

Annual Report

AsharAlo Society (AAS)

2017



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AsharAlo Society

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Acronyms:

AAS	:	AsharAlo 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	:	PneumocysticCarini 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	:	UthanBaithak
NGPPs	:	Non Graduate Private Practitioners

Preface

AsharAlo 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 19 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.



Habiba Akter
Executive Director

Executive Summary

Year 2017 can be mark as transition period for AsharAlo 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 2017, total 2191 PLHIV took services from AAS. AAS provided ART services up to September 2017. Then AAS was handover there services to Govt. hospital and they have started providing these services from October 2017. Total 1543 PLHIV received ART in September 2017.

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 2017 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 1199 persons where 138 people are found HIV positive. A total 637 PLHIV were provided health check up and OIs medicine. PLHIV have low skills and education to deal with a difficult socio-economic condition. In addition, nutritional support was provided to 11 PLHIV who are anemic and suffered by ART side-effects. PLHIV have low skills and education to deal with a difficult socio-economic condition. Besides, AAS provided support to 70 PLHIV for pathological test.

A total of 43 home visits were conducted. These visits also help to monitor ART adherence of PLHIV.

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.

Total 750 presumptive were tested for TB among them total 10 detected smear positive. Total 84 PLHIV (Dhaka-58, Sylhet-14, Chittagong-12) received TB treatment among them Male-67 Female-15 Child-02. 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:

AsharAlo 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 3rd September 2002 & registered from NGO Affairs Bureau (Reg. - NGOAB-2181), dated 28th December 2006.

Present Donors:

- The Global Fund managed by Save the Children
- Link-up
- Australian Aid by Save the children
- The Global Fund managed by BRAC
- UNAIDS
- UNICEF
- APN+

Key focus areas of work in HIV/AIDS field:

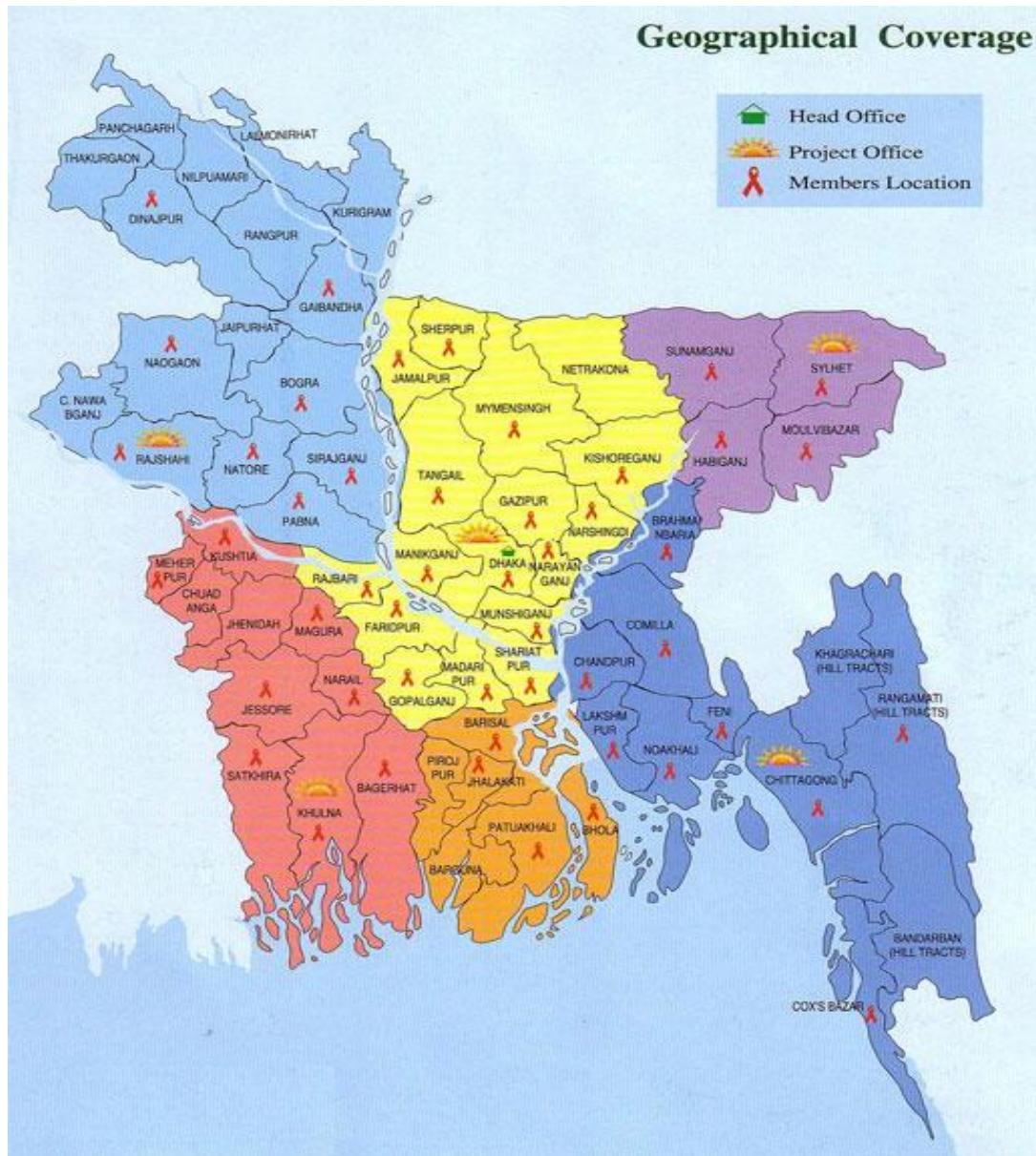
AAS has extremely focused on ensuring care & support and contributing to HIV prevention effort in Bangladesh through evidence based advocacy and other necessary initiatives.

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 63 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, Chttoqram, Khulna and Benapole, Jashore,Cox,sBazar,Moulvibazar) of Bangladesh.



Rajshahi Division

- Khulna Division
- Barisal Division
- Dhaka Division
- Sylhet Division
- Chittagong Division

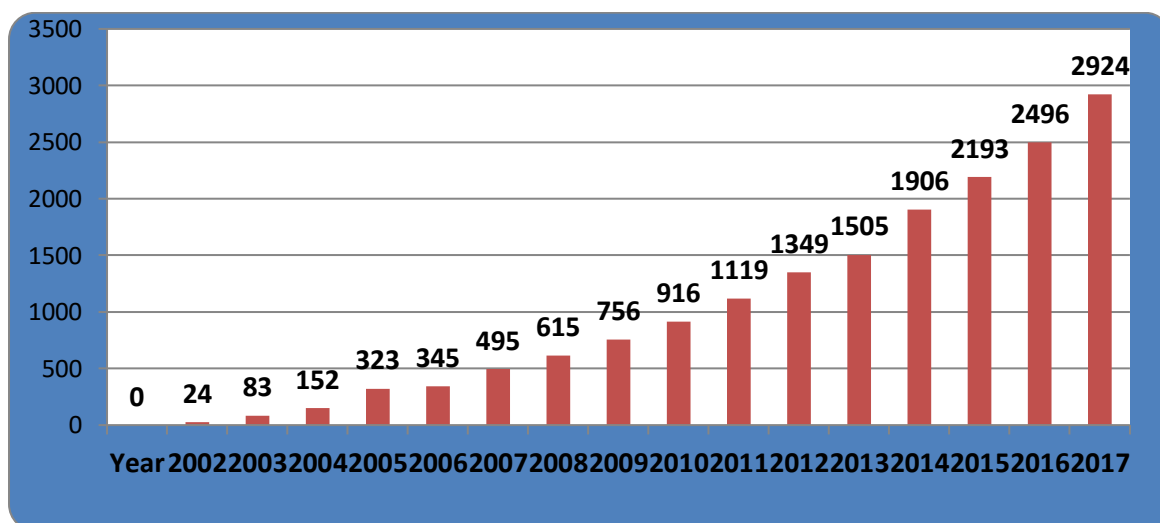
At the end of the December 2017 the total number of registered PLHIV member of AAS was and total 430 new members were registered in AAS. During this year total 207 PLHIV had died also due to AIDS defining illness.

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.

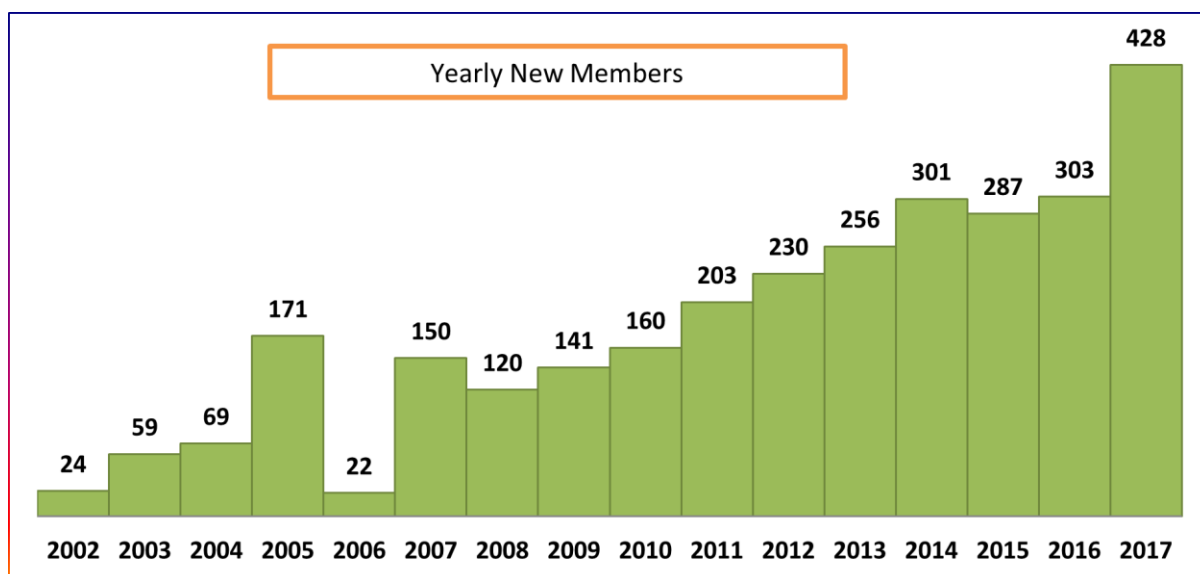
Division wise coverage of members (PLHIV) status:

Sl #	Area	Total Members						Total Number of Died Members					Total Number of Alive Members						
		M	F	Child		TG	Total	M	F	Child		TG	Total	M	F	Child		TG	Total
				Boy	Girl					Boy	Girl					Boy	Girl		
1	Dhaka	888	464	37	18	20	1427	204	53	6	2	2	267	684	411	31	16	18	1160
2	Sylhet	516	259	33	25	4	837	265	58	9	7	1	340	251	201	24	18	3	497
3	Chittagong	351	241	32	33	3	660	119	34	2	3	0	158	232	207	30	30	3	502
Total		1755	964	102	76	27	2924	588	145	17	12	3	765	1167	819	85	64	24	2159

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 4160 times outpatient care to 2159 PLHIV. After health check-up, AAS also provided OIs

medicine as per doctors recommendation and availability of medicine at the stocks.

Provide ARV Drugs:

National AIDS/STD Program (NASP) has been providing ART to AAS from HPNSDP since December 2012 to September 2017 which is planned to distribute through the selected hospitals. After that six (06) Govt. hospitals are providing ART to PLHIV. AAS was provided ART and others HIV related services from existing NGO set up with the support of this project. During the reporting period, a total of 1543 PLHIV were provided ART through AAS Dhaka (upto September 30, 2017), Chittagong, Benapole, Moulvibazar, Sylhet, SOMCH, BSMMU and Cox'sbazar Sadar Hospital. It should be mentioned here that, a total number of 1543 PLHIV (M- 904& F-639) are on ART as of December' 2017.

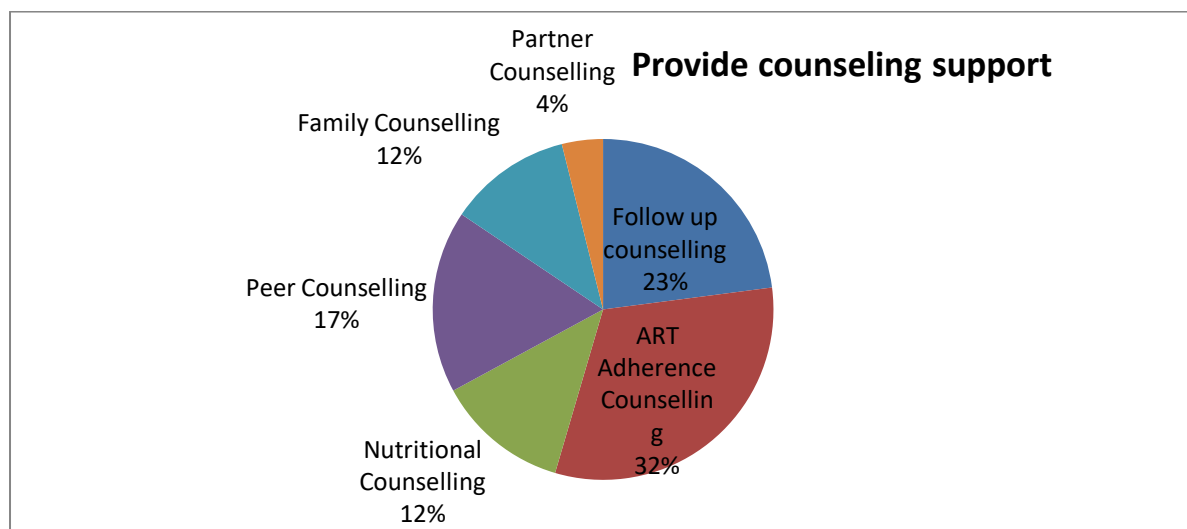
Delivering HTC services:

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 1199 PLHIV patients (Male-693, Female-432, Child-57& Transgender- 17) key affected populations (KAP) and general population through the HTCs and among them 138 (M-53, F-01, C-01 & TG-02) persons were found HIV Positive.

Counseling services :

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 703 counselling sessions were provided to 194 persons 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.

Types of Counseling



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 302 networking visits were conducted where 780 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, JassoreMedicale College Sadar Hospital, FPAB, Ideal Hospital, FSW DIC, North East Medical College Hospital, Sadar Hospital Moulovibazar,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. Besides, AAS is maintaining good collaboration with BSMMU, SOMCH and CMCH for PMTCT services.

TB-HIV Co-infection Management:

In 2017 total 750 presumptive were tested for TB among them total 09 detected smear positive. Total 84 PLHIV (Dhaka-58, Sylhet-14, Chittagong-12) received TB treatment among them Male-67 Female-15 Child-02. Total 114 PLHIV were screened for MDR TB by Gene X-pert among them 1 PLHIV detected as MDR TB (01 referred for MDR treatment to NIDCH Dhaka) and 16 were MTB detected. Total 186 patient received social support and 13 were diagnosed as TB. Total 42 (Male-36, Female-6) received nutrition support for TB and HIV co infection.

Orientation program on TB and HIV co infection with NGO staff:

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 20 programs were conducted and 500 participants (M-216, F-268, TG-16) received orientation on TB and HIV co infection in 4 quarters (20 batches).



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



Total 16 batches of Non GPP received Orientation on TB and HIV co infection where 406 participants (Male- 393, Female-13) were present to learn about skills and basic information on TB treatment services.

Continuation of the prioritized HIV prevention services among key populations in Bangladesh funded by Global Fund and Managed by SCI:



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

Due to the crisis in Government funding of the CST programs a contingency plan has been developed. As per revised work plan the HTC Counselor will continue their regular

activities and additionally they will conduct HIV testing where Lab Technologist is not available. So one (01) batch training was organized for the Counselors (or main responsible person for HIV testing) to functionalize the HIV testing facilities among the HTC centers. According to plan “six days long HIV counseling and testing training” was held on 25 February to 02 March 2017. The main objective of the training was to strengthen capacity of HTC Counselor to conduct counseling and enhance technical skill on HIV testing. Through the training participants were equipped with knowledge and skills to conduct effective HTC counseling and trained to conduct HIV testing through whole blood method.

In the training inauguration session SardarAbulKalam, Additional Secretary, Ministry of Health & Family Welfare was present as chief guest. As special guest Dr. Lima Rahman Chief of Party, HIV/AIDS Program, Save the Children and Dr. Md. AnisurRahman, Director, National AIDS/STD Program (NASP) was present as chair of the program. Dr. Shahnaz Begum, PMTCT Consultant, UNICEF was the main facilitator of the training.

Provide five days long basic/refresher training to clinician on HIV management

This event revised and shifted from P5 to P6 according to revised WP.

In the reporting period AAS organized a basic training to clinician on HIV management from 11-15 June 2017 at AAS meeting room. Objective of the training was to develop and strengthen the capacity of clinician on HIV management. In total 15 clinicians participate in the training.



Major content of the training:

In order to achieve the training objectives, the contents discussed in this course were as follows:

Overview of HIV/AIDS, Life Cycle And Pathogenesis, epidemiology and Immune System, overview of HIV testing and Counselling (HTC), clinical review of symptoms and signs, management of common opportunistic infection, overview of Antiretroviral therapy (ART), Initiation of ART complications, side effects and toxicities of ART, ART Adherence post exposure prophylaxis universal precaution, STI and HIV, TB/HIV Co-Infection, stigma and discrimination faced by PLHIV and KPs.

Training methodology:

Five days training course were followed varieties of methodologies to create a more vibrant environment for the training participants to engage them actively into the process. The following participatory and experimental learning methods were used in facilitating the training sessions: The training followed both participatory and experiential training methodologies. Different methods, such as presentation, brainstorming, sharing experiences, question-answer, video presentation, practical demonstration/ presentation, reporting and documentation etc. were used.

Training facilitators:

- Dr. SaifUllahMunshi, MBBS, M Phil, PhD, Professor, Department of Virology BSMMU
- Dr. Shahnaz Begum, Consultant, unicef
- Dr. MahmudulHasan, Sr. Medical Officer, AAS
- DrNilufar Begum, Medical Consultant, AsharAlo Society
- Dr. Harasit Kumar Paul, Associate professor, Dermatology & Venereology, BSMMU
- Dr. Sanjoy Kumar, Associate professor, BSMMU

Some highlight issues of the training:

- Relatively the number of participants in this training was small. So, discussions were very lively. Participants had sufficient opportunity to express their views and proposals.
- Participants highly appreciated practical, hands-on sessions
- Time allocations were difficult to maintain strictly because the participants were attended training from their resident. However, the various topics were fairly well covered in the within time frame.
- A follow up should be made to monitor how the knowledge and skills acquired are being used.

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

AAS organized a one day long basic training to support staff on HIV management with the objective of strengthen the capacity of support staff of care, support and treatment on HIV management. Relevant 10 participants attended from Infectious Diseases Hospital (IDH), Mohakhali, Dhaka.



Mr. Ali Hossain, Program Manager, AAS welcomed the training participants and he also shared the training objective. The training course was inaugurated by Dr. Md. Shah AlamTalukder, Superintended of IDH. The formal training session

was started by Dr.Serjina Anwar, Medical Officer of IDH. She facilitated the session on overview of HIV and AIDS, and Universal Precaution andPost Exposure Prophylaxis (PEP). Dr. Md. Shah AlamTalukder, Superintended, IDH was a facilitated session on Role of support staff for HIV management. Lastly, Md. Ali Hossain, PM, AAS facilitated the training session on stigma, discrimination issues related to HIV/AIDS.

Outputs of the event:

- Enhanced knowledge of the participants to support of HIV treatment
- Build awareness of the participants on Universal PrecautionandPost Exposure Prophylaxis

- Sensitized of the participants on stigma, discrimination issues related to HIV/AIDS

Pre and post lab investigation

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. Throughout this period, 750 clients have received this support. Most of the service recipients were financially insolvent and they couldn't able to bear laboratory investigations cost.

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, 10 clients were served by AAS consortium.

PLHIV received treatment for opportunistic infections (OIs):

People with advanced HIV infections are vulnerable to infections and malignancies that are called opportunistic infections because they take advantage of the opportunity offered by a weakened immune system. Opportunistic infections (OIs) are infections that occur more frequently and are more severe in individuals with weakened immune systems, including people with HIV. In this reporting period, the AAS provided OIs medicine to 1250 PLHIV.

Provide home based care support to PLHIV

Some PLHIV are seriously ill, ART dropout and financially insolvent. They couldn't to go to any health care center to receive health service. Sometime family member/ caregiver couldn't support them. In that case Nurse, Paramedics, Counselor and sometime Doctors visited the patients home. In the visiting period they were counseled the patients and family members, provide health prescription and served ART. In the reporting



period 40 PLHIV received home base care support by AAS. This service is very helpful for PLHIV. But this service is very limited. It can be increase these support in future.

Provide burial support to deceased PLHIV

In this reporting period AAS provide burial support of 3 PLHIV he was died in Dhaka Medical Collage Hospital. He was died due to HIV related complication.

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 342clients received this support.

Family and neighbor meeting to develop a supportive environment for PLHIV (Uthanboithok)

AAS has organized 11UthanBoithok) to support the PLHIV at the local level. The objective of the meeting is to reduce stigma, discrimination and disparity as well as to increase social acceptance of PLHIV. The main discussion points were basic information on HIV/AIDS, stigma discrimination, social support, access to treatment and other available facilities at local level. All participants took part in the discussion and gave their commitment to sharing HIV/AIDS related information among the general people. In total 165 people attended the meeting.



Consortium coordination meeting (H/Q)

In this period 02 consortium coordination meetings take place accordingly. Through the meetings made coordination intra and intra organizations includes PR, SR and SSR level which diverse issues of concerns and findings (e.g. activities implementation, routine monitoring visits, programmatic and financial observation) shared and ensured that corrective measures.

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

Quarterly HIV clinician meeting was held on Sunday, 04 June 2017 at Conference Room, AsharAlo Society (AAS). Dr. Nilufar Begum, Medical Consultant welcomed all participants and Md. Ali Hossain, Program



Manager, AAS discussed the meeting objectives. A total of 20 relevant participants from different organizations were attended in the meeting. The participants shared the challenges and problems of HIV treatment. They informed that referral services and lab facilities is enormous challenges for HIV treatment. Dr. AbulHossain Sheikh,

TC-QA/QI, CARE-B discussed this issue. He said there are not enough referral centers for HIV patents. They are facing obstacles to referral of HIV patents at Dhaka Medical Collage Hospital. The hospital staffs are not motivated to accept the patients. IDH is only specialized hospital for HIV treatment. But there is no specialist physician available for HIV client's treatment. Not enough emergency measure resources available. There is lack of required

lab facilities and experience staffs to handle HIV patients / critical patients. On the other hand regular hospitals do not maintain confidentiality of the HIV (+ve) patients which lead to sufferings of the patients. Dr. Nilufer, Sr. Consultant, AAS, and Dr. MahamudulHasan, Sr. Medical Officer, AAS gave some suggestions to solve the problem.

Coordination meeting with GoB ART Centers :

AAS consortium together with ASP organized ART coordination meeting at SOMCH, CMCH, KMCH and Cox's bazaar Sador hospital. The representative of ASP, SCI, hospital directors,



doctors, nurse, ART centers management teams, AAS-representative were present in the meeting. The objectives of these meetings were to develop coordination among the GoB ART centers & NGOs to ensure smooth ART service delivery for the PLHIV.

ART program monitoring visit.

A team comprising of members from Bangladesh Country Coordination Mechanism (BCCM) and high level government officials visited Cox's Bazar Sadar Hospital ART center on 16th January 2017 as the part of ART monitoring, the team was lead by Additional Secretary (PH & WHO), Ministry of Health and Family Planning Welfare. Ms. Habiba Akter, ED, AAS and Superintendent of this hospital facilitated the visit. Major observations are, many positive patients came from Rohingya refugee camps but disappeared after gating diagnosis and taking first dose treatment. Service providers can't reach them again to continue treatment and services due to mobility, un-willingness etc. The service center is very congested and room size is very small. The team suggested, this facility should be in more spacious room and re-located in visible location.



Advocacy for the availability of viral load testing facilities and awareness building of PLHIV for demand creation funded by ITPC



Provide orientation on routine viral load testing for demand generation:-

To create demand for viral load testing through treatment education and literacy AAS organized 17 orientation sessions with the PLHIV regarding the importance of routine viral load test. A total of 175 PLHIV participated in the sessions. Among

them Male participants were 104 and Female participants were 71. Thus the PLHIV are getting knowledge on viral load test and being educated on the importance of RVLT. The participants shared that they will raise their demand to hospital doctor for getting RVLT.

One to one advocacy with Director of National AIDS/STD Program (NASP)

AAS conducted a meeting with Line Director of AIDS/STD Program (ASP) to introduce this project and do advocacy on viral load testing for PLHIV. ASP informed that they will take measure to ensure RVLT facility from hospital.

Networking with key influential people and HCP of respective hospitals

Three (03) networking visits were done at BSMMU, IDH and SOMCH. Program organizer sat with medical officer and nurses who are providing treatment and ARV to PLHIV at Govt. hospitals. Thus health care providers of hospital will influence the hospital authority for providing RVLT.

CHETONA

Comprehensive Care and Protection for children of sex workers and children affected by HIV/AIDS funded by Australian Aid managed by SCI

Conduct Coordination meetings between CBCPC , service providers & multi institutional advisory group members (MIAG)

AAS conducted two (02) coordination meeting among the CBCPC , service providers & multi institutional advisory group members (MIAG) to share information on the vulnerabilities of CABA, refer and link them with possible service based on their need where 32 (male 23, female 9) members were present.

Outcome/result:

Project has established a good relationship with govt. official who are the member of MIAG, service provider and CBCPC member so that group member can provide necessary support by creating linkage with different level.

CBCPC members expressed that now we came to know about Upazila social service activities and can refer community children for necessary support.

In Dhaka CBCPC member helps to provide widow allowance one caregiver of CABA by creating linkage with social welfare dept. at keranigonj

Advocacy meeting with local government officials

Two (02) advocacy meeting were conducted with 50 (male 38 , female 12) influential stakeholders to develop a common understanding on care and protection for CABA and community children . There were present Upazilanibahi officer , Upazila health and family planning officer , education officer , social welfare officer , women and child affairs officer , Upazila chairman , ward counselor , local religious leaders , NGO personnel and social workers, local influential people , media person etc .

Outcome/result:

Through this meeting the local government officials committed to extend their full continuous support for the project beneficiaries-CABA. They also committed that they help to link the CABA and community children into social protection schemes. Now the local government officials are playing a supportive role toward the CABA and their families.

Conduct meeting with CBCPCs members on child rights and protection issues

During reporting period Five (05) meetings were done with 32 (male 18, female 10, boy2, girl 2) CBCPC members. Child representative of CBCPC also presented in this meeting.

Outcome/ result:

CBCPC members are working for deal with child rights violation and social protection issues. They helped to children to provide financial support, stop early child marriage, schooling support (pen, pencil, khata), registration fee of SSC exam etc.

Facilitate Birth registration campaign

One (02) Birth registration campaign were organized in Dhaka and Chittagong project location area with the help of local government officials. A total of 127 children (male 0, female 0, boy 64, girl 63) registered their birth certificate through project support.

Outcome/ result :

Children and parents are pleased as they are getting the service through the initiative of the project. Children who have received their birth certificate, they are using it for taking service (e.g. school admission).

Facilitate immunization campaign

Project was organized 2 immunization campaigns in Dhaka and Chittagong project location area with the help of upazila health complex. During this time a total of 56 Children (male 0, female 0 boy 26, girl 30) bring their children to receive vaccination.

Outcome/result :

Parents became pleased by receiving the service. Parents were requested to continue the service for their children's well-being.

Sensitization with adolescent group members

During reporting period, project was conducted Nine (09) batches sensitization session with 90 (boy 40, girl 50) adolescents group member on child rights, protection, child development and life skill.



Outcome/result :

Now they are well capable to protect them from abuse and exploitation. Most of the adolescents are disseminating child rights and child protection related information in their surrounding with their peers.

Children shared that they felt happy to become a part of adolescents peer group and community. Now they can share their learning with others children, peers, parents and community members.

Training of target group children on child protection and rights

During reporting period , Three (03) batches of training have been conducted with 60 (boy 35, girl 25) CABA by following a training module on protective behavior , life skill, reproductive health ,child care development and protection , awareness raising for avoiding drug , child trafficking , hazardous child labour and prevention of sexual abuse .

Outcome/result :

These training created a communication channel for children with their parents. It's also created leadership attitude in children and gave the children a stand for child participation in decision making at family and school level.

Resilience training with community children

Five (05) batches resilience training have been conducted with 102 (boy 48, girl 54) CABA and community children by following a training module on children's right & protection from violence and abuse, resilience strategies, communication, leadership and life skill etc.



Outcome/ result :

Through these training they are properly able to protect themselves if they face any problem in their life and if they observe any right violation cases in their community.

Capacity building of mothers/ caregivers of Mothers support groups(MSGs)

Project has conducted Four (04) batches meeting with 40 (female 40) caregivers of mothers support group members .The session was discussed on child rights, child protection, child development & positive parenting etc.

Outcome/result :

After receiving session mother support group members are more aware about positive parenting, care and treatment of their CABA children. They expressed that they have been benefited by these repeated counseling session. They also sheared that they are now understand their children behavior as their age. Previously they scolded their children when they used to make unrealistic demand. Now they are trying not to practice physical punishment toward their children.

Organize community level sensitization meeting with local influential people

Six (06) sensitization meeting have been arranged with 132 (male 82, female 50) community level influential people on enhancing the understanding of community people about child protection, right as well as the stigma and discrimination related to CABA as they are not yet well accepted in the society .

Outcome/ result :

These meeting are playing importance role in creating community level awareness on child right and protection issues. Community people are now aware about child right s, protection and HIV / AIDs.

Conduct organize courtyard based educational meeting with neighbors and relatives of CABA

Project has conducted 20 courtyard based educational meeting with 401(male 48, female 353) neighbors and relatives of CABA to enhance the understanding of the neighbors and relatives about child rights and protection as well as the stigma and discrimination.

Outcome / result:

Through these meeting a large numbers of community members are being made aware on the protection issues. Participants expressed that they are trying to follow the topic that are discussed in the meeting. Now they are more aware on the protection issue of the children.

Organize education institution based awareness meeting

Project has conducted 12 education institution based awareness raising meeting with 162 (male 142, female 120, boy0,girl 0) school teachers and school management committees (SMC) members on child rights, protection, abuse and neglect issues.

Outcome/result :

Through this meeting teacher are aware about the vulnerabilities of CABA. The teacher and SMC member are aware on child right and protection issues. Teacher's attitude also have improved toward s children after these event. In Chittagong, they have enrolled one disable children.

In Dhaka, Project was linkage one CABA children for free education and stipend. Now he is receiving this support from this school.

Special Event or Day Observation Report

World AIDS Day 2017

With the slogan of “My Health My Right” AsharAlo Society observed 30th anniversary of World AIDS Day 2017 on 1st December 2017 with the Government, NGOs and different level of beneficiaries in Dhaka, Sylhet, Chittagong, Cox’sbazar, Moulvibazar 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.



Discussion meeting and Rally on celebration of World AIDS Day 2017

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 24th March is observed as world TB day.

