

Annual Report

AsharAlo Society (AAS)

2019



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Ashar Alo 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. 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 2017 total number of 2924 PLHIVs has been brought under the service coverage which is the major portion of government reported cases. Since November 2017 ART has been distributed from six Govt. hospitals such as BSMMU, IDH in Dhaka, Sylhet Medical college hospital, Chattogram medical college hospital, Khulna medical college hospital and Cox bazaar sadar hospital.

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 other stakeholders. From 2009 to till date AAS enter into the dynamic process through leading with other partners 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.

Dr. Nilufar Begum
Executive Director

Executive Summary

As most of the projects managed by AAS were phased out in 2017, only 03 projects run by AAS. So AAS in need of more funding, technical support from donors, service rendering organizations and government as well. In 2018, total ART is providing by Govt. hospitals and AAS provided other services such as counseling, home based care nutritional support and other support to PLHIV.

In 2018, total 2021 PLHIV took services from AAS.

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 2018 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 644 persons where 60 people are found HIV positive. A total 81 PLHIV were provided health check up and OI's medicine. PLHIV have low skills and education to deal with a difficult socio-economic condition. In addition, nutritional support was provided to 52 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 89 PLHIV for pathological test.

A total of 11 home visits were conducted. These visits also help to monitor ART adherence of PLHIV. PLHIV requires comprehensive service package delivery including some essential support services e.g. treatment for OI's, 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 753 presumptive were tested for TB among them total 12 detected smear positive. Total 120 PLHIV (Dhaka-88, Sylhet-15, Chittagong-12, Jashore -05) received TB treatment among them Male-90 Female-29, Transgender -01.

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 20 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
- The Global Fund managed by BRAC
- APN+

Key focus areas of work in HIV/AIDS field:

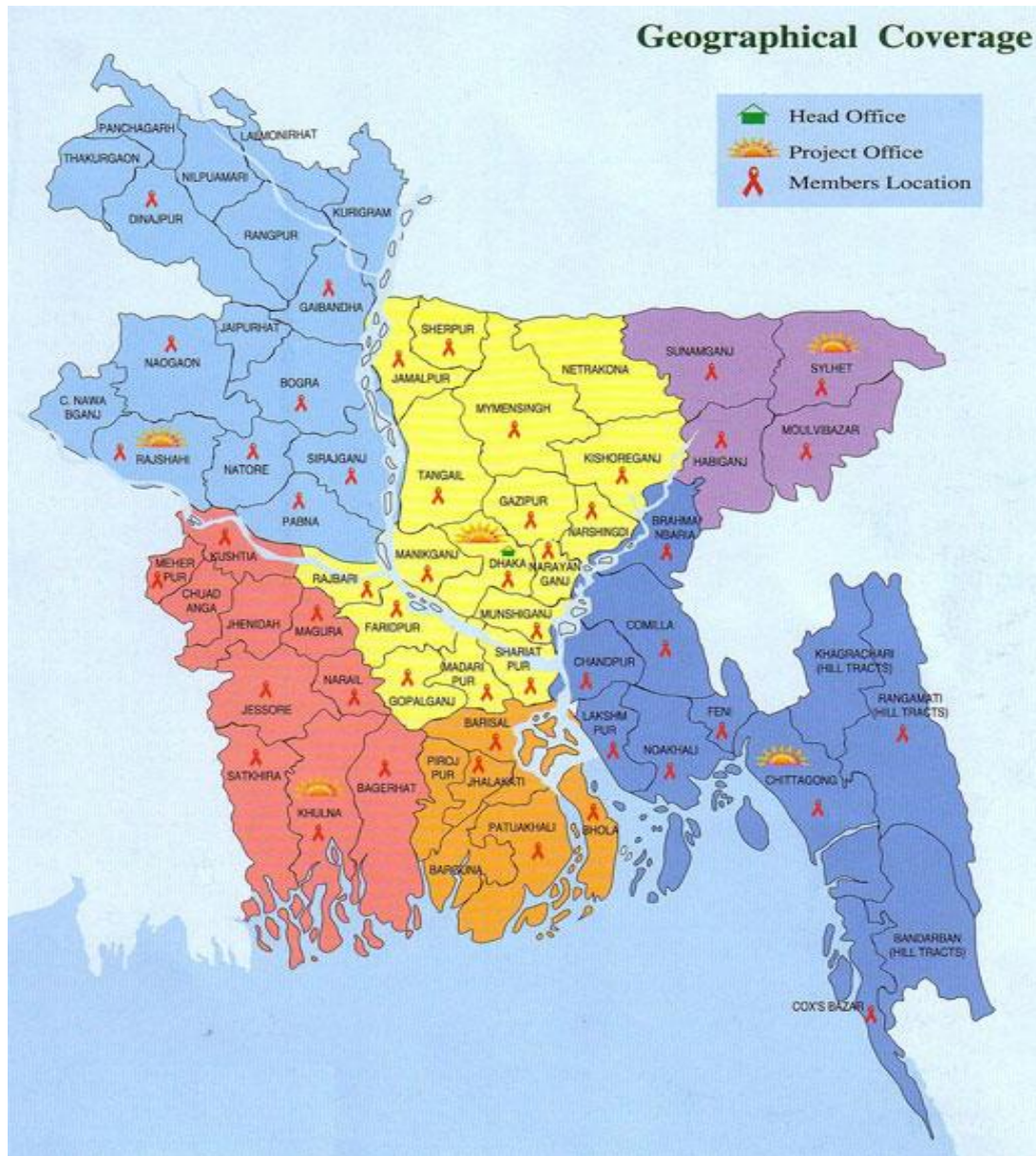
AAS has extremely focused on ensuring care & support and contributing to HIV prevention effort in Bangladesh through evidence based advocacy and other necessary initiatives.

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 64 districts distributed in 8 divisions. AAS has been providing services to the PLHIV through the office setup and service center in 4 districts (Dhaka, Sylhet, Chattogram, and Joshore) of Bangladesh.



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

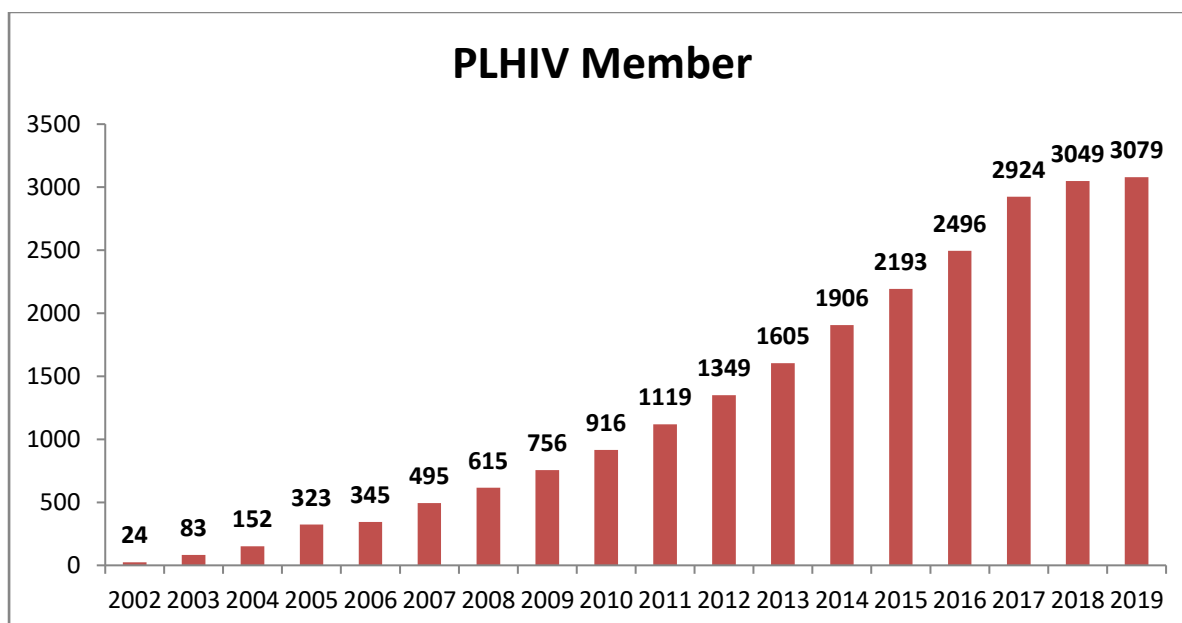
At the end of the December 2019 the total number of registered PLHIV member of AAS was 3079 and total 30 new members were registered in AAS. During this year total 38 PLHIV had died due to AIDS defining illness.

PLHIV members are coming from all over the country, where AAS providing services through its 4 centers (Dhaka, Sylhet, Chattogram and Joshore). Following number of PLHIV were covered by the mentioned centers.

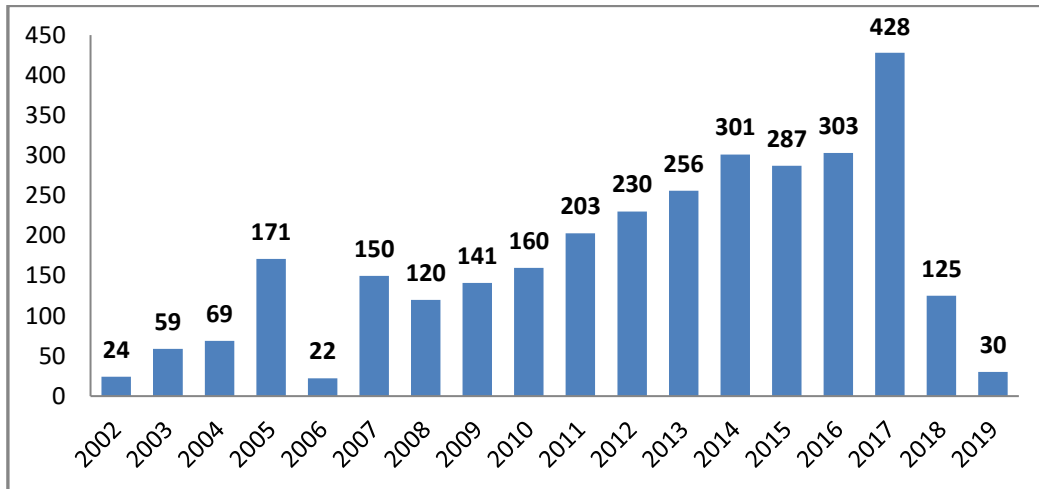
Division wise coverage of members (PLHIV)cumulative status:

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	937	485	37	23	20	1502	213	58	6	3	2	282	724	427	31	20	18	1220
2	Sylhet	531	271	35	26	4	867	284	66	12	6	1	369	247	205	23	20	3	498
3	Chattogram	386	280	20	21	3	710	120	37	0	2	0	159	266	243	20	19	3	551
	Total	1854	1036	92	70	27	3079	617	161	18	11	3	810	1237	875	74	59	24	2269

Year wise AAS members:



Year wise enrollment of PLHIV (new member):



Major Activities

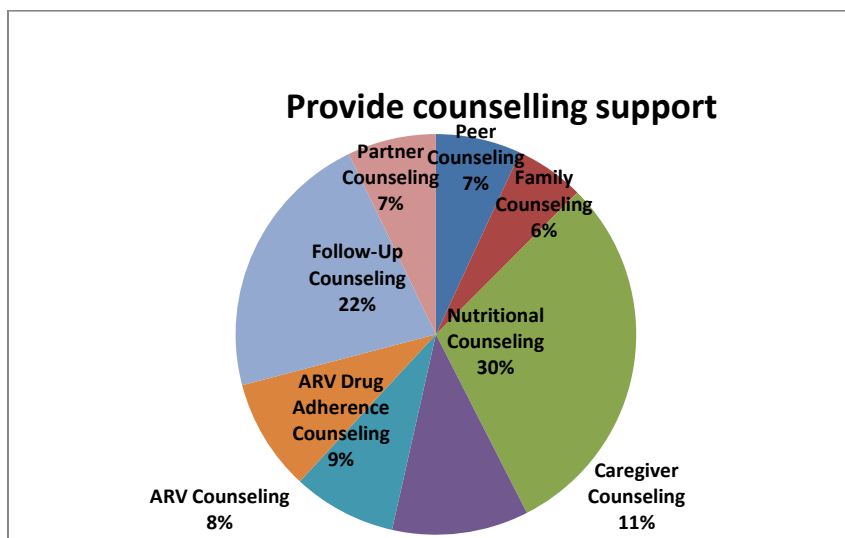
Comprehensive Care, Support and Treatment of People Living with HIV

Delivering HTC services:

AAS provided HTC services from four centres by trained Counselor and Lab Technologist following the national protocol and guideline. During the reporting period, AAS provided HTC services to the 853clients (Male-387, Female-224, Child-32& Transgender- 01) key affected populations (KAP) and general population through the HTCs and among them 63 (M-39, F-20 & C-04) persons were found HIV Positive.

Counseling services:

AAS provided 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 753 counselling sessions were provided to 644 persons from Dhaka, Sylhet, Chattogram and Benapolecentre. AAS also provided 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 10 networking visits were conducted where 15 relevant Stakeholders were met. Some important organizations were visited as a part of networking such as, Chattogram Medical College Hospital (Dots Corner), YPSA Drop in Centre, ABC Diagnostic Centre, J.B Medical Centre, Popular Diagnosis Complex, Bandhu Social Welfare Society, Save the Children Drop in centre, Niskriti, Light House, JashoreMedicale College Sadar Hospital, FPAB center, Ideal Hospital, FSW DIC, North East Medical College Hospital, Sadar Hospital Moulovibazar,Uttora Diagnostic Centre, The Square Medical Diagnostic centre, Noor Jahan Private Hospital, Chattogram Medical College Hospital Dots corner, BadhonHijra Sangha, RRMCH, Mount Arora Hospital, Plasma Diagnostic Centre, Jonota Poly Diagnostic Centre, Care Medical services etc. Besides, AAS is maintaining good collaboration with BSMMU, IDH, SOMCH and CMCH for PMTCT services.

TB-HIV Co-Infection Management:

In 2019 total 753 presumptive were tested for TB among them total 12 detected smear positive. Total 120 PLHIV (Dhaka-88, Sylhet-15, Chittagong-12, Jashore-05) received TB treatment among them Male-90 Female-29, TG-01. Total 110 PLHIV were screened for MDR TB by Gene X-pert among them no PLHIV detected as MDR TB. Total 135patients received social support and 23 were diagnosed as TB. Total 104received nutrition support for TB and HIV co infection.

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

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 12 programs were conducted and 300 participants received orientation on TB and HIV co infection in 4 quarters (12 batches).



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

02 batches of Graduate Private Practitioners received Orientation on TB and HIV co infection where 40 participants were present to learn about skills and basic information on TB treatment services and co-infections situation in Bangladesh. These two programs held at Dhaka Sishu Hospital and Shyamoli TB Hospital, Dhaka.



Orientation program on TB and HIV co infection with PLHIV/Caregivers:

The main Objective of this orientation program is to create awareness about TB, HIV, AIDS and TB and HIV co infection among PLHIV caregivers. Objective of this program how Caregivers will take care of their patients. Through this orientation develop knowledge, skills and effective care to their patients. Total 08 programs were conducted and 200 participants received orientation on TB and HIV co infection. quarters.



Joint Monitoring Mission visit

8th Joint Monitoring Mission for Revised National Tuberculosis Control Programme. Review the country's progress towards universal access to TB care, challenges and plans for TB control efforts and partners on the pathway towards strategies in line with End TB Strategy. In September, 2019 a team has visited Ashar Alo Society's Sylhet Centre to strengthen the health systems and find the gap to END TB from Bangladesh.



APN+ (Asia –Pacific Network for Positive people)

In 2019 one Workshop with Civil Society Organizations on Intellectual Property and access to HIV & Hep - C medicines and seven (07) Half Day orientation for IP issues for PLHIV community people has implemented.

Workshop with Civil Society Organizations on Intellectual Property and access to HIV & Hep-C medicines:

Ashar Alo Society has arranged a "Strategic workshop with Civil Society Organizations on Intellectual Property and access to HIV & Hep-C medicines" on 26th November, 2019 at PadakhepManabikUnnayan Kendra. Participants and moderators are sharing knowledge on IP issues, TRIPs, Patents, LDCs, access to medicine in Bangladesh situations. Total 20 participants from different cultures, professions, organizations play a part of this program to make successful.



Half Day orientation for IP issues for PLHIV community people:



Ashar Alo Society organized "Half Day orientation for IP issues for community people" is to build responsiveness about HIV, AIDS among PLHIV members. Participants are sharing knowledge and Bangladesh situations. Total 07 programs in 2019 with 20 participants attended to make this effective.

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. In this reporting period, the AAS provided OIs medicine to 113 PLHIV.

Provide home based care support to people living with HIV

Some PLHIV are seriously ill, ART dropout and financially insolvent. They couldn't go to any health care center to receive health service. Sometime family member/ caregiver couldn't support them. To ensure ART adherence and maintain health & hygiene by the ART receivers, community peer counselor contacted 25 times home based care support with collaboration of Govt. ART centers. This service is very helpful for PLHIV. But this service is very limited. These support can be increased in future.



Home visit conducted at chatak, Sylhet

Provide nutrition support to people living with HIV through voucher scheme

As per recommendation by ART centers doctors AAS provided nutritional support to the hospitalize patients, widow and children who were the economically poor. During the period AAS provided this support to sixty five (65) PLHIV among them were 38 Female and 27 Male. AAS provided them milk, horlicks and egg etc as this support.

Monitoring of the ART program by the CBO/SHG/PLHIV network:

Monitoring acts as heart of any implementing program. Quality intervention depends on the appropriate process monitoring and follow-up of implementing project activities. During the reporting period seven (07) monitoring visits were conducted at Keraniganj, Narayanganj, Gazipur, Sylhet, and Khulna in this reporting period. As consortium leader AAS conducted three (03) programmatic and financial monitoring visits at MAB and CAAP to check the bill vouchers, monthly & quarterly report and gave them valuable feedback.



Md. Sanwar Hossain, Program Manager and Sabiha Yeasmin, M & E officer visited at Cox's bazaar Sadar hospital and Moulvibazar Sadar Hospital and discussed with the staff

Provide burial support to deceased PLHIV

In this reporting period AAS provide burial support of for 2 PLHIV. One was died in Infectious Disease Hospital (IDH). 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 75clients received this support.

Organize caregiver meeting to orient them on care giving

To aware on positive living, reduce fear on HIV and help to PLHIV by the family members who can play vital role to care the PLHIV, AAS consortium conducted caregivers meeting at ART centers which helped to develop coordination among the care givers and provide support to HIV positives. During this reporting year AAS conducted six (06)care giver meeting where 112 care givers were present and among them were male-41,female-71. As target we did not conduct this meeting due to delay



Caregiver meeting at Moulvibar Sadar Hospital

start ART or not start ART yet at the HTC & ART inauguration centers.

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

AAS has organized 07 (Uthan Boithok) 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 122 people attended the meeting.



Consortium coordination meeting

In this period 01 consortium coordination meetings take place accordingly. Through the meetings made coordination intra and inter 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.

Organize training for Community Peer Counselor and Counselor on HIV counseling

AAS consortium and AIDS/STD Program (ASP) jointly organized the event from 23-26 September 2019 at Conference room, AIDS/STD Program, DGHS, Mohakhali, Dhaka. The training course was started with the formal inauguration. Mr. Moses Hazra, Assistant Manager, ASP moderated the whole train course . He shortly briefed about the training course and its objectives.



Dr. Md. Belal Hossain, DD & PM ASP inaugurated this training session



Dr. Fuad Abdul Hamid ,DPM,ASP facilitated the session

Deputy Director & Program Manager Dr. Md. Belal Hossain inaugurated the training. He welcomed the participants and gave thanks to all. In his speech he emphasized that counselors and peer counselor should play effective role on HIV counselling. Their active participation can change the life of a PLHIV. He also emphasized the successful completion of the training program. Dr. Sabrina Haque, Medical Officer, ASP discussed about counselling issue and said to the participants that counselling is more important for the people who are in at risk in HIV. After that Dr. Nilufar Begum, Executive Director, AAS encouraged the participants specially the community peer counselor to give attention on training .

Leadership Development Training for People Living with HIV



Dr. Mohammad Aminul Islam Mian, Director, NASC inaugurated the training session

As the number of people infected with and affected by HIV & AIDS (PLHIV) are gradually increasing in our country who are still facing stigma and discrimination in different levels as well as being neglected .Their needs are excluded from the development plan by the different agencies due to lack of awareness, limited knowledge on right based issues, misconception about HIV & AIDS, low literacy rate, as well as inappropriate advocacy skill among this group of people.

AAS conducted two training on Leadership Development trainings for PLHIV under the GFATM-FR Project where 15 PLHIV were participants to develop their knowledge and raising their voices for their rights and to develop and strengthen the leadership capacity of PLHIV .

Set-up of ART re-fills centers in selected Hospital by ASP:



ART & HTC Center Inauguration Ceremony at Moulvibazar district Hospital district hospital

Four ART and HTC centers were inaugurated at Shaheed Ziaur Rahman Medical College-Bogura, Cumilla Medical College Hospital, Moulvibazar 250 bed district Hospital and Shar-e-Bangla Medical College Hospital, Barishal during this reporting year. Prof. Dr. Md. Shamiul Islam, Director (MBDC) & Line Director, TB-L &



ART & HTC center Inauguration Ceremony at Barishal Medical College Hospital

AIDS/STD Programme inaugurated three centers such as SZMC, Cumilla Medical College Hospital, Moulvibazar 250 bed district Hospital and Dr. Md. Aminul Islam Mian, Director, NASC inaugurated at Barishal Medical College Hospital. During the inauguration ceremony Doctors, Nurses, PLHIV, INGOs, and relevant staff were present.

As per recommendation by ASP, AAS recruited two Community Peer Counselors at Cox'sbazar Sadar Hospital and Ukhiya Health Complex and they are assisting ART centers and HTC centers to maintain adherence of the PLHIV in these areas.

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:



demand to hospital doctor for getting RVLT.

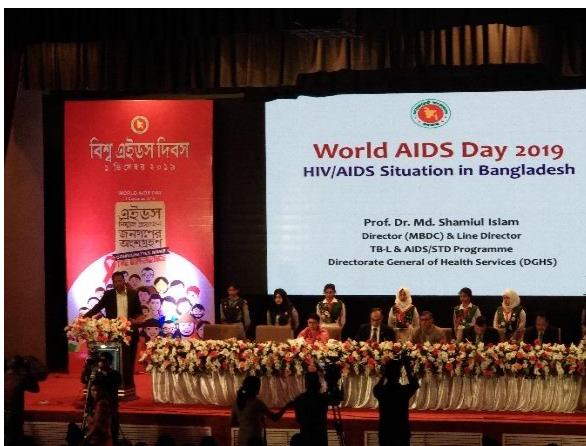
To create demand for viral load testing through treatment education and literacy AAS organized 112 orientation sessions with the PLHIV regarding the importance of routine viral load test. A total of 1223 PLHIV participated in the sessions. Among them Male participants were 674 and Female participants were 549. 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

Special Event or Day Observation Report

World AIDS Day 2019



With the slogan of “Communities make the difference” Ashar Alo Society observed 31st anniversary of World AIDS Day 2019 on 1st December 2019 with the Government, NGOs and different level of beneficiaries in Dhaka, Sylhet, Chattogram and Jashore 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 2019

Observed world TB day:

Each year, we commemorate World Tuberculosis (TB) Day on March 24 to raise public awareness about the devastating health, social and economic consequences of TB, and to step up efforts to end the global TB epidemic. 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.



Rally on celebration of World TB Day 2019