

# Annual Report

Ashar Alo Society (AAS)

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## 2016



**House-13, Road-6, Block-B, PC  
Culture Housing, Adabor,  
Mohammadpur, Dhaka-1207**

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Published by:

**Ashar Alo Society**

House-13, Road-6, Block-B  
PC Culture Housing, Adabor,  
Mohammadpur, Dhaka-1207

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## Acronyms:

AAS	:	Ashar Alo Society
AIDS	:	Acquired Immune Deficiency Syndrome
ART	:	Anti Retroviral Therapy
ARV	:	Anti Retroviral
BCC	:	Behavior Change Communication
CAAP	:	Confidential Approach to AIDS Prevention
CSM	:	Community Sensitization Meeting
CMD	:	Combined Members Day
EC	:	Executive Committee
ED	:	Executive Director
GFATM	:	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOB	:	Government of Bangladesh
HASAB	:	HIV/ AIDS and STD Alliance in Bangladesh
HCP	:	Health Care Provider
HIV	:	Human Immunodeficiency Virus
ICDDR,B	:	International Center for Diarrhea Disease Research of Bangladesh
IDU	:	Injecting Drug User
IGA	:	Income Generating Activity
LLA	:	Local Level Advocacy
MSM	:	Men having sex with Men
MAB	:	Mukto Akash Bangladesh
MARP	:	Most at Risk Population
NASP	:	National AIDS and STD Program
NGO	:	Non-Government Organization
OI	:	Opportunistic Infection
PCP	:	Pneumocystic Carini Pneumonia
PPTCT	:	Prevention of Parents to Child Transmission
PLHIV	:	People Living with HIV and AIDS
PRESEP	:	Prevention Rights of Extreme Socially Excluded People
SHG	:	Self Help Group
STI	:	Sexually Transmitted Infection
UB	:	Uthan Baithak
NGPPs	:	Non Graduate Private Practitioners

## Preface

Ashar Alo Society (AAS), a peer support group of PLHIV in Bangladesh was formed in 1998 with a promise of saving lives of PLHIVs by ensuring their treatment, care, support, rights and empowerment as well as greater & meaningful involvement of PLHIV and creating a society that is free from stigma and discrimination. From the forming stage AAS followed a systematic approach of organizational development.

We are delighted to report another year of steady growth and progress of AAS. The organization has passed 18 years from its formation and become a leading peer support group for those people who are infected with and affected by HIV/AIDS. We appreciate the continuous effort to ensure care and treatment support for the PLHIV and envious thereby a highest level of service delivery for them. At the same time we feel empathy for those families who had lost their member for this unexpected disease.

However, recognized as peer support organization to provide treatment, care and support services AAS is contributing HIV prevention through diagnosis by establishing HIV testing centre and reaching a large number of PLHIVs under its program coverage in each year. The organization helps to create understanding positive views and attitude towards the lives of PLHIV and therefore contributes to reduce stigma and discrimination. Till December' 2016 a total number of 2496 PLHIVs have been brought under the service coverage which is the major portion of government reported case.

It is true that the needs of PLHIVs are sometimes so much larger than the capacity to meet them. Therefore, AAS worked with growing and diversified needs of members and others stakeholders. From 2009 to till AAS enter into the dynamic process through leading with others partner in consortium approach. The result has shown that it is possible to expand the coverage of service with the collaborative effort from GO, NGO development and corporate agencies.

I acknowledge and appreciate the support, cooperation and contribution from General Council, Executive Committee and all staff of AAS. Finally, I would like to thank all donors, GOB, partners & non partners, media, other direct & indirect stakeholders, well wisher of AAS for their continuous support and inspiration to AAS.



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Habiba Akter  
Executive Director

## Executive Summary

Year 2016 can be mark as transition period for Ashar Alo Society. As most of the projects managed by AAS is in the door of page out but still remains in need of more funding, technical support and unlock facilities from donors, service rendering organizations and government as well. As, the number of PLHIV is increasing day by day, It was harder to manage everything with the limited resources. The year 2016, total 2496 PLHIV took services from AAS. Total 1324 PLHIV received ARV in 2016.

So, it could be said apparently that a mounting challenge is ahead from the national point of view. However, the organization ensured support to its beneficiaries, their family members and relatives affected by HIV/AIDS to attain its objectives and goal. In 2016 AAS disseminated information that providing care and support to those living with HIV/AIDS, has become as important as preventing HIV/AIDS. The core concept includes voluntary counseling and testing, nursing care, elimination of stigma related to HIV, partnership building between various providers and clinical management of symptomatic HIV infection using ARV drugs. AAS performed a variety of activities to keep its commitment to PLHIV and the country promise.

HIV Testing & Counseling (HTC) support is one of the key components of AAS. During this year AAS has provided HTC services to 2752 persons where 217 people are found HIV positive. A total 1814 PLHIV were provided health check up and OIs medicine. In addition, 652 times nutritional support was provided to children who are on ART and 246 times nutritional support was provided to PLHIV who are anemic and suffered by ART side-effects. PLHIV have low skills and education to deal with a difficult socio-economic condition. As part of capacity building and improving knowledge on treatment education, AAS organized 245 educational sessions with PLHIV in the CSTC/HTC centers where 1809 PLHIV attended. During this period, AAS provided support to 278 PLHIV for pathological test including CD4 test.

Another significant initiative is train health care providers of Govt. Hospital and NGO settings specially HIV clinical management particularly on STI, ART & OIs management issues to increase access to treatment of PLHIV. Total 40 Health care providers received this training. Because still there is stigma & discrimination exist in the health care settings which sometimes discourage people to know or share their HIV status.

During the period, 05 batches training with caregivers were conducted where a total of 102 participants (Male-47 & Female-55) received the training. Total two batches ART OIS Management training conducted in this period at IDH and Sadar Hospital Cox's Bazar. There were 37 doctors from Sadar Hospital Cox's Bazar and IDH.

A total of 64 home visits were conducted where 234 family members/neighbours/relatives were met. These visits also help to monitor ART adherence of PLHIV. 569 networking visits were conducted where 1092 relevant Stakeholders were met.

However, ensuring continuum of care to the PLHIV requires comprehensive service package delivery including some essential support services e.g. treatment for OIs, surgical intervention, nutritional support, more alternative livelihood and so on. It is also important

to give emphasize on improving infected and affected women and children life through ensuring gender equality, educational support for children, food & shelter for AIDS orphan.

To share different experiences and feelings, PLHIV meet each other through group educational sessions. Besides, that counselors and staffs of AAS also shared different social and programmatic issues in that day. Here people know how to lead a positive life. In this reporting period 159 group educational sessions conducted. AAS also provides different counselling to the PLHIV e.g. peer counselling, Ongoing counselling, Partner counselling, Nutritional counselling, ARV drug adherence counselling as part of psychological and mental support. A total of 3159 counselling sessions were provided from Dhaka, Sylhet, Chittagong, Benapole, Moulovibazar, DMCH, SOMCH, BSMMU, Cox'sbazar and CMCH centre. AAS also provides caregiver counselling to the family member of PLHIV to ensure support towards the PLHIV

Total 557 presumptive were tested for TB among them total 09 detected smear positive. Total 68 PLHIV (Dhaka-51, Sylhet-09, Chittagong-08) received TB treatment among them Male- Female- Child-01. TB-HIV co infection is a prior issue that needs to share with different categories of populations. In this reporting period AAS conducted total 17 batches orientation & networking program with NGOs staff and 8 batches orientation & networking program with NGPPS.

For ensuring a treatment rights, reducing stigma & discrimination and creating an enable environment AAS conducted an advocacy meeting with MOHGW, DGHS and other govt stakeholder.

AAS has, indeed made remarkable progress last year in evolving into one of the well-regarded congregation of organization because of their skill, expertise, and experience on vast arena of HIV care through offering comprehensive care & support to the PLHIV in Bangladesh in a standard manner.

## AAS: An Overview

### Organizational Profile:

Ashar Alo Society (AAS) is the pioneer and largest peer support group of PLHIV as well as national level NGO for people with HIV/AIDS, works toward establishing rights, care, support, empowerment, and greater & meaningful involvement of people infected with and affected by HIV and AIDS in Bangladesh. AAS is renowned as one of the key stakeholder for its roles in the field of HIV response in South Asian Region. AAS has contributed in the area of care, support ART, policy advocacy in Bangladesh. It has about 19 years of extensive experiences and national-international recognition for outstanding performance in the arena of social mobilization and policy advocacy to ensure stigma and discrimination that are caused by HIV and AIDS in Bangladesh. As a PLHIV organization AAS has established strong access to the different ministries and other civil society stakeholders with sound working relationship. AAS has proven track record of high level competency to sensitize and mobilize policy makers and potential authorities through evidence based advocacy to be more proactive on the HIV/AIDS issues in creating enabling environment for people infected with and affected by HIV/ AIDS in Bangladesh.

### Vision:

Ensure quality of life and a discrimination free society for the PLHIV in Bangladesh.

### Mission:

AAS as an organization of PLHIV working for those infected with and affected by HIV and AIDS; for improving the quality of life, ensuring rights and services, encouraging greater & meaningful involvement, capacity enhancement of PLHIV group and contributing to HIV prevention in Bangladesh.

### The Core Values of AAS:

- **Mutual respect:** We maintain mutual respect, a proper regard for the dignity of person or position.
- **Confidentiality:** We must respect the confidentiality of any individual
- **Hope:** We enhance hope for life and future is the greater emotional component than mere expectation.
- **Diversity:** We are open, multi-lingual, multi-ethnic, multi-cultural and inclusive.
- **Equality:** We guarantee equal conditions and opportunities for all our members.
- **Transparency:** We operate in an accountable and transparent manner - both internally and towards external stakeholders.
- **Participation:** We are committed to enhance greater and meaningful involvement of PLHA in all spheres of development
- **Partnership:** We give preference to partnership approach that strengthens coordination and networking.
- **Sustainability:** We strive towards reaching institutional and financial sustainability.



### **Legal Status of the organization:**

AAS was registered under the Ministry of Social welfare (Reg. No. - 07153) dated 3<sup>rd</sup> September 2002 & registered from NGO Affairs Bureau (Reg. - NGOAB-2181), dated 28<sup>th</sup> December 2006.

### **Present Donors:**

- HPNSDP (Government/World bank)
- The Global Fund managed by Save the Children
- Link-up
- Australian Aid by Save the children
- The Global Fund managed by BRAC
- UNAIDS
- UNICEF

### **Key focus areas of work in HIV/AIDS field:**

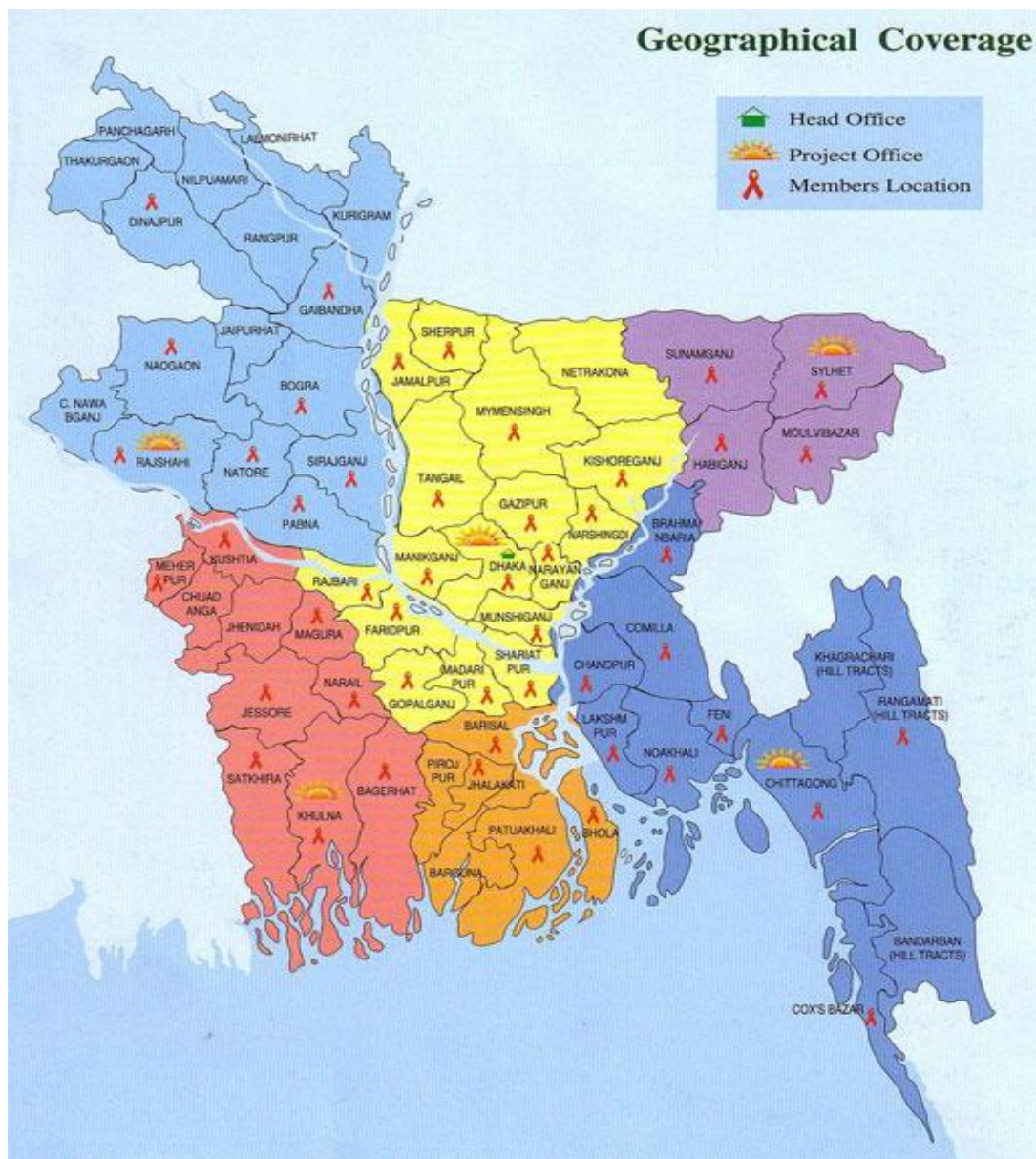
AAS has extremely focused on ensuring care & support and contributing to HIV prevention effort in Bangladesh through evidence based advocacy and other necessary initiatives.

Major focused areas of work are as follows:

- Creating awareness to remove barriers, stigma and discrimination about HIV and AIDS through advocacy initiatives and community programs
- Counseling of people infected and affected by HIV and AIDS
- Provide treatment, care and support for PLHIV
- Develop & distribute IEC & BCC materials
- Provide training to the PLHIV and affected people about care giving, leadership, advocacy, peer education
- Empowering PLHIV economically by providing vocational training and income generating activities with grant money
- Ensure and support the greater involvement of PLHIV in policy & implementation level
- Advocate the pertinent issues with different stakeholders to prevent HIV and to establish the rights of PLHIV
- Establish and strengthen linkage with government's agencies, national organizations to enable better delivery of services for people infected and affected by HIV and AIDS
- Hosting exposure visit for different groups of people e.g. Health care provider, development partners, law enforcement agencies, religious leaders, journalists, celebrities, relevant international team, NGO workers, MARP as a part of advocacy and sensitization.
- Conduct advocacy meetings with relevant stakeholders e.g. GO-NGO Policy makers, legal support providers, media, development partners, HCP

## Geographical Coverage:

Geographically, AAS has covered PLHIV from 57 districts distributed in 7 divisions. AAS has been providing services to the PLHIV through the office setup and service center in 7 districts (Dhaka, Sylhet, Chittagong, Khulna and Benapole, Jeshore, Cox,s Bazar, Moulvibazar) of Bangladesh.



Rajshahi Division

Khulna Division

Barisal Division

Dhaka Division

Sylhet Division

Chittagong Division

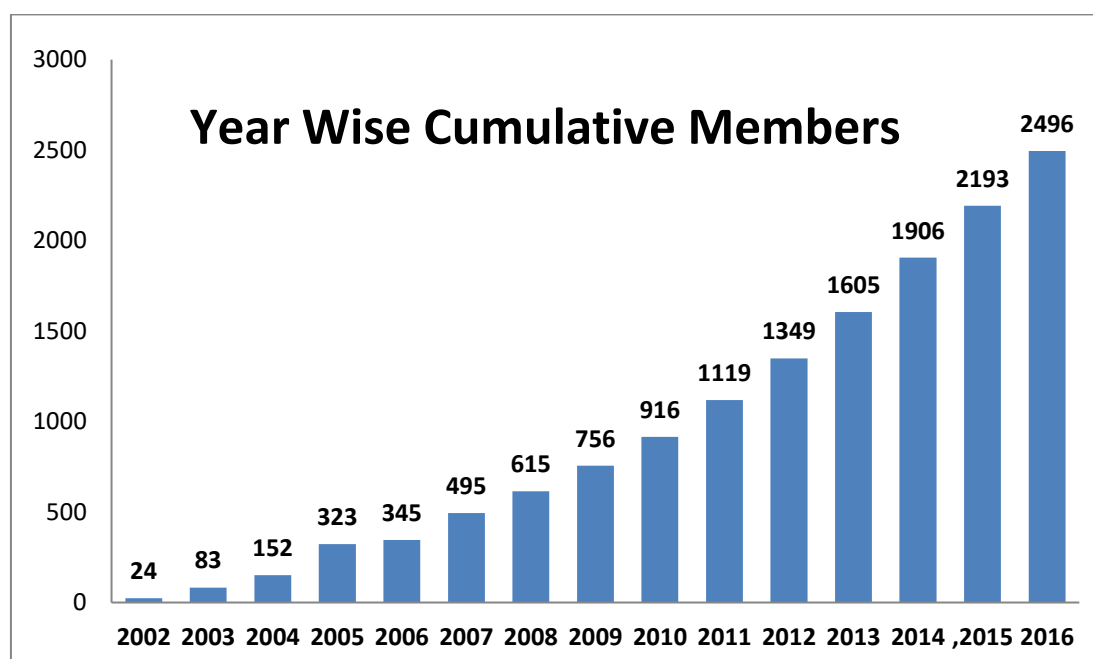
At the end of the December 2016 the total number of registered PLHIV member of AAS was 2496 among them 1814 regular members received different types of services from the organization regular basis. In 2016, total 303 new members were registered in AAS. During this year total 83 PLHIV had died also due to AIDS defining illness.

PLHIV members are coming from all over the country, where AAS providing services through its 3 centers (Dhaka, Sylhet and Chittagong). Following number of PLHIV were covered by the mentioned centers.

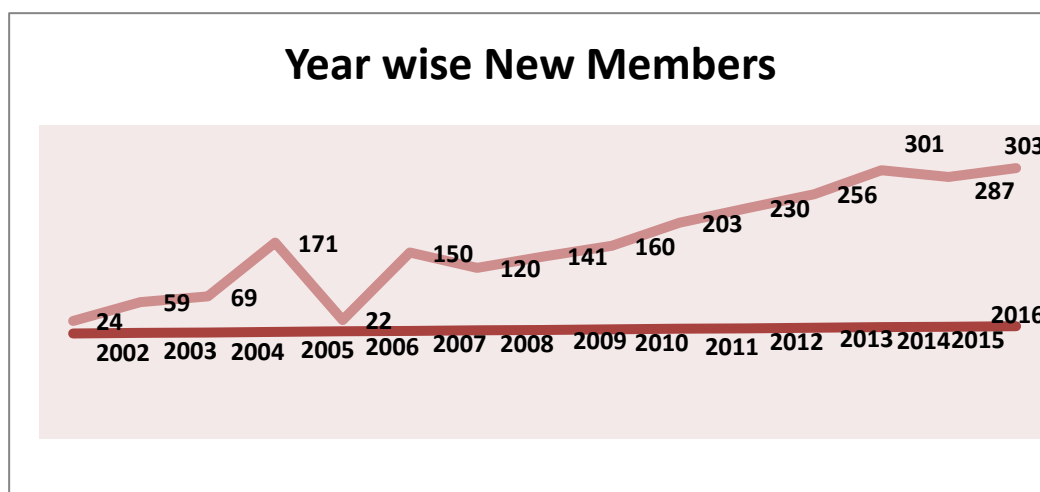
**Division wise coverage of members (PLHIV) status:**

Division	Total Reg. Members					Total Died Members					Total Alive Members				
	M	F	C	TG	Total	M	F	C	TG	Total	M	F	C	TG	Total
Dhaka	782	412	50	16	1260	183	45	5	2	235	599	367	45	14	1025
Sylhet	490	244	56	4	794	241	51	14	1	307	249	193	42	3	487
Chittagong	262	141	37	2	442	107	30	3	0	140	155	111	34	2	302
<b>Total</b>	<b>1534</b>	<b>797</b>	<b>143</b>	<b>22</b>	<b>2496</b>	<b>531</b>	<b>126</b>	<b>22</b>	<b>3</b>	<b>682</b>	<b>1003</b>	<b>671</b>	<b>121</b>	<b>19</b>	<b>1814</b>

**Year wise AAS members:**



**Year wise enrollment of PLHIV (new member):**



### Major Activities

#### Comprehensive Care, Support and Treatment of People Living with HIV

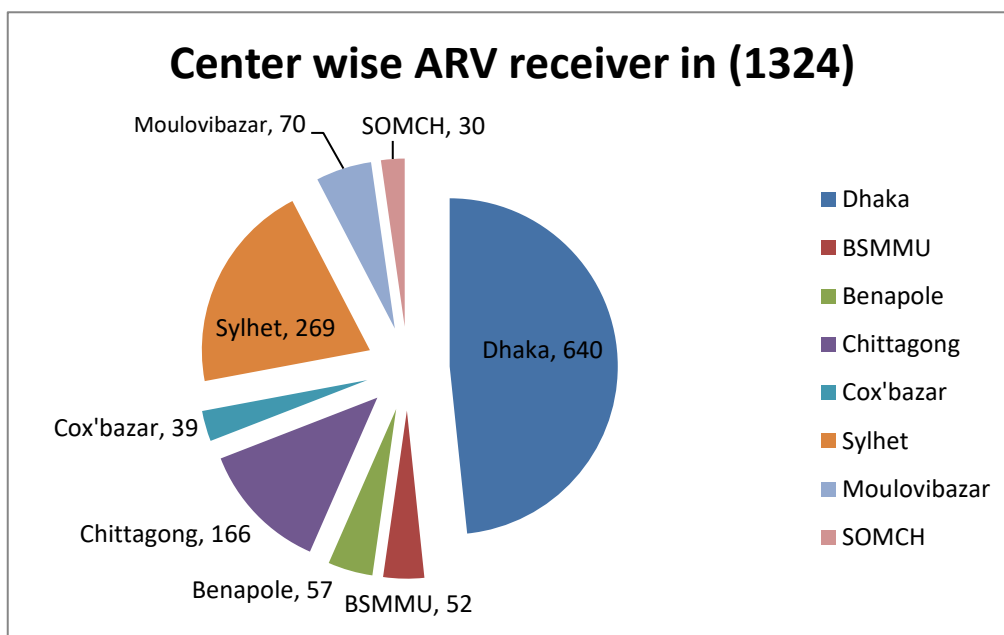
##### Health Checkup and OIs distribution:

AAS provides regular health checkup services to the PLHIV through trained Physicians and Nurses to manage Opportunistic Infections (OIs) and ARV from Dhaka, Sylhet, Chittagong, Benapole, Moulvibazar centre and Govt. hospitals such as SOMCH, BSMMU, Cox’Bazar Sadar Hospital. During the reporting period, AAS provided 9122 times outpatient care to 1814 PLHIV. After health check-up, AAS also provided OIs medicine to 6158 times to 1814 PLHIV during the project period at the centers of AAS. Details are given below:

Name of Quarter	Health Check-up	OIs Distribution
Jan-Mar’16	2156	1568
April-June’16	2348	1387
July-Sep’16	2254	1386
Oct-Dec’16	2364	1817

##### Provide ARV Drugs:

National AIDS/STD Program (NASP) has been providing ART to AAS from HPNSDP since December 2012 which is planned to distribute through the selected hospitals. AAS is providing ART and others HIV related services from existing NGO set up with the support of this project. During the reporting period, a total of 1324 PLHIV were provided ART through AAS Dhaka, Chittagong, Benapole, Moulvibazar, Sylhet, SOMCH, BSMMU and Cox’sbazar Sadar Hospital. It should be mentioned here that, a total number of 1324 PLHIV (M-765& F-559) are on ART as of dec’16.



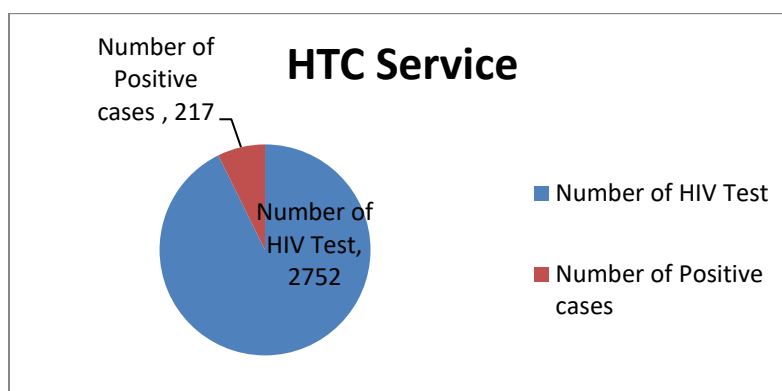
#### Provide nutritional support for Children and Adult on ART:

AAS has provided nutritional support to 652 times 121 Children who are on ART and 246 times adult PLHIV who are suffering for malnutrition or side effects of ARV drug.

Name of Quarter	Children	Adult
Jan-Mar'16	155	57
April-June'16	173	57
July-Sep'16	152	58
Oct-Dec'16	172	74

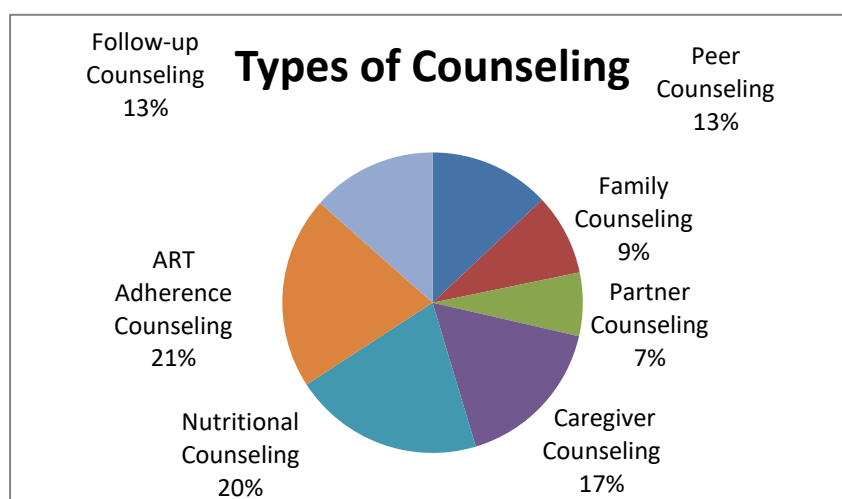
#### Delivering HTC services:

AAS provided HTC services from all centre by trained Counselor and Lab Technologist following the national protocol and guideline. During the reporting period, AAS provided HTC services to the 2752 (M-1837, F-911 & TG- 04) key affected populations (KAP) and general population through the HTCs and among them 217 (M-127, F-89 & TG-1) persons were found HIV Positive i.e. around 9% of total test. It should be mentioned that, 2752 people were provided Pre-Test Counselling.



Name of Quarter	Total Test	Number of Positive
Jan-Mar'16	736	63
April-June'16	691	52
July-Sep'16	595	53
Oct-Dec'16	730	49
<b>Total</b>	<b>2752</b>	<b>217</b>

AAS also provides different counselling to the PLHIV e.g. peer counselling, Ongoing counselling, Partner counselling, Nutritional counselling, ARV drug adherence counselling as part of psychological and mental support. A total of 3159 counselling sessions were provided from Dhaka, Sylhet, Chittagong, Benapole, Moulvibazar, DMCH, SOMCH, BSMMU, Cox'sbazar and CMCH centre. AAS also provides caregiver counselling to the family member of PLHIV to ensure support towards the PLHIV.



#### Establish active referral linkage:

AAS is conducting networking visit to increase HTC clients as well as to bring more PLHIV under service coverage. AAS has developed good relationship and networking system with the KAP service providers and the service providers refer the KAP for HTC service. During the reporting period, a total of 569 networking visits were conducted where 1092 relevant Stakeholders were met. Some important organizations were visited as a part of networking such as, Chittagong Medical College Hospital (Dots Corner), YPSA Drop in Centre, ABC Diagnosis Centre, J.B Medical Centre, Popular Diagnosis Complex, Bandhu Welfare Society, Save the Children Drop in centre, Niskriti, Light House, Jessore Medicafe College Sadar Hospital, FPAB, Ideal Hospital, FSW DIC, North East Medical College Hospital, Sadar Hospital Moulvibazar, Uttora Diagnostic Centre, The Squire Medical Diagnostic centre, Noor Jahan Private Hospital, Chittagong Medical College Hospital Dots corner, Badhon Hijra Sangha, RRMCH, Mount Arora Hospital, Plasma Diagnostic Centre, Jonota Poly Diagnostic Centre, Care Medical services etc.

AAS is maintaining good collaboration with BSMMU, SOMCH and CMCH for PMTCT services. During the reporting period, 19 women were referred from AAS who received PMTCT services from the respective centres.

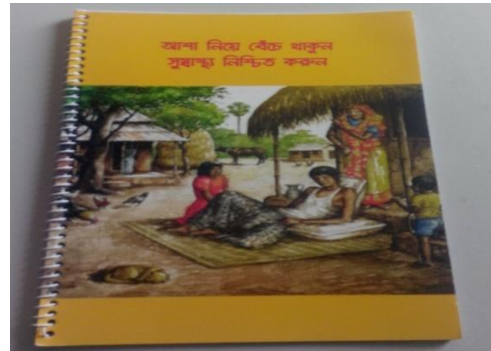


### **Develop and print IEC/BCC materials:**

AAS has re-printed IEC/BCC materials containing the basic information on HIV and HTC. The content of the material was developed by AAS and finalized by NASP. After finalization of the material, 5,000 Leaflet/Brochure were printed. AAS also printed 2000 booklet on positive living which covers nutrition, home based care and psychological Issues. AAS has printed 2000 health book for the HIV positive patients.



Leaflet/Brochure



Leaflet / Brochure

### **Organise monthly educational session with PLHIV:**

AAS organized 159 Educational Sessions with the PLHIV to aware and educate them on various issues like human rights, positive living, basics of HIV/AIDS, drug adherence, health-hygiene, food nutrition, Psycho-social counselling, treatment education etc. A total of 1814 PLHIV attended the education sessions.

### **Organise on community & home based care and palliative care for the care givers of PLHIV (With First-aid box):**

The objective of this training is to develop capacity of family level caregivers of PLHIV so that they can ensure proper home based care for them efficiently as well as to play proactive role for family without fear of infection, to educate them about various preventive measures against HIV/ AIDS and to understand stigma and discrimination issues as well as the factors that contribute to violation of human rights of PLHIV.

During the project, as per activity plan we conducted 05 batches training the project period at AAS- Dhaka, Chittagong and Sylhet Office. A total of 102 participants (Male-47 & Female-55) received the training.

### **Training on ART, STI, OIs Management and Treatment Adherence for the Clinicians:**

The objective of this training to enhance capacity of Doctors and identify the existing problems on the management of PLHIV and to figure out its solution with existing resources.

During this period two batches training conducted in during project period at IDH and Sadar Hospital Cox's Bazar. There were 37 doctors from Sadar Hospital Cox's Bazar.

Day one of the training course started with inaugural ceremony where outstanding presence of Dr. Md. Anisur Rahman, Director & Line Director of NASP and Fouzia Khan,

Senior Assistant Secretary of MOHFW were present. Among other CS, Superintendent, ED and PD were also present.

**Exposure visit for the program personnel and government officials of NASP:**

A Joint Exposure Visit was conducted in India (Chennai and Kolkata) on 26-31 October 2016 to learn the best practices on Care, Support and Treatment program for the People Living with HIV (PLHIV) through Government-NGO collaboration. Dr. Md. Anisur Rahman, Director & Line Director, NASP along with 05 participants attended this visit. During our stay in Chennai and Kolkata, we visited IOG ART center, Tamil Nadu State AIDS Control Society (TNSACS), Pediatric Center of Excellence (PCOE) named Institute of Child Health & Hospital for Children, NCP+, GHTM (government hospital), NICED, Center of Excellence (COE), Usha Multipurpose Cooperative Society Limited, Sonagachi Brothel and West Bengal State AIDS Prevention & Control Society (WBSACS). State AIDS Control Society of Tamil Nadu and West Bengal warmly received us and provide a hand on about their program through comprehensive presentation and program visualization. This visit was really effective to understand the mechanism of GO-NGO collaboration on Care and Support program specially hospital based ART service delivery.

**Comprehensive Care and Protection for children affected by HIV and AIDS (Chetona):**

Ashar Alo Society has been implementing “Chetona” project with the support of Save the Children. Beneficiaries of the project are the Children affected by AIDS (CABA). The Project goal is “Increase care and protection for CABA and ChSWs in 5 districts through improved child protection systems and enhanced community support”.



Child Resilience Training



Awareness Raising Meeting with Service Provider

**Intervention for Health and Social Wellbeing of the Children infected & Affected by AIDS (CABA)**



Psychosocial Care Counseling



**TB-HIV Co-infection Management:**

In 2016 total 557 presumptive were tested for TB among them total 09 detected smear positive. Total 68 PLHIV (Dhaka-51, Sylhet-09, Chittagong-08) received TB treatment among them Male- Female- Child-01. Total 137 PLHIV were screened for MDR TB by Gene X-pert among them 03 PLHIV detected as MDR TB (02 receiving MDR treatment from NIDCH Dhaka and 01 receiving MDR treatment from Sylhet CDH) and 15 were MTB detected. Total 63 received social support and 17 were diagnosed as TB. Total 32 received nutrition support for TB and HIV co infection.

**Orientation program on TB and HIV co infection among different NGO workers:**

The main objective of this orientation program is to create awareness about TB, HIV, AIDS and TB and HIV co infection .Through this orientation develop knowledge , skills and effective referral linkage. Total 421 NGO workers of different NGOs received orientation on TB and HIV in 17 batches.

**Orientation program on TB and HIV co infection for Non Graduate Private Practitioners:**

Total 08 batches of Non GPP received Orientation on TB and HIV co infection to create awareness, knowledge and skills.

**Continuation of the prioritized HIV prevention services among key populations in Bangladesh:****Provide five days long basic/refresher training to clinician on HIV Management:**

A five-day long training was organized on 27-31March 2016 at AAS training room and 13 relevant doctors (Male-6, Female-7) from different Government hospitals and CST centers were participated. The overall objective of the training was to capacity building of the clinicians to enhance their knowledge & skills of HIV management.

**Provide six days long basic/refresher HIV counseling training to counselors:**

Counselors play a vital role to HIV counseling and testing including treatment, care and support of PLHIV. Lack of trained counselors makes obstacle for effective and quality services. To overcome this limitation, AAS organized a six-day long training to counselors on HIV counseling. The training was structured in three stages.

**Provide one day long training/orientation on supply chain management of HIV commodities:**

AAS was organized a day-long supply chain management of HIV commodities on 29 September 2016 at NASP conference room. Dr Tarit Kumar Saha, Assistant Director and DPM-NASP was inaugurated the training. The main objective of the training was to strengthen capacity of relevant staff on key functions (storage, distribution and tracking) of supply chain management of HIV commodities. 16 targeted participants attended from the AAS, IDH, CAAP and MAB.

**Provide one day long basic/refresher training/orientation to support staff on HIV management:**

AAS organized 01 batches training on 'basic training/orientation to support staff HIV management'. In total 20 participants from different medical college hospitals' support staff (nurse, ward boy, lab technician, and cleaner) participated in these training. The main objective of the training was to develop and strengthen the capacity of support staff of Care, Support and Treatment Centers (CSTC).

**Provide support to hospitalized PLHIV:**

In Bangladesh, PLHIV face stigma and discrimination, human rights violations from the society even family. On the other hand, some PLHIV are very poor, as well as they have no family support. In that case the project provided hospitalized support. In the reporting period, total 09 clients were served by AAS .

**Provide support to PLHIV for linkage and retention into HIV care:**

The AAS consortium mainly provided this support to the clients those who are poor, widow, ART dropout, high transport cost etc. Considering these criteria the required supports have been provided. In total 142 clients received this support.

**Community sensitization meeting with Local leaders to get support from the community:**

To address the stigma and discrimination associated with HIV, AAS organized 04 community sensitization meetings with Local level stakeholders for getting support from the community. These meetings provided an opportunity for stakeholders to discuss and address challenges on the ground such as cultural practices, misconceptions and stigma and discrimination experienced by PLHIV.

**Family and neighbor meeting to develop a supportive environment for PLHIV (Uthan boithok):**

AAS organized 04 Uthan Boithok to support of PLHIV for creating an enabling environment at the local level. The objective of the meeting is to reduce stigma, discrimination and disparity of PLHIV.

**Arrange coordination meetings among CMSD, NASP and ART centers to ensure smooth supply chain management and tracking of HIV related commodities.**

In close cooperation with NASP, AAS was organized 02 coordination meeting for ensuring smooth supply chain management and tracking of HIV related commodities. The representatives of NASP, WHO, IDH UNAIDS, UNICEF, Save the Children, AAS, CAAP, MAB participated in the meeting.

**Arrange quarterly HIV clinician meeting to share updated information related to HIV management:**

AAS also organized 01 HIV clinician meetings in the reporting period. The objective of the meeting; to promote quality and standard healthcare services for PLHIV through sharing updated information and capacity building of the healthcare providers. The relevant HIV management clinicians, HIV experts, NASP representatives, health care management officials in total 43 participants were present in the meeting.

**ART program monitoring visit:**

AAS organized an ART program monitoring visit at Cox's Bazar Sadar Hospital on 2nd December 2016. The purpose of visit to monitor the ART management system for cross learning and to ensure same standard quality of services in the ART centers. Dr Anisur Rahman, Director & Line Director of NASP, Fouzia Khan, Senior Assistant Secretary, Ministry of Health and Family Welfare, Habiba Akter, Executive Director, AAS, Dr Abu Syed, Superintendent, Sadar Hospital, Cox's Bazar participated in the visit. Another ART monitoring visit was held at AAS, Benapole CST center on 7th December 2016.

**Others Activities:****Delivering services and supports to PLHIV and their family members:**

Low viral load reduces the risk of HIV transmission and also promotes the healthy life of PLHIV. CD4 count and other related investigation (Hemoglobin (Hb%), SGPT, CBC and S.Creatinine) are substantially important for a positive person whether s/he is taking ART or not. To select eligible ART receiver and measure the disease progressions, lab investigations are necessary including CD4 count. During this period, AAS provided support to 575 PLHIV for pathological test including CD4 test. CD4 test is supposed to be done from different Government Hospitals but due to unavailability of reagent some PLHIV conducted CD4 test from CMH. Most of the service recipients were financially insolvent and they couldn't able to bear laboratory investigations cost.

**Provide peer educator support to the PLHIV (Home Visit):**

Home visit is very important to ensure home based care as well as to increase family support towards the PLHIV. A total of 74 home visits were conducted where 244 family members/neighbours/relatives were met. These visits also help to monitor ART adherence of PLHIV.

**Special Event or Day Observation Report****The International AIDS Candlelight Memorial 2016**

The International AIDS Candlelight Memorial is much more than just a memorial. The International AIDS Candlelight Memorial serves as a community mobilization campaign to raise social consciousness about HIV and AIDS. With 33 million people living with HIV today, the International AIDS Candlelight Memorial serves as an important intervention for global solidarity, breaking down barriers of stigma and discrimination, and giving hope to new generations. Every year AAS observed this day. This year AAS differently observed 33rd International AIDS Candlelight Memorial Day 2016. Because this year, AAS observed the day in collaboration with Govt. hospital International AIDS Candlelight Memorial Day 2016 was observed at BSMMU, CMCH, SOMCH and Cox's bazar Sadar Hospital. CSTC Dhaka, CSTC Moulvibazar, Cox's bazaar Sadar Hospital BSMMU & DMCH jointly observed on 15<sup>th</sup> May 2016. Chittagong CSTC and CMCH jointly observed at CMCH on 16 May 2016. Sylhet CSTCH & SOMCH jointly observed at SOMCH on 17<sup>th</sup> May 2016. Benapole CSTCH observed at Benapole office on 19<sup>th</sup> May 2016. There were participated Hospital directors, doctors, nurse, govt. officers, community people and AAS staffs. There were some programs on that day such as candle light, discussion, sharing sessions. There were total 169 persons (male-100 & female- 69) participated in the program.



33<sup>rd</sup> International AIDS Candle Light Memorial Day 2016 at CMCH & Cox's Bazar Sadar Hospital



33<sup>rd</sup> International AIDS Candle Light Memorial Day 2016 at CSTC, Dhaka & BSMMU



33<sup>rd</sup> International AIDS Candle Light Memorial Day 2016 at SOMCH & Moulovibazar CSTC



33<sup>rd</sup> International AIDS Candle Light Memorial Day Benapole CSTC, AAS.



## World AIDS Day 2016

With the slogan of “Hands up for HIV Prevention” Ashar Alo Society observed 29th anniversary of World AIDS Day 2016 on 1st December 2016 with the Government, NGOs and different level of beneficiaries in Dhaka, Sylhet, Chittagong, Cox’sbazar, Moulovibazar and Benapole, Jessore district. The day was observed with huge and spontaneous participation of the government high officials, general people, NGO representatives and civil societies. In line with Government program, AAS arranged different meeting and rally to celebrate the day.



Celebrating World AIDS Day 2016 at Dhaka & Chittagong



World AIDS Day Rally at Sylhet and Discussion Session at SOMCH



World AIDS Day Rally at Moulovibazar & CMCH

**Observed world TB day:** World TB Day provides an opportunity to raise awareness about TB related problems, solutions and to support worldwide TB control efforts. To create awareness about TB among mass population 24<sup>th</sup> March is observed as world TB day.



### Observed Children Day 2016

Children Day is a day dedicated to children. It is observed as an event across the world to celebrate childhood and promote awareness about children's welfare. Ashar Alo Society observed "Children Day" at Dhaka office. AAS had organized art competition for children.



## Challenges:

- Lack of support services for Opportunistic Infections (OIs) & ART side effect management e.g. alternative option of ART, medication, nutrition, blood transfusion etc.
- Insufficient treatment & care facilities for PLHIV in Bangladesh e.g. Lack of necessary combination of ART, CD-4, viral load & drug resistance testing facilities, PMTCT services, home based care etc.
- Low economic status is a root cause which hampers accessibility to treatment, health care, improve living condition of PLHIV.
- Widow and orphan children are increasing day by day but their nutrition and education are not focused as a part of PLHIV care and support program. So the rate of malnutrition is increasing among the affected women & children and rate of illiteracy is increasing among the children.
- Due to deep rooted stigma & discrimination, PLHIV are not coming forward to raise their voice for ensuring rights.
- There are a large number of PLHIVs is uncovered which is really challenging to bring them under the service coverage.
- Health care providers in different areas of Bangladesh are not still sensitized on HIV/AIDS issue. Therefore PLHIV are not getting proper health care. They are frequently denied for surgical intervention and some special care for eye, dental etc.
- Number of PLHIV is increasing rapidly but the provision of service is not scaled up to meet their demands.
- Limited capacity of hope centre cannot accommodate PLHIV as per demand while a large number member of PLHIV resides in remote area.

## Lessons learnt:

- Treatment Education and ART counseling is necessary for optimum level of ART adherence
- Care & support program is contributing in HIV prevention significantly
- Early diagnosis and early treatment helps to prolong the life of PLHIV
- Advocacy works which needs to scale up in divisional level for ensuring treatment service
- Community engagement in local level advocacy is very effective which can make a difference
- Continuous monitoring and follow up visit of done activities helps to figure out the gaps of implementation which assist to ensure quality program implementation.
- PPTCT service can reduce the vulnerability of HIV transmission of new born baby more than the expectations.
- Strong coordination among GO and NGOs is needed to ensure the effective and smooth care, treatment and other support for PLHIV
- IGA support is really contributing to improve living standard of PLHIV that should be increased in terms of number of recipients and amount of grant.



**Photo Gallery:**



Home visit to the ARV receiver at Sylhet & Chittagong



Monthly Educational Session at AAS-Sylhet & Moulavibazar Centre



Orientation Program on TB & HIV with NGPPS & NGO staff



Exposure visit for the program personnel and government officials of NASP





Community Sensitization meeting



Monitoring Visit



HTC Counseling training



Supply chain management



ART Coordination meeting



Doctors training

দৈনিক DAINIK COX'S BAZAR  
কক্সবাজার জেলার সর্ব প্ৰথম দৈনিক

ওমর ফারুক হিরণ :

কক্সবাজার সদর হাসপাতালে গোপনীয়তার সাথে বিনামূল্যে এইচআইভি পরীক্ষা ও কাউন্সেলিং সেবা প্রদান করা হচ্ছে। মরণব্যাপি এইভস হয় এইচআইভি ভাইরাসের মাধ্যমে। এই ভাইরাস শরীরের রোগ-প্রতিরোধ ক্ষমতা নষ্ট করে ফেলে। ফলে যে কোন রোগে আক্রান্ত হয়ে রোগী মারা যায়। এই ভাইরাসে যে কেউ আক্রান্ত হতে পারে। আক্রান্ত ব্যক্তি কারো না কারো আপনজন অথবা নিজেও হতে পারে। তাই দ্রুত এইচআইভি পরীক্ষা করানো প্রয়োজন। আর আক্রান্ত হলে হতাশ না হয়ে চিকিৎসাসহ কাউন্সেলিং সেবা গ্রহণ করা উচিত। যাতে দীর্ঘায়ু পাওয়া যায়। অনেকে লজা ও গোপনীয়তা রক্ষা না থাকার ভয়ে এইচআইভি পরীক্ষা করাতে চাননা। যার ফলে বড়ধরণের ক্ষতি হচ্ছে জনস্বাস্থ্যের।

তাই স্বাস্থ্য অধিদপ্তরের নিয়ন্ত্রণে ২০১৬ সাল থেকে কক্সবাজার সদর হাসপাতালে সম্পূর্ণ গোপনীয়তার সাথে বিনামূল্যে এইচআইভি পরীক্ষা ও কাউন্সেলিং সেবা প্রদান করা হচ্ছে। সদর হাসপাতালের তৃতীয় তলার ৩১৩ নম্বার রুমে এ সেবা প্রদান করছে আশার আলো সোসাইটি।

এইডস নিয়ে নানা ধরনের রূপক গব রয়েছে। অনেকে এইডসকে ছোঁয়াচে মনে করে। আবার শুধু অনিরাপদ (কনডম ছাড়া) যৌন মিলনকেই এইডসের কারণ বলে দাবী করে। যদিও অনিরাপদ যৌন মিলন ছাড়াও নানা কারণ রয়েছে এইচআইভি ভাইরাস ছড়াতে। এইডস হয়েছে জানলে লোকজন ছি,ছি করবে অথবা এই রোগ ধরা পড়লে দুর্ভাগ্য আদমরা হয়ে যাবেন বলে অনেকে ভয়ে পরীক্ষা করাতে চাননা। এসব কারণ ছাড়াও গোপনীয়তা রক্ষার ভয়ে অনেকে এইচআইভি পরীক্ষা করাতে চাননা। এসব ধারণা সঠিক নয়। বরং ঠিক সময়ে এইচআইভি ভাইরাস ধরা পড়লে চিকিৎসা ও কাউন্সেলিং এর মাধ্যমে দীর্ঘায়ু পাওয়া যায়। তাই সম্পূর্ণ গোপনীয়তার মাধ্যমে এইচআইভি পরীক্ষা ও কাউন্সেলিং সেবা প্রদান করানো হচ্ছে। এসব তথ্য জানান, কক্সবাজার সদর হাসপাতালে অবস্থিত আশার আলো সোসাইটির দায়িত্বরত কাউন্সিলররা।

আশার আলোর সোসাইটির কাউন্সেলর মোহাম্মদ মাহমুদুল ইসলাম জানান, ওখানে যে কোন ব্যক্তির এইচআইভি পরীক্ষার রিপোর্ট অত্যন্ত গোপনীয়তার সাথে করা হয়। রোগীর অনুমতি ছাড়া এই রিপোর্ট পরিবার, অফিস অথবা অন্য কাউকেই দেয়া হয়না। কোন ব্যক্তি এইচআইভি ভাইরাসে আক্রান্ত হলে বিনামূল্যে নিয়মিত চিকিৎসকের আন্তরিক পরামর্শ, ব্যবস্থাপত্রসহ প্রয়োজনীয় ঔষধ দেওয়া হয়। বিনামূল্যে প্রয়োজনীয় প্যাথলোজিক্যাল টেস্ট দেওয়া হয়। এইডস আক্রান্ত ব্যক্তিদের অধিকার ও স্বাস্থ্যসেবা নিশ্চিত করা হয়। ইতিবাচক জীবন যাপনের জন্য বিভিন্ন ধরনের কাউন্সেলিং সেবা প্রদান করা হয়। এছাড়া মা থেকে শিশুদের এইচআইভি সংক্রমণ রোধে প্রয়োজনীয় সেবা প্রদান করা হয়।

এইডস সম্পর্কে তাদের দেওয়া তথ্যে জানা যায়, এইচআইভি ভাইরাস মানুষের শরীরে প্রবেশের পরে ধীরে ধীরে শরীরের রোগ-প্রতিরোধ ক্ষমতা ধ্বংস করে ফেলে। আর এই ধ্বংসের প্রক্রিয়া চলে ৩ থেকে ১০ বছর অথবা তারও বেশি সময় ধরে। রক্ত পরীক্ষার মাধ্যমে নিশ্চিত হওয়া যায় শরীরে এইচআইভি ভাইরাস আছে কিনা। এইচআইভি আক্রান্ত ব্যক্তি অন্য সব ব্যক্তির মত সুস্থ ও স্বাভাবিক জীবন যাপন করতে পারেন। এইচআইভি আক্রান্ত ব্যক্তির রোগ প্রতিরোধ ক্ষমতা যখন একেবারেই নষ্ট হয়ে যায় তখন ওই ব্যক্তি সহজেই বিভিন্ন রোগে আক্রান্ত হন। যা সহজে ভালো হয়না। এই অবস্থাকে এইডস বলা হয়।

এইচআইভি ছড়ায় অপরিষ্কৃত বা আক্রান্ত ব্যক্তির রক্ত গ্রহণ করলে, আক্রান্ত ব্যক্তির ব্যবহৃত অপরিশোধিত সুঁই বা সিরিঞ্জ ব্যবহার করলে। আক্রান্ত ব্যক্তির সাথে অনিরাপদ (কনডম ছাড়া) যৌন কাজ করলে। এছাড়া এইচআইভি আক্রান্ত মা থেকে শিশুতে (গর্ভে থাকাকালীন সময়ে, প্রসবকালীন সময়ে এবং মায়ের দুধ পান করলে) এইডস ছড়ায়। এইচআইভি মোটেও ছোঁয়াচে নয়। এই ভাইরাস শুধু আক্রান্ত ব্যক্তির রক্তে, বীর্ষে, যোনিরসে এবং বুকের দুধে থাকে।

এইচআইভি আক্রান্ত ব্যক্তির সাথে ওঠা-বসা, খেলাধুলা, কোলাকুলি বা সাধারণ মেলামেশার মাধ্যমে এইচআইভি ছড়ায় না। একই খালা-বাসনে একসাথে খাবার খেলে, একই পুকুরে গোসল করলে এবং একই পায়খান ব্যবহার করলে এইচআইভি ছড়ায় না। হাঁচি-কাশি, খুঁচু এবং মশা-মাছি বা অন্যান্য পোকা-মাকড়ের মাধ্যমেও এইচআইভি ছড়ায় না।

এখন পর্যন্ত এইচআইভি প্রতিরোধের কোন ঠিকা আবিষ্কার হয়নি। কিন্তু কিছু উপায় মেনে চললে এইচআইভি প্রতিরোধ করা যায়। তা হল, স্বামী-স্ত্রী ছাড়া অন্য নারী বা পুরুষের সাথে যৌনমিলন থেকে বিরত থাকতে হবে। প্রয়োজনে আবশ্যিক কনডম ব্যবহার করতে হবে। রক্ত নেয়ার আগে রক্তদাতার রক্তে এইচআইভি আছে কিনা তা পরীক্ষা করে নিতে হবে। ইনজেকশন নেয়ার ক্ষেত্রে প্রতিবার নতুন সুঁই ও সিরিঞ্জ ব্যবহার করতে হবে। এইচআইভি আক্রান্ত মায়ের সূঁষা-অসূঁষা বিবেচনা করে অভিজ্ঞ চিকিৎসকের পরামর্শক্রমে সন্তান ধারণের সিদ্ধান্ত নেওয়া উচিত।

কক্সবাজার সদর হাসপাতালের সহকারী পরিচালক ডাক্তার পূচনু জানান, এইচআইভি ভাইরাসে আক্রান্ত ব্যক্তির প্রতি ঘৃণা কিংবা অবহেলা করা যাবেনা। চিকিৎসা ও সহমর্মিতার মাধ্যমে সেবা প্রদান করা উচিত। এইচআইভি বা এইডসের প্রতি অহেতুক ভয় ও আক্রান্তদের প্রতি বৈষম্য করা উচিত নয়। এতে অন্যান্যরা এইচআইভি পরীক্ষা করাতে নিরুৎসাহিত হবে। ফলে নতুন এইচআইভি সংক্রমিতদের সেবা কার্যক্রমের আওতায় আনা কঠিন হয়ে পড়বে। আর আক্রান্তদের চিকিৎসা ও সেবা প্রদান ব্যাহত হবে।



## চমেক হাসপাতালে এইডস ক্যান্ডেল লাইট মেমোরিয়াল উদযাপন

চট্টগ্রাম মেডিকেল কলেজ হাসপাতালে গতকাল সোমবার আশার আলো সোসাইটির উদ্যোগে আন্তর্জাতিক এইডস ক্যান্ডেল লাইট মেমোরিয়াল-২০১৬ উদযাপিত হয়। দিবসটি ১৯৮৩ সাল থেকে উদযাপিত হয়ে আসছে। প্রতি বছরের ন্যায় এ বছরও দিবসটিতে এইচআইভি আক্রান্ত হয়ে যারা মৃত্যুবরণ করেছেন তাদের স্মরণ করা হয়। দিবসের প্রতিপাদ্য বিষয় ছিল, 'সরকার, দাতা সংস্থা, এনজিওদের সম্পৃক্ততা, বর্তমান ও ভবিষ্যত প্রজন্মকে এইচআইভি সম্পর্কে জানানো এবং যারা এইচআইভিতে আক্রান্ত তাদের ক্ষমতায়ন নিশ্চিত করা।' অনুষ্ঠানে সভাপতিত্ব করেন চমেক হাসপাতালের পরিচালক বিধেড়িয়ার জেনারেল জালাল উদ্দীন এবং বিশেষ অতিথি ছিলেন উপ পরিচালক ডা. মো. দিদারুল ইসলাম, সহকারী পরিচালক ডা. শেখ জামাণ মোস্তফা চৌধুরী, বিভাগীয় প্রধান ডা. মহিউদ্দীন এ সিকদার এবং অনুষ্ঠান সঞ্চালন করেন মো. দিদারুল আলম (সিএসটিসি ম্যানেজার, এএএস)। অনুষ্ঠানে আশার আলো সোসাইটি বিভাগীয় অফিস, চমেক হাসপাতালের এইসটিসি সেন্টার, পিএমটিসি প্রকল্পের কর্মকর্তা এবং চমেক হাসপাতালের বিভিন্ন বিভাগের কর্মকর্তা-কর্মচারীরা উপস্থিত ছিলেন। সভা শেষে মোমবাতি প্রজ্জ্বলন করে এইচআইভি আক্রান্ত হয়ে মৃত্যুবরণকারীদের স্মরণে দাড়িয়ে এক মিনিট নিরবতা পাশন করা হয়। বিজ্ঞপ্তি



এইডস ক্যান্ডেল লাইট মেমোরিয়াল অনুষ্ঠানে মোমবাতি প্রজ্জ্বলন করেন চমেক হাসপাতালের পরিচালক বিধেড়িয়ার জেনারেল জালাল উদ্দীনসহ অতিথিবৃন্দ

# প্রথম আলো

## ‘তাদের মৃত্যু ভয়ের নয়, সচেতনতার’

নিজস্ব প্রতিবেদক, সিলেট

সিলেট বিভাগের চার জেলায় এইচআইভি-এইডস আক্রান্ত রোগীর সংখ্যা ৭৪৯। এর মধ্যে গত বছরের মে থেকে এ বছরের এপ্রিল পর্যন্ত মারা গেছে ৪১ জন। তাদের মধ্যে পুরুষ ৩৩ জন ও নারী আটজন। এই ৪১ জনকে স্মরণ করে আন্তর্জাতিক এইডস রক্তদেল লাইট মেমোরিয়াল স্তম্ভ পালন করেছে আশার আলো সোসাইটি।

গত অক্টোবর সন্ধ্যায় মোমবাতি প্রজ্বালন করে স্মরণ করা হয় ৪১ জনকে। সিলেট এম এ জি ওসমানী মেডিকেল কলেজ হাসপাতালের ‘এইচআইভি-এইডস সেন্টার’-এর সম্মেলনকক্ষে এ স্মরণ অনুষ্ঠানে বিশেষজ্ঞ চিকিৎসকসহ এইচআইভি-এইডস নিয়ে কর্মরত বেসরকারি সংস্থার কর্মকর্তারা বক্তব্য দেন।

স্মরণ ওরফত আশার আলো সোসাইটির সিলেট বিভাগীয় সমন্বয়কারী মো. সুমন মিহা এক বছরের পরিসংখ্যান তুলে ধরে বলেন, ‘তাদের মৃত্যু ভয়ের নয়, সচেতনতার’ তিনি বলেন, সরকারি সহায়তায় পিএমটিসিটি প্রকল্পের মাধ্যমে ওসমানী মেডিকেল কলেজ হাসপাতালের এইচআইভি-এইডস সেন্টারে আক্রান্ত মা ও বাবার ২৮ জন



নিরাপদ সন্তান জন্ম দেওয়ার বিষয়টি একটা বড় সাফল্য। হাসপাতালের পরিচালক ত্রিগেড্ডিয়ার মো. আবদুস ছবুর মিঞার সভাপতিত্বে সভায় হাসপাতালের শিশু বিভাগের বিভাগীয় প্রধান মো. মনোজ্জির আলী, চর্ম ও যৌন

বিভাগের প্রধান অধ্যাপক সৈয়দ মামুন মুহাম্মদ আলী আহাদ, সার্জারি বিভাগের সহযোগী অধ্যাপক আবদুস সামাদ আজাদ ও সহকারী অধ্যাপক কাজী জানে আলম, গাইনি বিভাগের জুনিয়র কনসাল্ট্যান্ট খুরশীদা তাসমিন, মেডিসিন বিভাগের আবাসিক চিকিৎসা কর্মকর্তা আবু নাসিম মোহাম্মদ, পিএমটিসিটি প্রকল্পের প্রজেক্ট ম্যানেজার মোতাহের হোসেন এবং সেবা তত্ত্বাবধায়ক তুলসী রানী দে বক্তব্য দেন।

বিশেষজ্ঞরা তাদের বক্তৃতায় সামাজিক দৃষ্টিভঙ্গি বদলানোয় এখন আক্রান্ত রোগীদের ক্ষমতায়নের প্রয়োজনের ওপর জোর দেন। তারা বলেন, আক্রান্ত রোগীদের ক্ষমতায়ন নিশ্চিত হলে তাদের সামাজিক অবহেলা ও বঞ্চনার প্রবণতাও কমে আসবে।

সভায় এইচআইভি-এইডসে আক্রান্ত ব্যক্তিরও বক্তব্য দেন। তারা সামাজিক বঞ্চনার বিষয়টি ধীরে ধীরে কমে যাওয়ার বিষয়টি উল্লেখ করেন।



# দৈনিক নঙয়াপাড়া

বিশ্বার : শুক্রবার, ২০ মে ২০১৬,  
০৬ জ্যৈষ্ঠ ১৪২৩



এইচআইভিসের আক্রান্ত হতে যারা মুক্তা পরণ করেছেন তাদের অনুরোধে বেনাপোলে মোমবাতি প্রজ্জ্বলন করে পাঠিয়ে  
এক স্মিটিক মিলকলপ পানেন করা হয়

## বেনাপোলে এইডস ক্যান্ডেল লাইট মেমোরিয়াল উদযাপন

মোঃ আনিসুর রহমান, বেনাপোল থেকে  
এটি বলতে পারি এখানে বেনাপোল উপজেলায়  
হাস্য এইচআইভিসের আক্রান্ত হতে যারা মুক্তা পরণ  
করেছেন তাদের অনুরোধে এইজা ক্যান্ডেল লাইট  
মেমোরিয়াল উদযাপন করা হয়। বৃহস্পতি রাত্রে  
আশার মাসে মোমবাতি (৩০০০) বেনাপোল  
অফিসে, ১১-এ-আবুতালিব রোডেই ক্যান্ডেল  
লাইট মেমোরিয়াল-১১ উদযাপন করা হয়। বিগত  
১১৮০ সাল থেকে উদযাপিত হয়ে আসছে। এখানে  
নিম্নের বিবরণের মতো মিল পুরনো, নতুন এবং  
ও এনটিভিসের সম্প্রদায়, পরিবার ও প্রতিবেশী  
প্রত্যেক এইচআইভিস সম্পর্কে জানতে পারে। যার  
এইচআইভিসে পড়াতে তারা সম্প্রদায় নিশ্চিন্ত  
হয়। আশার মাসে মোমবাতি বেনাপোল অফিসের  
নিওস্টিক রাস্তায় মেড্রা মুক্তা অফিসের  
নতুন স্মিটিক এ উদযাপন প্রথম জায়ে আসছে।  
উদযাপিত হলে বেনাপোল পৌর প্যানেলের ৩  
স্মিটিক প্যানেলের মতো বিবরণ জানতে পারেন।

১১-এ-আবুতালিব রোডেই ক্যান্ডেল  
লাইট মেমোরিয়াল উদযাপন করা হয়।  
বিগত ১১৮০ সাল থেকে উদযাপিত হয়ে আসছে।  
এখানে নিম্নের বিবরণের মতো মিল পুরনো,  
নতুন এবং এনটিভিসের সম্প্রদায়, পরিবার  
ও প্রতিবেশী প্রত্যেক এইচআইভিস সম্পর্কে  
জানতে পারে। যার এইচআইভিসে পড়াতে  
তারা সম্প্রদায় নিশ্চিন্ত হয়। আশার মাসে  
মোমবাতি বেনাপোল অফিসের নিওস্টিক  
রাস্তায় মেড্রা মুক্তা অফিসের নতুন স্মিটিক  
এ উদযাপন প্রথম জায়ে আসছে। উদযাপিত  
হলে বেনাপোল পৌর প্যানেলের ৩ স্মিটিক  
প্যানেলের মতো বিবরণ জানতে পারেন।

## নড়াইলে ক্রীকে পিটিয়ে হত্যা করেছে নেশাশ্রু খামী

নড়াইল অফিস

নড়াইলে মোমবাতি উপজেলার  
মাকড়াইল গ্রামে ক্রীকে পিটিয়ে হত্যা  
করেছে পাখা খামী নড়াইলের শিকদার।  
নড়াইল পুলিশের বিবরণে জানা  
গিয়ে এ ঘটনা ঘটে। পুলিশ ও  
এলাকাবাসী মুঠে জানা যায়,  
পারিবারিক কলহের জের ধরে ওয়া  
ক্রীকটির এক পক্ষের নেশাশ্রু খামী  
নড়াইলের শিকদার (৬৫) ক্রীকবাসীর  
শ্রী শামস বেগমকে (৩৬) মারপিট  
করে। এ অপরাধে পূর্বা ও কলমে ১



Ashar Alo Society  
Consolidated Statement of Financial Position  
As at December 31, 2016

Particulars	Notes	Amount in BDT	
		As at December 31, 2016	As at December 31, 2015
<b>ASSETS</b>			
<b>A. Non-Current Assets:</b>			
Property, Plant and Equipment	1.00	2,091,225	2,953,281
<b>B. Current Assets:</b>			
Advance, Deposit and Prepayment	2.00	1,133,903	4,601,111
Cash & Cash Equivalents	3.00	6,114,447	12,444,824
Inter Project Loan for GF	4.00	7,415,236	6,069,500
Short-term non-interest bearing loan given to LINKUP-HASAB project	5.00	-	436,150
Reimbursable cost		-	19,668
<b>(A+B) Total Assets</b>		<b>24,028,518</b>	<b>26,524,534</b>
<b>FUND AND LIABILITIES</b>			
<b>C. Funds:</b>			
Capital Fund	6.49	16,307,108	8,448,261
Project Fund	7.00	308,173	249,673
Due to Donor	8.00	-	9,808,548
Fixed assets fund	9.00	-	456,057
<b>D. Non Current Liabilities:</b>			
<b>E. Current Liabilities:</b>			
Inter Project Loan for Projects	10.00	7,408,236	6,739,068
Provision for Audit Fees		-	-
Liabilities for Outstanding Expenses		-	405,000
Tax and VAT payable		-	417,926
<b>(C+D+E) Total Fund &amp; Liabilities</b>		<b>24,023,518</b>	<b>26,524,534</b>

The Annexed notes form an integral part of Financial Statement.

Signed in terms of our separate report of even date annexed.

Dated: Dhaka  
July 17, 2017



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*S.K. Barua*  
S.K. Barua & Co.  
Chartered Accountants.