social refusal. They were found discriminated and stigmatized in the society, jobless with reduce family income; suffer from frequent illness leading towards replication of poverty. The CCS project has been providing counseling to the families of HIV infected, organizing and conducting social reintegration meeting with the neighbors & local elites, organizing integration in the existing IGA & employment opportunities, providing skill development/vocational training and providing financial grants for IG activities to improve the quality of life.

1. 74 HIV/AIDS infected and affected families were covered through family counseling. All the counseled families turned positive, nondiscriminatory, and caring to the PLHA members of the family. As a result the PLHAs were completely accepted by their families without any discrimination.
2. 98 PLHAs, their family members , neighbors, community leaders of HIV/AIDS infected & affected attended central sensitization & social reintegration meeting.
3. 12 HIV/AIDS infected & affected persons were brought under IGA & employment opportunities. Quality of life of PLHAs improved following their integration in employment opportunity.
4. 07 HIV/AIDS infected & affected persons were provided Skill development /vocational training
5. 15 HIV/AIDS infected & affected persons were provided with grants for IG activities. Most of the PLHAs provided with vocational training and grants could generate income to meet their family needs (found on Follow up visit by the project staff)

Limitation:

- The amount of grant was found inadequate for undertaking any IG activities.(**Appendix-07**)

C. Supportive activities:

As per plan the project recruited all staffs including placement of partial staff. At the onset it organized a consultation meeting and launching ceremony of the project with participation of NGO and Government representatives. The project also organised planning & team building workshops with participation of HASAB staff and strategic partners. Co-ordination meetings were held to share information of progress, problems and find solutions. Processing of document was done. Reports were prepared and sent to the donor.

Target & achievement :

| Name of activities | Target | Achievement |
|---|--------|-------------|
| Staff recruitment & induction | 06 | 06 |
| Consultation meeting/workshop with strategic partners/launching of the project | 40 | 60 |
| Implementation planning & team building workshop for HASAB staff and strategic partners | 45 | 30 |
| Project Co-ordination meeting | 06 | 04 |
| Process documentation | | |
| Preparation of reports (quarterly and annual) | 15 | 14 |

Effects:

- ❖ Linkage of referral and co-ordination between HASAB, GoB and other strategic partners was established following the Consultation meeting/workshop with the strategic partners /Launching ceremony.
- ❖ Implementation, planning & team building workshop facilitated timely need based decision and effective action plan according to the assessed needs.
- ❖ Timely preparation of reports was made that provided the opportunity of analyzing the outputs achieved, pointing any deviation and suggestion/recommendation.

Constrain/limitation

Since the nature of the project is the unique one in the country, so the project planned for special induction of the newly recruited staff in the first year that was found fruitful during implementation. But the project faced challenge with less number of staff and limited size and opportunity of the project to addressing the emerging needs of target people. Besides, the number and frequency of Project Coordination meeting was felt inadequate.

07. Review of the documents and monitoring system

The team members reviewed the records and the reports. *Please see the Appendix-04*

The team members observed that the Project Co-ordinator, Staff Nurse, Programme organizer and Lab Technician and other staff maintained action plan. As per guidance of the management of HASAB records of activities are maintained by the concerned staff and reported on monthly basis. Executive Director supervised and monitored activities of Project In charge and Project Co-ordinator. Project In charge and Project Co-ordinator supervised and monitored the activities of Staff Nurse, Programme organizer and Lab Technician and other staff.

Base line assessment of awareness & current needs of target population in Dhaka & Sylhet:

Findings : Current care & support needs of the HIV infected & affected people

- Educational support for children and social acceptance
- Orphanage support
- Employment opportunities
- More sensitization meeting/ workshop regarding HIV & AIDS in the remote areas
- Adequate knowledge on Prevention of mother to child transmission specially during breast feeding
- Equipped lab support with all investigations within self help group organization.
- CD4 cell count facilities in the district level & Hospitalization Support.
- Vocational training & Grant Support.
- Support regarding social stigma and discrimination that prevent them seeking health care

Lessons Learnt:

- Lack of subsidiary lab facilities such as CD4 & other test for necessary Follow Up of PLHAs sometimes create difficulties in effective OIs management
- Most of the clients are very poor and sometimes it becomes difficult for them to manage even travel cost to come to the center for treatment.
- Catastrophic illnesses are often difficult to address due to resource constrain
- Services in Govt. facilities for PLHAs are poor or absent due to lack of adequate knowledge and skill of Doctors' on Universal Precaution.

8. Administration of CCS Project

8.1 Information about leadership, policy and approach:

8.1.1 Changes in the Leadership:

| Executive Committee Members | Status in FY 2006 | Status in FY 2009 |
|-----------------------------|-------------------|-------------------|
| Prof. Md. Nazrul Islam | Chairperson | Chairperson |
| Parveen Mahmud, FCA | Not available | Treasurer |
| Dr. Abbas Bhuiyan | Member | Member |
| Dr. Habibur Rahman Seraji | Treasurer | GC Member |
| M. A. Matin | Member | Member |
| M. A. Kashem | Member | Member |
| Yasmin Ahmed | Member | GC Member |
| Rafiqul Alam | GC Member | Member |
| Dr. Zarina Nahar Kabir | Not available | Member |

8.1.2 Major changes among Senior Staff Members:

| Senior Staff Members | Designation in FY 2006 | Designation in FY 2009 |
|------------------------|------------------------------------|--|
| Dr. Nazneen Akhter | Executive Director | Executive Director |
| Dr. Dipak Kumar Biswas | Team Leader- HAPP | Director Program/Team Leader- GFTM |
| Md. Siddiqur Rahman | Manager- HRM & Admin. | Director- Capacity Building & Partnership management/In charge CCS |
| Md. Nazmul Ahsan | Manager – Finance & Administration | Director- Finance |
| Dr. Selina Ferdous | Project Manager- PRESEP | Left the organization |

| | | |
|-------------------------|-------------------------------|--|
| Mirza Mustafizur Rahman | Project Manager- CEC | Left the organization (abroad) |
| Dr. Marry Rashid | Divisional Coordinator- GFATM | Coordinator- LSE, GFATM |
| Hassan Imam | Sr. Program Officer | Team Leader- Incharge, HATI |
| Alison Subrata Baroi | Project Coordinator | Team Leader- Incharge, Mainstreaming project |
| Selina Parveen | Not available | Team Leader- Incharge, PRESEP |
| | | |

8.1. 3 Changes in the Policy:

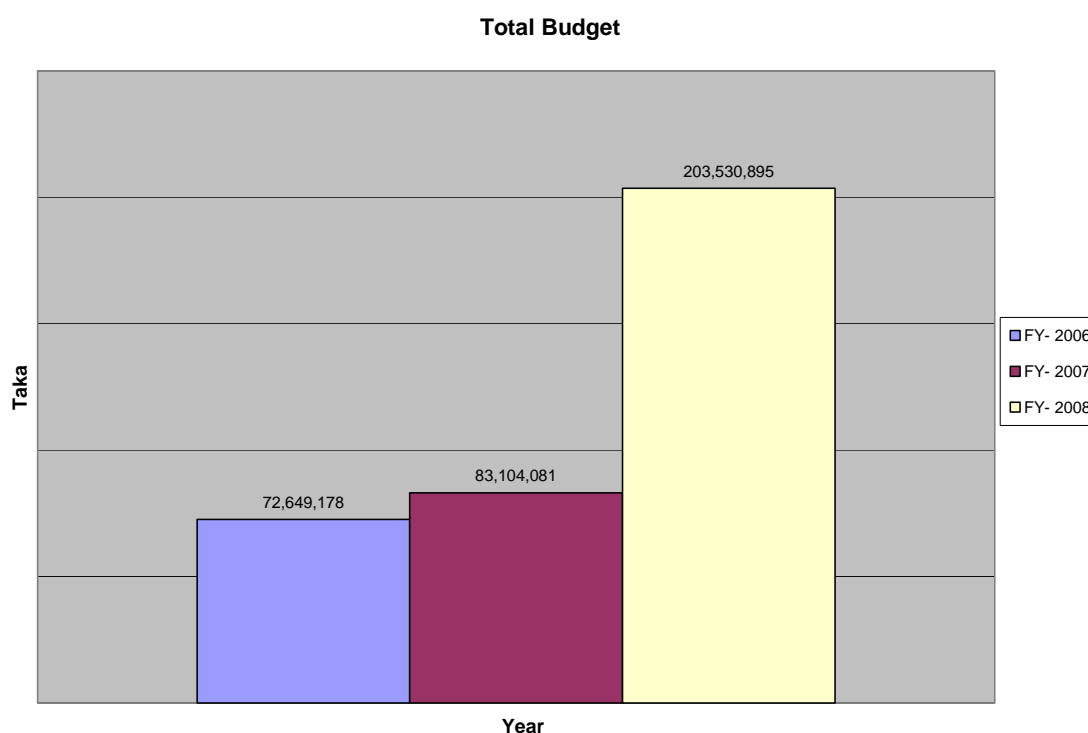
FY 2006: HASAB's activities expanded the focus on HIV prevention to Care & Support to the infected & affected people.

HASAB had a Standard Policy & Procedures manual Covering HR, Administration & Financial policies which is guided the operational procedures of the organization.

- ❖ FY 2009: HASAB's organization focus and strategic directions have been expanded towards Social Action along with the HIV/AIDS interventions.
- ❖ HIV/AIDS Mainstreaming intervention started among NGOs.
- ❖ HASAB's Standard Policy & Procedures manual has been updated in FY 2007 to comply the updated regulation & practices of Bangladesh.
- ❖ Grant Management Policy & Anti Fraud policy manual have been developed.
- ❖ HRD policy development is in process
- ❖ Workplace policy in place

8.1.4 Fund situation growth year wise 2006-2008 is shown bellow:

| Project Title/Donor | FY- 2006 | FY- 2007 | FY- 2008 | Total Taka |
|------------------------------------|-------------------|-------------------|--------------------|--------------------|
| International HIV/AIDS Alliance | | 1,050,000 | 1,029,225 | 2,079,225 |
| HATI / HAPP-Clients of Sex worker | 12,124,157 | 14,838,143 | 24,879,910 | 51,842,210 |
| HATI-MSM Project | | 2,057,382 | 4,250,645 | 6,308,027 |
| GFATM-Round 2 | 45,602,754 | 45,830,184 | 43,992,226 | 135,425,164 |
| GFATM Round 6 | | | 89,778,700 | 89,778,700 |
| GFATM -YPSA Round 6 | | | 3,776,703 | 3,776,703 |
| GFATM- AAS Round 6 | | | 1,743,608 | 1,743,608 |
| Human Rights & HIV- MJF | 9,861,142 | 5,752,323 | 14,537,376 | 30,150,841 |
| Care & Support Project- TDH-NL | 2,614,050 | 3,238,963 | 3,249,950 | 9,102,963 |
| Oxfam Novib/ Mainstreaming Project | | 1,004,000 | 2,638,416 | 3,642,416 |
| GTZ Project (Joint in Circuit) | 2,105,075 | 7,257,847 | 11,136,253 | 20,499,175 |
| ADB Project (Capacity Building) | | 1,380,069 | 1,840,092 | 3,220,161 |
| TB-HIV Project/ OSI | 342,000 | 695,170 | 677,791 | 1,714,961 |
| Total Taka: | 72,649,178 | 83,104,081 | 203,530,895 | 359,284,154 |



8.1.5 New Projects with new donors:

International HIV/AIDS Alliance
 Oxfam Novib- Netherlands
 German Technical Cooperation (GTZ)
 Open Society Institute, New York (short term project)

8.1.6 New programs:

HIV/AIDS Mainstreaming intervention started
 Capacity Building project of ADB partner NGOs
 Joint in circuit with university students

Anything significant happened with HASAB:

- ❖ During FY 2007 The International HIV/AIDS Alliance revived the partnership with HASAB
- ❖ HASAB's organization focus and strategic directions have been expanded towards Social Action along with the HIV/AIDS interventions.

8.2 Current Organizational Structure and their functions:

8.2.1 About the Executive Committee and its role:

The 07 members Executive Committee (EC) of HASAB is elected by the 15 members General Committee (GC) after two years interval. Members are eligible to hold the EC membership for two terms i.e. consecutive four

years. After completing the consecutive four years members are excluded from EC and act as General Committee member.

The EC of HASAB plays advisory role in guiding policies and holds quarterly meeting to review the progress of HASAB activities. The Executive Committee reserves the right to develop, update the HASAB's policies & procedures.

The Chairperson or Treasurer of EC also involves in signing bank transactions over Tk. 100,000.

8.2.2 Organogram and about Senior Management Staffs:

The approved organogram is attached herewith, where four well defined units along with a support unit i.e. admin. & HR are exists. Among senior staffs, the Director Program is looking after the overall program operational management.

The Director- Capacity Building & Partnership Management is responsible for capacity building initiatives for different partner NGOs/CBOs etc. along with his project based responsibilities.

The Director – Finance is responsible to ensure sound financial management of HASAB following the standard policies and procedures and also as per related of Bangladesh government.

The position of Director M & E, Research is currently vacant and the Executive Director is supervising the Monitoring & Evaluation activities.

The other senior staff like Team Leader – In charge of different project is responsible for the project management.

8.2.3 Legal status:

Copy of updated NGO Affairs Bureau registration certificate is enclosed herewith.

9. Financial Management of the organization

9.1 Preparation of Budget:

Budget is expressing in monetary terms the results of plans anticipated in future period which is prepared based on the activities planned by the program personnel.

The staffs from program, administration & finance unit provide information and work in a team during budget preparation. Activity is set on the basis of project proposal and quantified in monetary terms. The format and line items of budget may vary for different donor agencies.

However, the Director- Finance in consultation with related senior staffs review the budget line items and finally, the Executive Director approves the budget.

9.2 Operation of Bank Accounts:

Foreign grants are to be deposited into mother account maintained in the name of HIV/AIDS and STD Alliance Bangladesh (HASAB). Separate bank account is to be opened for each project. New bank account for HASAB shall be opened with prior authorization from EC of HASAB. All funds are to be operated in the Title Account Name of "HASAB".

The bank accounts are to be operated through joint signature. All transaction up to Tk. 100,000 is to be paid by signature of the ED and Director- Finance or Director- Capacity Building & Partnership Management. This limit

includes petty cash Cheque and all cheque payments up to Tk. 100,000. The ED and Chairperson or Treasurer of EC signs all cheques above Tk. 100,000. Signatories to the bank shall put initial on counterfoil of the cheque book. The same procedure will apply for bank transfer advice.

9.3 Handling of Cash:

The daily cash/petty cash in hand float is Tk. 40,000 for settling small expenses. The petty cash fund is maintained under Imprest System. Custodian is one assigned AAO/AAA or other staff. Payment up to Tk. 4,000 can be paid out of Imprest Fund in any single transaction. A summary will be prepared at the time of replenishment.

Above this limit, cash can be kept in the office for workshops/training/event etc. Such amount should be drawn on written request of the concerned staff along with a budget of the activity. As soon as the activity is completed the staff (focal person of the event) will submit the summary of expenses and refund the cash balance.

9.4 Maintenance of Books and accounts:

HASAB records all financial transactions through preparing vouchers and entry in accounting software. At the end of each month the project wise accounting records are to be printed out and filing properly after reviewing the records by the Director- Finance. Vouchers are to be recommended by the Director Finance and approved by the Executive Director. The following books of accounts are maintaining by HASAB:

- ❖ Approved voucher
- ❖ Printed out Receipts & Payment
- ❖ Bank book, cash book
- ❖ Ledger
- ❖ Bank Reconciliation Statement
- ❖ Fixed Assets Schedule
- ❖ Cheque Issue Register
- ❖ Master File for Common Cost
- ❖ Bill register

9.5 Budget and stock control

Expenditure should be made within the budget line items not exceeding the maximum limit as per agreement between HASAB and Donor/Funding Agency. Subsequent information shall be given to the NGO Bureau regarding budget revision (if required).

HASAB reviews the budget variance analysis of each project monthly/quarterly comparing actual results with the program estimates. The variance analysis also shares among the management staff in program management meeting. Stock of inventory both for consumable & non-consumables are entered into the respective register mentioning the invoice/challan reference. The inventory is physically verified by the administration unit periodically.

10. Conclusion and Overall Recommendation:

The Continuum of Care and Support actually the intervention at proper and principal area towards effective Prevention of HIV throughout the country. Without focusing the PLHAs, prevention program will never be successful as this is the bridging point of spreading HIV to the general population. Care and Support activity can be the major linkage area to strengthen HIV prevention activity through effective designing with due emphasis and addressing the needs of Infected and affected people towards reducing cause and consequence of HIV among them.

The joint evaluation team recommends on the following area:

- ❖ Continuum of care and support activities contributed to provide need based support to the HIV infected and affected and reducing vulnerability of the affected and other people. It also ultimately contributed reducing the consequences of HIV infection to the people. Continuum of care and support need to be extended and expanded considering its contribution and needs among the community.
 - ❖ Flip chart and adequate number of different IEC/BCC materials needs to be developed and used.
 - ❖ More sensitization meetings and advocacy workshops should be organised especially in the HIV/AIDS prevalent areas. Follow-up meetings should also be organised.
 - ❖ Education on HIV/AIDS needs to be organized or strengthened for the sex workers (floating and hotel based) in their business places, garment workers in garment industry, and for hotel staff.
 - ❖ Strong Advocacy for VCT of migrant workers at the port of departure and arrival in Bangladesh needs to be organized or strengthened.
 - ❖ Outreach STI management and follow-up service should be organised especially in the HIV/AIDS prevalent areas.
 - ❖ Partner to partner counseling may be initiated to increasing the attendance of partners for STI control & prevention.
 - ❖ Supply of condom should be ensured.
 - ❖ Half Way Home and VCT facilities need to be extended with increasing capacity to deal with family refusal, social isolation as well as perinatal Care.
 - ❖ Adequate subsidiary lab facilities besides VCT need to be ensured for proper follow up of the HIV infected including ART receivers.
 - ❖ IG grant should be flexible and not in flat scale. It need to be need based according to their interest and skill in different area. A reasonable amount of money needs to be considered for IGA with a provision of repayment in installments.
 - ❖ Creating employment opportunity for people infected and affected with HIV in collaboration with other projects was a very timely and need-based initiative. This should be continued and the same strategy needs to be initiated with other organizations working in the similar area. A strategy development in this relation is important to ensure continuous success of the effort;
- **Anonymous Clinic** for addressing Health Care problems of the PLHAs as well as general population could be a good initiative. Comprehensive care should include- 1st and 2nd line ARV, subsidiary lab test including CD4 count, OIs and ARV side effect management facilities beside expansion of existing facilities of CCS project for the PLHAs need to be established in **one stop clinic**. This center can be incorporated in that anonymous clinic towards reducing hassle of the PLHAs with due accessibility and availability. The concept of anonymous clinic can be considered with the view to avoid chance of Stigma and discrimination.
 - Beyond treatment there are lots of problem exists and emerging around HIV issue, like- family bondage, social reintegration, Rehabilitation of the Widow and orphan that can be actually successfully addressed through **family focus intervention**.

- Upcoming Widow and Orphan problem for reintegration, social and economic empowerment need to be addressed with prior emphasis that can focus to the quality life of Infected and affected based on reality.
- It needs to include assessing women's risks not only in terms of STI/HIV, but also should help women to recognize and overcome gender-based abuse and power imbalances. The initiative can affect their ability to make decisions and take actions to protect themselves from HIV and other harmful consequences;
- The initiative of Care and Support in a comprehensive manner is challenging yet now. It need to emphasize on Advocacy initiatives at national and local level with due follow-up plan for creating enabling environment, accessible and effective treatment for the PLHAs at Govt. set up;
- Regular coordination among the members of trained doctors' pool need to be organized /emphasized so that management towards PLHAs might be more rationalized. Besides, present situation regarding Prevalence, disease pattern, treatment, world update regarding HIV etc. could be shared with the view to maintain quality.
- Counseling support to the HIV infected and affected need to be ensured at a wider scale in different GO/NGO set up. HASAB can be resource organization in terms of continuous capacity building with the area of HIV/AIDS Counseling and Testing for it's strategic partners and referral organizations.
- As it has been found that most of the PLHAs are from migrant worker or their partner, due initiative should be taken to prevent HIV among them through rising knowledge and awareness before migration.

Appendices:

Appendix 1 : List of participants

| Sl.No. | Name | Designation |
|--------|-----------------------------|--|
| 01. | Mahmudul Kabir | Country Director, TDH-NL |
| 02. | Dr. Nazneen Akhter | Executive Director, HASAB |
| 03. | Dr. Shib Ranjan Sarkar | Health Care Coordinator, TDH-NL |
| 04. | M. Ehsanul Haque | Project Officer, TDH-NL |
| 05. | Md Siddiqur Rahman | Director CB & PM, HASAB |
| 06. | Mr. Nazmul Ahsan | Director Finance, HASAB |
| 07. | Mr. Omari Nyantika Onyangar | Technical Advisor from VSO |
| 08. | Md. Javed Hossain | Sr. Accounts Officer- In Charge, HASAB |
| 09. | Dr. Tahmina Sultana | Project Coordinator, HASAB |
| 10. | Md. Khairuzzaman | Lab Technician, HASAB |
| 11. | Ms Lutfunnesa Mukta | Program Organizer, HASAB |
| 12. | Ms Eva Khan | Staff Nurse, HASAB |

Appendix 2 : Schedule of evaluation

| Date & time | Particulars | Participants |
|-----------------|--|---|
| 11 Jan. 2008 | | |
| | JET meeting and planning session | All participants |
| 12 -14Jan. 2008 | Study of records and reports Visit to VCT and halfway Home | Dr. Sarkar, Ehsanul Haque, and Dr. Tahmina Sultana |
| 12 Jan. 2008 | Discussion with target groups, patients, and staff | Mahmudul Kabir, Dr. Nazneen Akhter; Dr. Sarkar, Mr. Siddiqur Rahman, Ehsanul Haque, and Dr. Tahmina |
| 13 Jan. 2008 | Discussion with different stakeholder at Dhaka | Dr. Sarkar, Mr. Siddiqur Rahman, Ehsanul Haque, and Dr. Tahmina |
| | Individual Interview with recipients of VCT & STI service | Dr. Sarkar, M. Ehsanul Haque, Dr. Tahmina, Ms Lutfunnesa Mukta |
| 14 Jan. 2008 | Discussion with management staff on Finance and administrative issue | Mahmudul Kabir, Dr. Nazneen Akhter; Mr. Siddiqur Rahman, Mr. Nazmul Ahsan, and Md. Javed Hossain |
| 20 Jan. 2008 | Discussion with different stakeholders and PLHIV | Dr. Sarkar and Md. Siddiqur Rahman |
| 20 Jan. 2008 | Discussion with Staff of VCT center of Strategic partner | M. Ehsanul Haque, Dr. Tahmina, Ms Lutfunnesa Mukta |
| 29 Jan. 2008 | Presentation of reports | |

List of groups :

Group: 1-To evaluate Finance and Admin

Mahmudul Kabir (Country Director), TDH-NL
Dr. Nazneen Akhter; Executive Director, HASAB
Md. Nazmul Ahsan; Director- Finance, HASAB
Md Javed Hossain; Sr. Accounts Officer, HASAB,
Shahnaz Begum; Admin Coordinator, HASAB

Group: 2

To evaluate Program

Dr. S. R. Sarkar (Health Care Co-ordinator), TDH-NL

Ehsanul Haque, Project Officer, TDH-NL

Md. Siddiqur Rahman; Project-in-Charge, HASAB

Dr. Tahmina Sultana; PC, HASAB

Other staff of CCS project, HASAB

Appendix : 03

HIV/AIDS and STD Alliance Bangladesh (HASAB)

Continuum of Care and Support to the HIV infected and affected (CCS) Project

01 April 2006 to 31 December 2008

| Activities | April 2006-March 2007 | | | April 2006-March 2008 | | | April -December 2008 | | |
|---|-----------------------|-------------|---------|-----------------------|-------------|--------|----------------------|-------------|------------------------------------|
| | Target | Achievement | Varian. | Target | Achievement | Varian | Target | Achievement | Varian. |
| Seminar/sensitization/advocacy meeting with gate keepers/key stakeholders.Session/participants | 02 100 | 02 257 | 157 | 02 100 | 02 416 | 316 | 02 100 | 20 521 | 421 |
| Courtyard sensitization meeting of the infected with relatives & neighbours including local elites and influential. Session/Participants | 04 100 | 04 105 | 05 | 04 100 | 04 81 | (-19) | 04 100 | 01 29 | Sched. in Jan- March2 009 |
| Observance of International Candle light Day | 01 100 | 01 107 | 07 | 01 100 | 01 105 | 05 | 01 100 | 01 117 | 17 |
| Observance of World AIDS Day Participants | 01 100 | 01 115 | 15 | 01 100 | 01 112 | 112 | 01 100 | 01 125 | 25 |
| Development of relevant IEC materials | | | | | | | | | |
| Brochure/leaflet | 1000 | 1000 | 0 | 1000 | 0 | 1000 | 1000 | 2000 | |
| Education materials | 01 | 01 | 0 | 01 | 01 | 0 | 01 | 01 | 0 |
| Purchase of text books for children | 30 | 08 | -22 | 30 | 79 | 49 | 30 | | |
| Collection & adoption of Flip charts of others | 10 | 0 | | 10 | 0 | | 10 | 0 | |
| Baseline assessment of awareness of target population in the project area | 01 | 01 | 0 | 01 | 01 | | | | |
| National level dissemination seminar for advocacy .Participants | 0 | 0 | | 01 100 | 01 58 | (-42) | 01 100 | | Sched. Feb09 |
| Central VCT set up | 01 | 01 | | | | | | | |
| Peripheral VCT centre | | | | 01 | 01 | | | | |
| VCT package service provided | 150 | 151 | | 200 | 205 | | 250 | 243 | |

| | | | | | | | | | |
|---|----------|-----------|---------|----------|----------|------------|----------|-----|--------------|
| General counseling | 230 | 284 | 54 | 310 | 676 | 366 | 380 | 541 | 161 |
| Sexually Transmitted Infection (STI) management | 100 | 08 | (-92) | 140 | 173 | 33 | 160 | 151 | |
| Follow-up of STI cases | 60 | 03 | (-57) | 80 | 75 | (-05) | 100 | 93 | |
| Opportunistic Infection(OI) management | 50 | 09 | (-48) | 70 | 57 | (-13) | 100 | 18 | |
| Halfway Home set up | 01 | 01 | | | | | | | |
| Halfway Home package service for HIV infected and/or affected | 20 | 44 | 24 | 30 | 202 | 172 | 40 | 158 | 118 |
| Capacity building | | | | | | | | | |
| Training on Voluntary Counselling and Testing | 04 | 03 | (-01) | 0 | 0 | 0 | 0 | 0 | 0 |
| Training on General counselling | 05 | 05 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Training on Laboratory technology | 02 | 02 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Training on STI managment | 05 | 05 | (-01) | 0 | 0 | 0 | 0 | 0 | 0 |
| Training on OI management | 02 | 01 | (-01) | 0 | 0 | 0 | 0 | 0 | 0 |
| Training on OI management | 02 | 01 | (-01) | 0 | 0 | 0 | 0 | 0 | 0 |
| Training on ART and side effect management | 02 | 0 | (-02) | 0 | 19 | 17 | 0 | 0 | 0 |
| Care giver's training | 06 | 15 | 09 | 0 | 0 | 0 | 0 | 0 | 0 |
| Training on Positive speaking for selected People Living with HIV/AIDS(PLHA) | 02 | 02 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Training on standard precaution | 02 | 0 | 0 | 0 | 19 | 17 | 0 | 0 | 0 |
| Sensitisation of referral institutions/organiisations | 12 | 12 | 0 | 12 | 27 | 15 | 12 | 0 | Jan-2009 |
| Rehabilitation | | | | | | | | | |
| Family counseling of the infected | 20 | 23 | 03 | 30 | 33 | 03 | 30 | 18 | 0 |
| Social reintegration meeting for family members,neighbours & local elites | 01 20 | 01 44 | 0 24 | 01 20 | 01 54 | 0 34 | 01 20 | 0 | March 2009 |
| Integration of PLHA in the existing employment opportunities | 06 | 05 | (-01) | 06 | 04 | (-02) | 06 | 03 | |
| Skill development/vocational training for HIV/AIDS infected & affected | 06 | 0 | (-06) | 06 | 01 | (-05) | 06 | 06 | 0 |
| Grant support for HIV infected or affected | 06 | 06 | 0 | 06 | 09 | 03 | 06 | 0 | Jan-2009 |
| Staff recruitment & induction | 06 | 06 | 0 | | | | | | |
| Consultation meeting/workshop with strategic partners/Launching(GO & GoB) | 01 40 | 01 100 | 0 60 | | | | | | |
| Implementation planning & team building workshop for HASAB staff & strategic partnersof HASAB | 01 15 | 01 18 | +03 | 01 15 | 01 12 | 0 (-03) | 01 15 | 0 | January 2009 |
| Project co-ordination meeting | 02 30 | 02 30 | 0 | 02 30 | 02 30 | | 02 30 | | Feb .2009 |

| | | | | | | | | | |
|---|----------|----------|---|----------|----------|---|----------|----------|--|
| Process documentation & report publication | On going | On going | | On going | On going | | On going | On going | |
| Preparation of reports(quarterly and annual | 05 | 05 | 0 | 05 | 05 | 0 | 05 | 04 | |
| | | | | | | | | | |

Reasons of variance:

- Coverage of people with Seminar/sensitization/advocacy meeting was higher due to organization and conduction of more meetings.
- The project collected Flip chart & some related produced material from other organizations like AAS, CAAP but could not produce of its own due to budget constraints.
- Following spread of information about the services of CCS project there was increased flow of clients for general counseling.
- In the first year the coverage of patients with STI management was poor as most of the service recipients were either PLHAs or member of their families, who also had access in STI services of other PLHAs support groups. So, they didn't need to seek such services from CCS. However the flow of patients increased from the 2nd year it was increased because of the project initiated of satellite services at various project areas covered by DICs (Drop in Centers) under the HAPP and HATI project (a project of HASAB with the support of UNICEF).
- In the first year the coverage of patients provided treatment for OI was poor and the reason of it has been mentioned above.
- The number of HIV infected and affected that received services from half-way home services was high because of there is lack of such services in Dhaka.
- There was no participants from NGOs in the training sessions of Voluntary Counseling & Testing, general counseling and management of OI due to inadequate linkage with them.
- In the 1st year the project could not organize training on ART and side effect management and standard precaution due to non-availability of resource person or organization in Bangladesh. With the assistance of and support of a VSO volunteer the training was organized and conducted for 19 participants in the second year.

Appendix 03A:

Frequency of Opportunistic Infections among PLHIV (April 2006-jan 2009)

| Year | Oral Thrush | Esophageal Candidiasis | enteric ds (Mostly Diarrhea & Dysentery) | Respiratory Ds & (Pneumonia) | Arthritis | Skin Infection | ARV related side effect Adverse Effect (mostly Severe anaemia and Bleeding disorder) | TB | Herpes | Number of (Cases) | Number of (Cases) | Others and IST | HIV Related Malignancies | | |
|----------------------|-------------|------------------------|---|---------------------------------|-----------|----------------|---|----|--------|-------------------|-------------------|--|--------------------------|-------------------------|-----------------|
| | | | | | | | | | | | | | Kaposi's sarcoma | Carcinoma of the cervix | Other lymphomas |
| 1 st year | 2 | | 10 | 4 | 1 | 3 | | | 1 | 9 | 27 | 5 | | 1 | |
| 2 nd Year | | | 28 | 10 | | 5 | 1 | 1 | | 21 | 57 | 1 Cervical bleeding, 1 Hemorrhoids 9 IST | | Cont (2 times) | |
| 3 rd Year | 3 | 1 | 20 | 5 | | 4 | 17 | 2 | | 18 | 52 | | | Cont | |

Interpretation:

| | |
|---|---|
| <p>Year 1 - 9 PLHAs visited 27 times @ 3 times/person Year 2 - 21 PLHAs visited 57 times @ 2.7 times/person Year 3 - 18 PLHAs visited 52 times @ 2.9 times/person</p> | <p>It was found that the frequency of OIs among the PLHAs attending the clinic reduced by 7% during the evaluation period</p> |
|---|---|

Appendix 4: Documents for monitoring

| | |
|---|---|
| <ul style="list-style-type: none">❖ Clients' Register❖ VCT Register❖ STI Register❖ OI management Register❖ Medicine Register❖ Medicine of STI Register❖ Halfway Home Register❖ Family Counselling Register❖ Laboratory Test Register❖ Register of Reagents | <ul style="list-style-type: none">❖ Baseline Assessment report❖ Reports of sensitization, workshop & seminar.❖ 6 monthly Project Monitoring Report❖ 6 monthly Project Financial Report❖ 6 monthly Newsletter❖ Annual report❖ Monthly Financial❖ Budget/plan/Audit Report❖ Internal Evaluation Report❖ Minutes of Co-ordination meeting❖ Minutes of EC meeting |
|---|---|

Appendix : 05A Visit to Central VCT centre

The central VCT centre is equipped with laboratory equipment, and requisite medicines, testing reagents and other medical supports. Services provided in the VCT include General counseling, Voluntary counseling and testing, treatment for STIs and OIs and follow-up. The JE team members had discussion with the service providers. Following are the findings.

Findings :

Counselling protocol :

- ❖ Counselling protocol is maintained.
- ❖ Risk assessment is done as per guidelines.
- ❖ Risk reduction plan is discussed.
- ❖ Meaning of HIV test is explained .
- ❖ Result of HIV test is clearly given.
- ❖ Emotional support is provided.
- ❖ Referrals for medical support and social support provide.
- ❖ 45 minutes is the waiting time for every client of counseling.
- ❖ Partner notification is done through the recipients of service as there is no outreach follow-up service.

Testing protocol :

- ❖ Testing protocol as prescribed by WHO is used.
- ❖ Testing algorithm is highly sensitive and specific.
- ❖ Every client has to wait for maximum 3 hours to get the result and s/he feels comfort with the waiting period.
- ❖ Maximum Tk 176 to Tk 1306 is spent for test of each client. But it is done free of cost.

Staff performance:

- ❖ Both the counselors are well trained from renowned organization like FHI, ICDDR and HASAB. One of them received training from FHI, ICDDR and HASAB and the other from HASAB.

- ❖ One of the two counselors is familiar with the counseling protocol and can deliver efficiently but another counselor is a bit weak in following the protocol competently and deliver it proficiently.
- ❖ Both the counselors are well informed about other issues relevant to VCT services, options for HIV-positive women who are pregnant, and possible referrals to care and support services.
- ❖ Both the counselors are used appropriately but supervised occasionally.
- ❖ Counsellors in need of assistance seek support of seniors.

Service accessibility and barriers:

- ❖ Target people of peripheral district has to travel a long distance to reach the VCT and their travel cost is very high which they can't afford.
- ❖ Public transport is available to reach the VCT site.
- ❖ People at highest risk are obtaining services.

Service use :

- ❖ People with risk behaviour uses service.
- ❖ Most of the clients complete all procedure. A few people requiring investigation elsewhere fail to complete all procedures.

The JET members made a random sampling with the records of 52 clients shown in the table.

Study of files of VCT clients :

| Occupation | Age | Sex | Marital status | Risk behaviour | HIV test |
|---------------------------|------------|--------|----------------|-----------------------------|--------------|
| Service-13 | 17-27 yrs | Male | Unmarried-07 | Unsafe sex with sex workers | Negative |
| | 25-52 yrs | Male | Married-05 | | |
| | 42 yrs | Female | Married | H/O Blood transfusion | Negative |
| Business-06 | 30-52 yrs | Male | Married-05 | Unsafe sex with sex workers | Negative |
| | 22 yrs | | Unmarried-01 | | |
| | 40 yrs | Male | Married | Unsafe sex with sex workers | HIV-Positive |
| Garment worker-04 | 24-26 yrs | Male | Married-02 | Unsafe sex with sex workers | Negative |
| | 21-22 yrs | | Unmarried-02 | | |
| Weaver-02 | 19-20 yrs | Male | Unmarried-02 | Unsafe sex with sex workers | Negative |
| Rickshapuller-08 | 17-26 yrs | Male | Unmarried-05 | Unsafe sex with sex workers | Negative |
| | 28-45 yrs | | Married-03 | | |
| Scooter Driver-06 | 18-21 yrs | Male | Unmarried-02 | Unsafe sex with sex workers | Negative |
| | 22-35 yrs. | | Married-04 | | |
| Migrant workers-08 | 24-31 yrs. | Male | Married-02 | Unsafe sex with sex workers | Negative |
| | | | | | |
| | 34 yrs | Female | Unmarried-01 | Sex with unknown person | Negative |
| Migrant worker | 35 yrs | Male | Married | Unsafe sex with sex workers | HIV-Positive |
| Migrant worker | 38 yrs | Male | Married | Unsafe sex with sex workers | HIV-Positive |
| Migrant worker | 35 yrs | Male | Married | Unsafe sex with sex workers | HIV-Positive |
| Migrant worker | 40 yrs | Male | Married | Unsafe sex with sex workers | HIV-Positive |

| | | | | | |
|----------------|--------|------|---------|-----------------------------|--------------|
| Migrant worker | 40 yrs | Male | Married | Unsafe sex with sex workers | HIV-Positive |
|----------------|--------|------|---------|-----------------------------|--------------|

| Occupation | Age | Sex | Marital status | Risk behaviour | HIV test |
|---------------------|---|--------|----------------|---------------------------------------|--------------|
| Housewife-05 | 28 yrs | Female | Married | Husband's Unsafe sex with sex workers | Negative |
| Housewife | 27 yrs | Female | Married | HIV-Positive husband | HIV-Positive |
| Housewife | 25 yrs | Female | Married | HIV-Positive husband | HIV-Positive |
| Housewife | 28 yrs | Female | Married | African sex partner | HIV-Positive |
| Sex business | 35 yrs | Female | Married | HIV-Positive husband | HIV-Positive |
| Total-52 | Total male:45(86.5%), Unmarried male-19(42%), Married male-26(58%) Total female: 07(13.5%), Married female-06, Unmarried female-01 | | | | |

Findings :

- There were 09 cases with HIV positive. Out of them 05 men contracted HIV infection as migrant workers while 02 migrant workers injected HIV infection to their wives after return to Bangladesh. Besides 01 woman contracted HIV infection from premarital sex with an African man while a sex worker contracted HIV infection from rickshaw puller husband.
- In reality HIV infection was injected 08 persons (89%) by the migrant workers and foreigner.
- Business men and service holders enjoyed unsafe sex with sex workers in hotels and residential sex workers.
- Rickshaw pullers enjoyed sex with floating sex workers and sex workers in hotels.
- Garments workers enjoyed sex with residential sex workers and floating sex workers.

Observation :

- Lack of knowledge about HIV/AIDS among the recipients of VCT services studied during evaluation.

Recommendations :

- Education on HIV/AIDS needs to be organized or strengthened for the sex workers(floating and hotel based) in their business places, garment workers in garment industry, and for hotel staff.
- Strong Advocacy for HIV screening of migrant workers at the port of arrival in Bangladesh needs to be organized or strengthened.

Appendix: 05B

Individual interview with recipients of STI and VCT services

The JET team members had an informal discussion with 06 people who were recipients of STI treatment and VCT service. Discussion was done on individual basis. 05 of them were male and 02 were female. Among the male 02 were rickshaw pullers, 01 ambulance driver and 01 small businessman. Among the female 01 was garment worker and 01 was a cook in a mess. Discussion was done on individual basis.

Findings regarding VCT & STI management:

- All the respondents could describe the major steps of VCT except one female who actually found at low level of understanding
- All of them except one was found to have knowledge mode of transmission and prevention of HIV and other STI, and vulnerability of STI towards HIV and associated risk behavior.
- All of them were found to have knowledge about necessity of Voluntary Counseling and testing (VCT) and its different steps.
- They came to know about STI during receiving services from respective VCT center and followed by Different Booklets and leaflet
- It was found that the VCT service receivers are interested and also in practice to refer other people at risk to VCT center and sometimes accompanying them to the respective services.
- ❖ Discussion was also conducted with service provider of the respective DIC under HATI project of HASAB, the client served by CCS project live in the geographic area covered by HATI project. The service providers said that Single dose therapy in the treatment of STI services causes fear or misconception like infertility and paralysis of the receivers.

Appendix : 06 Visit to VCT centre of AAS at Sylhet(peripheral VCT)

- ❖ The JE team members such as Dr. Tahmina Sultana, Lutfunnesa Mukta of HASAB and Md. Ehsanul Hoque of TdH-NL visited the Sylhet VCT centre of AAS.
- ❖ The VCT centre is found with appropriate equipments, manpower and well furnished. The centre of AAS provides VCT services twice in a week. A total of 30-40 persons get VCT services from this centre in a month. HASAB supports the VCT centre partially under CCS project. SMC (Social Marketing Company), BSWs (Bandhu Social Welfare Society), Jagori of ICDDR,B provides VCT services for specific target group in Sylhet.
- ❖ The JE team members attended the monthly meeting of 31 PLHAs (14 Female and 17 males) on 20th January 2008. All of them were from lower income group or day labour community. The team found that 80% HIV persons are from Migrant Worker Community.
- ❖ The members share their problems with Peer Educators, Counselors and also get treatment services from graduate doctors at that day. Every member has a treatment book, where doctors keep records and can follow up. One Professor and a doctor of Osmani Medical College Hospital along with Dr. Mohammad Abdul Hannan Tareq attended the patients on the day of visit. Dr. Mohammad Abdul Hannan Tareq is the part time physician of this VCT centre. It was gathered that with the financial and technical support of WHO AAS has trained 28 doctors of OMCH this year from Bangkok.
- ❖ This is mentionable that some doctors of Osmani Medical College Hospital provide treatment at that VCT centre on voluntary basis. At present the doctors of OMCH refer HIV positives to AAS, because there is no scope for the treatment of these types of patients in OMCH.

Challenge in recruitment of female doctors: Previously one unmarried female doctor showed her interest to join in AAS to provide medical services to the PLHAs. She discussed the matter with her family. But her family did not allow her to join in AAS. Because her family member thought that this job might be a barrier for her marriage. MS. Habiba Akhter Executive Director of AAS mentioned that this is still a problem for recruiting female doctors.

Relevance: More than 200 PLHAs are members of AAS. Since the highest number of HIV positives have been detected in Sylhet division. Three organizations provide VCT services for specific vulnerable group. For example: BSWs is providing VCT for MSM, Jagori and SMC is providing the same service for sex workers. Service was not available for different group of PLHAs. Previously the vulnerable groups had to go to Dhaka for HIV test, which was costly for them and also hazard with ill health. So, HASAB selected the VCT centre of AAS at Sylhet to provide services for all groups of vulnerable groups.

Efficiency:

Since, AAS has been organizing monthly members' meeting, so the centre is able to cover maximum number of PLHAs under VCT services. Medical Officers attend patients three days in a week. Dr. Shafir Uddin Professor of Osmani Medical College attend patients on call basis. The PLHAs organize courtyard meeting on HIV and AIDS and participate in motivational activity. Local language (Sylhete dialect) was a problem for this community for getting information about HIV and AIDS. Because Sylhete dialect is one of the different dialects in Bangladesh which has different accent and sound. Now they are getting this service with their local language. Because the peer educator and VCT counselor are from Sylhet division.

Effects : PLHAs are getting information about HIV and AIDS regularly and as per their need. They are also getting information to over come the social stigma. Now a day, the social stigma is being reduced gradually but not significantly. Previously the PLHAs were not allowed to take bath in the same pond or work together which is absent now. The PLHAs feel comfortable and happy while receiving counseling from a PLHA. Since they don't need go to Dhaka as they are getting the VCT service at low cost.

Appendix: 07 Focussed Group Discussion with PLHAs

The JET team members had an informal discussion with a group of 08 people who attended the CCS project for collecting financial grants allocated for them Out of the 06 were 6 PLHIV and 2 affected people. Following were the outcomes.

- ❖ All of them knew about VCT (04 about VCT of HASAB and 04 about VCT of Ashar Alo Society) as they were recipients of services from the aforesaid organization.
- ❖ All of them were recipients(New-03 and Repeat-05) of different services of CCS project.
- ❖ All of them were found to have knowledge about necessity of Voluntary Counseling and testing (VCT) and its different steps.
- ❖ All of them were found to have knowledge about risk and mode transmission of HIV infection and measures of prevention.
- ❖ Knowledge about attempts of Positive living by the HIV positives.
- ❖ Almost all of them contracted HIV infection from abroad or from their partners who were actually migrant workers in Malaysia, Indonesia and Saudi Arab.

- ❖ According to them services for the PLHIV are not available in the area near to their residence and even in the district level. For treatment of OIs or any other physical problem they have to come to specific NGOs/GOs clinic or Hospital in Dhaka or Divisional town which is sometimes hazardous that causes worsening of the disease.

- ❖ All of them mentioned clearly about different services that are provided in the Halfway Home and appreciated the quality and hospitality. they got enough ventilation and psychological support from HASAB Half Way Home and expressed hope of continuation of the services with due expansion in regards to services and geographical location.

- ❖ According to the respondents, stigma and Discrimination towards PLHIV and their family reduced at the time of intervention towards PLHIV by different Organization including the SHG as well during previous ½ years but existing yet now. But it was found from discussion that in the area under intervention through Community sensitization and Courtyard meeting, more enabling environment established in favor of the PLHIV. The families which have been counseled following courtyard sensitization meeting turned to supporting in all sense for the PLHAs that was in a reverse situation earlier.
- ❖ Families of 06 PLHIV received Family Counseling that helped their reintegration in the family as well as society. 05 of them received vocational training which made them eligible to be capable for getting respective IGA support and its proper utilization.
- ❖ It was gathered that they would invest the money in existing Cow and Goat rearing business so that it will help to increase Income and provide support in maintaining basic needs of the family. But the amount was too little to buy cow .Hence the grant receiver will buy goat and apply knowledge they gathered in the vocational training towards generating income and maintenance of the family.
- ❖ One of the respondent was suffering from TB which created more complication leading to replication of poverty of the affected family.

Finding from the Focal Group Discussion with respondent was - the Grant should not be fixed, It needs to be decided regarding individual needs and this small amount can be capitalized through proper utilization and Supportive supervision from the providers

Appendix : 08 Discussion with some gate keepers in Kaligonj

The JET members had informal discussion with some of the people who participated in the sensitization meeting the office of Kaligonj ADP, World Vision in 2006. They were organized by the management of HASAB in collaboration with Kaligonj ADP, World Vision.

Findings :

- The participants were found very co-operative and enthusiastic about the discussion.
- According to the teachers of Secondary school it was gathered that messages on HIV/AIDS have included in the syllabus of students of Class-VIII & onwards. Accordingly the teachers of secondary schools have been teaching the students on HIV/AIDS.
- The Teachers pointed out lack of audio-visual materials in disseminating the messages on HIV/AIDS.
- One of them narrated his role in reducing social stigma and accommodation of a child of a deceased of HIV.
- According to most of the participants the only seminar/sensitization meeting of 2006 was not adequate enough for Kaligonj Upazilla and suggested for more seminar/sensitization meetings.
- All of them were found to have requisite knowledge of HIV/AIDS.
- Their knowledge on mode of spread, risk behaviour and preventive measures seemed to be more than 75%.

List of participants :

| Sl. No. | Name of participants | Designation | Organisation |
|---------|---------------------------|------------------------|--------------------------------------|
| 01. | Mr. Alio Biswas | Project Manager Health | Kaligonj ADP, World Vision |
| 02. | Mr. Swapan Kumar Acherjee | Head Master | Baligaon High School |
| 03. | Sister Pushpa | Programme Manager | St Mary's mother & Child Health Care |
| 04. | Mst Josna Begum | Head Teacher | Intervida Bangladesh |
| 05. | Mr. Joachim Purification | FO(MFP) | CARITAS |
| 06. | Md. Zasimuddin | PO-Disaster Management | Kaligonj ADP, World Vision |
| 07. | Md. Rafiqul Islam | Superintendent | Malgaon Daral-ulam Dakshin Madrasah |
| 08. | Ms. Sufia Begum | UFPO | Upazilla FP Office, Kaligonj |
| 09. | Md. Arman Miah | WATSAN Project CV | Kaligonj ADP, World Vision |

Appendix : 09 Discussion with neighbours of a PLHA

The JET members had informal discussion with some of the neighbours of a PLHA who participated in the court yard sensitization meeting in a village at Kaligonj Upazilla. They were organized by HASAB with the help of a village woman. 07 women participated in the meeting.

Findings :

- ❖ The participants were found very co-operative and enthusiastic about the discussion.
- ❖ According to all of them only one court yard meeting was not enough for the people of the entire village.
- ❖ All of them were found to have basic knowledge of HIV/AIDS.
- ❖ Their knowledge on mode of spread, risk behaviour and preventive measures seemed to be more than 60%.
- ❖ All of them were found to have positive attitude towards people infected with HIV/AIDS.

Appendix:10 Meeting with strategic partner of HASAB:

The JE team consists of 4 members visited the Ashar Alo Society. This organization receives technical support from HASAB through Half Way Home in Dhaka and providing VCT services in Sylhet.

The following members attended the meeting:

| Sl. No | Name | Designation | Organization | Remarks |
|--------|---------------------|------------------------------------|--------------|---------|
| 1. | Dr. S.R. Sarkar | Health Care Coordinator | TdH-NL | |
| 2. | Habiba Akhter | Executive Director | AAS | |
| 3. | Asma Parvin | Team Leader GFATM project | AAS | |
| 4. | Siddiqur Rahman | Project Manager | HASAB | |
| 5. | Dr. Tahmina Sultana | Project Coordinator CCS project | HASAB | |
| 6. | M. Ehsanul Hoque | Project Officer | TdH-NL | |

Mrs. Habiba Akhter, Executive Director, Ashar Alo Society (AAS) welcomed all for attending the sharing meeting at AAS. At the beginning of the meeting the participants introduced themselves with each other. Mrs.

Habiba Akhter described about the background, history, activities, achievements and challenges of AAS starting from its' inception.

Ashar Alo Society (AAS) is a community based non-governmental voluntary organization registered with Joint Stock Companies and Firms of Bangladesh.

It was formally established in 1st August 2000 as a formal entity of People Living with HIV AIDS (PLHA) and got regional recognition through project on Greater Involvement of People Living with AIDS (GIPA) since September 2001. AAS has been working for rights, support, care, empowerment and greater involvement of people living with or affected by HIV and AIDS in Bangladesh. Ashar Alo Society started working as the first independent self-help group of PLHA in Bangladesh since 1st January 2002 with the support from Family Health International (FHI). Afterward AAS has been receiving financial support from UNDP-Regional HIV and development Program, UNICEF, CCDB, Action Aid Bangladesh, HASAB, CAFOD and Tides Foundation.

Characteristic of staff: Total staff-60 with HIV positive(60%) and non-positive person(40%).

Executive Committee : Seven members (06 are HIV positive) are in the Executive Committee.

All the members play significant role in the EC, General body and at different levels. PLHA members also take part in different major activities such as peer counseling, peer education, community sensitization meeting, experience sharing with Most at Risk Population (MARP) as well as in different forum.

Target Group of AAS:

- HIV/AIDS infected people (PLHA);
- Affected People e.g. Spouses and Family Members of PLHA;
- People who are most at risk of getting HIV / AIDS e.g. Injecting Drug Users (IDUs), Sex worker, Male having Sex with Male (MSM), Transgender, Migrant Worker;
- Vulnerable community and general population.

Currently, a total of 612 HIV positive persons are the member of AAS among 1495 HIV positive persons. The highest member is found in Sylhet followed by Chittagong. AAS is covering 05 districts (Dhaka, Chittagong, Sylhet, Jessore and Khulna) of 04 divisions (Dhaka, Chittagong, Sylhet and Khulna) among 06 divisions.

The detail activities of AAS include:

- Bringing PLHA under Programme Coverage;
- Education, counseling and condom promotion for the infected and affected;
- Health care and treatment support for people living with HIV and AIDS;
- Advocacy, Networking and Sensitization programmes;
- Conduct Training for the PLHA;
- Capacity building initiative for increasing competency of project staff of AAS;
- Provide support to the Infected & Affected Women & Children;
- Formation of PLHA Counselors' support group for ensuring quality counseling;
- Advocacy and networking with public and private stake-holders for reducing stigma and discrimination and establishing linkages for continuum of care;
- Scale up care and support services to other division and district;
- Conduct rapid situation assessment for geographical expansion;
- Continue linkage with existing HIV Counseling and Testing (CT) centers, diagnostic centers, hospitals and village doctor;
- Publish autobiography of PLHA and case study of PLHA;
- Link with MACCA, faith-based initiatives and religious institutes of other faiths;
- Establish greater linkages between HIV care, support and prevention efforts.

Services available at AAS:

- VCT Services at Dhaka, Sylhet and Chittagong;
- Knowledge sharing on HIV and AIDS;
- Provide Counseling (Pre test & Post test counseling, Peer counseling, Follow-up counseling, Spousal/partner counseling, Family counseling, Care-giver counseling, ART counseling, Nutritional counseling);
- Provide psychiatric treatment support;
- Out patient clinical services;
- Treatment of OIs (Opportunistic Infections);
- Pathological and other testing;
- Necessary support and referral for inpatient services;
- Provide ART;
- Provide food & nutritional support to the HIV infected & affected women & children;
- Home visit for psycho-social support and family counseling;
- Coordinate for legal support;
- Distribute condom (with demonstration);
- Arrange monthly member's day;
- Provide training to the HIV/AIDS infected & affected:
 - Peer education training
 - Leadership training
 - Positive living training
 - Care Giver training
- Coordinate vocational training;
- Conduct community sensitization meeting to reduce stigma & discrimination related to HIV/AIDS;
- Conduct courtyard meeting to increase social acceptance and reduce misconception among the neighbors;
- Help line service (detail of this service is as follows);

(HELP LINE SERVICE): The helpline service provides information and counseling service for those people who are interested to know about HIV, AIDS and STI without face to face contact. The service is open to all from Sunday to Thursday from 9:00 am to 5:00 pm. Two-trained counselor provide information about HIV, AIDS and STI over phone through its HIV Helpline Project. The number is **01732801001 and 8153042**.

There is no facility for STI testing in AAS. They are referring those cases to IBN SINA diagnostic centre where they are getting 45% discount from the total charge. AAS is also referring to Mere Stops clinic for STI test. There is a Doctor's pool that is providing treatment to PLHAs referred by AAS. Name of some doctors are given below:

1. Dr. Sirajuddin
2. Dr. Shafir Uddin
3. Dr. Nilufar Yeasmin

Current project and respective Donors of Ashar Alo Society (AAS):

1. Peer Support for People living with HIV and AIDS – funded by Family Health International/USAID;
2. Promoting Rights of Extreme Socially Excluded People (PRESEP)- funded by HASAB/ Manusher Jonno Foundation;
3. VCT and Treatment support for PLHA in Bangladesh- funded by CAFOD (Catholic Agency for overseas Development);
4. Ensuring treatment rights, Education Empowerment for positive women, Children and other PLHA- funded by Tides Foundation and collaborative fund;
5. Care and Support for People Most Affected by HIV and AIDS (PLHA)- funded by GFATM (Global Fund for AIDS, Tuberculosis and Malaria), Managed and supported by Save the Children-USA and NASP;

6. Treatment Care & Nutrition for PLHA- funded by HASAB;
7. HIV helpline project- funded by VSOB (Voluntary Overseas Development Bangladesh)/EJAF.

Involvement at Policy level:

- Habiba Akter, Executive Director of AAS is a member of CCM (Country Coordination Mechanism);
- AAS is member of STI/AIDS network;
- Participated in different National level Meeting/Workshop, Strategic Planning; Curriculum, Module, Guideline, SOP, HIV work plan policy, development procedure.

Challenges:

1. There are 84 VCT centres in Bangladesh. Most of them have no facility for VCT;
2. It is better to start ARV when CD-4cell count came down to 350 per micro litre as per WHO advice. Normally WHO suggests for starting ARV when CD-4 came down to 200 per micro litre. But sometimes AAS waits upto 50 per micro litre due to non-availability of ARV; Please be informed that the normal CD-4 cell count is in between 410-1590 per micro litre.
3. Limited resource allocation in care & treatment for PLHA;
4. Required services for the PLHA are not addressed properly at all level;
5. Ensure comprehensive care and treatment program for PLHA;
6. Social reintegration;
7. Stigma & discrimination in family, society and health care facilities;
8. Lack of awareness & fear of disclosure leads to seek support in terminal stage;
9. Low economic status leads to interrupted treatment service.

Potential areas of work in the coming years:

1. Empowerment of PLHA especially for Women;
2. Staff Capacity building;
3. Educational support to orphan, affected & infected children;
4. Capacity building of peer counselor;
5. Vocational training and IGA support in a wider scale;
6. Nutritional support to the PLHA;
7. Technical support for home-based care;
8. Advocacy to ensure rights of the PLHA;
9. CD-4 cell count and other necessary testing facilities for the PLHA;
10. Training/orientation for health service providers;
11. Community sensitization meeting to create enabling environment;
12. Advocacy for ensuring inpatient services in a friendly environment;
13. Advocacy with media;
14. Contribute to HIV prevention in Bangladesh;
15. Human Rights and Gender Issue.

Strategic Direction

Goal 1. Expansion of treatment, support and services for people infected with and affected by HIV and AIDS

Strategy 1.1. Continue providing services to PLHAs and family members.

Strategy 1.2. Increase opportunities for PLHAs and family members to receive more services.

Strategy 1.3. Bring more PLHAs and family members under program coverage

Goal 2. Greater involvement, reduced stigma and discrimination and equal rights for people infected with and affected by HIV and AIDS

Strategy 2.1. Conduct advocacy with GOs, NGOs, donors, private sector, and communities
Strategy 2.2. Conduct one-to-one and public campaigns

Goal 3. Greater linkages between HIV care, support, and prevention efforts

Strategy 3.1. Encourage and support PLHAs to take a public role in preventing HIV
Strategy 3.2. Network with prevention organizations to better incorporate care and support

Goal 4. A national network for coordination of and technical assistance to PLHA support groups

Strategy 4.1. Increase capacity of AAS for coordinating a network of PLHA support groups
Strategy 4.2. Coordinate with PLHA support groups and other national and international organizations to establish a national network.
Strategy 4.3. Provide technical assistance to PLHA groups within the network and to others
Strategy 4.4. Establish and maintain a resource and training center

Goal 5. Contribute to HIV prevention in Bangladesh

Strategy 5.1. Provide information to the most at risk population (MARPs)
Strategy 5.2. Working with IDUs through coordination and referral linkage with relevant organizations.
Strategy 5.3. Provide information to the vulnerable community as well as general population through community volunteer and peer educator.