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# Project Completion Report

## Expanding HIV/AIDS Prevention in Bangladesh

### RCC Global Fund grant to Bangladesh

*A collaborative project between Ministry of Health & Family Welfare and  
Save the Children USA*

Package Name  
Providing Primary Prevention of HIV and Risk Reduction  
through Workplace Interventions in Garments Industries

Service Package #  
**GFATM-912**

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## **Message from Consortium Chairperson**

“Expanding HIV/AIDS Prevention in Bangladesh” is a collaborative project between the Ministry of Health & Family Welfare and Save the Children-USA with a goal to limit the spread and impact of HIV in the Country. There are 13 packages of RCC under this title. To contribute to the overall project goal YPSA Consortium along with its other associates (HASAB, SKUS) has been implementing the package of GF-912, which title is “Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Industries”.

The project focused on prevention of HIV through workplace intervention in the garment factory and in the community. The activities include-national workshop for advocacy, endorsement & implementation of a workplace policy, sensitization meeting with BGMEA & other stakeholders, LSE at workplace, peer education, video show, distribution of BCC materials, development of audio song on HIV & AIDS issue, interactive theatre show, management of STI and other SRH cases etc. The activities are being implemented both at workplace, and at residential setting of young garment workers and their neighbors.

The RCC of GF-912 project started on November 2009 and ended on 31<sup>st</sup> March 2012. During this period there were significant achievements of YPSA Consortium, which was possible only by the combined effort of all stakeholders. This annual report will give the readers a good overview of all the activities completed under GF-912 project.

YPSA Consortium is indebted to the Consortium members, YPSA Management, Associate Organizations, Strategic Partners, BGMEA, Garments authority, Master trainers, Peer Educators, other project staff of YPSA and community people who helped a lot to achieve the target. I express my heartfelt gratitude to MOH&FW, NASP and Save the Children-USA to give us opportunity to implement this project through establishing public-private partnership.

I take this opportunity to express my sincere gratitude to the Consortium staffs for their contribution to make this factual report. Special thank goes to the Project Management Unit, which is responsible for the preparation of this project completion report of RCC.



Md. Arifur Rahman  
Chief Executive of YPSA and  
Consortium Chairperson

## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AO	Associate Organization
BGMEA	Bangladesh Garments Manufactures and Exporters Association
CE/ED	Chief Executive/ Executive Director
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HASAB	HIV/AIDS and STD Alliance Bangladesh
HIV	Human immune-deficiency Virus
LSE	Life Skill Education
MA	Management Agency
M&E	Monitoring and Evaluation
MT	Master Trainer
NASP	National AIDS/STD Program
NGO	Non Government Organizations
PE	Peer Educator
PMU	Project Management Unit
PNGO	Partner Non Government Organizations
RMG	Readymade Garments
SKUS	Samaj Kalyan O Unnayan Shangstha
SP	Strategic Partner
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TOT	Training of Trainer
UN	United Nations
YPSA	Young Power in Social Action

## Table of Contents

Executive Summary .....	6
Introduction .....	12
Achievements.....	15
Achievement against Accelerated work plan: .....	15
2.5.4 Organize National level workshop with national garment export institution and owners .....	15
2.5.4.i Organize sensitize meeting with BGMEA, Garment owners, Workers' representative and health service providers.....	15
2.5.4.ii Day Observation.....	16
2.5.4.iii Joint event with BGMEA (Workers fair & others) .....	17
Participated in the BGMEA workers fair .....	17
2.5.4.vii Annual review meeting.....	18
2.5.4.viii Regional Coordination meeting.....	18
2.5.5 Develop and produce one page take home communication material.....	19
2.5.5.i Finalize and printing of flip chart including guideline: .....	20
2.5.5.ii Booklet for garment workers as communication material .....	20
2.5.6 Training of master trainers on life skill education for the prevention of HIV.....	21
2.5.6.iii Training/orientation of relevant clinicians on case management, recording and reporting of STIs with BGMEA support .....	22
2.5.6.iv Training/orientation of relevant staff on case management, recording and reporting of STIs with BGMEA support .....	22
2.5.7 Training of peer educator on life skill education for the prevention of HIV: .....	23
2.5.7.i Common refreshers for Peer Educators including Master Trainers.....	23
2.5.7.ii Master Trainer Assembly .....	24
2.5.8 Conduction of 4-day LSE sessions on HIV prevention in the workplace .....	24
2.5.8.ii Mapping of health care facilities for STI, SRH management and general health of garment factory workers within and local to the factories through rapid situation assessment with BGMEA support in Chittagong.....	25
2.5.8.iii Management of STI and other SRH cases .....	25

2.5.9 Video presentation and discussion at the home of garment workers for the prevention of HIV .....	26
2.5.9.i Develop one audio documentary on HIV and STI prevention to increase knowledge retention among the Garment Factory Workers considering local language and culture .....	26
2.5.9.ii Interactive Theatre on HIV and STI .....	27
Key accomplishment during the RCC project.....	27
Significant external visit during the RCC .....	30
Innovation.....	32
Challenges .....	32
Limitation:.....	33
Lessons Learnt.....	33
Conclusion .....	34
Annexes .....	35
Annex-1 (Cumulative achievement over the period of RCC) .....	35
Annex-2 (Case studies): .....	41
Annex-3 (Best Practices): .....	48
Annex-4 (WAD report'10, Round Table Discussion meeting and Sample Meeting Minutes of 912 Package): .....	50
Annex-4.1: (World AIDS Day report 2010) .....	51
Annex-4.2: Round Table Discussion Meeting .....	54
Annex-4.3: PMU-Partner Meeting .....	72
Annex-5 (Questionnaire of Progress Assessment of Workplace Intervention): .....	80

## **Executive Summary**

Behavioral surveillance reports in Bangladesh reveals significant levels of high-risk behavior, low rates of condom use, large numbers of customers served by the sex workers. In Bangladesh 2533 people were found infected with HIV/AIDS as of 2011. Among them 445 are newly infected, 251 had developed AIDS and 84 had died due to AIDS and AIDS related illness in this year (NASP, 1<sup>st</sup> December, 2011). To contribute to the GFATM-HIV project goal of Bangladesh YPSA Consortium along with its other associates (HASAB, SKUS) has been implementing the package of GF-912, which title is “Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Industries”.

The Readymade Garment (RMG) Industry is the large export sector of the Bangladesh, which earning majority portion of the foreign currency compare to other export items and employs 40% of the country's industrial workers. According to the BGMEA, more than 650,000 people work at about 684 garment factories in Chittagong division. The vast majority of the work forces are women (nearly 80%), and aged 23 years in average. The rapidly expanding garment industry in Bangladesh has been the driving factor behind a large migration of young rural females to the city area like Chittagong.

The GF-912 project focuses on prevention of HIV through workplace intervention in the garment factory and in the community. The activities include-national workshop for advocacy, endorsement & implementation of a workplace policy, sensitization meeting with BGMEA & other stakeholders, LSE at workplace, peer education, video show, distribution of BCC materials, development of audio song on HIV & AIDS issue, interactive theatre show, management of STI and other SRH cases etc. The activities are being implemented both at workplace, and at residential setting of young garment workers and their neighbors.

**The goal of the package** is to limit the spread and impact of HIV in the country through preventing HIV/AIDS/STIs and reducing risks among the garment workers. And **general objectives are**

- Mainstreaming of life skill education including safer sex in collaboration with BGMEA at workplace and implementation of workplace policy through continues advocacy to ensure support; providing support to ensure services for STI and sexual & reproductive health problem through facilitate effective referral mechanism to nearby health facilities
- To capacitate garment factory workers through conduction of like skill education using peer approach; providing training for the master trainers, peer educator; demonstrate and playing video documentary related to HIV/AIDS to ensure source of information beyond the education session.

During the RCC, YPSA Consortium implemented different activities along with three Associate Organization and 15 Strategic Partners (SP). Among them there were some key accomplishments over the years of RCC.

BGMEA acknowledged Life Skills Education at workplace as a result of successful national level workshops throughout the project period (in RCC there were three workshops with

104 participants) and advocacy meeting (there were 11 meeting with 105 participants) with BGMEA-Director in Chittagong Chapter. As outcome of the workshop BGEMA acknowledged the workplace intervention by the YPSA Consortium and felt need to continue these activities for the betterment of large number of garments workers. At the same time garments owners assured to support the ongoing activities from their own end with limited scale beyond the project period.

Observation of the different national and international days gives the opportunity to interact with the community, stakeholders as well as with the Government. Keeping this view in mind there was target to observe day with 750 participants in the RCC. During this reporting period YPSA Consortium observed three WAD (WAD'09, WAD'10 & WAD'11) with 546 Participants.

During this reporting period YPSA Consortium and Civil Surgeon office jointly organized two coordination meeting with 97 participants. The meeting was presided over Civil Surgeon Dr. Abu Tayeb and Ms. Khaleda Begum Team Leader GFATM-912 was the moderator. All GFATM partners in Chittagong, NGOs working in the field of Health service and HIV/AIDS, Govt. Health personnel were present as participant of the meeting. The Objective of the meeting is to strengthening the coordination among GO and NGO in the field of Health and HIV/AIDS.

Total 265,000 one page take-home communication materials and 250,000 booklets (*Ekjon janur golpa*) were distributed among the garments workers and community people during the reporting period. Messages of the take-home materials are read by the workers and preserved as calendar in their houses, which is found during progress assessment. It is also found that 43% of responded got booklet (*Ekjon janur golpa*) among them 80% read and 76% said that from this booklet they learned on HIV & ADIS issues and 32% said they also knew on STI.

Master Trainers are the key person who will develop Peer Educators for disseminating LSE to Garments Factories. In the year-1 of RCC, Training of Master Trainer on Life Skill Education took place from 13-15 June 2010 at YPSA HRDC and 31 participants (additional 1 as back up of one SP) took part in the training. And in the year-2 of RCC, YPSA Consortium organized Master Trainer Training with 29 participants though there was no target for this period. It was arranged as per requirements of the project.

There was plan to train 505 peer educator in the phase-1 of RCC. As per the plan of RCC, YPSA consortium organized and conducted TOT for Peer Educators on Life Skill Education during the RCC. Total participant of those training was 507. Master Trainers of respective strategic partners conducted the training intensively and staff of Associate Organization and concerned Specialist of PMU supplemented the training.

In the RCC, LSE provided to 232,974 workers and video show to 471,600 workers/community people. In the progress assessment it is found that 76% said that HIV transmitted through unsafe sex with HIV infected person, 67% said received HIV infected blood, 69% said HIV can transmitted through not to using virus free syringe & needle and only 2% answered wrongly.



During the RCC, YPSA Consortium provided treatment to 29,750 patients through YPSA Health service center (as service provider by work order) and BGMEA Hospital. As per work plan YPSA Consortium formed Interactive Theatre group through *Shikhor gono shanskritik songaton*, a linked organization of YPSA, on HIV/AIDS/STIs issues focusing stigma and discrimination aiming to raise awareness among garment workers, their families and the communities. The title of theatre was “*khonj*”. In the RCC total 127 including two additional show at the WAD’11 and Joint Event with BGMEA against the target of 125.

At the end of RCC Year-2 YPSA Consortium conducted a progress assessment of workplace intervention highlighting LSE session involving other staff of YPSA beyond the project staff. The main objective to conduct this progress review is to find out the level of understanding of Garments factory workers, who already received LSE session and other intervention at the workplace. Total of 10 garments from RCC selected as random basis. Total 60 workers interviewed with structured questionnaire. Before interview, data collectors provided attendance sheet of LSE receiver of the respective garment factory but it is matter of concern that almost 40% of worker dropped out or changed the factory by this time. There are some significant findings of this assessment. When Workers asked that how many days they participated in the LSE session, 72% answered for 4days and 3% said they attended only 1 day. 97% respondent said that they learnt about HIV from LSE at the factory. 76% said that HIV transmitted through unsafe sex with HIV infected person and only 2% answered wrongly. 64% respondent said that they shared HIV information with the friends and only 12% with parents. Respondent also asked about Sexually Transmitted Disease (STD) and 81% said that they heard about it and 45% and 36% respondent could say the name of gonoriya and syphilis respectively as STD. 66% said that unsafe sex with infected person one can be infected with STI and 52% said that taking unsafe blood. 100% of respondent heard about drugs and 95% believe that it is harmful for health.

Some Key accomplishments over the project period of RCC

- It has proved that any nice activities can be possible at the workplace if there is good rational. BGMEA realized that LSE is essential for Garments worker, which is the result of project long national level workshop and one to one advocacy.
- During RCC, WAD (WAD’09, WAD’10 & WAD’11) celebrated with pomp and grandeur, which create a common platform for all level of people to take oath to fight against the HIV
- Director of BGMEA participated in TV Talk Show on the World AIDS DAY 2009 which is very much unusual for the Directors. This is only possible for advocacy and high level dealings with the body
- During the entire project period particularly in RCC it has been possible to gather all the Directors of BGMEA at a time in the National level Workshop. BGMEA Conference room and workplace were utilized for National Workshop, other bilateral meeting with BGMEA, LSE session, Video show, Interactive Theatre etc, which is the sign of established Public Private Partnership.



- BGMEA offered partnership to YPSA Consortium to organize joint event (YPSA and BGMEA)
- BGMEA assigned a Director from their panel and a Focal Person for dealings the Work Place Intervention uninterrupted.
- Knowledge retention through IEC Material like one page take home communication material and printing and distribution of booklet (*Ekjon janur golpa*) to the workers. Booklet was one the innovative and creative works that addressed the felt needs of program participants. During the progress review it is found that 43% of responded got booklet (*Ekjon janur golpa*) among them 80% read and 76% said that from this booklet they learned on HIV & ADIS issues and 32% said they also knew on STI.
- Interactive theatre, one of innovation of RCC, is such kind of awareness tool, which create scope for interaction along with awareness rising. By this theatre message on stigma on HIV and STI was successfully given and audience also very effectively received this message.
- It was found that during the working period workers love to hearing songs and as per the BGMEA and Factories Management suggestion YPSA Consortium developed audio CD with 12 songs as edutainment tool. This audio song got very much appreciation by the BGMEA and owners, which will contribute to the sustainability of project activities.
- Enhanced coordination and cooperation between public and private organizations/institutions in the Chittagong through successfully organized regional coordination meeting under the leadership of Civil Surgeon of Chittagong.
- YPSA Consortium played leadership role during facing visitors from GO/NGOs such as visit of Secretary, Additional and Deputy Secretary of MOHFW, PM & DPM of NASP as well as representatives of Global Fund and SC-USA.
- Other significant achievement of workplace intervention was found through progress review on RCC workplace intervention by the YPSA Consortium

There is significant no. of innovations in the RCC implemented by YPSA Consortium

- Fine tuning of Flip Chart with Guideline incorporating STI component considering need of workers
- Booklet (*Ekjon janur golpa*) for Garments workers as communication materials for knowledge retention
- Master trainers Assembly, which reenergised the project team to achieve the project objectives
- Training/orientation of relevant clinicians and health staff on case management, recording and reporting of STIs

- Mapping & Selection of health care facilities for STI and SRH management & General health of garment factory workers within and local to the factories through rapid situation assessment
- Management of STI and other SRH cases, demand of which come out after conduction LSE session at the workplace
- Audio CD song on HIV and STI prevention to increase knowledge retention among the Garment Factory Workers considering local language and culture
- Interactive Theatre on HIV & STI, which majorly focused on stigma on HIV & AIDS

During the reporting year there were some challenges which some times resist the trend of project success but eventually mostly overcome

- Political unrest was one of the major challenges, which disrupted to continue regular activities. Numbers of Hartal has been called by the political opposition parties. As a result normal life was hampered. Due to the political unrest BGMEA and garment Factory owners were worried and did not pay attention any other issues rather maintaining discipline in the factory premises.
- Retaining of trained Peer Educators for specific duration as dropout of workers in the garment factory is high  
*Creating back up PE during the training, trying to facing this challenge.*
- Mainstreaming LSE on HIV as workplace intervention at the garments factory is difficult until and unless it is imposed by the buyer as compliance issue  
*All stakeholders of the project should think this matter alternatively i.e. advocacy with the international renowned buyer*
- Closing the various workplace intervention at a time was the prime challenge of this project  
*Before phasing out organized meeting with different level of stakeholders*
- Frequent change of job by worker is challenging for formal review of project performance:  
*This rate is lower in the big factory so we are trying to cover big garment factory at this moment.*

Limitations were

- Activities postponement by PR in short notice
- Availability of BGMEA Directors and owners in the project scheduled event due to busy with their business
- Frequent Transfer of Govt. Officials
- Turn over of Garments workers
- Limited capacity building support to project staff
- Interrupted flow of fund

And During implementation of project there were some lesson learnt

- Using of qualitative indicator based tool in MT and PE Training increased competitiveness among the facilitators, and participants very much serious to acquire good scores.
- More process related work can delay the achievement of project as per work plan.
- Effective LSE session increase the health seeking behavior of garments workers
- Video show can be more effective at the garment factory along with the community setting
- Story based Booklet (*Ekjon janur golpa*) can be very effective to the worker for knowledge retention on HIV and STI in addition to the LSE session
- Interactive theater is very effective tool to create awareness among garments workers.
- Quality health service can create demand for buying services by the owners for workers
- Timely flow of resources can foster the achievement of target

Garment sector is most busiest and minute counting sector in the world. Working with the garments sector was challenging but effective public private partnership helped the project a lot to achieve the project objectives as well as workplace intervention got a shape which may replicate in other areas too for in prevention of HIV/AIDS inside the busy sector like garments factory.

## **Introduction**

HIV/AIDS has progressively become a threat to global security and stability. Many people are getting infection daily due to their behavior and many have already been died due to AIDS. In Asia, where infection rates are much lower than in Africa, HIV causes a greater loss of productivity than any other disease, and is likely to push an additional 6 million households into poverty by 2015 unless national responses are strengthened (Commission on AIDS in Asia, 2008). According to the United Nations Development Programme (UNDP), HIV has inflicted the “single greatest reversal in human development” in modern history (UNDP, 2005).

The Government of the People’s Republic of Bangladesh is firm in its political commitment to combat HIV. In 1985, over twenty years ago, it responded to the nascent HIV epidemic by setting up a National AIDS Committee (NAC). In 1997, NAC worked with various stakeholders to develop the National Policy on HIV/AIDS and STD related issues (NASP, 1997). After its endorsement by Cabinet the same year, the Bangladesh Government became the first among the SAARC countries to adopt such a policy. This was closely followed by the Strategic Plan (2004-2010).

Bangladesh is still considered a “low prevalence, high risk situation” for HIV/AIDS. However, recent trends indicate that in certain areas the HIV/AIDS prevalence among IDUs is 7% in 2006. In part of one neighborhood of Dhaka it is 10.5%. Behavioral surveillance reports in Bangladesh reveals significant levels of high-risk behavior, low rates of condom use, large numbers of customers served by the sex workers. In Bangladesh 2533 people were found infected with HIV/AIDS as of 2011. Among them 445 are newly infected, 251 had developed AIDS and 84 had died due to AIDS and AIDS related illness in this year (NASP, 1<sup>st</sup> December, 2011). To this end a number of packages have been set as part of the sixth round with the title of “HIV Prevention and Control among High-Risk Populations and Vulnerable Young People in Bangladesh” is a collaborative project between the Ministry of Health & Family Welfare and Save the Children-USA. To contribute to the over all project goal YPSA Consortium along with its other associates (HASAB, SKUS) has been implementing the package of GF-912, which title is “Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Industries”.

The Readymade Garment (RMG) Industry is the large export sector of the Bangladesh, which earning majority portion of the foreign currency compare to other export items and employs 40% of the country’s industrial workers. According to the BGMEA, more than 650,000 people work at about 684 garment factories in Chittagong division. The vast majority of the work forces are women (nearly 80%), and aged 23 years in average. The rapidly expanding garment industry in Bangladesh has been the driving factor behind a large migration of young rural females to the city area like Chittagong.

The workers are very young, have very poor knowledge about personal hygiene, sexual and reproductive health and safer sex practices, STI and HIV/AIDS, limited access to reproductive health care and access to condoms. Besides, due to long working hours and the confined situation of their workplace, they often do not have the time to go outside for

treatment or they are not exposed to any kind of life skills education (LSE). Although there have been some workplace intervention programs for the garment workers, however, health policies and programs largely ignored these populations with specific knowledge on STIs and HIV/AIDS and access to condoms.

The GF-912 project focuses on prevention of HIV through workplace intervention in the garment factory and in the community. The activities include-national workshop for advocacy, endorsement & implementation of a workplace policy, sensitization meeting with BGMEA & other stakeholders, LSE at workplace, peer education, video show, distribution of BCC materials, development of audio song on HIV & AIDS issue, interactive theatre show, management of STI and other SRH cases etc. The activities are being implemented both at workplace, and at residential setting of young garment workers and their neighbors.

### **Goal of the Package:**

To limit the spread and impact of HIV in the country through preventing HIV/AIDS/STIs and reducing risks among the garment workers

### **General Objectives:**

- Mainstreaming of life skill education including safer sex in collaboration with BGMEA at workplace and implementation of workplace policy through continues advocacy to ensure support; providing support to ensure services for STI and sexual & reproductive health problem through facilitate effective referral mechanism to nearby health facilities
- To capacitate garment factory workers through conduction of life skill education using peer approach; providing training for the master trainers, peer educator; demonstrate and playing video documentary related to HIV/AIDS to ensure source of information beyond the education session.

The main goal of the project is to limit the spread and impact of HIV in the country through preventing HIV/AIDS/STIs & reducing risks among the garment workers in Chittagong. It is a workplace intervention, and has been implemented at garment factories in Chittagong districts particularly in the Chittagong City area by the YPSA Consortium (YPSA, HASAB, SKUS). Under this project, a model has been developed on workplace intervention particularly at the garment factories in the country establishing Public Private Partnership (Govt. and RMG sector). For the greater interest of garments workers, the project has been successful to bring the BGMEA, Garments Owners, Govt. and NGOs in the same platform, which leads to provide LSE at the workplace through development of Master Trainers and Peer Educators.

Since 1995, YPSA has been working in the field of HIV/AIDS field through implementing different project like HIV and STI prevention project on Street Based Sex Workers; HIV/AIDS Prevention Program: SBSW; HIV/AIDS Prevention Program among Drug Users (DUI); HIV/AIDS Prevention Program among Injecting Drug Users (IDUs) with the broader goal to reduce the spread the HIV infection among the people. Other consortium partners, HASAB, HIV/AIDS and STD Alliance Bangladesh, and SKUS, Samaj Kalyan O Unnayan Shangstha, have got enormous experience while implementing Peer-education approach

with other high-risk interventions supported by either HAPP or other HIV/AIDS and Reproductive Health Projects. These experiences have aided and capacitated the consortium members and placed well to implement a workplace STI/HIV/AIDS prevention project in the garments sector. The project earned a reputation as a rigorous approach to implement a workplace orientation, training and consulting through interactions with workers, management, factory owners, in the last one year.

YPSA as Lead Agency is the responsible to implement the project through establishing a Consortium Committee (CC). Under the guidance of the CC, PR, NASP and MOHFW, Project Management Unit (PMU) is the responsible for managing, implementing, coordinating, supervising, monitoring and evaluating the project. Under the management support of PMU, Associate partners are responsible to implement the project at the field level strengthening partnership with Strategic Partners (SP).



## **Achievements**

### **Achievement against Accelerated work plan:**

#### **2.5.4 Organize National level workshop with national garment export institution and owners**

BGMEA acknowledged Life Skills Education at workplace as a result of successful national level workshops throughout the project period of RCC (in RCC year-1 there were 2 workshops with 68 participants and in the year- there was one workshop with 36 participants) and advocacy meeting with BGMEA-Director in Chittagong Chapter. During the RCC period it has been possible to gather all the Directors of BGMEA at a time in the meeting. Beside the BGMEA, CEPZ authority also realized the importance of LSE session for garments workers, which is also the result of successful national level workshop with



**Deputy Commissioner Farid Uddin Ahmed speaking in the NW**



**Participants of National level workshop**

CEPZ authority and owners. Conference room of BGMEA and CEPZ is utilized for National Workshop and other bilateral meeting with BGMEA & CEPZ as a sign of establishing Public Private Partnership. Directors of BGMEA particularly 1<sup>st</sup> vice president of BGMEA-Chittagong Chapter and General Manager of CEPZ always expand their hand of cooperation to success this project activities. Beyond that BGMEA offered partnership to YPSA Consortium to organize joint event (YPSA and BGMEA), which is the sign of Public Private Partnership.

#### **2.5.4.i Organize sensitize meeting with BGMEA, Garment owners, Workers' representative and health service providers**

There were target for 10 meetings with 150 participants as per work plan. But YPSA Consortium covered 105 participants through 15 meeting during this reporting period, which was held with BGMEA, CEPZ hospital, Garments owners, and other stakeholders related to STI services. Objective of meetings was to introduce the service providers and inform process of STI/SRH services for the workers with the support of BGMEA. In respect of number of participant there was less achievement than target due to focusing on the decision maker of garment factory as participant. Some meeting was only with the owner of factory so that he/she can take final decision on the discussion issue and we were successful in this manner.



#### 2.5.4.ii Day Observation

Observation of the different national and international days gives the opportunity to interact with the community, stakeholders as well as with the Government. Keeping this view in mind there was target to observe day with 750 participants in the RCC. During this reporting period YPSA Consortium observed three WAD (WAD'09, WAD'10 & WAD'11) with 546 Participants.

YPSA Consortium organized World AIDS Day at 10<sup>th</sup> December'09 at Shilpokola Academy, Chittagong with a slogan "Universal Access and Human Rights" with presence of 147 Participants including First vice president of BGMEA Mr. Nasir Uddin Chowdhury, Director of Drug control Department Chittagong Division Mr. Wahiduzzaman, Garments owner, Advisor of YPSA Consortium and Ex- Head of the Dept. of Dermatology & STDs of Chittagong Medical College Professor Dr. AQM Sirajul Islam, Executive Directors of Strategic partner, representative from Associate partners, Staffs of YPSA Consortium, Peer Educators (garment workers), Master Trainer's of Strategic partners. The program comprises of theme song, discussion session, experiences sharing and cultural event.



1st Vice President of BGMEA in the WAD'09 discussion meeting

On 2<sup>nd</sup> of December'10 at the initiative of YPSA consortium (YPSA, HASAB and SKUS) a day long program was observed along with much of enthusiasm, pomp and grandeur with the garment workers in Chittagong at the Shilpokola Academy. Total 191 participants attended in this event. In the program there were arrangements for the competition of games, Quiz and cultural programs, prize distribution and the distribution of certificates among the Peer Educators. The opening and closing session were participated by the representatives from Govt. and non-Govt. organizations, BGMEA, City Corporation and the media.



Guest of discussion meeting of WAD on 2nd Dec'10

To participate in national level program with GoB, to strengthen collaboration among different stakeholders (BGMEA, Garment owners and garment workers) and moreover to focus on global, regional and local HIV/AIDS/STIs situation and uphold the WAD theme among the general and targeted population YPSA consortium (HASAB, SKUS and YPSA) observed WAD '11 on December



Peer Educator participating in the game organized on WAD'11

01, 2011 in Chittagong with 208 participants. The day was celebrated with pomp and grandeur upholding the theme "Getting to Zero" Zero Death-Zero Stigma & Discrimination and Zero Infection as the only matter of the focus.

#### **2.5.4.iii Joint event with BGMEA (Workers fair & others)**

##### **Participated in the BGMEA workers fair**

The daylong 'Workers Fair-2010', under the auspices of Bangladesh Garment Manufacturers and Exporters Association (BGMEA) held on 26 February 2010 at Chittagong M A Aziz Stadium. The Chittagong chapter of BGMEA has arranged the fair for the second time for the workers of readymade garment industry to provide them a day with various amusing functions. YPSA also involved in that fair as a partner of BGMEA. More than 50 thousand garment workers thronged there with colorful dresses. There were Painting & Math competition for children of the workers, orientation session, cultural function, raffle draw, feast & stalls decorated at the fair. YPSA Consortium beautified 10 stalls with its Associate & Strategic partners (YPSA, Angshee, HASAB, UTSA & Dristy, STAP, Jugantar, SAJAN, MAMATA, Banaful, Ghasful.) for display the HIV related materials.



**Advocate Shamsul Haque Tuku, State Minister-Ministry of Home opening the fair**

#### **Celebrated 40<sup>th</sup> anniversary of independence of Bangladesh**

Though there was no target to organize joint event with BGMEA in this reporting period but had a pending target. YPSA Consortium covered this pending target organizing event jointly with BGMEA on 15<sup>th</sup> and 16<sup>th</sup> December 2011 at the BGMEA Chittagong campus. We know that BGMEA is one of the most influential and leading bodies which is working sincerely and skillfully to keep the wheel of socio-economic development of Bangladesh in pace. Despite its business BGMEA authority has decided to celebrate 40<sup>th</sup> anniversary of independence of Bangladesh with the workers of garments factory. Having offer from BGMEA, YPSA had decided to take this chance to show solidarity with BGMEA by participating in this program. The day observed through the discussion on the history and value of freedom, art competition and scholarship distribution among the selected talent and potential children of Garments workers, running a health camp on STI & SRH, staging interactive theater on HIV/AIDS and cultural programs.



**Primary and Mass Education Minister Dr. Afsarul Amin addressing in the Joint event as Chief Guest**



#### **2.5.4.vii Annual review meeting**

During this reporting period there was target for Annual Program Review Meeting with 70 participants and covered 60 with two meetings. In the year-1 of RCC the Annual Review meeting was held on 29.12.2010 at YPSA HRDC with the GFATM-912 team members, where Md. Mahabubur Rahman, Director (Field Operation) of YPSA, Palash Chowdhury, Director (Finance) & Finance Specialist of GF-912, representative from Associated Organization (AO) and consortium staff were present. The meeting was presided over by Ms. Khaleda Begum, Team Leader (GFATM #912). The main objective of the meeting was to review the Rolling Continuation Channel (RCC) year-1 activities, and way forward. Total participant of this meeting was 15.

YPSA Consortium organized Annual Review meeting with its all partner organization on 22<sup>nd</sup> December 2011 at YPSA HRDC in the year-2 of RCC. The meeting was presided over by Team Leader Ms. Khaleda Begum. Md. Arifur Rahman, Chairperson of YPSA Consortium and Chief Executive YPSA, Md. Mahbubur Rahman Director (Field Operation), Palash Chowdhury Director (Finance) were present in the meeting. Other participants of meeting were PMU staffs, YPSA implementation staffs, HASAB and SKUS staffs along with senior representative of Strategic Partners. The objective of the meeting was to review the RCC achievement against the planned activities and find out way forward. Total participant of the meeting was 45.



**Consortium Chairperson Md. Arifur Rahman addressing in the annual review meeting**

#### **2.5.4.viii Regional Coordination meeting**

There was a plan to organize a regional coordination meeting in the year-1 of RCC with 50 participants. During the RCC year-1, one coordination meeting organized in the banner of Round Table Discussion with 40 participants. The meeting was supported by Global Fund and Save the Children USA and it was chaired by Dr. Md. Abu Tayab, Civil Surgeon of Chittagong.

The program was moderated by Mohd. Omar Faruque, Manager-IDU, Save the Children USA and the Keynote paper was presented by Dr. Mirza Monirul Islam, PC-IM of Padakhep. During the conference, representatives of Health Department, Youth Department, Department of Narcotics Control, Directorate general of Family Planning, BGMEA, Chittagong Medical College and Hospital, Social



**Part of guest in the Round Table Conference (RCM)**

Welfare Department, Islamic Foundation, local and national print and electronic media, public leaders and different NGOs took part in discussion.

Speakers expressed following opinions while talking in a round table conference titled “Universal access and human rights” held in Hotel Ambrosia, Chittagong arranged jointly by the Civil Surgeon office, Chittagong and YPSA (Young Power in Social Action) consortium on 21<sup>st</sup> December’10 at 11 AM.

And in the year-2 of RCC, regional coordination meeting was organized by YPSA Consortium with Chittagong Civil Surgeon Office on 28 November 2011. All GO and NGO

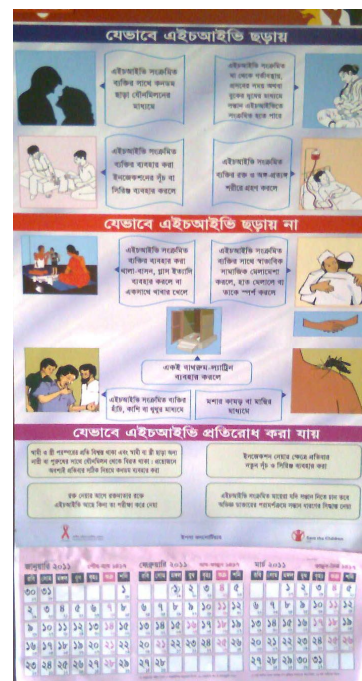


Civil Surgeon of Chittagong addressing in the Regional coordination meeting

engaged in health services in Chittagong area participated in the meeting. The meeting was presided over Civil Surgeon Dr. Abu Tayeb and Ms. Khaleda Begum Team Leader GFATM-912 was the moderator. Total 57 participants attended in that meeting against the target of 50. All GFATM partners in Chittagong, NGOs working in the field of Health service and HIV/AIDS, Govt. Health personnel were present as participant of the meeting. The Objective of the meeting is to strengthening the coordination among GO and NGO in the field of Health and HIV/AIDS.

## 2.5.5 Develop and produce one page take home communication material

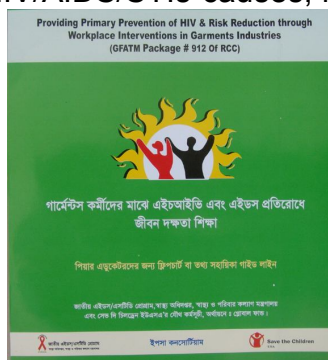
Distribution of take-home communication materials is one of the major activities of GF-912 package, targeting garments workers & community people. During the RCC there was target for distribution of 265,000 one page take-home communication materials and distributed 265,000 to the end users i.e. garments workers. It is noted here that take-home communication material (BCC materials) is used as supplementary component of Life Skill Education, by which message on HIV is provided. The main message of one page take home material is how to spread HIV, How not and how to prevent. In the progress monitoring on garments workers, it is found that 83% responded got Take Home Materials and 74% read and understood the messages.





### 2.5.5.i Finalize and printing of flip chart including guideline:

Flip chart is an effective tool for providing LSE to the garment workers by the Peer Educators. The main objective of developing flip chart is to increase awareness and build knowledge of garment workers on HIV/AIDS/STIs-causes, modes of transmission, STI signs and symptoms, prevention and care, etc. through LSE session. There was a target to develop and print 800 Flip Charts for the RCC. Content of flip chart developed based on the phase-I & phase-II experiences and RCC activities. All 800 flip charts has already been developed and distributed as per the distribution plan. Guideline on flip chart is also developed and accordingly distributed.



Guideline of Flip Chart



Flip Chart newly developed

### 2.5.5.ii Booklet for garment workers as communication material

There was target of printing and distribution of 250,000 booklets (communication materials) to garments workers as supplementary component of LSE in the RCC. YPSA Consortium developed the booklet in the name “Janur Golpo”. This story-type pictorial booklet contains the message on HIV/AIDS, sexual transmitted disease and sexual reproductive health. After a long process YPSA Consortium have been able to print this booklet and distributed 250,000 Booklet to the garments workers. .



It is noted here that the demand of booklet came out from the workers. As workers have



Janur golpa is being distributed among the workers

limited scope to read literature-type something in respect of their time and their literacy rate, so they recommended developing some documents, which is easy going for them and related to their own lifestyle. During monitoring of M&E Specialist to the different garments informal interview was taken of garments workers, who received booklet. And they mostly have been able to explain about the content of the booklet and how it will be helpful for them. Finally, it can be said that they are enjoying it very nicely.

## 2.5.6 Training of master trainers on life skill education for the prevention of HIV

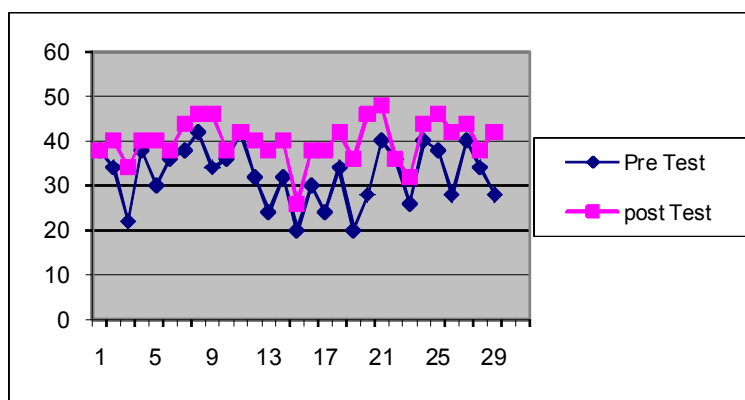
Master Trainers are the key person who will develop Peer Educators for disseminating LSE to Garments Factories. In the year-1 of RCC, Training of Master Trainer on Life Skill Education took place from 13-15 June 2010 at YPSA HRDC and 31 participants (additional 1 as back up of one SP) took part in the training, where Male was 20 and Female was 11.



Consortium Chairperson in the inaugural session of MT Training

The training was aimed to develop capacity as Master Trainer (MT) on Life Skill Education (LSE) including HIV/AIDS and STIs related issues. In the inaugural session Prof. (Dr.) A.Q.M Serajul Islam, ex-Head of the deptt. of skin and VD, Chittagong Medical college hospital, Mohammad Arifur Rahman, Chairperson of YPSA consortium and Mrs Khaleda Begum, Team Leader of GFATM 912 delivered their speeches.

And in the year-2 of RCC, YPSA Consortium organized Master Trainer Training though there was no target for this period. It was arranged as per requirements of the project. Considering the requirement of project YPSA Consortium already included this training in the RCC-Year-2 revised planning & budget and submitted to PR. As per project modality Master trainer should be trained up before training to the Peer Educator. In this period-5 there was target for training of 175 Peer Educators but no target for Master trainers. So Consortium had to conduct training of Master Trainers for providing training to Peer Educator and the cost of MT training provisioned. Hope by the coming quarter revised planning & budget would be approved. The training was held on 5 & 6 March 2011 at YPSA HRDC and 29 participants (new 10 and old 19) from 15 Strategic partners took part in the training, where Male was 13 and Female was 16.



### **2.5.6.iii Training/orientation of relevant clinicians on case management, recording and reporting of STIs with BGMEA support**

There was target of RCC to provide training/orientation of 25 relevant clinicians on case management, recording and reporting of STIs with BGMEA support. During the RCC YPSA Consortium successfully organized “Training of Relevant Clinicians on Case Management of STIs” from July 26 to 27, 2011 at Conference Room, CEPZ Hospital. The training was facilitated by Professor Dr. A Q M Serajul Islam, Ex –Head of Department Skin & VD, Chittagong Medical College Hospital and Advisor-YPSA, Dr. Abu Taslim, Health Administrator, CEPZ Hospital inaugurated the training and Ms.Khaleda Begum Team Leader-912 gave the opening speech and Dr. Bhagya Dhan Barua, P&TS-Training & Health services coordinated the training. Total 18 Doctors (10 Male and 8 Female Doctors) participated in this training. Doctors from CEPZ Hospital, Garment Factories and NGOs were the participants of the training. As per recommendation of concern doctors of BGMEA, CEPZ, NGO Clinic and Advisor-YPSA, this training course was redesigned for ensuring attendance of doctors.



**Prof. Dr. A Q M Serajul Islam taking session in STI case management training for Doctors**

### **2.5.6.iv Training/orientation of relevant staff on case management, recording and reporting of STIs with BGMEA support**

There was target of RCC to train of 50 relevant staff on case management, recording and reporting of STIs with BGMEA support. YPSA Consortium provided this training in RCC year-1 and year-2. Total participants of the training were 38, who came from different garments, BEPZA Hospital and STI/SRH service providing organization.

3 days long training facilitated by Prof. Dr. A. Q. M Serajul Islam –Advisor, YPSA Consortium and former head of the Department of Dermatology and STD of Chittagong Medical College, Dr. Chironjib Chowdhury-Incharge of VCT center of Chittagong City Corporation, Dr. Bhagyadhan Barua - Program & Tech. Specialist (Training & HS), Farhana Iddris-Training Officer of YPSA-SBP project, Mahiuddin Hafiz-Program & Tech. Specialist (LSE & Advocacy).



**Prof Dr. AQM Serajul Islam taking session in the Health staff training**



### 2.5.7 Training of peer educator on life skill education for the prevention of HIV:

There was plan to train 505 peer educator in the phase-1 of RCC. As per the plan of RCC, YPSA consortium organized and conducted TOT for Peer Educators on Life Skill Education during the RCC. Total participant of those training was 507. Master Trainers of respective strategic partners conducted the training intensively and staff of Associate Organization and concerned Specialist of PMU supplemented the training.



Participants of PE training

#### Objectives of the Training

- To develop capacity as Peer Educator (PE) on Life Skill Education (LSE) including HIV/AIDS and STIs related issues.
- To Increase the ability of PE for facing different problem which help to present the program in more effective way
- To reduce stigma and discrimination associate with HIV/AIDS and STIs at workplace.
- To disseminate Training on Life Skill Education (LSE) including HIV/AIDS and STIs issues with their peer at workplace.

#### Training method

Group work, plenary discussion, role play, lecture, brainstorming, case study, question-answer

#### Training Performance

Training performances was measured by pre and post test score. Before starting and after completion of training pre test & post test was taken. The total possible score was 43. Out of 43, the average score in the pre and post test were 21.58 and 34.37 respectively. Post test score shows significant knowledge improvement among the trainees.



### 2.5.7.i Common refreshers for Peer Educators including Master Trainers

Peer Educators are the vital stake holders for implementing Life Skill Education within the factory premises. The workers are mostly involved with the production and manufacturing. In a real sense they got very limited scope to refreshing their facilitation skills and related knowledge. Though project providing formal LSE training, on job training to the Peer



Flip Chart Launching in the common refreshers by Guest of honor

educators but Common refresher is very important for establishing same level of understanding Common Refreshers is one of the ways for establishing such platform for Peer Educators and Master Trainers.

There were target to organize Common Refreshers with 600 participants in the RCC. YPSA Consortium successfully organized these events with total 529 MTs and PEs at the Shilpokola Academy of Chittagong. The main objective of this refresher is to provide common orientation to all trained up Peer Educators and Master Trainers covering the gaps of learning.



Participants in the Common Refreshers

### 2.5.7.ii Master Trainer Assembly

MTs are the vital forces of LSE as workplace intervention and they hardly had a chance of going out of their rigid responsibilities that often brings gloom to their life. As most of the



First discussion session of Master Trainer Assembly at Kawkhali-Rangamati

important part of the project implementation has to be carried on by them, their mental satisfaction and interest in working must be ensured. The assembly had been planned in such a way that it would not only offer mere entertainment but also create opportunities for sharing experiences as well as learning new things. By enjoying this edutainment, MTs rejuvenated which was greatly needed to facilitate the greater promotion of the project.

There was target of Master Trainers Assembly with 60 participants during the RCC and YPSA Consortium organized it very successfully. The two days long event was held in Rangamati on 22-23 February 2011. Total participants of the event were 47 among them 25 were Master Trainers and others were YPSA consortium staffs. Mr. Arifur Rahman Consortium chairperson and CE of YPSA inaugurated the program. Director Field operation Md. Mahbubur Rahman was also present in the inauguration session.

### 2.5.8 Conduction of 4-day LSE sessions on HIV prevention in the workplace

Life Skill Education is an interactive process of teaching and learning, which enables learners to acquire knowledge and to develop attitudes & skills that support the adoption of healthy behaviors. In the RCC there was target to cover 233,000 garment workers and

YPSA Consortium provided LSE among 232,974 garments worker. Each LSE session covered around 20 workers at the workplace. Monitoring of LSE session was done as per M&E framework. During progress review 98% respondent reported that they knew about HIV in the LSE session. When asked how HIV is transmitted, 76% said that HIV transmitted through unsafe sex with HIV infected person, 67% said received HIV infected blood, 69% said HIV can transmitted through not to using virus free syringe & needle and only 2% answered wrongly (Multiple Answers).



**LSE Session at the garment factory**

Accordingly when they asked how HIV is prevented, 74% responded that sex between husband and wife and 72% and 71% said that test blood and use new syringe before taking blood. And 64% respondent shared HIV related information with friends, 52% with colleague and only 12% with parents.

#### **2.5.8.ii Mapping of health care facilities for STI, SRH management and general health of garment factory workers within and local to the factories through rapid situation assessment with BGMEA support in Chittagong**

There was a target of Mapping of STI facilities in the Chittagong city of RCC. YPSA Consortium successfully conducted this mapping as per methodology designed. It gives the project an overview of STI/SRH services in Chittagong. Through this Mapping it is clear who are absolutely providing STI services and maintaining the quality, which are users friendly for garments workers.

The brief of study finding with recommendations were NGOs are concerned about the spread of STI as it is a part of HIV/AIDS program. On the other hand counseling is the most important issue in preventing STI. The study finding reveals that NGO clinic and NGOs like MAMATA, Nishkriti, Ashar Alo, Jagari, Hope care center and YPSA have come forward and they have been working effectively on STI. These organizations and the NGO clinics can be improved by providing logistic and financial support so that they may work exclusively on the issue of STI. At the same time, the staffs of these organizations and clinics should be trained on STI prevention method and counseling. CEPZ hospital may seek support from NGOs for STI prevention. BGMEA may take a step to open satellite clinics on STI in the city corporation area considering the distance reachable for the garment workers. First of all, it requires disseminating among the people that STD is not a disease to hide rather it is easily curable. As much as the awareness of STI gets higher, the risk of contamination of the disease will be lower.

#### **2.5.8.iii Management of STI and other SRH cases**

STI management is the precondition for preventing HIV/AIDS. Demand of STI management first came out from the garments workers. A few numbers of garments



factory providing only general health services among the workers. There is no specific STI/SRH service for workers though approximate 56% female are suffering from lower abdominal pain & 45% vaginal discharge. Under this circumstances YPSA Consortium include this STI/SRH services option in RCC. During the, RCC YPSA consortium provided treatment to 29,750 patients against the actual target of 30,000 through YPSA Health service center (as service provider by work order) and BGMEA Hospital. It is mentioned here that pending target of year-1 added in the revised plan of year-2 of RCC so cumulative target is showing high (33,492) than actual (30000).



STI & SRH service receiving by Garment worker

## 2.5.9 Video presentation and discussion at the home of garment workers for the prevention of HIV

One of the major activities of this package is video show at the garments and community setting. To grow awareness of community people including garments factory workers, co-workers, their family members and neighbors' video has been showing in the community set up and garment factory. During the RCC 'Sir' film was shown among the 471,600 community people including garments workers. Total target of the RCC was 466,500. Each show covered around 30 people and Master Trainer is the main responsible to show the video.



Video Show Session at the Garment Factory

### 2.5.9.i Develop one audio documentary on HIV and STI prevention to increase knowledge retention among the Garment Factory Workers considering local language and culture

In the RCC there was target to develop an Audio Documentary (song) to increase knowledge retention among the Garment Factory Workers. This was very much process oriented activity and whole process took time.

Finally we developed Audio consisting 12 songs for the prevention of HIV & STI focusing Garment Factories Workers and already handed over to the BGMEA. This is



During Audio song recording in the studio

an edutainment material for GW. It is noted here that the lyrics had been developed by Syed Mohiuddin (Mohiul Bhandary) renowned Music Director of Bangladesh.

### **2.5.9.ii Interactive Theatre on HIV and STI**

Interactive theatre is such kind of awareness tool, which create scope for interaction along with awareness rising. This is a live theatre performed by the skilled theatre personnel. YPSA Consortium formed Interactive Theatre group through *Shikhor gono shanskritik songaton*, a linked organization of YPSA, on HIV/AIDS/STIs issues focusing stigma and discrimination aiming to raise awareness among garment workers, their families and the communities. The title of theatre is “*khonj*” and objectives of interactive theatre are;

- Direct interaction with the participants and to get immediate reaction
- Visualize the reality and misconception prevailing within the society
- To build awareness using an entertaining method.

During the RCC total 127 shows organized including two additional show at the WAD'11 and Joint Event with BGMEA against the target of 125. All shows organized at Garments factory. As per monitoring findings environment of shows were satisfactory, performer performed well & audiences enjoyed the show well enough, audience have been able to understand the messages of show like Ways of STD/HIV transmission, prevention and about the stigma. Booklet also distributed among Garments workers & audiences during the show.



Interactive theater observing by garment worker at the factory

#### *Immediate outcome of theater show*

- Enhanced knowledge level of Garments worker on HIV and STI transmission and prevention.
- Increased level of understanding on misconception and stigma

### **Key accomplishment during the RCC project**

The following were the major key accomplishment of RCC project of GF-912 package –

- It has proved that any nice activities can be possible at the workplace if there is good rational. BGMEA realized that LSE is essential for Garments worker, which is the result of project long national level workshop and one to one advocacy.
- During RCC, WAD (WAD'09, WAD'10 & WAD'11) celebrated with pomp and grandeur, which create a common platform for all level of people to take oath to fight against the HIV

- Director of BGMEA participated in TV Talk Show on the World AIDS DAY 2009 which is very much unusual for the Directors. This is only possible for advocacy and high level dealings with the body
- During the entire project period particularly in RCC it has been possible to gather all the Directors of BGMEA at a time in the National level Workshop. BGMEA Conference room and workplace were utilized for National Workshop, other bilateral meeting with BGMEA, LSE session, Video show, Interactive Theatre etc, which is the sign of established Public Private Partnership.
- BGMEA offered partnership to YPSA Consortium to organize joint event (YPSA and BGMEA)
- BGMEA assigned a Director from their panel and a Focal Person for dealings the Work Place Intervention uninterrupted.
- Knowledge retention through IEC Material like one page take home communication material and printing and distribution of booklet (*Ekjon janur golpa*) to the workers. Booklet was one the innovative and creative works that addressed the felt needs of program participants. During the progress review it is found that 43% of responded got booklet (*Ekjon janur golpa*) among them 80% read and 76% said that from this booklet they learned on HIV & ADIS issues and 32% said they also knew on STI.
- Interactive theatre, one of innovation of RCC, is such kind of awareness tool, which create scope for interaction along with awareness rising. By this theatre message on stigma on HIV and STI was successfully given and audience also very effectively received this message.
- It was found that during the working period workers love to hearing songs and as per the BGMEA and Factories Management suggestion YPSA Consortium developed audio CD with 12 songs as edutainment tool. This audio song got very much appreciation by the BGMEA and owners, which will contribute to the sustainability of project activities.
- Enhanced coordination and cooperation between public and private organizations/institutions in the Chittagong through successfully organized regional coordination meeting under the leadership of Civil Surgeon of Chittagong.
- YPSA Consortium played leadership role during facing visitors from GO/NGOs such as visit of Secretary, Additional and Deputy Secretary of MOHFW, PM & DPM of NASP as well as representatives of Global Fund and SC-USA.
- Other significant achievement of workplace intervention was found through progress review on RCC workplace intervention by the YPSA Consortium, which as follows;

### ***LSE Session***

The progress assessment was conducted among the LSE receiver from the garment intervention project implemented by YPSA Consortium. From Phase-II of Round-6 and RCC 4 days LSE session has been provided. Among the responded 97% attended at LSE session. 72% respondent said that they attended in the LSE session for 4days while only 3% attended in one day. When workers asked why they didn't continue the 4 days session, 42% responded said that they were absence in factory during the session.

### ***Knowledge on HIV***

When respondent asked, are they agree to provide HIV and STI session at the workplace, in replied 100% said that they are agree and should be continued. 98% respondent also reported that they knew about HIV in the LSE session. When asked how HIV is transmitted, 76% said that HIV transmitted through unsafe sex with HIV infected person, 67% said received HIV infected blood, 69% said HIV can transmitted through not to using virus free syringe & needle and only 2% answered wrongly (Multiple Answers). Accordingly when they asked how HIV is prevented, 74% responded that sex between husband and wife and 72% and 71% said that test blood and use new syringe before taking blood. And 64% respondent shared HIV related information with friends, 52% with colleague and only 12% with parents.

### ***Knowledge on Sexually Transmitted Disease (STD) and safe sex***

Respondent also asked about Sexually Transmitted Disease (STD) and 81% said that they heard about it and 45% and 36% respondent could say the name of gonoriya and syphilis respectively as STD. 66% said that unsafe sex with infected person one can be infected with STI and 52% said that taking unsafe blood. Regarding STI sign & symptom of male 52%, 43% and 41% said the name of urethral discharge, genital ulcer and itching in genital area respectively. And about female sign & symptom 66% said the name of lower abdominal pain and 31% said burning sensation during urination. 81% believe that STD is curable and 84% knows about the safe sex while 62% gave example of safe sex as use condom during sex. When they asked who should take the treatment of STD, 52% respondent said that both (infected person & partner). From the assessment it is found after introducing STI session in the LSE module, STI/STD related knowledge significantly increased among the worker comparing to the previous assessment (when STI session was not included with LSE session). YPSA Consortium incorporated STI/STD components in the flip chart of RCC learning from regular monitoring visit and discussion with BGMEA during R-6.

### ***Knowledge on Drugs***

100% of respondent heard about drugs and 95% believe that it is harmful for health. When participant of progress assessment asked what kinds of drug has more risk for HIV infection, 76% of the respondent said that taking drugs using needle &



syringe has more risk for HIV infection and only 10% said they don't know (multiple answers).

### **Video show**

As progress assessment was conducted at the workplace so as a component of workplace intervention YPSA Consortium wanted to assess the video show session at workplace. Among the respondent 66% had opportunity to watch the video session at workplace, which was shown by Strategic Partner of YPSA Consortium. And 52% have been able to recall the message of video session. It should be mentioned here that YPSA Consortium organized the video show session both the community and garment factory.

### **Promotional materials (THM and Booklet)**

In this review there were some questions on one page take home materials and Booklet (*janur golpa*) like receiving of materials, reading of it and understanding of message. Regarding *Janur Golpa* 43% of responded got booklet among them 80% read and 76% said that from this booklet they learned on HIV & ADIS issues and 32% said they also knew on STI. It is mentionable here that there was limited no. of *Janur golpa* for the workers. And in respect of THM (Calendar) 71% respondent received one page take home materials, among them 83% read the material and 94% understood message such as how to spread HIV, how don't spread and How to prevent.

## **Significant external visit during the RCC**

### **Health Secretary visit to GF-912**

Mr. Humayun Kabir, Secretary, Health and Family Welfare Ministry of Peoples Republic of Bangladesh observed LSE Session in Y.B Garments of Asia Group on 6 November, 2010. Dr. Abu Toiyab, Civil Surgeon of Chittagong, Dr. Shafikur Rahman, Assistant Director of Chittagong Divisional Director Health Office, Dr.



**BD Mitra, Additional Secretary of MOHFW observing LSE at Garment Factory**



**Health Secretary discussing with Garment Factory**

Ali Amzad, Deputy Director of Save the Children USA, Mr. Dipu Nath Biswas, on behalf of M. A Salam, Managing Director of Y.B Garments of Asia Group, Md. Arifur Rahman, Chief Executive of YPSA were present there among other. During the visit Health Secretary discussed with the LSE Participants and he expressed his satisfaction on HIV Prevention & awareness program in Chittagong.

On January 6, 2010 Mr. B D Mitra, Additional Secretary of MHO&FW visited garments factory to observe LSE session. He discussed with the workers attended in the session and suggested that health services should be provided along with awareness program. Mr. Hasan Mahmud, DPM of NASP was also present during the visit among others.

### ***Nepal team visited GFATM 912 activities in Chittagong***

During the reporting period a team of Nepalese Delegates consisting of 10 members visited different work place intervention of YPSA-GFATM-912 package at Chittagong on 11 July 2010. They have visited LSE session in 'Univogue Garments Company Ltd'. Mr. Sujit Kumar – Representative of 'Univogue Garments Company Ltd' were present in that time. During the visit they discussed with Peer Educator & garments workers those attended in the LSE session. After that they visited 'JMS Garments' and met with the authority of 'JMS Garments'. They appreciated the workplace intervention, which is running one of the busiest sectors of Bangladesh.



Nepal Delegate observing LSE at Garment Factory

Delegate team also attended a meeting with YPSA team member at YPSA Conference room of YPSA head Office. In that meeting they had been presented YPSA activities including YPSA-GFATM-912 activities. Member of Nepal delegates were Mr. Lokoraj Bhatta, Mr. Pashupati Sapkota, Mr. Gopal Singh Nepali, Mr. Bhesh Bahadur BC, Mr. Rajesh Raj Ragmi, Mr. Jeevan Ghale, Ms. Apsara Koirala, Ms. Shruti Karki, Mr. Manoranjan Kumar Vaidhya Bajrachaya.

### ***AVP of Save the Children visit GF-912 project***

In the year-2 of RCC Save the Children team led by Ms. Margaret Schuler, Associate Vice President, HIV/AIDS and Child Protection Unit, Washington DC along with Mr. Scott McGill, Regional Advisor, HIV/AIDS, Save the Children USA, BANGKOK, Dr. Lima Rahman-DD, Dr. Amzad Ali-DD of Save the Children, Md. Arifur Rahman-CE visited JMS garments on 31 January 2011. During the visit the team observed LSE session, discussed with garments workers (LSE Participants) and also met with the garments management. Ms. Schuler appreciated workplace intervention in Chittagong and gave importance to continue this type of program.



Ms. Margaret Schuler with LSE participants at Factory

### ***GFATM Media Team visit LSE at Garment of Chittagong***

GFATM Media team and Save the Children team consisted of 11 members visited JMS garments on 22 March 2011 during the year-2 of RCC. Mr. Nalin Mehta, Mr. Andrew Hurst, Mr. Mark Leon Goldberg, Ms. Critina De Martos, Ms. Ainhua Iriberry, Ms. Jaime Leon, Ms. Theiry Falise, Dr. Fadia Sultana, Dr. Akramul Islam, Dr. Riffat Ara Lucy, Dr. Abdul Wahid were the members of the team. During the visit the team observed LSE session, discussed with garments workers and garments management. YPSA Chief Executive Mr. Md. Arifur Rahman along with garments management was present during the visit.



**GFATM-Media Team observing LSE session at the garment Factory**

### **Innovation**

There is significant no. of innovations in the RCC implemented by YPSA Consortium

- Fine tuning of Flip Chart with Guideline incorporating STI component considering need of workers
- Booklet (*Ekjon janur golpa*) for Garments workers as communication materials for knowledge retention
- Master trainers Assembly, which reenergised the project team to achieve the project objectives
- Training/orientation of relevant clinicians and health staff on case management, recording and reporting of STIs
- Mapping & Selection of health care facilities for STI and SRH management & General health of garment factory workers within and local to the factories through rapid situation assessment
- Management of STI and other SRH cases, demand of which come out after conduction LSE session at the workplace
- Audio CD song on HIV and STI prevention to increase knowledge retention among the Garment Factory Workers considering local language and culture
- Interactive Theatre on HIV & STI, which majorly focused on stigma on HIV & AIDS

### **Challenges**

- Political unrest was one of the major challenges, which disrupted to continue regular activities. Numbers of Hartal has been called by the political opposition parties. As a result normal life was hampered. Due to the political unrest BGMEA and garment Factory owners were worried and did not pay attention any other issues rather maintaining discipline in the factory premises.

- Retaining of trained Peer Educators for specific duration as dropout of workers in the garment factory is high  
*Creating back up PE during the training, trying to facing this challenge.*
- Mainstreaming LSE on HIV as workplace intervention at the garments factory is difficult until and unless it is imposed by the buyer as compliance issue  
*All stakeholders of the project should think this matter alternatively i.e. advocacy with the international renowned buyer*
- Closing the various workplace intervention at a time was the prime challenge of this project  
*Before phasing out organized meeting with different level of stakeholders*
- Frequent change of job by worker is challenging for formal review of project performance:  
*This rate is lower in the big factory so we are trying to cover big garment factory at this moment.*

### **Limitation:**

- Activities postponement by PR in short notice
- Availability of BGMEA Directors and owners in the project scheduled event due to busy with their business
- Frequent Transfer of Govt. Officials
- Turn over of Garments workers
- Limited capacity building support to project staff
- Interrupted flow of fund

### **Lessons Learnt**

- Using of qualitative indicator based tool in MT and PE Training increased competitiveness among the facilitators, and participants very much serious to acquire good scores.
- More process related work can delay the achievement of project as per work plan.
- Effective LSE session increase the health seeking behavior of garments workers
- Video show can be more effective at the garment factory along with the community setting
- Story based Booklet (*Ekjon janur golpa*) can be very effective to the worker for knowledge retention on HIV and STI in addition to the LSE session
- Interactive theater is very effective tool to create awareness among garments workers.
- Quality health service can create demand for buying services by the owners for workers
- Timely flow of resources can foster the achievement of target



## **Conclusion**

The workers of readymade garments factory are very young, have very poor knowledge about personal hygiene, sexual and reproductive health and safer sex practices, STI and HIV/AIDS, limited access to reproductive health care and access to condoms. Besides, due to long working hours and the confined situation of their workplace, they often do not have the time to go outside for treatment or they are not exposed to any kind of life skills education (LSE). Although there have been some workplace intervention programs for the garment workers, however, health policies and programs largely ignored these populations with specific knowledge on STIs and HIV/AIDS and access to condoms.

Working with garment authority and workers are very challenging. Garments factory are always busy with production and they are to work to meet the deadline of buyer. Due to this reason garments factory owners and their management have fear of production cuts and possible unrest due to NGOs activities inside the garments in the initial stage of project. Considering these factors, YPSA consortium with their numerous effort and successful involvement of local BGMEA authority, built a strong public private partnership through implementation of this Govt. project funded by Global fund. YPSA Consortium, as part of those efforts, has conducted national level workshops with BGMEA and relevant stakeholders of garments management and that helped to sensitize them. Through continuous advocacy, very good relationship between BGMEA and YPSA Consortium is established, which fosters the strengthening of Public Private Partnership.

In RCC, through implementing different activities, YPSA consortium finally covered organizing of national workshops with 104 participants, sensitize meeting with 105 Garment owners, day observation with 546 participants, 2 joint event with BGMEA, annual review meeting & regional coordination meeting with 60 & 97 participants respectively, Trained of 60 master trainers, 507 peer educators, 18 doctors & 38 health staff, 3 events of common refreshers for peer Educators including Master Trainers with 529 participants, printed and distributed of 800 Flip Chart, 250,000 booklets 265,000 Take home materials, LSE to 232,974 workers, video show to 471,600 community people & workers, provided STI & SRH services to 29750 workers and 127 interactive theatre show.

YPSA Consortium have been able to achieve all targets of RCC with the appropriate guidance and support from the PR, BGMEA directors, Garments owners and Govt. official including the NASP. It is remarkable that all staff of YPSA Consortium have played the proactive role to achieve the target. Finally it is said that any nice activities can be possible at the workplace, even in the busiest sector like garments factory, if there is good rational and well planning. BGMEA and CEPZ authority realized that LSE is essential for Garments worker, which is the result of project long national level workshop and sensitization meeting.

### **Report prepared by**

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# **Annexes**

## **Annex-1 (Cumulative achievement over the period of RCC)**

Cumulative achievements over the period of RCC project implementation in the following table:

Activity # (WP S#)	Activity	RCC targets	RCC achievement	Outcome/Impact implications if any (relate to PPP, sustainability, policy decisions and Performance Framework outcome and impact)	Remarks (should be very relevant to any variances in achievement – over or under)
2.5.4	Organize National level workshop with national garment export institution and owners (25 participants each)	100	104	As successful advocacy BGMEA and garment owners acknowledged that LSE at workplace will be continued in limited scale beyond the project period.	
2.5.4.i	Organize sensitize meeting with BGMEA, Garment owners, Workers' representative and health service providers (15 participants each)	150	105		
2.5.4.ii	Day Observation (WAD, IWD, May day, etc)	750	546	Participants vowed to be cohesive to fight against the HIV as a result of successful WAD observation involving Government officials, BGMEA, YPSA consortium, Owners of garments.	
2.5.4.iii	Joint event with BGMEA (Workers fair & others)	2	2	BGMEA offered partnership to YPSA Consortium to organize joint event (YPSA and BGMEA) as a result YPSA Consortium participated in the joint event.	
2.5.4.iv	Arrange regular coordination meetings with associate partners as per approved coordination framework [Quarterly Consortium Committee-CC	70	22		



<b>Activity # (WP S#)</b>	<b>Activity</b>	<b>RCC targets</b>	<b>RCC achievement</b>	<b>Outcome/Impact implications if any (relate to PPP, sustainability, policy decisions and Performance Framework outcome and impact)</b>	<b>Remarks (should be very relevant to any variances in achievement – over or under)</b>
	Meeting (10 participants each)]				
2.5.4.v	Bi-monthly PMU-Partners meeting (20 participants each)	240	187		
2.5.4.vi	Monthly/ Bi-monthly coordination meeting between AO and SP/ PMU team meeting (20 participants each)	500	619		
2.5.4.vi	Monthly/ Bi-monthly coordination meeting between AO and SP (7 Participants each)	175	135		
2.5.4.vi	Monthly/ Bi-monthly coordination meeting between AO and SP (7 Participants each)	175	139		
2.5.4.vii	Annual Review meeting	70	60		
2.5.4.viii	Regional coordination meeting	100	97	Strengthen regional level coordination	
2.5.4.ix	Printing of LSE Implementation Strategy	400	0		This activity was canceled by BGMEA in the year-2 of RCC
2.5.5	Develop and produce one page				

<b>Activity # (WP S#)</b>	<b>Activity</b>	<b>RCC targets</b>	<b>RCC achievement</b>	<b>Outcome/Impact implications if any (relate to PPP, sustainability, policy decisions and Performance Framework outcome and impact)</b>	<b>Remarks (should be very relevant to any variances in achievement – over or under)</b>
	take home communication material	265,000	265,000		
2.5.5.i	Finalize & printing of Flip chart including guideline	800	800	This material has been noteworthy in respect of Peer Education.	
2.5.5.ii	Booklet for Garments workers as communication materials	250,000	250,000		
2.5.6	Training of master trainers on life skill education for the prevention of HIV	30	60	Master Trainers from Strategic Partner are considered as future assets in the field of HIV prevention.	
2.5.6.ii	Need based Project Staff training and exposure visit	8	3		Actual Target is 5, to carry forward to RCC Year-2 some target counted double
2.5.6.iii	Training/orientation of relevant clinicians on case management, recording and reporting of STIs with BGMEA support (5days)	25	18		
2.5.6.iv	Training/orientation of relevant staff on case management, recording and reporting of STIs with BGMEA support (3 days)	50	38		
2.5.7	Training of peer educator on life skill education for the prevention	505	507	Peer Educators from garment factory can be considered as	

<b>Activity # (WP S#)</b>	<b>Activity</b>	<b>RCC targets</b>	<b>RCC achievement</b>	<b>Outcome/Impact implications if any (relate to PPP, sustainability, policy decisions and Performance Framework outcome and impact)</b>	<b>Remarks (should be very relevant to any variances in achievement – over or under)</b>
	of HIV			future assets in the field of HIV prevention at workplace.	
2.5.7.i	Common refreshers for peer Educators including Master Trainers	600	529		
2.5.7.ii	Master Trainer Assembly	60	47		
2.5.8	Conduction of 4-day LSE sessions on HIV prevention in the workplace	233,000	232,974	During monitoring visit to LSE we found that most of Garments workers can say “How to spread HIV”, How to not spread HIV” & How to be protected” and Health Care seeking behavior of Garments workers are increasing day by day.	
2.5.8.ii	Mapping & Selection of health care facilities for STI and SRH management & General health of garment factory workers within and local to the factories through rapid situation assessment with BGMEA support	1	1		
2.5.8.iii	Management of STI and other SRH cases	33,492	29,750		Actual Target is 30,000, to carry forward to RCC Year-2 some target counted double

<b>Activity # (WP S#)</b>	<b>Activity</b>	<b>RCC targets</b>	<b>RCC achievement</b>	<b>Outcome/Impact implications if any (relate to PPP, sustainability, policy decisions and Performance Framework outcome and impact)</b>	<b>Remarks (should be very relevant to any variances in achievement – over or under)</b>
2.5.9	Video presentation and discussion at the home of garment workers for the prevention of HIV	466,500	471,600		
2.5.9.i	Develop one audio documentary on HIV and STI prevention to increase knowledge retention among the Garment Factory Workers considering local language and culture	1	1		
2.5.9.ii	Interactive Theater on HIV & STI	125	127	Interactive theatre was the very effective knowledge retention tool in the HIV filed	

## **Annex-2 (Case studies):**




### Case Study-1

#### **Yasmin : A Change Maker**

Child or Beneficiary's name	YASMIN AKTER
District and Country	DISTRICT – CHITTAGON-BANGLADESH
Age	24 YEARS
Sex	FEMALE
Current context-family, where they live, their day-to-day life, the school they go to, difficulties they face	<p>Yasmin , daughter of Nur Mohammed and Khotiza Begum lives with her parents in her village Charlakkha under Karnafully police station. Her father is unemployed and her mother is simply a housewife. She has three (3) sisters and two (2) brothers. Her elder sister is already married and the younger sister lives at home. One of the two (2) brothers is employed and the other is engaged in studies. The whole family mostly depends on her. Before joining garment industry as a worker she left school from class VII due to poverty. Now she is working in Belami garments under quality section. Every day she starts for her workplace at 7.30 am because she is to reach there on foot with other fellow workers by 8.00 am. Since her earnings do not help her to maintain her family by well so she tries to earn more by overtime work. Due to heavy work load she had little opportunity to learn or know any other thing beyond her job and profession which is essential for life.</p>
Their story- what happened to them, when, how and why; - why and how they became involved with Save the Children programs? What their life was like before? How things have changed/improved ?	<p>Once she heard from one of her colleague that an NGO named “Jugantor” started conducting LSE session on HIV/AIDS/STIs in their garments factory. She could know more that only for garment workers the YPSA consortium is implementing this project under the management of Save the Children USA.. She firmly believed that AIDS is a bad word, bad disease and only bad people suffered from it and it has no treatment but death is inevitable due to this. Because she thought herself good, so she was quite careless and unwilling to know about HIV/AIDS/STIs.</p> <p>But one day her turn came and she was made to join beyond her will in the LSE session with other 20 participants. The session consisted of 4 day at lunch time for 30 minutes. After attending the first session she felt interested for the second session. After attending four (4) days her view completely changed about the HIV /AIDS/ STIs. In this four (4) day session she learnt about LSE, HIV/AIDS and STIs. She was also informed what to do and where to go in case of these problems. As requested by Sumi ( who is also her colleague) Peer Educator, she shared her learning with her neighbours and family. One day one of her neighbouring sister-in-law (who does not have any kids after 4 years of her married life) who is very close to her, fearfully mentioned some symptoms similar to STIs and asked for help. She suggested her to visit a specialist doctor with her husband immediately. Two (2) weeks later her sister-in-law thanked and showed her gratefulness to her for the discussion on HIV/AIDS/STIs and suggested her to go to a specialist physician in a health center run by an NGO (where treatment cost is minimum) with her husband. After experiencing such she felt really proud and quite excited to give advice to others as well.</p>
Description of where they live/their environment; their	It has been already said that she lives in her own village. Most of the villagers work in the garment factories and some other industries. Under the

attitude; their appearance; their expression when you talk to them; their interests, ambitions	<p>leadership of Yasmin the other workers of the village are being informing the bad effects of HIV/AIDS/STIs to the villagers. For the villagers there was no scope of learning about the dangers of this killer virus HIV. Now she wants to know about other health related matters for herself as well as to let others know about it. Moreover, she regularly co-operates the Peer Educator to conduct the LSE session in the garments. Besides this, during her recess time she tries her best to transmit her knowledge about HIV/AIDS/STIs to the other workers who know less than her. She is so eager in this work that she wants to work as a Peer Educator in her garments in future. With a shy smile she informed "when I will get married I will ask questions on HIV/IDS/STIs to the groom's side just by any technique."</p>
Any other quotes from the child	<p>"Since workers like me remain very busy at work and we are not much educated too, so these programs are to be persuade in a regular way attaching much emphasis. There should be arrangement that an eager worker may join any session at a convenient time for her/him.</p>
Comments from their family; the program officers; community-based organizations	<p>Peer Educator: " Yasmin is really extraordinary. She cooperates with all the sessions all by herself. I have been highly moved by the sincere eagerness that she has shown regarding LSE program"</p> <p>Master Trainer: "Yasmin has expressed her desire to me to be a Peer Educator or Master Trainer. I think she has by no earned the quality of being so.</p>
Background information (as detailed as possible) on the Save the Children project they've been involved with	<p>"HIV Prevention and Control among High-Risk Populations and Vulnerable Young People in Bangladesh" is a collaborative project between the Ministry of Health &amp; Family Welfare and Save the Children-USA funded by Global Fund. To contribute to the overall project goal YPSA Consortium along with its other associates (HASAB, SKUS) has been implementing the package of GF-912, which title is "Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Industries".</p> <p>The project focused on prevention and risk reduction of HIV among the garment factory workers through workplace intervention in the garment factory and in the community. The activities include-national workshop for advocacy, smooth execution of workplace policy, Life Skill Education through peer education, capacity building of Master Trainer and peer educator, video show, development &amp; distribution of BCC materials etc. The activities have been implemented both at workplace, and at residential setting of young garment workers and their neighbours.</p> <p>Goal of the project is to limit the spread and impact of HIV in the country through preventing HIV/AIDS/STIs and reducing risks among the garment workers.</p> <p>Main Objectives of the project are to increase awareness and build knowledge of garment workers on HIV/AIDS/STIs causes, modes of transmission, signs and symptoms, prevention and care, bring about change in the behavior of garment workers through building life skills for making decisions about themselves, so that they can be protected form HIV/AIDS, bring about change in attitude and behavior of garment authorities, co-workers for making them realization about the importance of a healthy life, bye protecting themselves and their families from HIV/AIDS and other fatal infectious diseases, create well-managed, Life-skill training and education programs that prevent employees from being infected with</p>

	HIV and to prevent those infected from being discriminated against in the workplace, sensitize garments authorities to endorse work place policy on HIV/AIDS program and support infected and affected individuals and mobilize communities to support HIV/AIDS prevention program among the garment workers
Link to strategic objectives	Objective under GFATM-912 Package(RCC): To bring about change in the behaviour of garment workers through building life skills for making decisions about themselves, so that they can be protected from HIV/AIDS
<p>Description of accompanying Photo(s) (location, date, what activity is being demonstrated)</p> <p><i>PLEASE INCLUDE A NUMBER OF HIGH RESOLUTION (ie. AT LEAST 1 MB in SIZE) PHOTOS OF THE PERSON CLOSEUP AND IN ACTIVIT(IES) RELATED TO THIS STUDY!</i></p>	 <p>Photograph of Yasmin Akter Location: Belamy Textile Ltd, Karnafully Police Station. Date: 11 April 2010 Activities: Garments visit by Master Trainer</p>

## Case Study-2

### **Yasmin Akther: Benefited by Health Service and Making Benefit of Many**

1. Child or Beneficiary's name	Yasmin Akther
2. District and Country	Cox'sbazar, Bangladesh
3. Age	20
4. Sex	FEMALE
5. Current context-family, where they live, their day-to-day life, the school they go to, difficulties they face	Yasmin Akter lived at Pahartoli, Cox'sbazar. She has two brothers and one sister and She is the eldest among them. Her father Mr. Showkat Alam is maintaining the daily expenses of his family by running a small scale business and her mother Ms. Shabekunnahar is simply a housewife. Because of poverty and being unconscious, she got married after passing her SSC examination and had a child within a short time. But, after a few days she got divorced and had to return to her parents' house along with her child. But it became too hard to maintain whole family with her father's little income and so they moved into Chittagong, the commercial capital of Bangladesh. Here, life wasn't so easy and therefore, Yasmin Akter had to join HB Garments in Welfare department. Thus, she started leading her life as an ordinary garments worker.
6. Their story- what happened to them, when, how and why; - why and how they became involved with Save the Children programs? What their life was like before? How things have changed/improved?	Yasmin used to reach the office at 8 a.m and return home after 7 p.m. In office her duty was to maintain workers' health issues. While YPSA consortium started LSE session, a program funded by Save the Children USA, for preventing HIV/AIDS among the garments workers, she joined in the LSE session. In the mean time, she could manage herself to know ins and outs of LSE. She also came to know about reproductive health problem of her own as well as she learnt about its complexity and prevention. She couldn't discuss it with any doctor because she felt shy to do so. Furthermore, she lacked time and solvency. But, at that stage she could realize the risk of the problem from the LSE program. But she couldn't get any solution of her problem. At that moment, YPSA Consortium started STI/SRH services in her factory. In the first session, Yasmin discussed her problem with YPSA's doctor freely and the doctor prescribed her proper medicines. After 1 <sup>st</sup> session she started to feel better so in the 2 <sup>nd</sup> session she further discussed her improvement with the doctor and doctor gave her further some medicine to continue. After continuing medicine some more days she cured completely from disease. Now she is leading a healthy and normal life. It is worth to mention that she didn't have to pay anything for it.
7. Description of where they live/their environment; their attitude; their appearance; their expression when you talk to them; their interests, ambitions	Yasmin was a rural woman. Now she lives in town but most of the women surrounding of her area are unconscious about STI/SRH as they have a little education. Moreover they consider the discussion about STI/SRH/AIDS as very bad. So Yasmin thinks that program like STI/SRH is also necessary as well as beneficiary for her co-workers also. Now she urged all to openly discuss their problems with the doctor. It has brought a change among the workers. Now they feel an air of confident and as a result they can contribute more to the production than earlier.
8. Their views- Please write down their exact words relating to all parts of their story, what happened, why and when, how they feel	While talking about LSE, Yasmin said, "Most of the garments workers are illiterate, unconscious and they have a little chance to know about health issues. Moreover they are hindered by financial problem to solve such a problem. As STI/SRH is completely free service and it is provided directly in work place, it is easy and comfortable for the garments workers to receive the



today, how the project affected them!	service. Further it is found that the beneficiaries of this program are much more confident to their works than those who don't get the service."
9. Any other quotes from the child	"Garments workers will be more benefited if HIV counselling & testing is included and STI/SRH service along with LSE is provided frequently and regularly"
10. Comments from their family; the program officers; community-based organizations	Tawhid Murad, APO, YPSA said," Actually it become possible as she was aware on the Sexually Reproductive Health through participating LSE session and hence discussed freely her problem with the doctors".
11. Background information (as detailed as possible) on the Save the Children project they've been involved with	<p>"HIV Prevention and Control among High-Risk Populations and Vulnerable Young People in Bangladesh" is a collaborative project between the Ministry of Health &amp; Family Welfare and Save the Children-USA funded by Global Fund. To contribute to the overall project goal YPSA Consortium along with its other associates (YPSA, HASAB, SKUS) has been implementing the package of GF-912, which title is "Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Industries".</p> <p>The project focused on prevention and risk reduction of HIV among the garment factory workers through workplace intervention in the garment factory and in the community. The activities include-national workshop for advocacy, smooth execution of workplace policy, Life Skill Education through peer education, capacity building of Master Trainer and peer educator, video show, development &amp; distribution of BCC materials, Interactive Theatre, STI &amp; SRH Service etc. The activities have been implemented both at workplace, and at residential setting of garment workers and their neighbors.</p> <p>Goal of the project is to limit the spread and impact of HIV in the country through preventing HIV/AIDS/STIs and reducing risks among the garment workers.</p>
12. Link to strategic objectives	Mainstreaming of life skill education including safer sex in collaboration with BGMEA at workplace and implementation of workplace policy through continues advocacy to ensure support; providing support to ensure services for STI and sexual & reproductive health problem through facilitate effective referral mechanism to nearby health facilities
13. Description of accompanying Photo(s) (location, date, what activity is being demonstrated)  PLEASE INCLUDE A NUMBER OF HIGH RESOLUTION (ie. AT LEAST 1 MB in SIZE) PHOTOS OF THE PERSON CLOSEUP AND IN ACTIVIT(IES) RELATED TO THIS STUDY!	Location: <b>HB garment factory</b> Date: <b>22.12.2011</b> Yasmin Akther benefited by STI and SRH services provided by YPSA Consortium in the garment factory 

**সাক্ষাৎকার, প্রামাণ্য চিত্র, ছবি, ভিডিও, টেপ- এ ব্যবহারের  
অনুমতি পত্র**


সেভ দি চিলড্রেনের জনকল্যাণমূলক কাজে ব্যবহারের নিমিত্তে এবং বর্তমানে বা ভবিষ্যতে কোন প্রকার ক্ষতিপূরণ বা আর্থিক সুবিধার প্রত্যাশা না করে আমি সেভ দি চিলড্রেন, তাঁর অঙ্গ সংগঠন এবং প্রতিনিধি কে নিম্নরূপ বিষয়ে অনুমতি প্রদান করছি:


১. আমি বা আমার সন্তানের সাক্ষাৎকার, প্রামাণ্য চিত্র নির্মাণ, ছবি, ভিডিও ধারণ
২. আমার সন্তানের তৈরীকৃত মূল নথিপত্র (যেমন রচনা, কবিতা, ছবি এবং শিল্পকর্ম) ব্যবহার, অনুলিপি তৈরী এবং প্রকাশ
৩. আমার এবং আমার সন্তানের নাম ব্যবহার

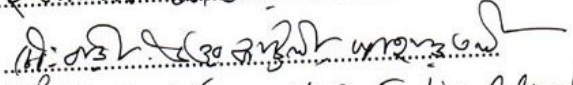
৪. সেভ দি চিলড্রেনের বিভিন্ন কার্যক্রম এবং তহবিল সংগ্রহের জন্য সেভ দি চিলড্রেনের শিক্ষা এবং সচেতনতা বিষয়ক প্রচারণার ক্ষেত্রে আমার সন্তানের মূল নথিপত্র, আমার বা আমার অপ্রাপ্ত বয়স্ক সন্তানের ছবি (ফটোগ্রাফি, প্রামাণ্য চিত্র এবং ইলেকট্রনিক), আমি বা আমার সন্তানের সাক্ষাৎকার হতে গৃহীত বিবরণী (এবং বিবরণীর বিষয়বস্তু) সম্পূর্ণ বা আংশিকভাবে সেভ দি চিলড্রেনের নিজস্ব প্রকাশনা, সংবাদপত্র, ম্যাগাজিন এবং অন্যান্য প্রিন্ট মিডিয়া, টেলিভিশন, রেডিও এবং ইলেকট্রনিক মিডিয়া (ইন্টারনেট সহ), থিয়েটার এবং/ যোগাযোগের ক্ষেত্রে ব্যবহার

এই অনুমতি পত্রের মেয়াদ উত্তীর্ণের কোন সীমাবদ্ধতা নেই এবং ভবিষ্যতে ব্যবহারের জন্য আমার পুনঃঅনুমতির প্রয়োজন নেই।

নিম্ন স্বাক্ষরকারী ব্যক্তি পিতামাতা অথবা আইনানুগ অভিভাবক উপরোক্ত বিষয়ে অনুমতি প্রদান করেছেন।

দায়িত্বপ্রাপ্ত ব্যক্তি/পিতামাতা/আইনানুগ অভিভাবকের স্বাক্ষর: 

নাম:  তারিখ: ২২.১২.১১

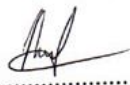
ঠিকানা:   
৪৫৯২২ - ৪৫৯২২ - H.B. Fashion Colours Jones Road

উপরোক্ত স্বাক্ষরকারী পিতামাতা/আইনানুগ অভিভাবক নিম্নলিখিত সন্তানের পক্ষে উপরোক্ত অনুমতি প্রদান করেছেন।  
সন্তানের নাম: ..... বয়স: .....

দায়িত্বপ্রাপ্ত ব্যক্তি/পিতামাতা/আইনানুগ অভিভাবকে অনুমতিপত্র পড়ে শুনানোর ক্ষেত্রে নীচের অংশটুকু প্রয়োজন।

আমি এই মর্মে প্রত্যয়ন করছি যে উপরোক্ত স্বাক্ষরকারী দায়িত্বপ্রাপ্ত ব্যক্তি/পিতামাতা/আইনানুগ অভিভাবকে এই অনুমতি পত্র সম্পূর্ণভাবে পড়ে শুনিয়েছি।

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তারিখ

  
সেভ দি চিলড্রেনের প্রতিনিধি, সহযোগী সংগঠনের  
প্রতিনিধি অথবা সমাজ দলপতি।

## **Annex-3 (Best Practices):**

### Best Practices

Mr. Farhad Abbas, Director BGMEA and MD of Chittagong Garments Ltd. gave his voice in the script of Audio song presentation, which is developed for garments factory worker as edutainment material. This is one of the exemplary achievements of the partnership between YPSA Consortium & BGMEA. This is also part of ownership which indicated the shouldering of responsibilities for preventing HIV/AIDS and STI among garment workers.



**Audio Voice recording by Farhad Abbas,  
Director-BGMEA**



**Annex-4 (WAD report'10, Round Table Discussion meeting and Sample Meeting Minutes of 912 Package):**

**Annex-4.1: (World AIDS Day report 2010)**

## **Expanding HIV/AIDS Prevention in Bangladesh**

### **Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Factories/Industries (GFATM#912)**

**YPSA Consortium (YPSA, HASAB & SKUS)**



### **Brief World AIDS day'10 Report**



**National AIDS/STD Program  
Ministry of Health & Family Welfare**



**Save the Children  
USA**

## World AIDS day 2010

Like all other year YPSA Consortium celebrated World AIDS Day'10 on 1<sup>st</sup> of December jointly arranged by the Civil Surgeon (CS) office of Chittagong and NGOs and played a very important role participating in all functions right from rally to discussion meeting. At the inaugural session of discussion meeting Ms. Khaleda Begum, Team leader of YPSA Consortium delivered her welcome speech and also presided over the closing session. The keynote of the session was presented by Prof. Dr. AQM Serajul Islam, Advisor of YPSA. In that, the govt. authority and NGOs were praised by the CS and other discussants for their participation in respect of preventing HIV/AIDS. They stressed upon the human rights, treatment, care and support of the People Living with HIV (PLHIV).



WAD jointly with Govt. on 1st Dec'10

**On 2<sup>nd</sup> of December'10** at the initiative of YPSA consortium (YPSA, HASAB and SKUS) a day long program was observed along with much of enthusiasm, pomp and grandeur with the garment workers in Chittagong at the Shilpokola Academy. Total 191 participants attended in this event.

Objectives of observing WAD 2010 are as follows:

- To raise awareness among the general and targeted population
- To strengthen collaboration with Government, BGMEA and Garments Owner
- To disseminate information and create a positive attitude toward HIV/AIDS/STIs
- To focus on HIV and uphold the human



Part of Audience in WAD in Dec 2, 2010

rights of PLHIV

- To take some steps for future action and commitment



Song Competition with last letter of WAD 2nd Dec'10

In the program there were arrangements for the competition of games, Quiz and cultural programs, prize distribution and the distribution of certificates among the Peer Educators. The opening and closing session were participated by the representatives from Govt. and non-Govt. organizations, BGMEA, City Corporation and the media.

At the inaugural part of that function there were discussions, quiz competition, extempore speech, games, cultural activities and sharing of experiences by PEs and MTs. In that stage Mr. Nasir uddin Chowdhury, 1st Vice Chairman of BGMEA was the chief guest of inaugural session of the program while Mr. Md. Giashuddin, the Councilor of Chittagong City Corporation (CCC) & Chairman-Power Development Standing Committee of CCC and Advocate Rehena Kabir Ranu, Councilor of CCC were present as Special Guests. Professor Dr. A.Q.M Serajul Islam, Advisor, YPSA consortium and Ex-head of the skin and venereal diseases department, CMCH presided over the program. Ms. Khaleda Begum, Team Leader, YPSA Consortium delivered a welcome address to the participants.



**Guest of discussion meeting of WAD on 2nd Dec'10**

In the closing ceremony, besides speeches from the guests, training certificates were distributed along with the prize. A cultural program was also staged in that part. Mr. Anisur Rahman Mia, ADC (Additional District Commissioner) of Chittagong adorned the seat of the Chief Guest of the program. Mr. Forhad Abbas, Director of BGMEA and Ms. Anjana Bhattacharjee, District Women Affairs Officer, Chittagong were present as Special Guests of the session. Ms. Khaleda Begum, Team Leader, YPSA consortium presided over the session.

In the discussion the participants focused emphasis of the dreadfulness of HIV/AIDS and advised all to take measures before it was much too late. They analyzed the available situation in different countries as well as on those around us and ventilated their opinion Bangladesh poses a high risk of HIV infection, although the number of reported cases is still much less than that of neighboring countries. They opined that if the people develop or maintain religious feelings, social values and observe the rules of health then it is quite easy to fight against the virus. They further added that HIV can be protected by being fully conscious about the dangerous consequences of it. The speakers highly praised the activities of YPSA consortium in this regard and emphasized the need for such helpful organizations. All the speakers stressed upon the human rights issue while speaking on PLHIV. They dwelt upon taking proper care of these patients, their treatment and service to them. They emphasized on the role of the print and electronic media to write or telecast in favor of PLHIV.



**Extempore debate in WAD 2nd Dec'2010**

Beside these, a group of representatives of YPSA also joined in the national rally in Dhaka on 1<sup>st</sup> of December 2010. Later they participated in the discussion meeting held at Bangabandhu Int. Conference center. NASP and SCU jointly installed a stall in which different kinds of IEC materials were displayed and distributed among the visitors. Honorable Minister, MoHFW Prof. Dr. AFM Ruhul Haque visited the stall and highly eulogized the activities of SCU and YPSA.



## **Annex-4.2: Round Table Discussion Meeting**

### **Expanding HIV/AIDS Prevention in Bangladesh**

(A Collaborative Project between Ministry of Health and Family Welfare and Save the Children USA)

**Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Industries (GFATM#912 of RCC)**

### **Round table discussion meeting on “Universal Access & Human Rights”**

**Organized by: Civil Surgeon Office, Chittagong**  
**Implemented by: YPSA Consortium (YPSA, HASAB & SKUS)**  
**Date: 21 December 2010**



**National AIDS/STD Program**  
**Ministry of Health & Family Welfare**



**Save the Children**  
USA

## **Introduction:**

On the light of “Universal access and human rights” the World AIDS day (WAD) 2010 was observed in Bangladesh as like as many other places of the world with due fervor and responsibility. As part of that, on the leadership of the Civil Surgeon a round table discussion meeting (RTM) was held in five (5) districts with the participation of Save the Children USA (SCU) and its partner organizations. The aim of this round table discussion meeting was to update local stakeholders on HIV/AIDS and national response to it and to have an open heart discussion on universal access and human rights. Moreover the role and responsibilities of the local stakeholders towards the marginalized populations’ i.e. PLHIV, IDUs, FSWs etc. and on the spirit of discussion as to how they can forge ahead towards the desired goal.

On 21 December 2010 at Hotel Ambrosia, Agrabad, Chittagong a round table discussion meeting was held from 11am - 1pm. The meeting was arranged by Civil Surgeon Office, Chittagong and Save the Children USA & YPSA consortium played a vital role of implementation of the meeting.

Mr. Abu Tayab, Civil Surgeon of Chittagong presided over the meeting while it was moderated by Mr. Mohd. Omar Farouque, Manager- IDU, Save the Children USA and this discussion meeting lighted a vibrant participation by experts, govt. officers, representatives from NGOs, journalists and representatives of the various professional organizations. Ms. Khaleda Begum, Team Leader, YPSA delivered the welcome speech.

Among others Mr. Chy Hasan Mahmud Hasnee, Panel Mayor, Chittagong City Corporation (CCC), Ms. Anjumanara Begum, Councilor, CCC, Prof. Dr. AQM Serajul Islam, Ex-head of Skin and Venereal Diseases Department, CMCH, Dr. Kazi Shafiqul Alam, Director (Incharge) Department of Health, Chittagong, Mr. M. M. Ershad, Deputy Director, Family Planning, Chittagong, Mr. Khaja Ahmed Meanje, Assistant Director, Islamic Foundation Bangladesh, Chittagong, Mr. S.M Quamrul Hassan, Deputy Director, Department of Youth Development, Chittagong, Mr. A.K.M Shawkat Islam, Deputy Director, Dept. of Narcotics Control, Chittagong, Mr. Hasan Masud, Assistant Director, Dept. of Social Welfare, Chittagong, Dr. Morshedul Karim Chy, Medical Officer, Civil Surgeon Office, Chittagong, Mr. M. Nasirul Hoq, City Editor, Dainik Suprobhat Bangladesh, Mr. Alamgir Sobuj, Reporter, Dainik Suprobhat, Chittagong, Dr. A M M N Khaled, Consultant Virologist, Sheba Hospital, Chittagong, Dr. A M M Minhazur Rahman, Managing Director, Premier Hospital, Chittagong, Advocate AK Azad, Lawyer, Chittagong Bar Council, A M Chowdhury Selim, Director, BGMEA, Chittagong, Nasu Hijra, PO, BSWS, Chittagong, Mahbubur Rahman, Director (Program), YPSA et al were present as discussants.

Dr. Mirza Moinul Islam, TC-IM, Padakhep displayed a power point on “*HIV prevention in Bangladesh: Progress and way forward*” to give an entire understanding to all attendees on how HIV/AIDS spreads its death-blow in the world as well as in Bangladesh.

In that meeting the discussants dwelt on the situation of HIV/AIDS in Chittagong and human rights of those PLHIV as well as on the coordination of the GO and NGOs. Besides this, as to how Chittagong can be kept free from HIV/AIDS and in this regard the necessity of multisectoral involvement and many more issues came under discussion.

## **Title of the event:**

Round table discussion meeting on “Universal Access & Human Rights”

## **Date, time and place of the Event:**

21 December 2010

Time: 11 am- 1 pm

Venue: Hotel Ambrosia, Agrabad, Chittagong

## **Objective:**

- To update local key stakeholders on HIV/AIDS and national response
- To discuss on universal access and human rights
- To define role and responsibilities of local authorities on rights issues for marginalized populations (IDUs, FSWs and PLHIV etc) and way forward

## **Process/Methodologies:**

- Power point presentation
- Discussion meeting

## **Description of event:**

### **Welcome speech**



#### **Khaleda Begum, Team Leader, YPSA**

Ms. Khaleda Begum, Team Leader, YPSA consortium welcomed, congratulated and intimated gratitude to all of the participants of the roundtable meeting. She said, "We hope, everybody will help to make this meeting successful by giving your excellent, informative and constructive opinion."

While talking about the aim of the meeting she said, "World AIDS day (WAD) observed on 1<sup>st</sup> December 2010 and in this sequence, today, we have arranged this roundtable meeting with the participants of multilevel sectors so that we can prevent HIV AIDS from Chittagong by collective effort, coordination and cooperation".

Focusing the theme of WAD "universal access & human rights" she said, "Access to care, access to treatment, access to prevention and access to support should be ensured for the HIV patients." Regarding the matter, she wished constructive guideline from the discussants of the meeting, so that, in future, activities on preventing HIV/AIDS in Chittagong can be continued in a more coordinated way.

Finally, requesting all participants to introduce themselves she appealed Mr. Abu Tayab, Civil Surgeon of Chittagong to preside over the meeting and invited Mr. Mohd. Omar Faruque, Manager-IDU, Save the Children, USA to play his role as moderator in the meeting.

## **Objective Sharing & conduction of meeting**



#### **Mohd. Omar Faruque, Manager-IDU, SCU & the Moderator of the Round table discussion meeting**

Mr. Mohd. Faruque started the roundtable meeting with the permission of Dr. Md. Abu Tayab, Chairperson of the round table discussion. At the starting he discussed about the background of "universal access & human rights" and said, "the theme is chosen to discuss worldwide so that PLHIV can get rights of total access in prevention, treatment, care and support indiscriminately. Bangladesh government has also agreed with the theme and observed World AIDS day according to this theme. In Chittagong, we have also celebrated World AIDS Day with spontaneous participation from every level." He mentioned, "As part of celebration of WAD we have planned to arrange such roundtable meeting in five districts in Bangladesh." He mentioned that in every city those programs were organized under the cooperation, coordination and invitation of Civil Surgeon's office. He expected such a recommendation from the discussants of the meeting that is suited and matched with the condition of our country. He said, "Getting advice and recommendation of Civil Surgeon;

whatever suggestions we have had from this round table meeting consisting in five districts those will be compiled together and submitted later to NASP. Before that could be done in consultation with the civil Surgeon his views must be included". He further said," If our development partners implement any kinds of HIV/AIDS intervention program, we will do our job to correctly address these recommendations to their programs. He further said, "We know HIV/AIDS is not only a health issue but also a social issue. Here are representatives from various sectors of the society. So, all of us can discuss what are we doing and what should be done in Chittagong on the perspective of *Universal Access & Human Rights* from our own position and view".

### **Multimedia Presentation**



**Dr. Mirza Moinul Islam, TC-IM, Padakhep**

In the round table discussion on ***Universal Access & Human Rights*** Dr. Mirza presented a multimedia presentation on "*HIV prevention in Bangladesh: Progress and way forward.*" He highlighted the following points:

- I. Global updates
2. Asia update
3. Bangladesh situation
  - a) Vulnerability and social context
  - b) Interventions in Bangladesh
  - c) Some key achievement
  - d) Major challenges
4. What is universal access
5. Human rights: Rights based approach
6. The cycle of stigma, discrimination and human rights violations
7. Why universal access and human rights are important for HIV prevention

**(The soft copy of this presentation is attached herewith. Please see ANNEX 6 for Presentation)**

### **Moderator**

In brief he spoke as to what is being done in Bangladesh and the world in respect of controlling HIV/AIDS. "Now I urge upon Mr. Mahbubur Rahman of YPSA to speak something on the subject before we like to listen to the opinions of the specialists"- he announced.



**Mahbubur Rahman, Director (Program), YPSA**

He cordially welcomed everybody present in the round table conference. He added that the attendees got much information about HIV/AIDS situation in Bangladesh from Dr. Mirza's presentation but it is also important to know a process of work is on in this HIV sector in Chittagong also. He emphasized on interpackage and multisectoral coordination and said, "Whether big or small at least 30 NGOs are at work in Chittagong regarding HIV. Besides, there are many governmental organization which give direct support and cooperation to development works. We must evolve a system as to how to establish good relations among us. If we become successful in this attempt then we shall be able to go ahead. He further added, we have already started working along with the coordination work with the GO and NGOs. Under the leadership of the Civil Surgeon we have already started our task to publish an NGO directory.

At long last he said that for keeping Chittagong free from HIV/AIDS everybody present should come forward to subscribe well-thought-out directives to all concerned. If this can be done then we shall be able to achieve the purpose of this round table conference.

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**Moderator**

Mr. Mohd. Omar Faruque, moderator requested Prof. Dr. Islam to focus on the HIV/AIDS situation of Chittagong in the line of the discussion made by Mr. Mahbubur Rahman. He added that after the speech of Prof. Dr. Islam an open discussion would start.

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**Prof. Dr. AQM Serajul Islam, Ex-head, Dept. of Skin and Venereal Diseases, CMCH and Advisor, YPSA**

Thanking everybody, he said, “Those who are required for the HIV/AIDS prevention in Chittagong all of them are present in this meeting. As a result the scope of formulating a plan as to how better coordination among all can be achieved that can be done in this forum through this round table discussion meeting.” While discussing the situation available in Chittagong he added if we cast our eyes then we can say that Chittagong is a highly risky area in Bangladesh. It stands soon after Sylhet and for the following reasons Chittagong is more vulnerable than other towns and cities.

1. There are more immigrants in Chittagong compared with other places. Though they are contributing to the financial sector still they are more and more risky for the spreading of HIV/AIDS. Because those of the people who already affected by HIV they are mostly coming from abroad. As there is no system of checking in the airport whether somebody already affected by the virus is getting back to his homeland. So it is easy to spread HIV through those temporary immigrants.
2. People from Mijoram, Myanmar etc are entering into Bangladesh either for business or for medical treatment. They are prone to high risks in respect of HIV/AIDS. It may be mentioned that Myanmar is now a high risk country in Asia in respect of HIV/AIDS. Refugees in groups from Myanmar are entering into Chittagong through Cox’sbazar and Teknaf borders.
3. Moreover, those who are coming to Chittagong from different parts of the country in search of work or livelihood they too are risky for the spreading of HIV/AIDS in Chittagong. They come here to stay for a long time leaving their family behind them. As a result they may fall victim to a risky behavior. So they are liable to be affected by the risk of HIV/AIDS. In this regard he drew the attention of the Panel Mayer of Chittagong City Corporation and requested that at the time of issuing licenses to the rickshaw puller their addresses are rightly gathered.
4. Another most vulnerable point for Chittagong is the illegal drug business. There was a flourishing business of drugs in the Barisal Colony, Madarbari and CRB area at one time. Now that these establishments have been dismantled the business has now been spread in different areas. Moreover, there has been the infiltration of different kinds toxic elements such as Yaba they are using Chittagong and Cox’sbazar as their safe route.
5. Chittagong has got an international airport and a big seaport. About 90% of export-import goods are done through this port. Innumerable people from home and abroad are coming and going through this important place. This too has made Chittagong a high risk prone area.
6. Throughout the world the women and the young people are topping the list of risk in respect of HIV/AIDS. Most of the garments workers in Chittagong are young women. For various reasons they are prone to HIV/AIDS. But there is a ray of hope that because of the financial assistance of the Global fund and the help and cooperation of save the Children USA, YPSA consortium has been relentlessly working for the last few years for the prevention of HIV/AIDS through LSE and in



this endeavor BGMEA is also cooperating very sincerely. This work must be strengthened and made more progressive.

What attempts were taken in hand for the prevention of HIV/AIDS in that regard he informed that about some ten (10) years ago a committee was formed in coordination with the Divisional Director (Health), Civil Surgeon and NGOs. The main purpose of that was to raise a model frame work for multisectoral involvement in Chittagong and hoped that would be followed by others throughout the country. Afterwards it did not see the light of permanence for unknown reasons. Speaking on PLHIV he said that, “In 1990 the first man with HIV was identified in Chittagong. Being affected by that stigma he had to flee away due to our ignorance. Afterwards he could not be traced. Still today there are many PLHIV living in Chittagong. Referring to the human rights of the PLHIV he said, “We lacked in knowledge in 1990. We did not know that we were to treat them as human beings. But today we know that one PLHIV has the full right to have prevention, treatment, support and care. This right is not only for them but also for the members of their families. We should ensure all these rights and privileges. It is a matter of great hope that the government of Bangladesh is also framing a kind of framework/principle for this. That there is no alternative to multisectoral involvement in Chittagong he said,” HIVAIDS should not be looked at as a health issue only rather it should be considered as a social issue. It has got to be faced with the participation of all people. Otherwise it will create a havoc in the society. He said, “Although the DC remains in the key position as the head of the coordination committee still in this respect the Civil Surgeon has to play vital role. He has got to undertake the responsibility of coordinating all the NGOs. This coordination committee has to be formed with the participants of different sectors and other people who are leaders in different fronts. There are many examples of coordinated works from Chittagong. If the public-private partnership cannot be strengthened with GO-NGO collaboration it will be difficult to fight against HIV/AIDS in Chittagong.

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**Moderator**

Many many thanks to Prof. Seraj as he has emphasized on coordination. The HIV situation in Chittagong has been reflected in his speech. He has also spoken hinting on the HIV situation in Chittagong and given direction as to how this malady can be overcome. We shall have to think on the subject he has referred to. Those of us who are present here are providing leadership or are rendering services to the people. Generally, those who have been receiving services on HIV/AIDS/STIs, from among them our Nasu Apa is present here. Today from this round table discussion meeting she is asked to speak something.

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**Nasu Hijra, PO, BSWS**

She said, “I have been working for HIV prevention since 2007. But I did not know beforehand that it has any relationship with human rights. I used to think that HIV is a kind of disease and human rights is another kind of disease. By attending different meetings and seminars I could understand that they have both connective relationship as well as differences. Both of them are interrelated. This I have come to know now.” Referring to the rights of the transgender she said that at one time she used to think that they are not human beings and they shouldn’t have any attachment with them (human being). Our only work is to beg or selling sex. We don’t have any houses or shouldn’t have. We are none but objects of hatred. But today we have become conscious and feel that we too are human beings.

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**Moderator**

Basing on what Nasu Apa said we shall have to think on that. How the general privileges and rights create a real situation for any victim we shall have to think on that.

The public representatives work for the changing of the society. The work for the total welfare of the people is their main job. As a public representative from her standpoint how she evaluates the HIV issue on that Ms. Anjumanara Apa will speak in her deliberation.

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### **Anjumanara Begum, Councillor, Chittagong City Corporation**

In the beginning of her speech she said, “There is no alternative to consciousness. As I am conscious that’s why I always urge upon some others to be conscious. I ask the people of my locality to be conscious about HIV/AIDS and other diseases. I request the Imams of the mosque to arouse awareness about HIV/AIDS.” She further said, “It is because of our ignorance we stigmatize others. It is also true in cases of HIV. HIV does not get into the system only through sexual intercourse. It may enter through many other ways. This we must keep in our mind. Many good men of good character may be affected by HIV. If this is known then the stigma will be much less in the society.

“A good health in a sound mind” should be the slogan- saying this she added that all the citizens of the city specially the poor people should get treatment from the City Corporation’s health centers. This spirit can be infused in all. There are arrangements in many centers of the City Corporation for examining the HIV status and counseling for that in free of cost. We have been trying to make people understand about all these.

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### **Moderator**

So long we have heard the important speech delivered by Ms. Anjumanara Begum. Now Mr. AM Chowdhury Selim, Director of BGMEA will speak to the audience. We know that BGMEA is doing a lot for the economical emancipation of the people of Bangladesh. In this regard their efforts to keep the health condition of the garment workers are praiseworthy. Now we like to listen something valuable from him.

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### **A M Chowdhury Selim, Director, BGMEA, Chittagong**

While speaking in reference to the garment workers of Bangladesh he said that most of them are women. Not only women, regarding the spreading of HIV/AIDS both men and women are responsible. But viewing from the point of risks it may be said that women are more vulnerable to risks. He said that we received two things from abroad – one is AID and the other is AIDS and both of them are dangerous. At the last stage of his speech he put forward the following suggestions in respect of HIV prevention in Chittagong.

1. The immigrants should be made aware of HIV infection through the embassies of the government.
2. Billboards in easy language and photos should be placed in different parts of the cities to raise awareness among the people regarding the havoc creating effects of HIV/AIDS.
3. Songs are to be composed and skits along with popular slogans are to be created for the general people.
4. In the diagnostic centers of the city pictorial posters are to be fixed or pasted to create awareness against HIV/AIDS.

Regarding the role of the BGMEA against HIV/AIDS he said that through LSE program among the garment workers YPSA consortium has been materializing the HIV/AIDS prevention program. Besides, UNFPA in association with the BGMEA health center we have been arranging regular workshop against HIV/AIDS and population control. He pointed out that if we are able to keep the garment workers free from the malady of HIV/AIDS then we shall be able to Chittagong free from the onslaught of the deadly virus. He further said that the discussion on HIV/AIDS must be converted into an easy matter of discussion. To have

connection and communication with the PLHIV is not risky. This truth must have wide publicity, and in this regard we must change our outlook. Emphasizing on the use of condoms he said that it is effective both for preventing HIV/ AIDS as well as controlling population.

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**Moderator**

Referring to the member of Bar council he said, “What role you can play as a lawyer regarding the prevention of HIV, from your standpoint”, I would now request you to speak before the audience.

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**Advocate AK Azad, Lawyer, Bar Council, Chittagong**

He emphasized on the legal privileges of HIV patients and said, “Sometime marginalized people need legal assistance. While they come to us seeking legal assistance, we always try our level best to help them indiscriminately with judicial support. Undoubtedly, it is our moral duty to lend a hand to any victims with legal support”. He strongly recommended to conduct awareness program on HIV/AIDS/STIs with the transport

workers.

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**Moderator**

Thanks for his suggestions as to what should be the role of a lawyer and put forward his arguments in favor of conducting the program among the transport workers. The PLHIV are purely dependent on the services of the physicians. What role can be played by the private practitioners on rendering services to the PLHIV I now request Dr. Minhazur Rahman to speak on that.

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**Dr. A M M Minhazur Rahman, Managing Director, Premier Hospital, Chittagong**

At the starting of his speech he said, “While a person is caught by HIV/AIDS, then “human rights” becomes an important issue for him. But, it is a matter of sorrow that, though various types of activities have been done for raising consciousness of HIV/AIDS, yet an HIV/AIDS patient cannot easily get proper treatment in any hospital”. Picking out the point of scare of HIV/AIDS he said,” still now, service providers such as Doctors, Nurses and related persons are always afraid of HIV/AIDS as well as affected patients”. So, demanding a separate Hospital for HIV patients he said, “Here I would like to mention the fact that a separate Hospital for HIV patients is very urgent”. Furthermore, he said,” Specialists mainly virologist should be involved in raising awareness and HIV prevention program”. “But it is not being done in Chittagong” he confessed. Finally he recommended starting “screening system” in the airports in our country.

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**Moderator**

Dr. Minhazur Rahman deserves high applause for his beautiful speech. Really he has spoken very highly on the treatment and care of PLHIV. For thoughtful ideas on PLHIV his speech is fit for . Many many thanks to him. After the speech of Dr. Minhazur Rahman he requested Dr. A M M N Khaled, Consultant Virologist, Sheba Hospital to speak.

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**Dr. A M M N Khaled, Consultant Virologist, Sheba Hospital, Chittagong**

While discussing on the theme of the meeting he said,” in 1948 United Nation opined that human beings possess three rights. These are Right of freedom, right of equality and right on his own wealth. But right of equality of an AIDS patient is being often disturbed. So

**“Universal access”** means equal right of all but HIV/AIDS patients are deprived of this right”. Criticizing several NGOs he said,” Several NGOs are creating panic about HIV. It is true that, after the infection of HIV, a person need to pass minimum ten years to be caught by AIDS. An HIV patient can live 20 years by having medicine. It is also seen that HIV affected person can be alive more than a normal person”. “Because of creating such a panic of AIDS patients, they are being deprived of regular privileges and also being excluded from normal social life” he added. He sought the law and its implementation for the protection of HIV patient’s right and said,” Government has to pass law and apply it strictly considering the careful protection of HIV patient’s human rights “Showing due respect to those who serve the HIV patients, he said,” they are the freedom fighter of 2010”. He opined that it is very important to test T.B. and vaccinate the service providers of HIV patient. He also said that only Latex condom was not sufficient to prevent HIV virus. He suggested that virologists ought to be involved in HIV prevention programs. “With their positive role false explanation and wrong information of HIV/AIDS can be erased. As a result unexpected panic will not be created” he uttered.

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**Moderator**

For his beautiful and thoughtful speech the moderator thanked Dr. A M M N Khaled. Keeping in line with his speech on HIV prevention program the moderator opined very highly about the importance of the role of a Virologist. At this stage he requested Khaja Ahmed Meanje, Assistant Director, Islamic Foundation, Chittagong to speak about today’s subject matter of discussion from his standpoint.

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**Khaja Ahmed Meanje, Assistant Director, Islamic Foundation Bangladesh, Chittagong**

He said,” Islamic foundation is a government organization and we implement different programs determined by the government”. He discussed on HIV/AIDS from the view point of Islam and said,” Free access to sexuality is the prime cause of AIDS. Islam forbade us to remain far from such free sexuality and such kind of practice is the prevention of AIDS”. He suggested, “By keeping protection for oneself & one’s family, following religious rules and regulations AIDS can be prevented very easily. To prevent AIDS free sexuality, anti-social activities should be avoided on the other hand honest and moderate life ought to be led”. Praising the role of Islamic foundation in HIV/AIDS prevention he said,” Islamic foundation has already trained 50,000 Imams and HIV/AIDS prevention programs are being implemented by them at the grass-root level”. Please let us the opportunity to involve these Imams in your movement of HIV prevention because an Imam is more acceptable to our society.

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**Moderator**

He thanked Mr. Meanje for discussing about HIV/AIDS prevention from the religious point of view. After that he requested Mr. M. Nasirul Hoq to speak on behalf of the media.

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**Mr. M. Nasirul Hoq, City Editor, Dainik Suprobhat Bangladesh, Chittagong**

At the starting of his speech he said,” Our Media have been enjoying independence and freedom for the last 20 years. It is our job to publish news and create public opinion. So we would like to publish such important and standard articles written by anybody on universal access and human rights focusing PLHIV”. Drawing attention to Panel Mayor of Chittagong City Corporation, he said,” As CCC is the inseparable part of all sorts of welfare activities in Chittagong, I wish CCC involve itself more and more in HIV prevention activities. He suspiciously said,” Many mariners come to Chittagong all the year round, as a result there is a possibility of spreading HIV by them”. “So, we should let them land here with health certificate after blood screening test” he suggested.

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**Moderator**

A lot of thanks to Mr. M. Nasirul Hoq for his valuable suggestions. Now I request Mr. Hasan Masud to speak something from his own standpoint about today's subject matter.

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**Mr. Hasan Masud, Assistant Director, Dept. of Social Welfare, Chittagong**

"Still now an HIV positive cannot be given proper treatment –it is our failure. What have we done spending such an amount of money for many a days?"—keeping this question to the attendees he started his speech. Desiring to work effectively in the field level he said, "There are many field workers who work under the Dept. of Social Welfare. We implement a number of programs, such as micro-credit program and many more. So, we can use these workers to build up awareness in the field level". "Without this there are about 2500 registered organizations in Chittagong. About 1000 organizations of them are in action sincerely. We can connect them in HIV prevention program" he added. He complained that besides the seminar or symposium they are not invited to participate in any grass-root level activities. As he wished to work directly in grass-root level for the welfare of common people, he hoped that he will be invited for such activities. Regarding the fact, he demanded clear policy from the government and said," Specific government policy is necessary to use our field workers in this welfare activity. Because, it is also true that for the absence of such a specific policy, we cannot always response to the invitation of NGOs( like YPSA), in spite of having our inquisitiveness. "what role can be played by this large workforce working together with NGOs in HIV prevention should be clearly mentioned in their job description and higher authority should think of the fact" he suggested. Finally, he requested all to create opportunity for those workers to contribute to HIV prevention.

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**Moderator**

In consequence with Mr. Hasan's comments the Moderator said," May be it is known to you that Bangladesh Govt. has a committee on HIV/ AIDS in combined with 18 Ministry. This committee has to be more effective in its action." At this stage he requested the young journalist Mr. Alamgir to speak with all his eagerness on the topic.

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**Mr. Alamgir Sobuj, Reporter, Dainik Suprobhat, Chittagong**

He said, "At one time we the journalists used to write colorful stories with the combination of truth and falsehood about PLHIV. Now we have become more conscious. Now I want to know from the forum what I am to know as a journalist about PLHIV and to serve news on that and on which points am I to give importance."

**Professor Dr. Serajul Islam answered to his question on the request of the Moderator**

He said," We can monitor whether the number of HIV patients is increasing or not and publish it. There is no problem regarding the matter. But we have to be careful so that none can be stigmatized. Any panicky news of that patient should not be published. Though HEP-B & C are more infectious than the HIV we do not write any bull story about the patients affected by those viruses." Regarding the HIV we want to say **"not the person but the subject is most important"**. No attractive story should be circulated on **Who is he, what is he and where is he from?** Feature that grows abhorrence and disrespect for the patient in readers mind should not be published. Writings, that raise awareness of the disease and create honor and affection for the patient, should only be written.



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**Moderator**

Thanks to Prof. Serajul Islam and Mr. Alamgir. By now I hope as a promising journalist he has been able to know what should he does for the PLHIV. Now I would like to request DD, Narcotics to speak something on today's topic. We know this department basically works with demand reduction, supply reduction and treatment.

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**A.K.M Shawkat Islam, Deputy Director, Dept. of Narcotics Control, Chittagong**

In Bangladesh, those, who take drugs through syringe, are in the height of the HIV risk. So, Dept. of narcotics control can play an important role in HIV prevention. This department works only on three aspects. For example, demand reduction, supply reduction and treatment. He said, "HIV is spread out largely by IDUs. NGOs that work with IDUs in Chittagong only work with the demand reduction. Our activities are not directly related with IDU". But, he consoled that all sorts of cooperation would be offered for those organizations who were working with IDU. "We will give all sorts of cooperation to those organizations if they face any problem in providing logistics or treatment to IDUs" he added. While talking about the present condition of drugs in Chittagong, he said, "In every moment, mobile court is operated here under the cooperation of District Administration, BDR, Police, and RAB. Phensidyl factory in border points has been demolished by BDR & BSF. As a result the use of Phensidyl has decreased in Chittagong. But there is a intensification of Yaba, Alcohol, and other drugs". He informed, "Rule of punishment at the spot has been set up to ensure the immediate result of drug trafficking. This rule is strictly followed here. Administration is conscious about it."

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**Moderator**

We have heard about the activities of the Narcotics Department. They are endeavoring to control harmful drugs and we are hopeful. Thanks for his speech. Now I request Mr. Quamrul Hassan to speak something.

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**S.M Quamrul Hassan, Deputy Director, Department of Youth Development, Chittagong**

He said, "Dept. of Youth Development has been implementing HIV prevention program since 1995. Now, HIV prevention program among the young generation, is being implemented by Peer group in Cox'sbazar and Sylhet under the cooperation of UNFPA". He mentioned some important information about their policy to raise awareness among young generation. He added, "We provide trade course to the young generation for their self-reliance and in that course we provide four classes on HIV/AIDS in accordance with the government's order. In Chittagong we provide such trade course to 1000 young people in every year and they can know about HIV/ AIDS".

He recommended distributing booklet on HIV/AIDS among those young people after the completion of training course. "Keeping human rights in mind, we have to behave moderately with HIV patients", he added. Again he said, "there are many dish line providers in chittagong. Force or motivation should be imposed on them from government sectors so that they remain bound to show advertisement on HIV/AIDS prevention message everyday minimum fifty times ". He suggested that clubs can be used for the further action on HIV prevention.

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**Moderator**

In the line of Mr. Quamrul's recommendation moderator informed the audience that 45 clubs in Chittagong are being used for HIV prevention program under the financial cooperation of Global Fund. Mobilizing these clubs, HIV issues are being properly addressed into the society

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**Mr. M. M. Ershad, Deputy Director, Family Planning, Chittagong**

At first he passed his valuable comments on the power point presentation. While remarking on the presentation he said, "NGOs are working on HIV prevention in Chittagong. But, in presentation, HIV situation in Chittagong is not focused. If it was focused, we could easily realize whether the HIV prevention program is in right pace or not." He emphasized on coordination and recommended to form a committee headed by Civil Surgeon (CS). He said, "If a committee can be formed headed by CS it will be able to work effectively on HIV. Every NGO will report to him at the end of every month and later a compile copy will be sent to other departments by CS office. If it would be done, all the departments could have specified their own doings." He requested to ensure the proper distribution of those booklets which were printed with the message of HIV prevention. Finally he said, "it is better to print only one booklet rather than print on HIV, HEP or B-Virus separately. As a result expanding of false information will reduce. But it should be distributed widely."

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**Moderator**

Thanks to Mr. MM Ershad, DD, Family Planning for his thought provoking speech. Today we are fortunate enough the Panel Mayor of the Chittagong City Corporation (CCC) is present among us. We know the CCC does many social works. We like to listen something of hope from him.

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**Chy Hasan Mahmud Hasnee, Panel Mayor, Chittagong City Corporation (CCC)**



He said, "There is a lacking of coordination in Chittagong among the stakeholders. In spite of that we should not be frustrated. Positive changes are already taking place in different sectors. Once Nasu Hijra of BSWs used to live in the street but now she is participating in this discussion meeting. We may hope for the such positive change more and more".

Again he said, "We should not depend on only the state, we have to play our roles from our own standpoint. There are many solvent persons as well as organizations in Bangladesh. As a part of social welfare they can establish hospitals for the betterment of PLHIV." He emphasized on the public-private combined endeavor to overcome all sorts of obstacles in this journey. He requested all to use 41 councilors and 14 female councilors of CCC in HIV prevention activities. Moreover, he said, "As we are the elected representatives by common people, we want to work for their betterment. Beside the meetings & seminars, please involve us in grass root level activities to work. We want to work for the sake of our common people". In connection with the recommendation of one of the discussants, he said, "Very soon, license will be officially provided to rickshawpullers and their curriculum vitae will also be preserved". He said that many government and non government officials and businessmen go abroad regularly. So, he opined to check up their HIV status during their returning from abroad besides the foreigners. He recommended displaying drama among the slum dwellers with a view to raising awareness on HIV/AIDS.

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**Moderator**

Thanks to Mr. Hasnee. He has said on many important issues. We are really thankful to him for his valuable suggestions. At this stage I would like to request Dr. Morshedul Karim Chy, Medical Officer, Civil Surgeon office, Chittagong to speak something.

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**Dr. Morshedul Karim Chy, Medical Officer, Civil Surgeon Office, Chittagong**

Emphasizing on the importance of roundtable meeting in elaborating coordination, he said, "Today's roundtable meeting has offered the opportunity of expanding coordination among the staffs of GO-NGOs in Chittagong. It will help us to reduce the distance among us". "Now we know that sixty one (61) organizations and branches of eighteen (18) ministries are working on HIV/AIDS in Chittagong. Coordination among these organizations and ministries is necessary" he said. He further said, "Experienced and talented persons should be involved in HIV prevention movement. Otherwise, success cannot be brought. Correct information has to be disseminated to both of the persons who are working and with whom they are working. As new syringes are provided to IDU, this has to be thought logically. We are providing condom to prevent HIV/AIDS/STIs but still women have no right to take their own decision of using condom during sexual activities. So right to take decision of proper use on condom is more important than the availability and supply of condom." Emphasizing on coordination and collaboration among all stakeholders, he said, "Civil Surgeon (CS) will form a committee from his sense of responsibility for the collaboration of GOs and NGOs. The eighteen(18) ministries, NGOs and media will work together and the committee will look after the prevention and care side. The committee headed by CS will observe the ongoing HIV/AIDS prevention activities run by the NGOs in different sectors." He further added, "Our aim is to create collaboration among GOs and NGOs." Requesting each and every NGOs to send their reports to the CS he said that everyday time in and time out we have been doing good works. But these activities do not reach the proper authorities in time. As a result we don't get back the acknowledgement of our good works. As long as the NGOs will not inform the government authority regarding their activities still then their activities will not get proper recognition. By reporting the responsibility and accountability will be established. If possible by this month a meeting may be called for discussion.

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#### **Moderator**

Thanks to Dr. M. K. Chy for his kind speech. We have had some constructive suggestions from him and these will go a long way towards the coordination of the GO and the NGOs. Now I request Dr. Kazi Shafiqul Alam, Director (In charge), department of Health, Chittagong to make his speech.

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**Dr. Kazi Shafiqul Alam, Director (In charge) Department of Health, Chittagong Division**

"Such a multisectoral coordination meeting has not been held for a long time in Chittagong. As this is being done I feel quite happy. No success of any program can be desired without such meeting. Bangladesh government significantly evaluates the programs that are being implemented by Save the Children USA, under the financial assistance of Global Fund (GF). If we, along with Civil Surgeon want, we can add more velocity and attribute in the implementation of this program" he said. He mentioned, "Our field level workers hold meetings in every month. If we start GO-NGO collaboration from this monthly meeting, HIV prevention message can be reached in grass-root level by them. As a result it will be more effective and fruitful. Health workers should be provided training and correct information about HIV/AIDS/STIs and made them aware of these fatal diseases. Because common people like to have health care and information from that health service centers." While talking about the teacher's role on sex education he said, "It is the high time to think

about sex education for our students. Teachers can raise consciousness of students by their fantastic, informative and instructive presentation on this subject matter". Again he emphasized on the intensification of sex stimulating tablet in the tourist areas and said, "Sex stimulating tablets are being used and sold intensively in Cox'sbazar and other areas where tourist are both external as well as internal. Such behavior results spreading of HIV. So we have to check this side."

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**Moderator**

At this stage he referred to the important points discussed in the whole discussion meeting and put forward these points to Civil Surgeon and requested him to deliver his ending speech and also sought recommendation and guideline in accordance with the following summarized key points for the prevention of HIV/AIDS and uphold the rights and privileges of PLHIV.

- GO- NGO collaboration
- Proper documentation and reporting
- Media involvement
- Publication of NGO directory
- Involvement of teachers and peers
- To get the private sector more involved
- Women empowerment in decision making

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**Moderator**

Moderator invited CS to deliver his ending speech and sought guidelines according to the key points.  
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**Dr. Md. Abu Tayab, Civil Surgeon, Chittagong**

He said," The aim of this roundtable meeting has already been mentioned by the moderator". Before starting his speech he said," NGO workers come to me only when World AIDS day (WAD) comes but I feel the necessity of collaboration between GO & NGOs. CS office has to know who are working in health sectors and where & how they are reporting. All of us are working for our country. As we are serving for our country; transparency and accountability of our activities should be ensured. It is the view point of today's meeting." Moreover he said, "In the past, there was no coordination between GO & NGOs (in my period) but today's round table meeting has opened the gateway of that. To be successful commitment, transparency and accountability are very important. Sometimes GO & NGO's activities are accused of corruption. So in Chittagong we have to remain out of this heinous task". He emphasized for the enactment of required law for the marginalized people and said, " There is no alternative to keep the universal access & human rights for the PLHIV in respect of giving them legal shelter and for this necessary laws are needed to ensure the care and rights of them. So we would like to request and recommend the govt. to do something positive towards the HIV situation now available in the country. It must be kept in mind that only enactment of law is not the solution to the problem but it has got to be implemented in letter and spirit." As media interacts and communicates with the public, he requested YPSA consortium to hold meeting with the representative of media as soon as possible. He stated that journalist should be careful about portraying and perpetuating stereotypes, assumptions and preconceived notions that come across in representing PLHIV. Furthermore, he said," We should think and decide how we can publish the HIV/AIDS/STIs prevention message through dish antenna. Again he requested Save the children USA to expand its activities in rural areas and opined, "HIV prevention program should be implemented not only in city area but also in rural areas. It is very necessary to provide the message of HIV prevention to rural people. Regarding the fact, 61 NGOs of Chittagong can determine their work place so that no rural people can be subtracted." He firmly suggested

spreading HIV/AIDS/STIs prevention programs in Upazila level and also assured all sorts of cooperation from his office. He assured that in all aspects 18 ministries will also afford cooperation. He stressed on arranging meeting on HIV/AIDS with the religious leaders in every Upazila. He hoped and said, “If we work together then we shall be able to keep Chittagong free from HIV infection.” At last he thanked to those who gave their all out efforts in making this discussion meeting a success. Especially he acknowledged the contribution of Save the Children USA and YPSA consortium.

#### **Outcome :**

- The local stakeholders (LSs) have received sufficient information on the updated situation of HIV/AIDS.
- Everybody present in the meeting has been able to know fully about those HIV/AIDS prevention programs which being run by the financial cooperation of Global fund and other funding authorities.
- The local stakeholders have made an open discussion on marginalized population in respect of upholding their rights. They have owned their responsibility to the marginalized populations from their standpoint.
- The specialists of Chittagong have thoroughly discussed on the prevention of HIV/AIDS in Chittagong and they have got the opportunity to formulate the guideline as to what should be done for the prevention of HIV/AIDS in Chittagong.
- Many suggestions have been available in respect of HIV/AIDS prevention in Chittagong and regarding the rights and privileges of marginalized populations.

#### **Recommendations:**

- The immigrants should be made aware of HIV infection through the embassies of the government.
- There should be a system of checking the HIV status of those people who come from abroad or travel abroad in connection with their business or official purpose. So blood screening system in airport and seaport need to be started.
- Pictorial billboards in easy language should be placed in different parts of the cities to raise awareness among the people regarding the havoc creating effects of HIV/AIDS.
- Songs are to be composed and skits along with popular slogans are to be created for the general people. There should staging of dramas, many in numbers, among the slum-dwellers.
- In the diagnostic centers of the city pictorial posters are to be fixed or pasted to create awareness against HIV/AIDS and other related issues.
- We must ensure that we stop those people who enter to Chittagong either for medical treatment or for business purposes from the neighboring countries. Moreover, those people who come to Chittagong from different corner of the country in search for their livelihood they have to be traced and their bio-data must be gathered with the Chittagong City corporation.
- We shall have to further strengthen and prolong the LSE activities for the garment worker which are being implemented by YPSA consortium in collaboration with the BGMEA.
- Beneficial laws may be enacted for the PLHIV and it has got to be implemented in letter and spirit. Access to care, access to treatment, access to prevention and access to support should be ensured for the HIV patients.



- The media personnel shall have to be more and more involved in HIV prevention program. Any such news that will create hatred or disrespect for the HIV affected people must not be propagated through the media. In order to create awareness about the disease only such news and views must be either printed or go on the air so that people may develop respect and empathy towards PLHIV.
- HIV/AIDS prevention program must not remain confined in the urban area but that has also to be implemented among the village people.
- Meetings on HIV/AIDS prevention with the religious leaders are to be held in regularly. Religious rules and regulations must be strictly abided by. Free sexuality and anti-social actions ought to be avoided. It will be good to involve the Imams and the other religious personalities of different religions towards HIV/AIDS prevention program. Because people of this level are easily accepted by all.
- As common people like to have health care and information from the health service centers by the health workers, training and right information about HIV/AIDS should be provided to the health workers of Upazila level.
- The students are to be made aware of sex education. Teachers can raise consciousness of students by their fantastic, informative and instructive presentation on sex education. Youth clubs can be used in HIV prevention program.
- The reason for the intense selling and using sex stimulating tablets among the tourists in Cox'sbazar should be investigated.
- The people who are experienced, talented and technically sound must be involved in HIV/AIDS prevention movement. Virologists have to come forward to preventing HIV and raising awareness.
- We shall have to think afresh regarding the existing HIV prevention program such as how far it is desirable to supply the IDUs new syringe and whether the females are able to take their own decision of using condoms during sex. These have to be thought logically .
- Initiatives should be taken to set up collective effort, cooperation and coordination among the multilevel sectors. For this a committee is to be formed under the leadership of Civil Surgeon. This committee will supervise the ongoing HIV/AIDS prevention program in Chittagong. All the NGOs shall have to submit the report of their activities in the Civil Surgeon's Office. If these reports are compiled and sent to the different departments of the government then all of them will remain aware of the existing situation in respect of HIV situation in Chittagong. All of the active organizations of Chittagong can be brought together to work in combined to prevent HIV. Public-private partnership should be strengthened to fight against HIV/AIDS.
- HIV/AIDS should not be looked at as a health issue only rather it should be considered as a social issue.
- Solvent persons as well as organizations have to come forward to establishing hospital for the betterment of HIV patients.
- Effective initiatives should be taken to raise awareness of transport workers.
- The City Corporation of Chittagong has to play more effective role in HIV prevention.

- Field level workers of Dept. of Social Welfare should be used in raising awareness at field level. A policy for the government service holders must be determined by government so that they can response to the initiative of NGOs.
- At least fifty (50) times a day advertisements relating to the HIV/AIDS must be advertised through the dish line. Government should try to make the dish line providers to publish advertisements.
- Proper distribution of booklets relating to HIV/AIDS awareness must reach the targetted population in due time.
- Transparency and accountability in GO and NGO's activities should be ensured.

**Guest/resource person attended:**

Mr. Chy Hasan Mahmud Hasnee, Panel Mayor, Chittagong City Corporation (CCC)  
 Ms. Anjumanara Begum, Councilor, CCC  
 Prof. Dr. AQM Serajul Islam, Ex-head of Skin and Venereal Diseases Department, CMCH  
 Dr. Kazi Shafiqul Alam, Director (In charge) Department of Health, Chittagong  
 Mr. M. M. Ershad, Deputy Director, Family Planning, Chittagong  
 Mr. Khaja Ahmed Meanje, Assistant Director, Islamic Foundation Bangladesh, Chittagong  
 Mr. S.M Quamrul Hassan, Deputy Director, Department of Youth Development, Chittagong  
 Mr. A.K.M Shawkat Islam, Deputy Director, Dept. of Narcotics Control, Chittagong  
 Mr. Hasan Masud, Assistant Director, Dept. of Social Welfare, Chittagong  
 Dr. Morshedul Karim Chy, Medical Officer, Civil Surgeon Office, Chittagong  
 Mr. M. Nasirul Hoq, City Editor, Dainik Suprobhat Bangladesh  
 Mr. Alamgir Sobuj, Reporter, Dainik Suprobhat, Chittagong  
 Dr. A M M N Khaled, Consultant Virologist, Sheba Hospital, Chittagong  
 Dr. A M M Minhazur Rahman, Managing Director, Premier Hospital, Chittagong  
 Advocate AK Azad, Lawyer, Bar Council , Chittagong  
 A M Chowdhury Selim, Director, BGMEA, Chittagong  
 Nasu Hijra, PO, BSWS, Chittagong  
 Mahbubur Rahman, Director (Program), YPSA  
 Ms. Khaleda Begum, Team Leader, YPSA

**Participant Category:**

**Participants:**

Male	Female	Total
35	05	40

**Facilitators/Moderator:**

- Mohd. Omar Faruque, Manager-IDU, SCU
- Prof. Dr. AQM Serajul Islam, Ex-head, Dept. of Skin and Venereal Diseases, CMCH and Advisor, YPSA
- Dr. Mirza Moinul Islam, TC-IM, Padakhep

**Conclusion:**

December 1st is a day to highlight the fact that around the world there are millions of people living with and affected by HIV and AIDS. For these people every day is World AIDS day but December 1st gives us an opportunity to stand in solidarity and also to highlight the important work what are doing on HIV and AIDS. The theme for World AIDS day this year is also: "Universal Access and Human Rights". Worldwide, people living with HIV are discriminated against, unlawfully dismissed from their jobs, refused health care, thrown out of their homes and communities, and turned away from school. Some are even subjected to imprisonment or death.

The protection of human rights reduces people's vulnerability to contracting HIV. Respecting the rights of people living with and affected by HIV not only saves lives, it helps ensure a more effective HIV response.

As it was arranged on theme ("Universal Access and Human Rights") of World Aids Day-2010 all of the discussants discussed, suggested, recommended on the theme. It was the most vibrant and participatory discussion meeting. Multisectoral representatives were participated and made the discussion authentic as well as created a frank & easy going environment and developed the coordination among themselves.

It was a well structured, comprehensive, informative, instructive and successful meeting that updated the information on HIV/AIDS focusing mainly on "Universal Access and Human Rights". It envisages the well-thought-out ideas presented by all as to how Chittagong can be kept free from HIV/AIDS.

## **Annex-4.3: PMU-Partner Meeting**

**YPSA Consortium (YPSA, HASAB & SKUS)**  
**Providing Primary Prevention of HIV & Risk Reduction through Work-place Interventions in**  
**Garments Industries (GF-912 of RCC)**  
**PMU Partners Meeting**  
**Venue: Human Resource Development Center (HRDC)-YPSA, Chittagong**  
**Date: 17. 01. 2010**

The PMU partners' meeting was held on 17 January 2010. In the meeting all consortium staff, Representatives of Focal person from concerned AO, Consortium Chairperson of YPSA and Director (Finance) of YPSA participated. The meeting was presided over by Mrs. Khaleda Begum, Team Leader of YPSA Consortium.

<b>Agenda</b>	<b>Discussion</b>	<b>Decision/ recommendations</b>	<b>Time Line</b>	<b>Responsible Person</b>
Greetings & sharing of meeting objectives	Team Leader welcomed all the participants and gave them an insight on today's meeting. She acquainted everyone the agenda in brief for further discussion.	The following agenda were discussed: 1. Program Brief in light of RCC 2. Rescheduling of LSE 3. Experiences sharing on last PE training 4. Presentation on Program update a. Program update sharing b. Final List of garments c. List of Master trainers d. List of Peer Educators e. Month-wise AWP by AO 5. Monitoring & reporting 6. Idea sharing on TH, Video show & audio producing 7. Financial Issues 8. AOB		
Welcome speech	Mr. Arifur Rahman, CE of YPSA & the Chairperson of YPSA Consortium delivered the welcome speech. He told that the agenda set for discussion were very important for our program. He emphasized direct participation of all in the meeting and requested the participants to come out with fruitful suggestions and solutions. At last he had his good wishes for the success	<ul style="list-style-type: none"><li>• Must ensure quality program and achieve 100% against the target at any cost by due time.</li><li>• The GFATM 912 has a very good reputation &amp; as it has been eulogized by all, so we should keep it up.</li><li>• As program persons we have to understand the time to time changes of mode of operation &amp;</li></ul>		YPSA Consortium

	of the program and gave important directives.	<p>cope up with it. In this regard he emphasized all to perceive the RCC very clearly.</p> <ul style="list-style-type: none"> <li>• We have to think about what after 2012. To meet the future, we have to take adequate preparation for submitting standard project proposal. Not only HIV/AIDS alone but also other programs are to be integrated such as FP, Maternal and Neonatal health, TB etc should be taken into consideration.</li> <li>• To brave the present challenges and to meet the future prospect YPSA consortium should be worked together.</li> <li>• Amicable relationship should be maintained with BGMEA</li> <li>• Financial matter should be always updated in a timely fashion.</li> </ul>		
Program Brief in light of RCC	The Team Leader provided a precise idea on RCC to the participants through power point presentation. She tried her best to make familiar with the objectives, Principals, strategies and outcome indicators of Rolling Continuation Channel (RCC) which was started since the 1 <sup>st</sup> December '09 and explained everything in detail. She mentioned that we have had RCC as reward for R-2 which has not been received by many countries. Now this onerous responsibility has fallen on us. We should feel proud of such a great job.	<ul style="list-style-type: none"> <li>• As program persons RCC must be thoroughly known to us. It is because if we are not well aware then we shall not be able to discharge the successful program.</li> <li>• The program will be visited by the Country Representative of Global Fund by June 2010.</li> <li>• Program and Finance Audit will be held after every six months.</li> <li>• Program field shall have to be visited by Chief Executive/ Executive Director of Strategic Partners (SPs) and have</li> </ul>		YPSA Consortium



		all the update information with them.		
Rescheduling of LSE	<p>In respect of achieving LSE target we are quite lagging behind. This has been created because of some unavoidable circumstances. Including the pending and running LSE session target (upto 31 march 2010) of YPSA consortium is 74995</p> <p>Moreover for completing all these sessions we need more trained PEs. On the other hand we shall have to do it by 31 March 2010. So it is obvious we don't have much time on hand. In today's discussion we like to highlight everything in detail so that we can overcome the crisis, if any. All of us shall produce a good plan that will help us achieve LSE target in time. In this regard every AOs were requested to send the final lists of Garments, MTs and PEs along with a lists of two model garments under each SPs follow providing some basic information.</p>	<ul style="list-style-type: none"> <li>• According to RCC we are now on the 24 period. Its duration is from 1 December '09 to 31 March 2010. It means that we shall have to complete our job in 4 (four) months time both for pending and running ones. To be clear we shall have to have a target of 74995 persons under YPSA consortium. SKUS should be manned with 11250, HASAB's target is 11250 and YPSA needs 2625 sessions for covering 52795 garments workers</li> <li>• More PE will be required to complete the task in a short time.</li> <li>• A plan of 25% garment industries may be selected/ considered for double batch shifts.</li> <li>• The scope of LSE training at Garment factories will have to be chalked out by HASAB and SKUS with a portion covered and inform PMU within 19 January, 10 at 12.00 noon.</li> <li>• Program Officer of AO may select PE &amp; provide LSE at workplace through one-to-one session. This will help acquiring new PE.</li> <li>• Around 30 peer educators will be engaged by SKUS and HASAB also try to find as many as possible.</li> <li>• Dummy LSE sessions at</li> </ul>	<p>19 Jan, 10</p> <p>21 Jan, 10</p>	<p>YPSA Consortium</p> <p>HASAB &amp; SKUS</p>

		<p>garments factory will be conducted by the Program Officer if need be. It will be shown as additional achievement in quarterly Program report.</p> <ul style="list-style-type: none"> <li>• A list of two model Garments under each SPs must be send to us by HASAB, SKUS &amp; YPSA. The following information should be included in this respect:</li> </ul> <p>-No of workers          -Name of Strategic Partners (SPs)          -ED/CE Contact Number of SPs          -Name of Peer Educators          -Focal Persons of Garments          -No of Participants (Male/ Female)</p>		
Experience sharing of last Peer Educator (PE) Training	<p>YPSA conducted a Peer educator training on the basis of program plan. There was a thorough discussion on that PE training. PEs' are virtually our active force for implementing the program. It is an unfortunate fact that those who have joined the PE training this time, at least 5% of them are not suitability to work as PEs. Moreover, the selection of PEs was not appropriate. Most of them had not eagerness to learn and they will not be able to create awareness for this background. In respect of selecting the PE the role of everyone was taken in view on threadbare basis and everybody has been told to be more proactive &amp; responsible in this regard. Dr. Bahagyadhan Barua, Program &amp; Technical Specialist(Training &amp; HS) observed the following :</p> <p>(a) One PE was not</p>	<ul style="list-style-type: none"> <li>• To look over everything is not or should not be the responsibility of PMU. HASAB and SKUS should come forward as active workers and be rightfully attached to the program.</li> <li>• MTs are required to have an important role for selecting proper PEs for the program. The set standards for selecting PEs should be followed by MTs.</li> <li>• PEs will be given orientation by MTs before starting LSE session at least one hour.</li> <li>• MT's will orient PEs at least before one hour of LSE training conduction at Garments Factory.</li> <li>• Only MTs not PEs will be provided training by T &amp; H service specialist.</li> <li>• PEs will be getting training from MTs.</li> </ul>		AO

	<p>interested to converse on the topics during training session.</p> <p>(b) One of the PEs was totally illiterate.</p> <p>(c) A Few of them would not continue LSE training at garments factory because they were not fit as PEs.</p> <p>(d) Among them 4 PEs didn't attend at Pre-test and Post-test.</p>	<p>Specialists will provide technical assistance if it is required during training.</p> <ul style="list-style-type: none"> <li>At the time of handing over the flipchart &amp; guideline that will be explained by the MTs to PEs. The presence of SPs &amp; PMU members should be ensured, if schedule be informed earlier by MTs.</li> </ul>		
<p>4.Presentation on Program update</p> <p>(i) Program update sharing</p> <p>(ii) Final List of garments</p> <p>(iii) List of Master trainer</p> <p>(iv) List of Peer Educator</p> <p>(v) Month-wise AWP by AO</p>	<p>The event wise statistical program's update of achievement against target was presented by all AOs. The reason of deviating achieving target, do's of target achieving were discussed elaborately. The low achievement level of HASAB and SKUS which was resulted from the failure of work order signing with SPs in time were observed. Moreover the importance of achieving target in time with whole heartedly was emphasized noting AO, requesting not to abandon work intentionally.</p>	<ul style="list-style-type: none"> <li>If the Program-coverage exceeds or be under the target an explanation will be needed with the report.</li> <li>The total video show within 20 March 2010</li> <li>The total video show will be completed by YPSA within February 2010</li> </ul>	<p>20 March, 10</p> <p>Feb, 10</p>	<p>Every member of YPSA Consortium.</p>
Monitoring & Evaluation	<p>Mr. Shahjahan, M&amp; E specialist had discussed on performance, quality and proper monitoring system of the program.</p> <p>He requested everyone to follow checklist of LSE and VS during program visit.</p>	<ul style="list-style-type: none"> <li>Previously mentioned reporting formats have to be followed until getting a new format regarding LSE and video show from MA.</li> <li>Visiting reports must be provided as per date if anybody of consortium members visits any program at any garments. It is also mandatory for the visitors to compile all the reports( in a single sheet ) and send it to M &amp; E specialist at the end of the month.</li> <li>Quality Indicator for the</li> </ul>		<p>All staff of YPSA Consortium</p>

		LSE and Video show has to maintain during program implementation.		
Idea sharing on Take whom materials, Video show & audio producing	Audio and video cassettes are to be designed focusing the real facts and life style of respective community. The Video “Naika” and “Shireee” showed beforehand could not attract much attention of the garment workers. For this reason, many audiences had avoided watching our video show till the end. So it is important to produce new TM, VCD and Audio cassette for our target people. A detailed discussion was initiated by Prog & Tech. Specialist- Material Development & Documentation of GFATM 912 about the issue.	<ul style="list-style-type: none"> <li>A brain storming session/workshop can be conducted with the Associate Program Officers, Program Officers, and Program Managers who are directly engaged in program implementation for knowing the likings &amp; disliking of the GWs regarding the topics.</li> <li>Preparation has to be taken by us so that the exhibition can be started within the next June 2010. For this, a prior approval also will have to be taken from MA, so that work could be completed in time.</li> </ul>	By March '10	Mr. Akbar Reza, Prog & Tech. Specialist- (Material Dev & ocumentation)
AOB: Job Description( Program Officer, SKUS)	The reason of not submitting of job description in time was wanted to know from PO of SKUS. In reply a job description was demanded by him from PMU members. That was object to provide by SKUS authority to give job description to the PO of them. It was not exactly the responsibility of YPSA PMU Team.	<ul style="list-style-type: none"> <li>Job description has to be submitted within time to the PMU team of YPSA,</li> </ul>	Feb,10	PO, SKUS
Video Show	A detailed discussion was held on the problems in the field during video show session. It was found that in the same area different organizations are working. It was also observed that 30/35 people were accommodating in a congested drawing room in the community based video	<ul style="list-style-type: none"> <li>A prior coordination will have to be done by the Associate Organizations to fix the place about Video Show.</li> <li>The number of allowed people (20-35) for a video show was mentioned in M &amp; E tools 7.1. So audience should be</li> </ul>		YPSA,HASAB & SKUS

Case Study	<p>show. Sometimes load shedding creates severe problem. It was also observed that the audience don't watch the show completely and leave when the show is on.</p> <p>A detailed discussion was held on the importance of case study. The case study "Julekha, which was selected to publication for information to all.</p> <p>.</p>	<p>accommodated as per size and sitting capacity of the room.</p> <ul style="list-style-type: none"> <li>Shows can be arranged (but it should be duly informed to the concerned) considering the existence of load shedding in different area in different time.</li> <li>Participants should be motivated properly so that they do not leave the show while it is running and watching the show attentively.</li> <li>Any case study must be realistic. The other program team members will send the case study as per the same template.</li> <li>It was requested that all should send in a regular basis any heart rendering and real case study related to the program.</li> </ul>	On going With report	YPSA,HASAB & SKUS
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As there was no other subject left for discussion the meeting was called off by the Chairperson.

**Prepared by**

**Shyamashree Das**  
**MIS & Documentation Officer**  
**YPSA- GFATM # 912**

**Approved by**

**Khaleda Begum**  
**Team Leader**  
**YPSA- GFATM # 912**



**YPSA Consortium (YPSA, HASAB & SKUS)****Package Name: Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Industries, Package Number: GFATM-912****PMU- Partners Meeting Attendance sheet****Venue: Human Resource Development Center (HRDC) –YPSA,****Date: 17.01.2010**

<b>SL NO</b>	<b>Name of Participant</b>	<b>Organization</b>	<b>Designation</b>	<b>Signature</b>
1.	Hema Tanchangya	YPSA	A.P.O	Signed
2.	Farhana Parveen	HASAB	PO	Signed
3.	Dr. Bhagyadhan Barua	YPSA	Prog & Tech. Specialist Training & HS)	Signed
4.	Md. Mostafizur Rahaman	SKUS	PO	Signed
5.	Sovan Biswas	HASAB	Accountant	Signed
6.	Md. Abdul Matin	SKUS	Accounts Officer	Signed
7.	Susmita Chowdhury	YPSA	PO	Signed
8.	Masud Rana	YPSA	PM	Signed
9.	Akber Reza	YPSA	Prog & Tech. Specialist-MD&D	Signed
10.	Khaleda Begum	YPSA	Team Leader	Signed
11.	Md. Gias Uddin	HASAB	Representative of Focal Person	Signed
12.	Nazmul Barat Rony	YPSA	PO	Signed
13.	Mahiuddin Hafiz	YPSA	Prog & Tech. Specialist (LSE & Advocacy)	Signed
14.	Md. Shahjahan	YPSA	M& E Specialist	Signed
15.	Shyamashree Das	YPSA	MIS & Documentation Officer	Signed
16.	Md. Tawhid Murad	YPSA	A.P.O	Signed
17.	Palash Chowdhury	YPSA	Director (Finance)	Signed
18.	Roksana Begum	YPSA	Manager- Finance	Signed
19.	Md. Arifur Rahman	YPSA	CE	Signed
20.	Md. Mahbubur Rahman	YPSA	Director( Field Operation)	Signed

## **Annex-5 (Questionnaire of Progress Assessment of Workplace Intervention):**

# **Expanding HIV prevention in Bangladesh**

**Providing Primary Prevention of HIV & Risk Reduction through Work-place  
Interventions in Garments Industries**

## **Progress Assessment of Workplace Intervention at Garment Factory**

### **QUESTIONNAIRE FOR GARMENT WORKERS**

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**YPSA Consortium (YPSA, HASAB, SKUS)**

**December 2011**

## সম্মতি পত্র গার্মেন্টকর্মীদের সাক্ষাৎকার

আমার নাম \_\_\_\_\_। আমি ইপসা কনসোর্টিয়াম এ কাজ করি। ইপসা কনসোর্টিয়াম (ইপসা, হাসাব এবং স্কাস) গার্মেন্টস কর্মীদের মাঝে STI এবং HIV/AIDS এর ঝুঁকিপূর্ণ আচরণ কমানোর লক্ষ্যে, সেভ দ্য চিলড্রেন (ইউএসএ) এবং বাংলাদেশ সরকারের স্বাস্থ্য বিভাগের সাথে যৌথভাবে কাজ করছে। গার্মেন্টস কর্মীদের মাঝে STI এবং HIV/AIDS বিষয়ক কার্যক্রমের মধ্যে অন্যতম হল জীবন দক্ষতা শিক্ষা (Life Skills Education) কার্যক্রম।

জীবন দক্ষতা শিক্ষা (LSE) কার্যক্রম বাস্তবায়নের মাধ্যমে গার্মেন্টস কর্মীদের মাঝে STI, HIV/AIDS এবং মাদক সংক্রান্ত জ্ঞানের ক্ষেত্রে কী পরিবর্তন হয়েছে (Progress Review) তা জানার জন্য আমরা চট্টগ্রামের কয়েকটি নির্দিষ্ট গার্মেন্টস ফ্যাক্টরীর কর্মীদের সাথে আলাপ শুরু করেছি। আমরা আপনাকে আমাদের একজন উত্তরদাতা হিসেবে নির্বাচিত করেছি কারণ আমরা মনে করি গার্মেন্টস কর্মীদের মাঝে জীবন দক্ষতা শিক্ষা কার্যক্রমের উন্নয়নে আপনার মতামত ও পরামর্শ খুবই গুরুত্বপূর্ণ ভূমিকা রাখবে। সাক্ষাৎকারটি শেষ করতে প্রায় ১০-১২ মিনিট সময় লাগবে। আপনি যদি অংশগ্রহণ করতে রাজি থাকেন তবে আপনাকে জীবন দক্ষতা শিক্ষা কার্যক্রমের অন্তর্ভুক্ত যৌনবাহিত সংক্রমণ, মাদক এবং HIV/AIDS বিষয়ে কিছু প্রশ্ন করবো।

এ সাক্ষাৎকারে অংশ নেয়া সম্পূর্ণ আপনার ইচ্ছার উপর নির্ভর করে। আপনি চাইলে যে কোন প্রশ্নের উত্তর প্রদান থেকে বিরত থাকতে পারেন বা সাক্ষাৎকারের যে কোন সময় আপনি নিজেকে প্রত্যাহার করে নিতে পারেন। এতে আপনার কোন ধরনের সমস্যা হবে না। সাক্ষাৎকারে সম্মতিদানের আগে বা পরে যে কোন বিষয়ে জানার জন্য আপনি প্রশ্ন করতে পারেন। সাক্ষাৎকারের পরেও যে কোন প্রশ্ন জানতে আপনি আমাদের সাথে যোগাযোগ করতে পারেন।

এই সাক্ষাৎকার হতে আপনি সরাসরি কোন সুবিধা পাবেন না। সাক্ষাৎকারে অংশগ্রহণের জন্য আপনাকে কোন অর্থ দেয়া হবে না। আপনার প্রদত্ত সকল তথ্য গোপন রাখা হবে। আপনার নাম কোন প্রশ্নপত্রে উল্লেখ করা হবে না। শুধুমাত্র মনিটরিং রিপোর্ট তৈরী করার জন্য এই তথ্য ব্যবহার করা হবে। সকল তথ্য নিরাপদ স্থানে রাখা হবে।

তথ্য সংগ্রহকারীর বক্তব্য :

“আমি নিম্ন স্বাক্ষরকারী সাক্ষাৎকার প্রদানকারীকে সাক্ষাৎকারে অংশগ্রহণের কার্যপ্রণালী, ঝুঁকি, সুবিধা এবং অসুবিধা তার পক্ষে বোঝা সম্ভব হয় এমন ভাষা ব্যবহার করে বুঝিয়েছি। এছাড়া তাকে এ বিষয়ে প্রশ্ন থাকলে তা উত্থাপন করতে উৎসাহ দিয়েছি এবং যথাযথ উত্তর দিয়েছি। তাছাড়া তার আরও কোন প্রশ্ন থাকলে তা জানার জন্য আমার সাথে যোগাযোগের ঠিকানা দিয়েছি। আমি এই মর্মে ঘোষণা করছি যে, সাক্ষাৎকার প্রদানকারী সবকিছু বুঝে স্বেচ্ছায় সাক্ষাৎকার প্রদানে রাজি হয়েছে।”

তথ্য সংগ্রহকারীর স্বাক্ষর

তারিখ

## FACE SHEET FOR GARMENT WORKER QUESTIONNAIRE

IDENTIFICATION	
RESPONDENT NUMBER:	
NAME OF FACTORY:	
DISTRICT: Chittagong	
UNION/WARD (as per Garments location): _____	
TYPE OF RESPONDENT: 1 = UNMARRIED MALE,  2 = UNMARRIED FEMALE  3 = MARRIED MALE,  4 = MARRIED FEMALE	
INTERVIEWER'S NAME	
SUPERVISOR	
NAME:	
DATE:	



FILTER QUESTION			
No.	QUESTIONS	PROBABLE ANSWER	SKIP
	আপনি হয়তো জেনে থাকবেন যে, গার্মেন্ট কর্মীদের এইচআইভি/এইডস এবং যৌনরোগ থেকে রক্ষা পেতে নির্দিষ্ট কিছু গার্মেন্ট ফ্যাক্টরীর কর্মীদের মাঝে এইচআইভি/এইডস এবং যৌনরোগ বিষয়ক জীবন-দক্ষতা শিক্ষা, ভিডিও প্রদর্শনী, টিয়েটার (নাটক), প্রজনন স্বাস্থ্য সেবা কর্মসূচী চালু করা হয়েছে। পিয়ার এডুকটরদের সম্পৃক্ত করে ফ্যাক্টরীর মধ্যে এই কর্মসূচী পরিচালিত হচ্ছে। আপনি কি এ ধরনের কর্মসূচী সম্পর্কে জানেন?	হ্যাঁ..... ১ না..... ২	END INTERVIEW

#### SECTION A: SOCIO-ECONOMIC AND WORKING CONDITIONS

No.	QUESTIONS	PROBABLE ANSWER	REMARKS
১	বর্তমানে আপনার বয়স কত? (পূর্ণ বছরে লিখুন)	বছর .....	
২	আপনি সর্বোচ্চ কত ক্লাশ পাশ করেছেন? ( সংখ্যা লিখুন, কোন ক্লাশ না পড়লে '০০' লিখুন)	শ্রেণী <input type="text"/> <input type="text"/>	
৩	আপনি কোন জেলার অধিবাসী?	জেলা .....	
৪	আপনি বর্তমানে কোথায় থাকেন?	স্থানের নাম .....	
৫	আপনি কত দিন যাবৎ গার্মেন্ট-এ কাজ করছেন? (মাসে লিখুন)	মাস .....	
৬	এই গার্মেন্ট ফ্যাক্টরীতে (বর্তমান) আপনি কত দিন যাবৎ কাজ করছেন? (মাসে লিখুন)	মাস .....	
৭	বর্তমান ফ্যাক্টরীতে আপনার পদবী কি ?	১. হেল্পার ২. অপারেটর ৩. পলি ম্যান ৪. ফোল্ডিং ম্যান ৫. আয়রন ম্যান ৬. কোয়ালিটি কন্ট্রোলার/ কোয়ালিটি ইনস্পেক্টর ৭. সুপারভাইজার ৮. অন্যান্য..... (নির্দিষ্ট করুন)	

#### SECTION B: KNOWLEDGE ABOUT HIV/AIDS, SEXUALLY TRANSMITTED DISEASE, DRUGS AND SAFE SEX BASED ON LSE SESSION, INTERACTIVE THEATER, VIDEO SHOW AND STI & SRH SERVICES

No.	QUESTIONS	PROBABLE ANSWER	REMARKS
১	আপনি বলেছেন যে, গার্মেন্ট ফ্যাক্টরীতে এইচআইভি/এইডস এবং যৌনরোগ বিষয়ক জীবন-দক্ষতা শিক্ষা সম্পর্কে জানেন। আপনি কি এ ধরনের কোন প্রশিক্ষণ/অনুষ্ঠানে উপস্থিত ছিলেন?	১. হ্যাঁ ২. না	

২	একজন কর্মীকে এইচআইভি/এইডস, যৌনরোগ সম্পর্কিত জীবন-দক্ষতা শিক্ষা বিষয়ক পরিপূর্ণ ধারণা দেয়ার জন্য ৪/৫ দিনের প্রশিক্ষণ হওয়ার কথা। আপনি কি বলবেন, নির্ধারিত এই ৪/৫ দিনের মধ্যে আপনি কয় দিন উপস্থিত ছিলেন? ( নির্দেশনা : সংখ্যা লিখুন। যদি না জানে তবে “০” লিখুন )	<div></div>	কত দিনের প্রশিক্ষণ ছিল তা এখানে লিখুন: <div></div>
৩	যদি ৪/৫ দিনের কম হয়, কেন আপনি সবগুলো সেশনে উপস্থিত ছিলেন না?	১. ঐ দিন অনুপস্থিত ছিলাম ২. অসুস্থ ছিলাম ৩. অবগত ছিলাম না ৪. কর্তৃপক্ষ সময় দেয় নি ৫. যোগ দেয়ার কথা ভাবিনি ৬. অন্যান্য..... (নির্দিষ্ট করুন )	
৪	সেশনগুলি কখন হতো?	১. দুপুরের খাবারের সময় ২. কাজের সময় ৩. অফিস ছুটির পর ৪. ছুটির দিনে ৫. অন্যান্য ..... (নির্দিষ্ট করুন )	
৫	আপনার কি মনে হয় কর্মক্ষেত্রে এইচআইভি/এইডস এবং যৌনরোগের শিক্ষা দেয়া উচিত?	১. হ্যাঁ ২. না	
৬	আপনি কি গার্মেন্ট ফ্যাক্টরীর জীবন-দক্ষতা শিক্ষা সেশন থেকে এইচআইভি সম্পর্কে কিছু শিখেছেন?	১. হ্যাঁ ২. না	
৭	কিভাবে এইচআইভি সংক্রমিত হয় বা ছড়ায় ? (নির্দেশনাঃ একাধিক উত্তরের জন্য উৎসাহিত করুন)	১. এইচআইভি/এইডস সংক্রমিত ব্যক্তির সাথে অরক্ষিত যৌন মিলন করলে ২. এইচআইভি/এইডস সংক্রমিত রক্ত গ্রহণ করলে ৩. জীবাণুমুক্ত সুই/সিরিঞ্জ ব্যবহার না করলে ৪. আক্রান্ত মা থেকে প্রসবের সময় এবং দুধ পানের মাধ্যমে ৫. ভুল উত্তর ৬. জানিনা/মনে নেই	
৮	কিভাবে এইচআইভি প্রতিরোধ করা যায় ? (নির্দেশনাঃ একাধিক উত্তরের জন্য উৎসাহিত করুন)	১. স্বামী বা স্ত্রী ছাড়া অন্য নারী বা পুরুষের সাথে যৌন মিলন থেকে বিরত থাকা ২. রক্ত নেয়ার আগে রক্তদাতার রক্তে এইচআইভি আছে কিনা তা পরীক্ষা করে নেয়া ৩. প্রতিবার ইনজেকশন নেওয়ার ক্ষেত্রে নতুন সুই, সিরিঞ্জ ব্যবহার করা ৪. এইচআইভি সংক্রমিত মায়েরা অভিজ্ঞ ডাক্তারের পরামর্শে সন্তান ধারণ ও শিশুদের দুধ খাওয়ানোর সিদ্ধান্ত নেয়া ৫. ভুল উত্তর ৬. জানিনা/মনে নেই	
৯	কিভাবে এইচআইভি সংক্রমিত হয় বা ছড়ায় এবং প্রতিরোধ করা যায় এসব বিষয় কি আপনি অন্যদের সাথে আলাপ করেছেন? যেমন-	১. স্বামী বা স্ত্রী ২. মা বাবা ৩. ভাইবোন ৪. বন্ধু বান্ধব ৫. সহকর্মী ৬. অন্যান্য----- (নির্দিষ্ট করুন ) ৭. আলোচনা করিনি	
১০	এইচআইভি/এইডস ছাড়াও এমন কিছু রোগ আছে যেগুলো যৌনমিলনের মাধ্যমে ছড়ায়। আপনি কি এইচআইভি/এইডস বাদে অন্য কোন যৌনবাহিত রোগের কথা শুনেছেন?	১. হ্যাঁ ২. না	
১১	আপনি কি কোন যৌনবাহিত রোগের নাম বলতে পারবেন?	১. সিফিলিস ২. গণোরিয়া ৩. ক্র্যামাইডিয়া ৪. জেনিটাল হার্পিস ৫. অন্যান্য----- ৬. জানি না	

১২	আমাকে বলুন তো, একজন ব্যক্তি কীভাবে যৌনবাহিত রোগে আক্রান্ত হয়? (নির্দেশনাঃ একাধিক উত্তরের জন্য উৎসাহিত করুন)	১. আক্রান্ত ব্যক্তির সাথে কনডম ছাড়া যৌনমিলন করলে ২. অনিরাপদ রক্ত গ্রহণ করলে ৩. আক্রান্ত মায়ের গর্ভ থেকে সন্তানে ৪. যৌনমিলনের সময় কনডম ব্যবহার না করলে ৫. যৌনকর্মীর সাথে যৌনমিলন করলে ৬. একাধিক সঙ্গীর সাথে যৌনমিলন করলে ৮. ভুল উত্তর ৭. জানি না ৮. অন্যান্য ..... (নির্দিষ্ট করুন )	
১৩	আমাকে বলুন তো, কী কী উপসর্গ ও লক্ষণ থাকলে আমরা বলতে পারবো একজন পুরুষ যৌনরোগে ভুগছেন? (নির্দেশনাঃ একাধিক উত্তরের জন্য উৎসাহিত করুন)	১. যৌনাঙ্গে পুঁজ নিঃসরণ ২. যৌনাঙ্গে ঘাঁ ৩. যৌনাঙ্গে চুলকানি ৪. যৌনাঙ্গে ক্ষত/ফোসকা ৫. প্রস্রাবে জ্বালাপোড়া ৬. কুঁচকি ফোলা ৭. অশ্বকোষ ফোলা/ব্যথা ৮. ভুল উত্তর ৭. জানি না ৮. অন্যান্য ..... (নির্দিষ্ট করুন )	
১৪	আমাকে বলুন তো, কী কী উপসর্গ ও লক্ষণ থাকলে আমরা বলতে পারবো একজন নারী যৌনরোগে ভুগছেন? (নির্দেশনাঃ একাধিক উত্তরের জন্য উৎসাহিত করুন)	১. তলপেটে ব্যথা ২. যৌনাঙ্গ হতে নিঃসরণ ৩. দুর্গন্ধযুক্ত নিঃসরণ ৪. প্রস্রাবে জ্বালাপোড়া ৫. যৌনাঙ্গে ঘাঁ/ফোলা ৬. কুঁচকি ফোলা ৭. সহবাসে ব্যথা ৮. যৌনাঙ্গে ক্ষত ৯. সহবাসের সময় রক্ত পড়া ১০. ভুল উত্তর ১০. জানি না ১১. অন্যান্য ..... (নির্দিষ্ট করুন )	
১৫	যৌনবাহিত রোগ কি প্রতিকার যোগ্য বা যৌনবাহিত রোগ কি ভাল হয়?	১. হ্যাঁ ২. না ৩. কিছু ভাল হয়, কিছু ভাল হয় না ৪. জানি না	
১৬	যদি একজন ব্যক্তি যৌনবাহিত রোগে আক্রান্ত হন তবে কার চিকিৎসা নেয়া উচিত - যিনি রোগে ভুগছেন শুধু তার অথবা তার সঙ্গীর, নাকি উভয়েরই?	১. শুধু আক্রান্ত ব্যক্তির ২. সঙ্গীর ৩. উভয়েরই ৪. জানি না/ নিশ্চিত নই	
১৭	আপনি কি জানেন, নিরাপদ যৌন কাজ বলতে কী বুঝায়?	১. হ্যাঁ ২. না	
১৮	আপনি কি নিরাপদ যৌনকাজের কয়েকটি উদাহরণ দিতে পারবেন? (নির্দেশনাঃ একাধিক উত্তরের জন্য উৎসাহিত করুন)	১. যৌনমিলনের সময় কনডম ব্যবহার করা ২. শুধু স্বামী/স্ত্রীর সাথে যৌনমিলন করা ৩. বিয়ের পর কেবল স্ত্রীর সাথে যৌনমিলন করা ৪. বিশ্বস্ত কারো সাথে যৌনমিলন করা ৫. যৌনকাজে বিরত থাকা ৬. একাধিক সঙ্গীর সাথে যৌনকাজে বিরত থাকা ৭. ভুল উত্তর ৮. জানি না ৯. অন্যান্য ..... (নির্দিষ্ট করুন )	
১৯	আপনি কি কখনো মাদকের কথা শুনেছেন?	১. হ্যাঁ ২. না	
২০	মাদক কি ক্ষতিকর?	১. হ্যাঁ ২. না	

২১	কোন ধরনের মাদকে এইচআইভি সংক্রমণের ঝুঁকি বেশী?	১. ইনজেকশনের মাধ্যমে মাদক গ্রহণ (প্যাথেন্ডিন, টিডিজেনসিক...) ২. স্বাস্থ্যের মাধ্যমে মাদক গ্রহণ (গাজা, আফিম, হেরোইন...) ৩. জানি না ৪. অন্যান্যভাবে গৃহীত মাদক (উল্লেখ করুন-----)	
২২	আপনি কি এইচআইভি সচেতনতার উপর তৈরী ভিডিওটি দেখেছেন?	১. হ্যাঁ ২. না	
২৩	হ্যাঁ হলে আপনি এর থেকে কী জেনেছেন	১. এইচআইভি কিভাবে ছড়ায় ২. এইচআইভি কিভাবে ছড়ায় না ৩. কিছুই শিখি নাই ৪. মনে নেই	
২৪	আপনি কি এইচআইভি সচেতনতার উপর তৈরী টিয়েটারটি (নাটকটি) দেখেছেন?	১. হ্যাঁ ২. না	
২৫	হ্যাঁ হলে আপনি এর থেকে কী জেনেছেন	১. এইচআইভি কিভাবে ছড়ায় ২. এইচআইভি কিভাবে ছড়ায় না ৩. এইচআইভি আক্রান্ত ব্যক্তির সাথে কিভাবে ব্যবহার করতে হয় ৪. কিছুই শিখি নাই ৫. মনে নেই	
২৬	আপনি কি প্রজনন স্বাস্থ্যের উপর ইপসা কতৃক দেয়া স্বাস্থ্য সেবা গ্রহণ করেছেন?	১. হ্যাঁ ২. না	
২৭	হ্যাঁ হলে আপনি কি কোন ঔষধ পেয়েছেন?	১. হ্যাঁ ২. না	
২৮	স্বাস্থ্য সেবা আপনার কোন কাজে এসেছে?	১. রোগ ভাল হয়েছে ২. ১মবার ভাল হয়নি ২য়বার ভাল হয়েছে ৩. রোগ ভাল হয়নি ৪. সেবা ভাল লাগেনি	
২৯	আপনি কি কোন বুকলেট (একজন মানুষের গল্প) পেয়েছেন?	১. হ্যাঁ ২. না	
৩০	হ্যাঁ হলে আপনি এটা কী করেছেন	১. নিজে পড়েছি ২. অন্যকে দিয়ে পড়ে নিয়েছি ৩. পড়ি নাই ৪. রেখে দিয়েছি ৫. ফেলে দিয়েছি	
৩১	যদি পড়ে থাকেন তাহলে তা থেকে কী বুঝতে পেরেছেন?	১. কীভাবে এইচআইভি ছড়ায়, ছড়ায় না এবং প্রতিরোধ করা যায় ২. যৌন রোগের কারণ ও প্রতিকার ৩. কিছুই বুঝি নাই	
৩২	আপনি কি বাড়িতে নিয়ে যাওয়ার জন্য কোন উপকরণ পেয়েছেন (টেক হোম ম্যাটারিয়ালস /ক্যালেন্ডার)?	১. হ্যাঁ ২. না	
৩৩	আপনি কি উপকরণটি/গুলো পড়েছেন?	১. হ্যাঁ ২. না	
৩৪	উপকরণটি/গুলো থেকে কী বুঝতে পেরেছেন?	১. কীভাবে এইচআইভি ছড়ায়, ছড়ায় না এবং প্রতিরোধ করা যায় ২. বুঝতে পারিনি	

সময় দেয়ার জন্য ধন্যবাদ জানিয়ে সাক্ষাৎকার শেষ করণ।