

# **Young Power in Social Action (YPSA)**

## **Health Care for Marginalized Groups in Chittagong**

Nadira Sultana

*ACCESS Health International Bangladesh*

*RTM International*

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## Disclaimer

This case study has been compiled after primary and secondary research on the organization and published with their approval. Field visits to the organization were conducted in March 2012. Neither the author of the case nor ACCESS Health International is obliged or responsible for incorporating any changes that may have occurred in the organization thereafter. The case study has been developed with a specific focus to highlight some key practices/interventions of the organization and does not cover the organization in its entirety.

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## Executive Summary

In May 1985 a group of self-motivated young men from Sitakunda Upazila<sup>1</sup> of Chittagong District of Bangladesh came together and formed the organization ‘**Young Power in Social Action (YPSA)**’ with a vision to have a poverty-free nation and the freedom to exercise individual basic rights. With time, YPSA has grown to offer diverse social activities and relentlessly render its services to the poor and marginalized, including primary healthcare, HIV/AIDS prevention, disability care, maternal and child health, family planning and reproductive health. It also supports other initiatives such as health communication and awareness. YPSA provides healthcare that targets the most marginalized and vulnerable groups. It offers services to street-based sex workers, garment and industry workers, slum dwellers and people who live in hard-to-reach areas of Chittagong hill tracts and coastal areas. YPSA also works with visually impaired people in helping them develop their independence. At present, this organization works with five million (estimated) disadvantaged and vulnerable people. The organization’s programmatic coverage includes the entire Chittagong division<sup>2</sup>. Its Public Relations office—the division that liaises with different public, private and donor organization—is located in Dhaka.



Figure 1: Districts of Chittagong division

The health program of YPSA is unique in that it puts emphasis on prevention and improving health through communication rather than delivering pure curative care. HIV/AIDS and Sexually Transmitted Infection (STI) prevention is an important component of the YPSA health program. In addition, YPSA contributes towards

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<sup>1</sup> **Sitakunda** is an Upazila, or administrative unit, in the Chittagong District of Bangladesh. It includes one urban settlement, the Sitakunda town, and 10 unions, the lowest of administrative units in Bangladesh. It is one of the 14 upazilas, the second tier of administrative units, of the Chittagong District.

<sup>2</sup> **Chittagong Division** is geographically the largest of the seven administrative divisions of Bangladesh. It mostly covers the south-eastern areas of the country, with a total area of 33,771.18 km<sup>2</sup> and a population at the 2011 Census (preliminary result) of 28,079,000.

achievement of the health-related Millennium Development Goals (MDGs)<sup>3</sup> for Bangladesh, working towards improving maternal and child health, reproductive health, family planning, and malaria and tuberculosis prevention programs.

To address the sustainability of social development interventions, YPSA integrates economic development approaches in working with its beneficiaries. It encourages women's empowerment and entrepreneurship development by promoting income generation activities. Healthcare activities also address further reaching social issues and are not carried out in isolation. This case study explores YPSA's organizational capacity to address a variety of health issues and reach isolated population in the context of the social dynamics of development. The YPSA management provided full support and cooperation during the study and field visits conducted in March 2012. The key findings of this case study are:

- YPSA has a wide range of information and service delivery programs including health, water and sanitation, disability, women's empowerment, social justice, education, anti-trafficking, violence against women, microcredit, and entrepreneurship development.
- It focuses mostly on providing healthcare and changing health care attitude and practice of vulnerable and marginalized populations such as sex workers, women who have been forced into sex trade, those who have been rescued from trafficking, disabled, street children, and rural communities.
- It targets the most vulnerable and marginalized groups to carry out social and economic development.
- It always works in strategic partnership with government, donors and private organizations.
- It builds the capacity of its staff and that of other organizations to improve service delivery.
- A record of program performance and program data is maintained through monitoring, evaluation and small scale research.

Currently, YPSA's programs reach nearly five million disadvantaged people; however, more research is required to understand the qualitative impacts the programs have had on the society. This would improve program operations and maintain their progress.

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<sup>3</sup> **Health MDGs** are number 4, 5 and 6. MDG 4 aims to reduce infant mortality by two-thirds by 2015. MDG 5 calls for increased efforts to improve maternal health, especially to reduce maternal mortality ratio by three-fourth and achieve universal access to reproductive health. MDG 6 aims to combat HIV/AIDS, tuberculosis, malaria and other diseases.

## Organizational Background

The year 1985 was proclaimed by the United Nations as the **International Youth Year**, or **IYY**. The aim was to focus the attention of the global community on issues relating to youth. The proclamation was signed on January 1, 1985 by United Nations Secretary General Javier Pérez de Cuéllar. Encouraged by this proclamation, a group of self-motivated youth from Sitakunda Upazila of Chittagong district came together to form an organization called “Youth Power in Social Action (YPSA)” with a vision to create a poverty-free society where basic needs and rights are ensured. YPSA was born in May of 1985.

Since its inception, YPSA has worked to improve the socio-economic conditions of the poor, marginalized and vulnerable communities of Chittagong division. YPSA established an executive committee elected by its members. The committee was appointed to run the organization with proper governance. To enable efficient running of all activities, the organization identified seven core values. These core values are mentioned in Table 1.

**Table 1: Core values of YPSA**

- Patriotism and commitment to national interest, sovereignty and national pride
- Justice, transparency and accountability
- Mutual respect and gender friendliness
- Quality and excellence
- Humility and confidence.
- Respect for diversity
- Support for environment and ecology

Source: <http://www.ypsa.org>

## Geographical presence and programmatic coverage

At present, YPSA’s activities are spread across the entire Chittagong division, including the hill tracts areas<sup>4</sup>. The estimated total number of beneficiaries is five million marginalized, disadvantaged and vulnerable people with no access to healthcare and other social services. The map of Chittagong division (Figure 1) indicates the district locations.

## YPSA Health Interventions

As health is the most important component of its interventions, YPSA started the first health program in 1995. To date, its health programs include the prevention of HIV/AIDS, malaria, and tuberculosis. YPSA also conducts programs for eye care, maternal and child health, and family

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<sup>4</sup> The Division is subdivided into eleven districts (zilas) and thence into 99 sub-districts (upazilas). The districts are: [Bandarban](#), [Brahmanbaria](#), [Chandpur](#), [Chittagong](#), [Comilla](#), [Cox's Bazar](#), [Feni](#), [Khagrachari](#), [Lakshimpur](#), [Noakhali](#), [Rangamati](#)

planning. Furthermore, it carries out capacity building for service providers and hosts a community radio program, *Sagor Giri*. Each health area is further detailed below.

## HIV/AIDS

The prevalence of HIV in Bangladesh is less than 0.1% of the population. The estimated number of HIV positive cases in the country is around 75,002. The prevalence rate among the most at risk populations—sex workers (both female and male), men who have sex with men (MSM) and transgender individuals (Hijra)—is below 1%. This does not include Injecting Drug Users (IDUs) that comprise just over 1% (1.6%)<sup>5</sup>.

### Modhumita Project

Chittagong is the commercial center and port-city of Bangladesh. Due to its economic opportunities, there is a continuous influx of migrants who come from rural areas to earn a better living. In addition, women who have been socially rejected by their communities come to Chittagong to enter the sex trade. Most of them have no access to healthcare or any type of social services.



Under the Modhumita Project, YPSA operates two centers that are technically and financially supported by Family Health International (FHI). The centers are located in commercial districts of Chittagong town. They provide healthcare services and other facilities to street-based sex workers to help them maintain a disease-free health status. The project also promotes safe-sex practice through behavioral change interventions for the sex workers and their clients. Pictorial leaflets, posters, flipcharts and audio-video materials that provide information and enhance knowledge and awareness of HIV/AIDS, STIs, and other reproductive health issues are made available to the sex workers. This program is facilitated and supervised by YPSA. Initially, YPSA's health workers mapped the areas and then identified the number of sex workers in each area. After extended discussions with the sex workers, YPSA was able to convince them to accept its services from the Modhumita centers. YPSA health workers train peer educators

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<sup>5</sup> <http://www.unaids.org/fr/dataanalysis/monitoringcountryprogress/progressreports/2010countries/file,33657,fr.pdf>

among the sex workers to disseminate information on prevention of HIV/AIDS. This usually occurs only after gaining the sex workers' confidence.

Since most sex workers are illiterate, the use of pictorial training materials such as flip-charts, leaflets and brochures is particularly useful. Currently, more than 2,000 sex workers are in YPSA network through two Modhumita centers. Approximately 50 peer educators have received training on prevention of HIV and the use of condoms. Trained peer educators communicate this information to their peer group. Condoms are also distributed to them. The peer educators provide information on safe sex not only to the sex workers, but also to their clients. The peer educators invite their fellow workers to visit YPSA's centers and utilize the health services available. Furthermore, YPSA encourages the sex workers to save money and consider alternative options of livelihood. Aside from health care, YPSA also provides financial and emotional support to sex workers and under-age girls involved in the sex trade.

At the centers, there are routine health sessions on HIV/AIDS prevention, STI treatment and condom distribution the sex workers also spend some time participating in rest and recreational activities. Finally, they visit the attending health workers and medical doctors for STI testing and treatment and reproductive healthcare, if required. For advanced reproductive care and maternity services, YPSA has partnered with Marie Stopes Bangladesh<sup>6</sup> and Chittagong Medical College Hospital to make referrals. . Sex workers who test positive for STIs or HIV are referred for Voluntary Counseling and testing (VCT) and treatment at the Chittagong Medical College Hospital and other organizations.

### **Scale-up of HIV/AIDS Orientation, Training and Services to Young People through Integrated Youth Friendly Health Services and Life Skills-based Education including Support to Access to Condoms**

This is a collaborative project between the National AIDS/STD Program (NASP), Directorate General of Health Service (DGHS), Ministry of Health & Family Welfare (MOH & FW) and Save the Children-USA. The objectives of this project are:

- To provide information on the prevention of HIV/AIDS and other skills and services to youth.
- To collect data necessary for the development of national policy and programs for the prevention of HIV/AIDS among young people ages 10-24 years and
- To strengthen the capacity of partners for effective implementation, monitoring and evaluation of the project.

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<sup>6</sup> Marie Stopes International (MSI) provides reproductive health information, training, technical assistance and services to 2.8 million people around the world. The work is carried out in nearly 40 countries by the highly-skilled international and local teams who make up the MSI Global Partnership. <http://www.mariestopes-bd.org>



This is an HIV/AIDS prevention project that promotes peer education among youth. Under this project, YPSA provides training to young people between 10-24 years of age on the prevention of HIV/AIDS. The young people form a large network of peer groups from different institutions including schools and communities. Peer education involves the selection of student/youth leaders who are then trained to offer and/or coordinate direct services to their peers through community/ campus based programs. Peer educators have the opportunity to develop an understanding of health and sexual behavior and apply it positively to their own health-seeking behavior and decision-making, which subsequently contributes to improvement in the national health outcomes. YPSA works with both public and private healthcare facilities to provide training to the service providers working with young people. It also organizes advocacy meetings with community leaders, religious leaders and other social elites to have youth-friendly services within the existing facilities. So far, nearly 1,000 peer educators have been trained. Together, they have reached out to 636,652 young people in seven project districts, namely:

- Chittagong
- Cox's Bazaar
- Rangamati
- Feni
- Comilla
- Brahmanbaria
- Chandpur

To promote youth-friendly services, YPSA has trained a large number of service providers in the formal and informal sectors of these districts. To date, 1,562 service providers have been trained to encourage young people to seek appropriate sexual health services.

**Goal of Life Skills Education:**

Prevent HIV infections among young people (15-24 years age) through culturally and religiously accepted life skills education package. Sensitize and involve govt. officials, policy makers, gate keepers and other stakeholders in piloting the LSE package. Share lessons learnt on tested package. Hand over the package to govt. for further execution.

**Goal of Youth Friendly Health Services:**

Develop model(s) to provide youth friendly clinical services in relation to HIV/AIDS and other health issues through trained personnel at designated health facilities in urban and rural settings (Go-NGO-Private) within existing or modified modality, generating demand among the youth, creating and enabling environment by involving the gate-keepers (parents, teachers, religious leaders, community leaders, celebrities etc.) and producing sufficient evidence-base for scaling up the program in the next phase.

**Goal of Access to Condom:**

Provide scientific basis for the formulation of a piloting strategy, improve young people's access to condoms to reduce HIV/AIDS risk among young through endorsement of the strategy by MOHFW, DGHS, DGFP and other social

## Primary Prevention of HIV & Risk Reduction through Work-place Interventions in Garment Factories

This project focuses on prevention of HIV through education in the workplace, particularly in the garment industry. Project activities include endorsement of a workplace policy, life skill education, peer education, video screenings and dissemination of information proper health-seeking behavior. The activities are being implemented both in the workplace as well as the homes of the garment workers and their neighbors.

## Tuberculosis (TB) Control Program

Tuberculosis is a major public health problem in Bangladesh. In 2006, the World Health Organization (WHO) ranked Bangladesh sixth among the world's 22 'high-burden' TB countries. More than 319,000 new cases have been detected. There have been 143,000 sputum smear-positive (SS+) pulmonary TB cases and 70,000 TB-related deaths that occurred annually. YPSA, in collaboration with BRAC<sup>7</sup> and GFATM<sup>8</sup>, has been implementing tuberculosis prevention activities with private providers in Chittagong city since August 2010. Under this project, YPSA organizes folk songs, behavioral changes programs, and training and orientation sessions on tuberculosis prevention for groups such as factory workers, private providers and slum dwellers. The project supports capacity building of service providers both in the formal and informal sectors through various orientation programs on the prevention of tuberculosis and its connection to HIV/AIDS.



## Malaria Control Program

Malaria has been a major public health problem in Bangladesh. Approximately 33.6% of the total population of the country is at risk of contracting the disease. The majority of malaria cases have been reported from 13 out of the total 64 districts in the country. On average there

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<sup>7</sup> **BRAC**, based in Bangladesh, is (as of May 2010) the world's largest non-governmental development organization. Established by Sir Fazle Hasan Abed in 1972 soon after the independence of Bangladesh, BRAC is present in all 64 districts of Bangladesh. Website: <http://www.brac.net>

<sup>8</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was created to dramatically increase resources to fight three of the world's most devastating diseases, and to direct those resources to areas of greatest need. <http://www.theglobalfund.org>

have been 50,000 confirmed cases of malaria in the country annually<sup>9</sup>, with approximately 70% of cases accounting for Pf cases (killer malaria) and 450 malaria deaths.

With support from GFATM in Bangladesh, YPSA implemented the Malaria Control Project in Rangunia Upazila of Chittagong district. The project worked on curative, preventive and behavioral changes in people of this endemic area. Health workers conducted home visits to identify cases, carry out diagnostic tests and provide treatment in uncomplicated cases. Patients with complications were referred to better facilities. Additionally, it organized health communication and behavioral changes activities like folk songs, theater and advocacy workshops at the community level to increase awareness on the prevention of malaria. It distributed Long Lasting Insecticidal Net (LLIN) to the households in the project areas. This project laid special emphasis on mothers and pregnant women.

## Eye Care

### Childhood Cataract Campaign in Chittagong (BCCC)

Bangladesh has approximately 800,000 blind people out of a total population of 140 million. This includes 40,000 children under the age of 15 years. The Bangladesh Childhood Cataract Campaign (BCCC) was launched based on the findings of research undertaken between 2001 and 2003 by International Centre for Eye Health (ICEH), London. The research indicated that there are 40,000 blind children in Bangladesh, a third of which are blind due to cataract. A volunteer group was formed within the local communities in the rural areas of the eight project districts. This group conducted a door-to-door survey to identify children with blindness. Public and private eye hospitals and organizations working in the area of medical and surgical eye care came together in this effort. YPSA also worked toward increasing awareness on blindness and its prevention while also improving the nutritional status of children in vulnerable and affected communities who had become blind from nutritional deficiencies. They had successfully identified nearly 5,000 blind people including 400 people who became blind due to childhood cataract. It provided integrated services to those children and their families. This also included support in social reintegration with schools and carrying out income-generating activities. However, this project is no longer active due to funding constraints.

### Use of ICT by Visually Impaired People for Health

The organization works for the rights of visually impaired people. In Bangladesh, there are about 3 million (21%) visually impaired people. With support from the government and other

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<sup>9</sup> [http://www.searo.who.int/EN/section10/section21/section340\\_4015.htm](http://www.searo.who.int/EN/section10/section21/section340_4015.htm)

donors, YPSA works with Digital Accessible Information System (DAISY) to make Information Communication and Technology (ICT) accessible to all people including the visually impaired and illiterate.

A group of visually impaired university graduates with knowledge of Braille techniques are working to help other visually impaired people who are not Braille literate and have no access to any form of health information. Mr. Vashkar Bhattcharia leads the DAISY team from the visually disabled group. They use special audio software that enables a visually impaired person to read and to write on a computer using the common key board. This group dedicates time to read health information to visually impaired young people. They provide them with information on HIV/AIDS, adolescent reproductive health, and maternal and child health using a computer. The DAISY Team converts the health information from the digital mode into an audio form using special software called Digital Talking Books. The local language and dialect are used to help the visually impaired person understand the information. DAISY has also produced Compact Disks of Talking Books for distribution to different organizations and institutes all over the country that work with visually impaired people. DAISY has used available and approved health information to make the Talking Books on HIV/AIDS, adolescent reproductive health and maternal and child health. Mr. Vashkar emphasizes the importance of Talking Books for girls who are more vulnerable and marginalized due to this disability. So far, YPSA has produced 100 digital Talking Books on health and social issues including government policies to raise awareness of visually disabled people.

## **Maternal and Child Health including Family Planning & Reproductive Health**

Since its inception, YPSA has been working very closely with the government and its Ministry of Health and Family Welfare towards achieving national goals and international targets (International Conference on Population Development/MDGs). Therefore, in collaboration with the government, YPSA has extended its services for mothers and children through primary health care approaches. This effort, that has received much support from various donors, organizes health camps for the general population in rural areas and arranges special health sessions for pregnant mothers (ante-natal check-



ups and immunization). It runs mobile primary health clinics and adolescent reproductive health campaigns to provide basic care to rural people and people of Chittagong hill tracts. With support from local leaders and organizations YPSA also organizes health communication and awareness sessions on maternal and child health, family planning and reproductive health within tribal communities.

The Ministry of Health and Family Welfare along with a large number of health NGOs have focused on achieving universal immunization coverage for children and women against vaccine-preventable diseases in Bangladesh.<sup>10</sup> YPSA workers complement and supplement government initiatives. They conduct door-to-door visits within the project areas to identify children below the age of one to carry out follow-up immunizations for these children and pregnant. The family is referred to a government Immunization Center or government health workers to receive the required vaccines. At the same time the YPSA workers notify the government immunization centers or health workers of respective areas of immunization referrals or gaps in immunization services. Health workers in both public and private sectors use mobile phones in to communicate health issues. YPSA health workers and community volunteers trained by YPSA also promote safe delivery in a healthcare facility, thereby reducing maternal health complications.

### Child (0-11 Months) Vaccination Schedule<sup>11</sup>

Name of the disease	Name of the vaccine	Number of doses	Interval between doses	Starting time of vaccination
<b>Tuberculosis</b>	BCG	1	-	After birth
<b>Diphtheria, Pertussis &amp; Tetanus</b>	DPT	3	4 weeks	6 weeks
<b>Hepatitis-B</b>	Hepatitis-B vaccine	3	4 weeks	6 weeks
<b>Poliomyelitis</b>	OPV	4 *	4 weeks	6 weeks
<b>Measles</b>	Measles vaccine	1 **	-	After completion of 9 months

\* One dose of OPV is administered with every dose of DPT dose and the fourth dose of OPV is administered with Measles.

\*\* Vitamin-A (blue capsule) is to give with Measles vaccine.

<sup>10</sup> The Expanded Program on Immunization (EPI) is the most successful public health intervention in Bangladesh, and has contributed significantly to reducing mortality and morbidity from vaccine-preventable diseases. The service delivery mechanism of EPI throughout the country has been used as the role model and a platform to deliver other interventions ([http://www.unicef.org/bangladesh/health\\_nutrition\\_468.htm](http://www.unicef.org/bangladesh/health_nutrition_468.htm)).

<sup>11</sup> Source: [www.whoban.org](http://www.whoban.org)

## Capacity Building of Service Providers

The lack of human resource is one of the major challenges of the health sector in Bangladesh especially in rural areas. YPSA therefore emphasizes building capacity of local and informal healthcare providers like community health volunteers, traditional birth attendants (TBA), paramedics and health workers to ensure access to proper healthcare. YPSA has partnered with government and non-government training institutions to develop customized courses for different categories of health personnel. YPSA further organizes regular training to enhance the capacity and knowledge of the service providers in its projects.

## Community Radio: Sagor Giri



The government of Bangladesh promotes free flow of information for social development and encourages the private sector to bring about sustainable social changes in health and other development issues. It allows Community Radio<sup>12</sup> intervention to address social issues (such as poverty and social exclusion) at the community level, empower marginalized rural groups and catalyze democratic processes and ongoing development efforts.

YPSA started the community Radio *Sagor Giri*, meaning *sea-hills* in 2011. This is a unique communication media for communities in the hard-to-reach areas of Chittagong. Radio *Sagor Giri* broadcasts information on public health issues and creates awareness by interviewing eminent health professionals, successful service providers and service recipients. It also has an interactive session with the community people during these interviews. This community radio intervention adds a new dimension in health communication as it is designed to improve the health-seeking behavior of the people.

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<sup>12</sup> **Community radio** is a radio service offering a third model of radio broadcasting in addition to commercial and public broadcasting. Community stations serve geographic communities and communities of interest. They broadcast content that is popular and relevant to a specific audience who is often overlooked by commercial or mass-media broadcasters. Community radio stations are operated, owned, and influenced by the communities they serve. They are generally nonprofit and provide a mechanism for enabling individuals, groups, and communities to tell their own stories, share experiences, and become creators and contributors of media. In many parts of the world, community radio acts as a vehicle for the community and voluntary sector, civil society, agencies, NGOs and citizens to work in partnership to further community development objectives through broadcasting.

## Challenges for YPSA

YPSA faces many challenges in its healthcare programs especially those targeted at remote rural areas. However, the management laid emphasis on the following issues:

- Human resource for health - There is a lack of skilled providers to provide quality service delivery. Usually, YPSA provides training to the local women who act as community health workers and community service providers. However it takes time for the rural women who have limited basic education to achieve the necessary technical competencies and skills. At the same time, many of the trained staff discontinue their work due to marriage, child birth or family reasons.
- Time-bound project approach - Donor funding is usually available for time-bound projects. After completion of these projects, sustainability issues that arise due to funding constraints are not being addressed adequately. Due to YPSA's limited resources, the beneficiaries' high expectations can be met only during the course of the project.
- Transportation, natural calamity and political instability sometimes interfere with the delivery of the program. However, YPSA management overcomes these situations through its team efforts.
- Working with sex workers - As sex trade is not a socially accepted profession in society, there are negative impressions of the organization and staff who work closely with sex workers.

## Conclusion

YPSA has been working towards improving the accessibility of healthcare and other social services to rural and marginalized people in order to achieve its goal of poverty alleviation and establishment of human rights. It started in one Upazilla called Sitakunda in Chittagong. With time and effort, it has gradually scaled up its services geographically to the entire Chittagong division while also increasing the range of services from different development arenas.

Behavioral changes in health-seeking and increased awareness in health attitude and practice were the main focus of the health projects. Various project-specific performance data shows an increased use of services especially in pregnancy care, immunization services, STI treatment and TB and malaria treatment by the community people. However more research needs to be done on qualitative changes that can reduce poverty. Organizational confidence is evident during discussions with YPSA management and field workers due to its continual growth. Endorsement of different projects both from government and private sectors facilitates the gradual growth of the organization as it gains more experience and ability to tackle the development challenges.

YPSA uses its performance data in decision making for organizational progression and meeting its targets. The strength of the organization lies in its ability to partner with government and other private non-profit organizations. One such example is the use of public training facilities and resources for YPSA staff capacity building to supplement and complement public programs where public sector staff is lacking. Finally, team work, leadership and integrity have enabled YPSA to achieve the goals of the programs and develop interventions that are sustainable at the community level.