

ANNUAL REPORT

2016-17



Health Sector

Dhaka Ahsania Mission



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Acronyms and Definitions

AMIC	Addiction Management and Integrated Care
ARV	Antiretroviral drug
BCC	Behavior Change Communication
BDHS	Bangladesh Demographic and Health Survey
BRAC	Bangladesh Rural Advancement Committee
BROA	Bangladesh Restaurants Owners Association
CBT	Cognitive Behavioural Therapy
CRHCC	Comprehensive Reproductive Health Care Centre
DAM	Dhaka Ahsania Mission
DIC	Drop in Center
DNC	Department of Narcotics Control
DGHS	Directorate General of Health Services
DGFS	Directorate General of Family Planning Services
DOT	Directly observed treatment
DOTS	The internationally recommended strategy for TB control
ESD	Ensuring essential service delivery
FDTCT	Female Drug Treatment Centre
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
HNPSP	Health Nutrition and Population Sector Development Programme
HRD	Human Resource Development
ICDDR,B	International Center for Diarrhoea Disease Research
MDR-TB	Multidrug-resistant TB
MDG	Millennium Development Goal
MOHFW	Ministry of Health and Family Welfare
NGO	Non-governmental organization
NASP	National AIDS/STD Programme
NTP	National Tuberculosis Control Programme
PHCC	Primary Health Care Centre
RH	Reproductive Health
SDG	Sustainable Development Goal
STI	Sexually Transmitted Infection
TC	Therapeutic Community
TB	Tuberculosis
UPHCSDP	Urban Primary Health Care Service Delivery Project
UNODC	United Nations Office on Drugs and Crime
UNICEF	United Nations Children's Fund
UNAIDS	United Nations AIDS
UNFPA	United Nations Fund for Population Activities
UPHCP	Urban Primary Health Care Project
USAID	United States Agency for International Development
USG	United States Government
WB	World Bank
WHO	World Health Organization



MESSAGE OF PRESIDENT

I am pleased to present the first-ever Health Sector Annual Report 2016-17 of Dhaka Ahsania Mission. It provides an overview of our work; and highlights the achievements, challenges and the contributions in this sector. The Report primarily focuses on the performance and progress of the interventions, over the past year, in respect of Drug Treatment and Rehabilitation Program, Primary Health Care Program, TB Control Program, Tobacco Control Program, ENRICH Program, Drop-in Center, SHOUHARDO Program and the Interventions for Prisoners and Children Drug Users.

We are committed to change - with a greater focus on holistic care - to strengthening of our systems and to better integration of services. We would strive to continue developing respectful and effective partnerships with our patients/clients, communities and others concerned, so that all of us are ensured the support and care we need for a healthy life.

We are overwhelmed with the cooperation and support we received from different government offices, national and international NGOs, donors, voluntary organizations and kind-hearted individuals. We express our heartfelt thanks and deepest gratitude to all of them; and hope they would continue to support us in the years to come.

The commitment, loyalty and dedication of the Mission staffs deserve our highest commendations. We firmly believe, our successes in the past year will add additional energy to carry the flag of the Mission everywhere. As I always say, we have a Dream - the dream of salvaging humanity from all kinds of ills, shackles and sufferings. It will warrant our strong determination, selfless dedication and tireless efforts to realize it. I strongly believe, our colleagues in the Mission will put their best efforts to materialize the dream.

Kazi Rafiqul Alam

President

Dhaka Ahsania Mission



EXECUTIVE DIRECTOR'S NOTE

Towards serving the humanity Health is a core sector of services in Dhaka Ahsania Mission (DAM) along with other two core sectors, Education and Economic development. The key focus of the sector remains around the primary health care services based on the national expanded Essential Service Delivery (ESD+) package. Along with that, Addiction Management and Integrated Care commonly known as AMIC become a flagship health sector service of DAM covering prevention, treatment and rehabilitation components.

In the 10-year strategic direction of DAM (2015-25), the health sector set a number of innovative and priority targets to reach the target clientele across the communities with particular attention to reach the unreached adhering the spirit of SDGs. These include expansion of NCD (non-communicable diseases) care programmes, mental health, hypertension, cancer, etc. and also expanding preventive and curative services through e-health, m-health across the DAM service areas.

In the above backdrop, it is quite appreciating that the health sector team took the initiative to publish the Health Sector Annual Report 2016-17 of DAM. This is first time that DAM is producing the sector annual report. The report provides an account of progress and challenges of the years under report, lessons learnt and future insights for moving forward in line with the organizational strategic directions. This is a precise documentation of

major activities, programs and achievements undertaken by different project teams and health sector institutions, providing diverse services in both rural and urban settings, in remote and strategic locations like coastal zones and prisons.

I would like to thank all those who contributed to the health sector in performing so good during reporting period. As we look over the first Health Sector Annual Report, let us learn from the challenges we have faced and the successes we have achieved.

Finally, I extend my sincere thanks to the President and the Directors, Programmes of DAM for their kind guidance and support; special congratulations to the Head, Health Sector of DAM for the endeavour in preparing and publishing this report. I also wish to place on record my appreciation and grateful thanks to the development partners, the sector team and other concerned personnel who contributed to the achievement so far and looking forward to work together in the coming days.

Dr. M. Ehsanur Rahman
Executive Director,
Dhaka Ahsania Mission



EDITOR'S NOTE

Health is one of the core sectors of Dhaka Ahsania Mission (DAM). It is clear that the magnitude of the activities of DAM Health Sector is increasing day by day. The sector is dedicated to providing primary and mental healthcare as well as drug treatment and rehabilitation services to clients. At the same time, it implements tobacco control programme and prevents the spread of communicable and non-communicable diseases. The sector's dedicated work has already earned reputation both at home and abroad for its excellent quality. DAM has already won the Bangladesh government-recognised Best Award of the Year for its outstanding contributions in drug treatment and rehabilitation.

The main focus of DAM's primary healthcare service is attainment of both qualitative and quantitative service delivery based on nationally expanded Essential Services Delivery (ESD+) packages. It is playing a pivotal role for ensuring primary healthcare service to the urban poor. Meanwhile, the degree of drug abuse continues to increase in Bangladesh whereas drug treatment and management service is yet to reach accessibility, especially to the exposed people. Without sustainable intervention in the areas, the impact of the problem will keep on affecting the people to a greater extent in the days ahead. Since its inception, DAM Health Sector stresses on creating awareness and policy advocacy for tobacco

control. The sector has also been providing treatment and awareness creating services on communicable diseases like tuberculosis and non-communicable diseases like cancer, diabetes and hypertension etcetera which is highly commendable and sets a rare example.

We express our heartfelt thanks and gratitude to all who had always been supportive to our initiatives. We specially convey our gratefulness to donors, government, sponsors, collaborative partners, Health Sector team members, our clients and family members for their wholehearted support. The entire team of DAM Health Sector worked hard to bring out this report containing brief accounts of the sector's endeavours and achievements.

We hope our collective efforts in collaboration with other stakeholders will bring a better future for the next generation by reducing tobacco use and substance abuse-related harms and through expansion of facilities for treatment of communicable, non-communicable and mental health diseases as well as related healthcare services.

Iqbal Masud
Head of Health Sector
Dhaka Ahsania Mission

Health Sector Strategy

Introduction

Dhaka Ahsania Mission (DAM) is one of the major non-governmental organisations (NGOs) in Bangladesh. Hazrat Khan Bahadur Ahsanullah (pbuh) established DAM in 1958 with the motto of Divine and Humanitarian Services. Over the last 58 years, DAM contributed immensely in different fields, including health, education, human rights, poverty alleviation, livelihood and climate change etc. DAM has also developed its strategic plan for 2015-2025. As per plan, health is one of its core sectors. During the period from January 2016 to June 2017, many activities were materialised under different projects/institutions of the health sector. This report briefly narrates the major activities/ interventions and achievements thereof.

Development of Health Sector Strategy Paper

The Health Sector Strategy Paper was developed during the aforesaid period. A five-day review and planning workshop was held at Kuakata in Patuakhali in this connection from 16-20 January, 2016. The document of health sector's 10-year strategic plan from 2016 to 2025 is meant for increasing access to health services. While preparing the document, the working team took into consideration the context of health in Bangladesh, including the objectives of MDGs and SDGs. The main objective of the health strategy is to reduce the risk of health for improvement of quality of life and livelihood. In the strategy development process, initiatives of the Bangladesh government, DAM founder's concern over public health and thoughts of DAM strategy plan (2015-2025) and sectoral strategy paper on health



were considered. Different aspects were also considered for development of sectoral strategy paper on health, including the health context of Bangladesh, excellence and track record of DAM relating to health issues, DAM's programmatic approach and targeted population etc. It also includes programme coordination among DAM's inter-divisional or inter-sectoral programmes and their monitoring mechanism.

As per DAM Health Sector Strategy Paper, following priority areas were identified for next decade:

Ensuring Essential Service Delivery (ESD+) Package for Women and Children through Field- Based Programmes and Institutional Services (Hospitals and Maternity Centres etc.)

- Maternal Health Care
- Population and Family Planning Service
- Neonatal Care
- Child Health Care
- Reproductive Health Care, including STD and RTI
- Nutrition

Extension of Prevention and Curative Services for Communicable Diseases

- Prevention of STI, HIV & AIDS
- Prevention of Water- borne Diseases
- Prevention of Hepatitis and TB

Scaling up Addiction Management Treatment Services and Preventive Programmes for Substance and Tobacco Use

- Treatment of Substance Use Disorder (SUD)
- Prevention Programme of Substance Use
- Tobacco Control Programme

Strengthening Non-Communicable Diseases (NCD) Care Programmes

- Prevention of Cancer
- Prevention of Hypertension
- Prevention of Diabetics

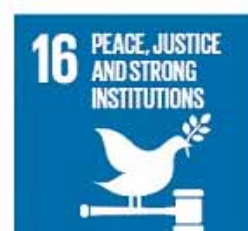
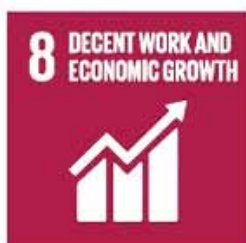
Prevention of Death and Injury from Road Accidents

- Policy Advocacy
- Awareness Programme

Strengthening Treatment and Promoting Mental Health

- Establish Counselling Centre
- Awareness Programme
- Policy Advocacy
- IEC Materials Development
- Capacity Development

Sustainable Development Goals (SDGs) set some targets under its Ensure Healthy Lives and Promote Well-being for All at All ages goal. (Goal no-03) which are reflected in the health sector strategy paper.



Primary Health Care

Urban Primary Health Care Service Delivery Project (UPHCSDP), Uttara, Dhaka

Dhaka Ahsania Mission has been implementing Urban Primary Health Care Service Delivery Project (UPHCSDP) since January 2013. 'Shebar Alo Sobar Kachhe' is the motto of this project. The project goal is to improve health status of urban population, especially of the poor, through improving access to and utilisation of efficient, effective and sustainable Primary Health Care (PHC) services. DAM delivers Primary Health Care service based on National Expanded Essential Service Delivery package through satellite clinics, Primary Health Care Centres and Comprehensive Reproductive Health Care Centres having proper OT facilities with the help of full-time specialist physicians (gynaecology and obstetric), child consultants, medical officers, skilled nurses and paramedics.

During January 2016 to June 2017, 10 percent more people got service than that of previous year. During the period, a total of 7,50,781 people received service under this project. Of them, 4,87,544 were women, 1,68,917 men and 94,323 children.

Maternal Healthcare

During reporting period, 46,631 people received maternal healthcare service. 1,304 normal deliveries and 747 cesarean deliveries were done under the project. Of them, 291 deliveries were done free of cost. Of 531 cesarean deliveries, 170 patients received full free service. Moreover, 15,908 people got post-natal healthcare service and 1,136 others menstrual healthcare service. 123 women received post-abortion healthcare service and 8,104 women were inoculated (TT vaccine).





Dhaka Ahsania Mission (DAM) is one of the vital partners of Dhaka North City Corporation (DNCC) and it renders services to the citizens on various health issues through its Addiction Management and Integrated Care (AMIC) unit. It specially renders primary healthcare service and implements EPI and tobacco control programme. Presently DAM provides healthcare services to the vast population of Uttara. It successfully provides maternal and child healthcare, safe delivery, adolescent healthcare and family planning services to them.

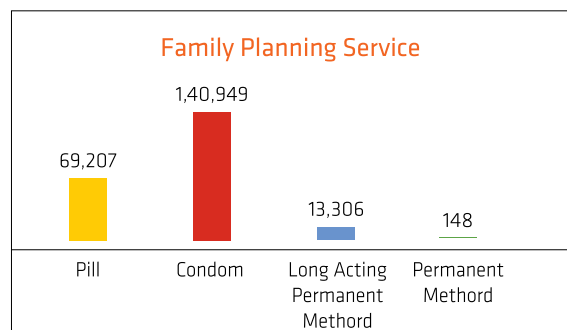
I wish every success of DAM in the coming days.

Brig. Gen. S M M Saleh Bhuiyan
Chief Health Officer
Dhaka North City Corporation



Population and Family Planning Service

Family Planning is one of the important features of our service. During reporting period, 53,073 couples received family planning service. Of them, 11,959 women got service through injectable method. 110 couples got service through NSV method, while 56,097 others were served with oral pills and condoms. During the period, 69,207 oral pills and 1,40,949 pieces of condoms were distributed among the couples.



Neonatal and Child Healthcare Service

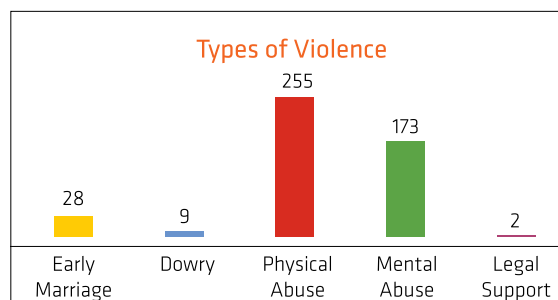
DAM's UPHCSD Project rendered neonatal and child healthcare service to people from primary healthcare centre and reproductive comprehensive healthcare centre. Counselling was provided to the guardians about care of neonatal, exclusive breast feeding and ARI etc. Under the project, primary healthcare, neonatal

and paediatric services were rendered to the needy. A total of 96,493 children aged one to 59 months and 10,015 children of various ages received neonatal and child healthcare service.

Limited Curative Care Service

Basic first aid for common injuries; general treatment and emergency medical treatment were given to patients under PHCC and CRHCC. UPHCSDP rendered limited curative care service to 1,04,121 people during reporting period.

Violence Against Women



A total of 998 patients fell victim to violence against women during January'2016 to June'2017. Most of the incidents (both mental and physical) have been shown in graph.

Case Study

Thirty-eight years old Shapna is a member of the User Forum of Urban Primary Health Care Service Delivery Project (Uttara, Dhaka) being implemented by DAM. She encourages people to take service from Nagar Sastho Kendro and Nagar Matri Sadan.

She receives service from Urban Primary Health Care Service Delivery Project since 2014. She revealed that her first baby had died during home delivery. Being scared of hospital, she got delivered her second child at home.

However, she came to know about Nagar Sastho Kendro when DAM's field workers visited her house to motivate her to take service from there. Accordingly, she underwent treatment at Nagar Sastho Kendro at an affordable cost. Finally, she decided to get delivered her next child at Nagar Matri Sadan. She regularly visited Nagar Sastho Kendro for her antenatal care, post-natal care, neonatal care, family planning and EPI service as well as related services. She used to take necessary advice from the physicians of Nagar Sastho Kendro. Now, all of her family members come to Nagar Sastho Kendro for treatment.

She promotes Nagar Sastho Kendro saying primary, maternal, neonatal care and family planning services are provided to people at the centre where medicine is available and essential diagnostic tests can be done. Receiving essential services at a single place, she feels happy.

Reproductive Healthcare Service

Reproductive Healthcare Service is another major activity under the ESD+ package. A total of 17,885 patients got reproductive healthcare service under the project. During the period, 51 camps were organised and 2,112 patients were screened through Visualize Inspection Method by acetic acid for cervical cancer. Positive signs of cervical cancer were detected among 21 patients.

Adolescent Care

Adolescent healthcare is an important issue. TT vaccination, free iron tablet distribution and blood grouping were conducted under the programme. Counselling and awareness sessions were organised. During the period, 19,177 adolescents received healthcare service. Besides, 34 awareness sessions were also organised. As many as, 7,470 adolescents received TT vaccine and 4,163 others got treatment of anemia.



Nutritional Service

A range of services were provided to mothers, children and adolescents through nutritional counselling. It was done to prevent malnutrition and ensuring food supplement. Based on BMI findings, service was provided to them. Growth monitoring chart was also prepared for children aged under-five. Earlier, 1,294 malnourished mothers and 1,092 malnourished children were identified. Nutrition supplements were distributed to 2,245 women and 2,618 children under UPCSDP. A total of 23,658 children's growth monitoring was done.

EPI Service and NID Programme

Expanded Programme on Immunisation (EPI) and National Immunisation Programme (NID) are important parts of child healthcare. National Vitamin A Campaign and De-worming Week were observed in a befitting manner. As many as, 1,11,997 children brought under EPI and 1,01,298 children were served under De-worming campaign.

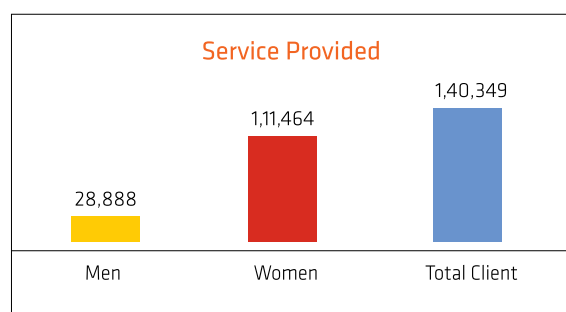
Diagnosis Service

There are pathological laboratories in PHCC and CRHCC where patients rush for various tests. Promotional lab camps were held at different schools and RMG units. During the period, 140 camps were organised in the working area. A total of 33,936 people rushed for pathological tests. Of them, 12,459 were given got full-free service.

Free Service for Red Card Holder

The project provides at least 30% full free service among each component. The project served 71,175 household except high rise buildings. Among these, project distributed 16,956 health entitlement cards to poor people these card is called by Red Card. The card holder and his family member gets all service full free. In reporting period 1,79,880 got services among red card holder and their family in all component. Like- conducted 669 deliveries without cost, in diagnostic services 12,459 card holder get full free services, in MR 444, in Neonatal Care 3,720, in minor infection 37,175 card holder get full free services.

Urban Primary Health Care Services Delivery Project (UPHCSDP), Comilla



DAM has been implementing the Urban Primary Health Care Service Delivery Project (UPHCSDP) in Comilla City Corporation area since January, 2013. The project motto is "Shebar Alo Sobar Kachhe." The project goal is to improve health status of urban population, specially the poor. It is being implemented through improved

access to healthcare service following proper utilisation of efficient, effective and sustainable Primary Health Care (PHC) service. DAM delivers primary healthcare service based on national expanded essential service delivery package through satellite clinic, Primary Health Care Centre (PHCC) and Comprehensive Reproductive Health Care Centre (CRHCC). The clinics and centres are equipped with OT facility having full-time specialist physicians (Gynaecology and Obstetrics), child consultants, medical officers, skilled nurses and paramedics. During January 2016 to June 2017, 22 percent more people took service from the clinics and centres than that of previous year. The total population in the working area is 2,00,925. During reporting period, 1,40,349 people received healthcare



Urban Primary Health Care Service Delivery Project of Dhaka Ahsania Mission (DAM) has been providing primary healthcare service to the city dwellers of Comilla City Corporation (CCC). DAM is playing an important role in ensuring healthcare service to the Comilla city dwellers at free of cost or at affordable cost. DAM provides counselling support to pregnant women. It also renders treatment to them. Healthcare services like child delivery, family planning and post-natal care to mothers are also rendered by DAM. Child immunisation and other healthcare services are rendered to people under the project. DAM also provides nutritional and healthcare services to Comilla city dwellers.

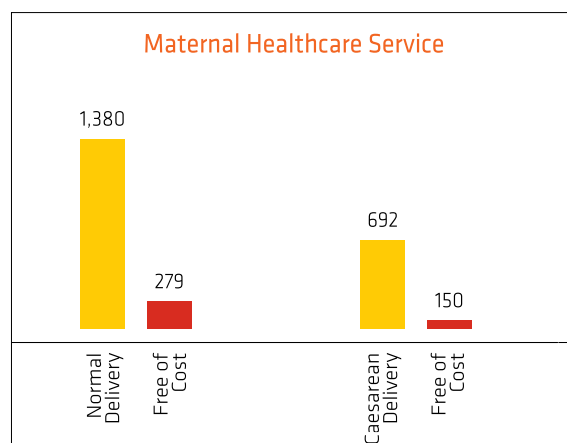
I wish every success of DAM.

Anupam Barua
Chief Executive Officer
Comilla City Corporation



service under the project. Of them, 1,11,461 were women, 28,888 men.

Maternal Healthcare Service

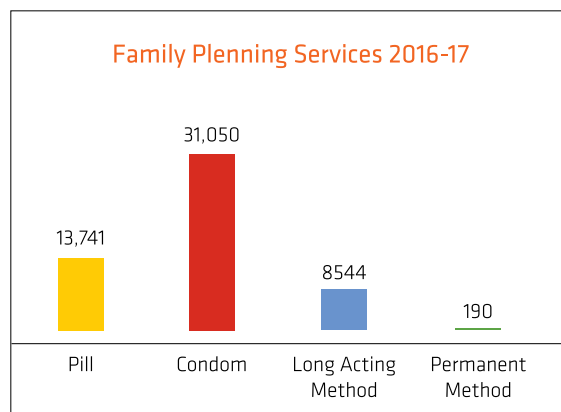


During reporting period, 30,680 people received maternal healthcare service. Besides, 1,380 normal and 692 caesarean deliveries were performed and 279 normal and 150 caesarean deliveries were done at free of cost. Meanwhile, 7,124 patients received post-natal care service and 2,222 others got menstruation care service. Moreover, 24 others received post-abortion care

service while 5,089 women were vaccinated TT vaccine under the project during the reporting period.

Population and Family Planning Service

Family Planning is one of the important features of our service. During reporting period, 48,036 couples received family planning service. Of them 7,062 women were treated through injectable method, 190 through IUD, 654 through Implanon, 103 through tubectomy and 55 through NSV method. As many as, 8,705 couples got oral pills and condoms.



Neonatal and Child Health Care Service

DAM's UPHCSD Project renders neonatal and child healthcare service to people from its primary healthcare centre and comprehensive reproductive healthcare centre. Under this component, counselling on neonatal care, exclusive breast-feeding and ARI etc was organised for guardians. Primary healthcare service, neonatal care and necessary treatment were rendered to children. As many as, 28,332 children aged one to 59 months and 3,219 other children received neonatal and child healthcare service during reporting period.

Limited Curative Care Service

Basic first aid for common injuries; general treatment and emergency treatment were rendered to people at PHCC and CRHCC. During reporting period, limited curative care service was provided to 49,391 people under the UPHCSD Project.

Violence against Women

A total of 1,259 victims registered incidents

of violence against women within a period from January, 2016 to June, 2017. Most of the incidents of physical and mental violence were shown in graph.

Reproductive Healthcare Service

Reproductive healthcare service is another important activity under the ESD+ package. A total of 7,551 patients received reproductive healthcare service. Ten health camps were organised under the project. Screening of 209 patients was done through VIA (Visualize Inspection Method with Acetic Acid) for detection of cervical cancer. Positive signs of cervical cancer were detected among nine of them.

Adolescent Healthcare Service

Adolescent healthcare is an important issue. TT vaccination, free iron tablet distribution and blood grouping were done as part of its service. Counselling and awareness sessions were organised as part of its service. During reporting period, 17,399 adolescents received healthcare service and 12 awareness sessions were organised. As many as, 3,205 adolescents were



Dhaka Ahsania Mission is providing primary healthcare service to the city dwellers of Comilla City Corporation (CCC) under its Urban Primary Health Care Service Delivery Project. DAM is playing an important role in ensuring healthcare services to the Comilla city dwellers under the project at free of cost or at affordable cost. I received anti-natal, delivery service, post-natal service and family planning service under the project at free of cost. My children too were vaccinated under the project. Now, I am leading a healthy life. I am grateful to DAM for providing me with low cost treatment facilities. Urban poor people are lucky enough to get DAM's healthcare service at an affordable cost.

I wish every success of DAM Health Sector.

Israt Jahan Popy
Munsef Quarter,
Bhat Para, Comilla



vaccinated (TT vaccine), while 2,920 patients suffering from anemia underwent treatment.



Nutritional Service

A range of services like nutritional counselling, prevention of malnutrition and ensuring food supplementation for mothers, children and adolescents based on BMI findings as well as growth monitoring chart for underfive children were rendered to people. During reporting period 1,587 malnourished mothers and 1,577 malnourished children were identified and nutrition supplements were distributed. Growth monitoring of 2,698 children was also conducted during the period.

EPI Service and NID Programme

Expanded Programme on Immunisation (EPI) and National Immunisation Programme (NID) are important features of child healthcare service. During reporting period, National Vitamin A Campaign was held and De-worming Week was observed in a befitting manner. A total of 5,11,32 children were brought under EPI and 32,019 children were served during de-worming campaign.

Diagnosis Services

There is a pathological laboratory at every PHCC and CRHCC and different tests are conducted there. Promotional lab camps were organised in different schools and garment factories to render service to people from all walks of life. This year, 10 health camps were organised in the

working area. A total of 14,400 people thronged the camps for pathological tests and other tests. Of them, 2,160 were lucky enough to get full-free service.

Behavior Change Communication (BCC)

BCC activities were performed at community level. Health education sessions, weekly group meeting and quarterly satellite support group meeting were organised at every satellite centre.

Observance of Family Planning Week

Two family planning weeks were observed within a period from 14 to 19 May and 12 to 17 November 2016. During the period, seven camps were organised for new couples, eligible couples and rickshaw pullers so that they adopt long-lasting permanent family planning measures. Awareness creating sessions were also held for them. A meeting was organised with adolescent groups for disseminating demerits of early marriage.

Service Week

With a view to promoting service being rendered under the project, a six-day Service Week was observed at CRHCC from 23 to 28 April, 2016. In observance of the week, breast cancer screening was conducted and diet counselling was done for underweight and overweight mothers, children and patients suffering from diabetes.

School-based awareness programme

Adolescence is a period of attainment of maturity from childhood when physical, psychological and social maturation happens. Adolescents complete their physical, psychological and emotional journey to adulthood in a world that contains both opportunities and dangers. Adolescents are at risk of early and unwanted pregnancy. They are not aware of contraceptive measures and teenage pregnancy which results in increased morbidity and mortality. To create awareness UPHCSDP organised 21 school-based awareness programme in the different schools in the working area. In these programmes the project staff informed them about their personal hygiene, advantage

of immunization/TT, adolescent health, gender issue, early marriage, RTI/STI and HIV/AIDS, types violence, physical and mental change at this stage. Counselling on sexuality, safe sex, menstruation, special nutrition, hygiene, TT vaccination; reducing early marriage, pregnancy; high risk behaviors, psychological issues, gender issues was given to girls and boys.

Staff Training

As part of capacity building different trainings were organised under UPHCSDP. The subjects were- BCC marketing, training on quality service at health care centre, EPI, family planning counselling, neonatal care, first aid and emergency management. UPHCSDP staff also participated in trainings organised by Project Management Unit (PMU). The trainings were clinical contraception tubectomy & NSV HIV/AIDS and RTI/STI case management, Cervical Cancer screening based on VIA test, PAC etc.

Free Service for Red Card Holder

This project has a provision to provide at least 30% full-free service to each component. A total of 68,406 households exist in the working area of UPHCSDP, Comilla. The project served 45,084 households excepting households living in high rise buildings. Of them 15,995 were red card holders. The red card holders and their family members received free treatment in all components. This year, red card holders received 217,521 services in different components. Some mentionable services are child delivery, diagnostics services, MR and neonatal care, etc. During the reporting period, the project conducted 906 normal deliveries, 532 MR, 1957 neonatal care. Besides, 7,997 card holders received free services, diagnostics services while 7,997 card holders received free minor infection services.



Every Last Child Project

SIDA Local to Global Every Last Child Project was launched on 1st January, 2016 and wrapped up on 31st December, 2016. The project purpose was to create awareness on reduction of child mortality rate, importance of prevention of child mortality giving emphasis on pneumonia, diarrhoea, child marriage and drowning. Ensuring equality in health service and spreading its benefits across the regions was also its purpose. Another purpose of the project was to motivate the government to formulate relevant policies and practices for reducing child mortality rate. The project was implemented in Moulvibazar and Sylhet districts. During its implementation, following were the key partners/stakeholders

- Bangladesh Pediatric Association
- Alokito Bangladesh (DAM Media Partner)

Following programmes were implemented during reporting period:-

Organising Meeting with School Management Committee and Teachers for Disseminating Information on Pneumonia, Diarrhoea, Drowning & Child Marriage for Creating Awareness

During reporting period, a total of three meetings were organised with the school management committee (SMC) and teachers. Youth leaders organised the meetings at Gowainghat, Jayantapur and Kulaura. A total of 81 school committee members and teachers were present in the meetings.



Development of Youth Leaders & Providing ToT on Pneumonia, Diarrhoea, Drowning and Child Marriage

During report period, a total of three Training of Trainers (ToT) were organised for youth advocates. Ninety youth advocates participated. Following participation in ToT, knowledge on diarrhoea, pneumonia, child marriage, drowning and premature death increased significantly. The capacity of message dissemination and information-sharing also increased considerably.

Echo Training for Peers

During reporting period youth leaders organised 17 Echo training courses in various schools for peers aiming to create awareness on public health. A total of 622 students from different high schools took part in the training sessions.

Public Hearing on Child Marriage

During reporting period, four public/citizen hearing meetings were organised. There 105 local government officials, upazilla health and family planning officers, Union Parishad chairmen and members, Imams, teachers, journalists, doctors, nurses, students' guardians, healthcare providers, community volunteers, local elite and members of law enforcement agencies took part.

The meetings were held at Kulaura, Moulvibazar, Gowainghat & Jayantapur in Sylhet within a period from May 19, 2016 and June 1, 14, 16, 2016. Upazilla Vice Chairman Md. Fazlul Haq Khan, Upazilla Vice Chairman Nehar Begum, Bhukshimoil Union Chairman Md. Azizur Rahman, Secondary Education Officer Md Jahidur Rahman, Principal Bhukshimoil Alia Madrasha A.H.M.Bazlul Haq, Upazilla Family Planning Officer, Jayantapur, Shabiha Kabir, Upazilla Family Planning Officer, Gowainghat, Dr Nazrul Islam Matin, Chairman, Gowainghat Md. Lutful

Haque. Local elite, healthcare service providers, guardians of students, journalists and others were present at the meetings. They expressed their strong commitment to create awareness among people on prevention of child marriage. They also appreciated initiatives to create young advocates who are raising community involvement in child marriage, pneumonia, diarrhoea, drowning, maternal health and child health. Finally, the chief guest said, "We shall take oath to make people aware about adverse effects of child marriage."

Activities Summary

Sl. No	Activities	Total	
		Units	Participants
1.a	Organising Meeting with School Management Committee/ Teachers for disseminating information on pneumonia, diarrhoea, drowning & child marriage for creating awareness	4	109
1.b	Developing Youth Leaders & Provide ToT on Pneumonia, Diarrhoea, Drowning and Child Marriage	5	152
1.d	Organizing Echo Training for Peers	60	2950
3.b	Public/Citizen Hearing on Child Marriage	4	105
2.6	Organising Parents Meeting	13	502
2.9	Sports Events	13	950
3.5	Photo and Video Documentation	1	2500
3.6	Day Observance	5	43
3.7	Award Distribution/ Award Giving Ceremony	1	78



ENRICH Health and Nutrition Project

DAM Foundation for Economic Development (DFED), an institute of Dhaka Ahsania Mission, has been implementing a people-oriented programme titled “Enhancing Resources and Increasing Capacity of Poor Households towards Elimination of Poverty (ENRICH)” with the financial assistance of Palli Karma Shahayak Foundation (PKSF) since July 2014 at Sukundi Union in Monohardi Upazila of Narshingdi District. The ENRICH has been uniquely designed to target issues towards ensuring household-based sustainable development. The ENRICH Programme aims to facilitate the best utilization of the existing capabilities and resources of the poor households and at the same time it enhance both their capabilities and resources in order to enable them to come out of poverty and move ahead towards a life of human dignity. To this end, ENRICH provides wide-ranging support services and facilities in the areas of health, education and training. It also undertakes Special Financial Assistance Programme and Community Development Programme.

The ENRICH Health and Nutrition Programme is designed to provide comprehensive primary healthcare service to all households in the selected unions. Each household of the unions is visited by health volunteers and health assistants at least once a month to collect health-related information of all of its members. Collected information and data are recorded in the household health cards. Health assistants arrange satellite clinics every week being attended by MBBS doctors. Health camps (vision, dental, heart, diabetes, medicine etc.) are also organised frequently being attended by specialist doctors.



In these camps, patients with serious ailments are referred to different public as well as private hospitals and clinics where their treatment is arranged at free of cost. ENRICH also launched a de-worming campaign, distributing free medicine (albendazole) to 100% of its registered households (for all members aged above five years).

Sl. No.	Activities	Achievement
01.	Health Card Sale	1500
02.	Organize Static Clinic	386
03.	Service Received from Static Clinic	3917
04.	Organize Satellite Clinic	96
05.	Service Received from Satellite Clinic	4063
06.	Organize General Health Camp	4
07.	Service Received from Health Camp	1602
08.	Organize Special Eye Camp	2
09.	Cataract Surgery	103
10.	Health Awareness Meeting Organised	566
11.	Diabetic Test	687
12.	Health Related Poster and Leaflet	2800

Sight-saving Charity to Help Prevent Blindness

With an objective to help prevent blindness, the DAM Foundation for Economic Development

(DFED) organised a special eye camp for cataract patients at Narsingdi on May 09, 2016. The programme was organized under ENRICH healthcare programme. The eye camp was held at Narsingdi Adhunik Eye Hospital. During 2016, ENRICH programme arranged free cataract surgery for 103 persons with support from PKSF, Site Savers and Dhaka Progressive Lions' Hospital. DAM hopes that avoidable blindness will be eliminated from the society through this type of eye camps.

Sanitation

The sanitation programme has been initiated under ENRICH programme to ensure 100 percent safe sanitation throughout the ENRICH-covered unions. During reporting period, free sanitary latrines were distributed to 100 poor households in Sukundi Union.

Community-based Health Infrastructure Development

Under its Community-level Development Programme, ENRICH promotes repairing of buildings, culverts, bridges, sanitary latrines and shallow tube-wells in public places such as schools, colleges, madrasahs, mosques, temples and libraries. A total of 18 sanitary latrines, four tube-wells have been built or repaired in the working unions. Six small culverts/bridges have also been constructed. As indicated earlier, when particular community level action is identified, ENRICH takes appropriate steps to accomplish it if it is within its capacity; otherwise efforts are made to identify the appropriate service provider and mobilise its support for the purpose.



Drop-in Centre for Street and Working Children in Dhaka City (DIC) Project

DAM implemented a five years project “Urban Community Learning Centres” with the financial support of Comic Relief (UK) from 2006 to 2010. During selection of learners for UCLC, it was observed that a significant number of children live and work on the streets who are known as street working children. In 2011, DAM prepared a plan to start with just one DIC (Mohammadpur) as an innovation and a real experiment to gain lessons towards wide-ranging long-term intervention in future. After successful completion of the experiment, DAM launched a project for street and working children for five years with support from DAM UK and Comic Relief (UK).

Under the project, healthcare service was provided to street working children. Street working children always do hazardous job at each workplace. This is why, they get injured. DIC has appointed permanent paramedics at each centre. They are taking care of the children. Sometimes children come to the centre with major injuries. Under DIC’s major component networking and linkages, paramedics render support to the injured children.

“The role of a family in keeping children away from drug abuse is very crucial as its members are the first and key components to lead them towards the right path. (Source: DAM-DNC seminar, February 07, 2016, The Daily Star)”





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DIC signed Memorandums of Understanding (MoU) with Meri-Stopes Clinic, PSTC and Nari Moitree to mitigate street working children's sufferings. DIC also established linkages with government general hospital, community clinic and AMIC. Since its

inception, DIC is working with AMIC. AMIC provided drug treatment and rehabilitation support to eight adolescent girls of DICs. DIC also sent 35 street children (boys) to DNC for drug treatment.

Strengthening Household Capability to Respond to Development Opportunities SHOUHARDO III Project

Dhaka Ahsania Mission has been implementing another five-years long programme named SHOUHARDO III (Strengthening Household Ability to Respond to Development Opportunities) in two districts (Habiganj- Baniachong & Azmiriganj upazillas and Sunamganj- Taherpur & Doara Bazar upazillas) under Sylhet division since January, 2016. The programme is being funded by USAID and it is being implemented in collaboration with CARE- Bangladesh. For achieving the programme goal, SHOUHARDO III initiated various activities through selection and community consultation. The activities of SHOUHARDO III programme contribute towards overall “Food Security” of the beneficiaries.

The purpose of SHOUHARDO III programme is interlinked with each other to achieve the programme goal as well as ensuring food security and livelihood. The issue of securing food and other basic needs in the poor and extreme poor households remains a challenge for long. Food security is one of the important development intervention strategy integrated with agriculture, health, capacity building and empowerment, disaster and climate risk reduction of the poor and extreme poor along with strengthening the institutional accountability of public and private service providers.



Following Health, Hygiene & Nutritional (HH&N) Activities were Implemented

There are five major purposes of SHOUHARDO III Programme and HH&N is one of them. The objective is to improved nutritional status of children under five years of age, pregnant and lactating women and adolescent girls. DAM SHOUHARDO III Programme is working for upgrading the nutritional status of targeted participants in 134 villages in Habiganj and Sunamganj districts.

Courtyard Sessions

Every month, 134 Community Health Volunteers (CHVs) conducted courtyard sessions with 300 mother groups. The main topics of discussion were Care during Pregnancy, Ante-Natal Care (ANC), Post-Natal Care (PNC) Food and Nutrition for Pregnant Women, Pregnant Women's Care at Home, Exclusive Breastfeeding, IYCF. The courtyard sessions created awareness among targeted participants. Ultimately, they became conscious, took care of health and took improved diets.

Growth Monitoring & Promotional (GMP) Sessions

Each month, 188 GMP sessions were conducted by CHV with targeted Pregnant Women (PW), Lactating Mothers (LM) and Children aged under two. During GMP sessions, weights of mothers during pregnancy and weight of children aged under two were observed. Most of the GMP sessions were held in collaboration with village level health and family planning staff at Community Clinic, EPI centre (on EPI day). As a result, mothers and children got healthcare service at a time. After the GMP sessions, special counselling was given to mothers and children if their weight-graph shows underweight compared to their age. It is through GMP mothers were recognised and they became aware about promotion of their child growth and weight thereby reducing stunting on a bid to lead a healthy life.

Counselling through House to House Visits

Community Health Volunteers (CHV) visited households to give counselling on maternal nutrition, exclusive breastfeeding, Infant Young Child Feeding Practice (IYCF) to pregnant and lactating mothers and children aged under two. The household-level visits helped build good relationship among CHV and community thereby increasing interaction and developing positive attitude of community towards CHVs activities. Household-level visits assisted the targeted community to deal with environmental & health-related issues. The visits also helped change their behavior and practices, including child-feeding practice and maternal nutrition etc.

Ration Distribution

Under SHOUHARDO III programme, ration was distributed among PLW (694 PW & 3,842 LM) every month. Quantity of ration was as follows: Wheat-6.675 KG, Vegetable Oil-1 KG and YS Peas-1.5 KG (Per Person per Month). CHV ensured food consumption through household visits. It is worth mentioning that the commodity/ration directly came from the USA and it was stored at CARE warehouse in Habiganj and Sunamganj. On consumption of the food, health and nutritional status of consumers improved a lot.

Referral Linkage

If any Community Health Volunteer (CHV) found under-nutrition or SAM child then they referred them to Community Clinic. They also advised the mother to take care of her child. At the same time, CHV adviced to pregnant mothers to undergo regular medical checkup and remain under treatment to ensure safe delivery.



Improvement of the Real Situation of Overcrowding in Prisons (IRSOP) in Bangladesh

Overcrowding in prisons in Bangladesh is a difficult and challenging undertaking as overcrowding has multiple and cumulative causes, largely external to the prison system itself. It also compromises the provision of education, correctional activities and rehabilitation programme. Existing legal services are very poor and social reintegration and other rehabilitation programmes are negligible, which could have been supportive to the inmates for a healthy living after their release. Moreover, female prisoners and children inmates are more vulnerable who made the situation miserable.

At the same time, there exists juvenile prisoners also. Generally, prisons and prisoners are under health threat due to drug use and other menace. Therefore, The situation demands action focusing drug treatment, skill development, counselling, psychosocial education, special service for HIV positive prisoners and refugee prisoners and other services for overall social reintegration which is supportive to reduce overcrowding.





Prisons are treated as correction centres in the developed world and we are also proceeding towards that direction. I hope that after receiving this training most of the trainees will go back to the mainstream of livelihood process of our society after their release. They will be able to get involved in income-generating pursuits which will be supportive for their rehabilitation & reintegration in society.

Asaduzzaaman Khan Kamal, MP
Minister
Ministry of Home Affairs

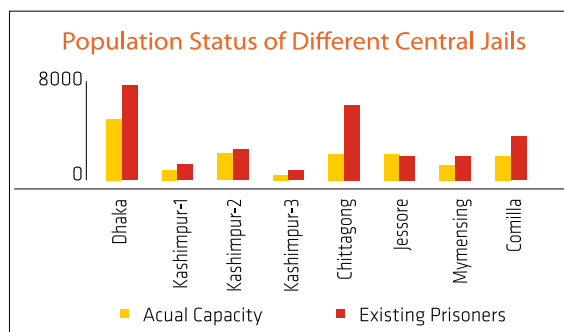


Dhaka Ahsania Mission launched the project named “Improvement of the Real Situation of Overcrowding in Prisons in Bangladesh (IRSOP)” (short term contract) in collaboration with GIZ (from 16 April to 31 August 2014). September, 2014 to December, 2015 was the first phase of the project. The second phase started in January 2016 and continued till March, 2017. The last phase of the project has been started from April 2017 and will be continued upto June 2018. The main objective is to rehabilitate the prisoners through skill development training and drug referrals. The skill development and drug referrals are both inside and outside the prison with other capacity building task for prison staff, old inmates as peer volunteer, and drug treatment professionals and sensitization of stakeholders. There were also some regular activities such as Drug Counselling, Life Skill Training etc.

The first phase of the project was implemented in seven prisons of different districts. In the second phase, Comilla Central Jail was added. DAM worked with eight central jails. The prisons were Dhaka Central Jail, Kashimpur Central Jail (1, 2 and 3), Chittagong Central Jail, Jessore Central Jail, Mymensingh Central Jail and Comilla Central Jail. The actual capacity was 13,848. At the end of June, 2017, 24,456 prisoners became beneficiaries of the project. Out of 24,456 beneficiaries, 1,074 were females and 23,382 males.

Skill Development

The key element of rehabilitation is skill development of prisoners as their major portion lack required educational qualification as well as professional skill to get involve in income generating activities after their release or bail. Under the project, training courses on different trades (income-oriented) were organised both inside and outside the prison. During reporting period, 920 prisoners (males-677, females-243) received skill development training. Formal inaugural session and certificate distribution ceremony were also organized. Senior officials of respective jails were present on the occasions.



920 prisoners (male-677, female-243) have received skill development training inside and outside of the prisons on different trades like Men's Parlour, Beautician, Mushroom Cultivation, Block-Batik, Tiles Fitting, Karchupi, Handicraft, Dress Making & Tailoring, Electrical & House Wiring, Electronics Audio Visual Repair, Horticulture & Nursery Development etc.

On completion of trainings, some prisoners took the responsibility of maintenance of prisons and relevant activities. On release from jail, they were found to earn honestly utilising their training skills.

Discussion issues of the counselling

- Rapport building with prisoners,
- Craving and relapse prevention
- Motivational session and learning assertiveness
- Decisional balance,
- Social reconnection and
- Planning and goal setting

According to research-based evidence, 29 percent prisoners of Bangladesh are drug offenders. Drug referral is one of the most important activities under this project which is associated by three sub-activities like: drug counselling, medical support and drug referral in treatment centre. Six-day long group counselling sessions (two hours' session per day) were organized inside the prisons. During reporting period, counselling on drug was provided to 2,446 prisoners (males-2,152, females-291). Some prisoners were motivated through counselling and contacted their families. They expressed interest in drug treatment at reputed drug treatment centres for recovery from the curse of drug. 157 beneficiaries (males-145, females-12) were referred to reputed government affiliated drug treatment centres. In addition, 230 prisoners (males-195, females-35) were referred for medical support inside the prison during extreme sickness related to withdrawal.

Life-skill Training

Life-skill training for prisoners inside prison was one of the important activities of the project. Generally prisoners are helpless and they remain tense most of the time. They have lack of self-confidence, assertiveness, decision making skill

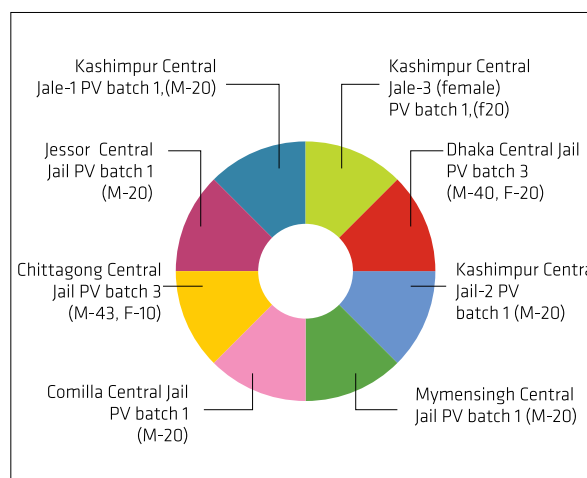


and planning skill. The life-skill training imparted to them under IRSOP project tried to improve their knowledge and skill. Five-day long (two hours' session per day) life-skill trainings were held from September, 2016. During reporting period, 3,133 (males-2,482, females-651) prisoners received training inside prisons. On completion of training, the participants were found to be confident.

Peer volunteers training

Peer volunteers assist Rehabilitation Supervisors and Counsellors to identify prisoners for counselling and skill development training. They also provide information on drug treatment, general health, HIV and life skills to the prisoners.

During reporting period, 12 batches of Peer Volunteer Trainings were held in eight prisons. A total of 233 convicted prisoners received training. Of them, 183 were males and 50 females.



Day Observance

26 June is the “International Day against Drug Abuse and Illicit Trafficking”. Substance abuse problem is being worsened day by day and there is a very close connection between drug and crime worldwide. Bangladesh is also in grip of substance abuse and it faces drug problem. In observance of the day, DAM arranged different programmes on different days and venues. In 2016, DAM arranged three events. (1) Discussion on Drug Treatment & Rehabilitation which was held on 23 June at Dhanmondi, Dhaka (2) Round Table Meeting on Drug Problem in Bangladesh was organized on 25 June at National Press Club ahead of the International Day against Drug Abuse and Illicit Trafficking; (3) Participated in the National Programme of the Department of Narcotics Control and won the First Prize for Drug Treatment & Rehabilitation. Drug treatment professionals of government and non-government organisations were present at the event.

Meetings

(1) A three-day half yearly central project progress meeting which was held at BASE Training Centre, Sonargaon, Narayanganj from 03-05 October, 2016. All of the project staffs were present. The topics of discussion was- Drug referral backlog, skill development training (inside & outside prison), ID card issue for





entering jail, utilizing peer volunteers and drug treatment and management training, family counselling, timely follow-ups for clients etc. (2) Coordination meeting with GIZ partners. Of the four OPs of IRSOP project, OP-1 & OP-3 are closely inter-linked. BLAST is the OP-1 implementer in Dhaka Ahsania Mission's working areas. 30 meetings were held during reporting period in five working areas of DAM-GIZ-IRSOP. The main objective of the meetings was to develop coordination among team members of both organizations thorough common understanding on identification form fill up, form handing over to PO-3, minimizing data gaps, information sharing in CCC meeting. (3) Monthly staff meeting. Staff meetings allow employees to be a part of decision-making process of the organization.

Monthly staff meetings of IRSOP Project were held regularly in 2017. The yearly target of monthly staff meetings was 108 and all the meetings were organised by the project staff in their relevant areas. (4) Yearly stakeholder workshop (Comilla); to create network and explore the services of stakeholders for the rehabilitation of helpless and marginalized prisoners, specially drug addicted prisoners. A stakeholder workshop was held on 20 April, 2016, at the conference room of Comilla Deputy Commissioner's (DC) office. Comilla DC Mr. Md. Hasanuzzaman Kollol attended the workshop.

Other GoB and NGO representatives were present. In this meeting, some commitments and recommendations were made by the participants. The commitments were:

- DNC will take initiative to extend support for drug referral and capacity building for drug treatment professionals in Comilla.
- The Senior Jail Super will extend full support to implement the activities inside the jail. The activities are skill development training, counselling and drug referral etc.
- District Women and Children Affairs office will provide training to poor, helpless women prisoners after their release.
- The Executive Director of Zahanara Cottage expressed willingness in conducting trainings. She promised for providing accommodation to female prisoners at free of cost.
- DC Mr. Md. Hasanuzzaman Kollol recommended some trade like khadi, pottery and handy-craft for IRSOP project.

(5) Another half yearly central progress review meeting of IRSOP project was held at RRF Training & Resource Center, Jessore from 15 to 16 February, 2017. Total participants were 31. (6) To develop more effective coordination with local prison authorities and make the activity of IRSOP-OP-03 smooth at field level, a new

activity has been started in all working areas of OP-3 named “Quarterly Meeting with Prison Staff” from 1st quarter (January-March) of 2017. As a part of this initiative 08 meetings were held in all area of DAM-GIZ-IRSOP project from 15 March to 30 March 2017 in different prisons. About 119 Participants were attended in the meeting.

Drug Treatment & Management Training

There is no doubt that trained drug treatment professionals can provide effective treatment service. A three-day long drug treatment training on “Drug treatment & Management” was arranged in different working areas. Four drug treatment and management trainings were held in Jessore, Mymensingh, Comilla and Dhaka. The training sessions were basic and minimum standard oriented topic for drug treatment based on Colombo Plan curriculum which is international certified drug treatment curriculum. On completion of training,

the participants extended their hands of cooperation. Ninety-four trainees took part. Of them, 81 were males and 13 females. They came from different central or district jails, medical personnel from Civil Surgeon’s Office, staff of medical college hospital or sadar hospital, private and NGO clinics, drug treatment professionals from private drug treatment centres. During reporting period, there were lots of challenges which made the implementation of the project activities tough. Some of the participants, who received skill development training inside or outside the prison, were employed on same trade after completion of the training. They are now generating income for their families which is a great achievement of the project initiative. Moreover, majority of former prisoners are now leading drug-free life after undergoing drug treatment. Ultimately, they were also rehabilitated in society.



Tobacco Control Project

Tobacco control programme is another remarkable programme of DAM Health Sector. “Teachers will give two lessons on injurious effects of smoking in every class,” said the founder of Dhaka Ahsania Mission, Khan Bahadur Ahsanullah, in a teachers’ manual in 1935. Based on DAM founder’s philosophy and idea, DAM has been advocating these till date. In 90’s decade, DAM’s tobacco control programme was launched in well-organised and constructive manner giving emphasis on awareness, sensitisation and policy advocacy for reducing direct and indirect smoking and tobacco use. DAM implements various awareness & sensitisation activities, networking, initiatives for capacity building and smoke-free environment by making public place 100% smoke-free. DAM has developed and distributed numerous IEC/BCC and other tobacco control materials. Since its inception, DAM has been playing a significant role in policy advocacy & lobbying for tobacco control law and its amendment at both national and international levels. Now DAM is implementing “Advocacy for Comprehensive Implementation of Tobacco Control Law in Dhaka City” Project in 92 wards of Dhaka North City Corporation (DNCC) and Dhaka South City Corporation (DSCC) and at restaurants in across the country with support of Campaign for Tobacco Free Kids (CTFK) from 2011.





It is my great pleasure to know that Dhaka Ahsania Mission (DAM) is going to publish its health sector annual report 2016. DAM is one of the reputed non-government organisations of Bangladesh. It has been working in various sectors especially in health sector with focus on primary healthcare, drug treatment & rehabilitation, tobacco control, communicable & non-communicable disease prevention, and mental health care services. DAM's activities regarding tobacco control are commendable. The Ministry of Health and Family Welfare has awarded DAM the best of performance certificate for tobacco control activities. We hope DAM will continue its efforts in health sector, especially its tobacco control activities.

Muhammad Ruhul Quddus
Coordinator
National Tobacco Control Cell and
Joint Secretary
Ministry of Health and Family Welfare



Various Campaign Programme for Mass Awareness

Day- long Open Exhibition on Pictorial Health Warning

To increase mass awareness, a day-long open exhibition on pictorial health warning on tobacco products' packets was held in front of the National Museum at Shahbag in the capital on 10 March, 2016. The Smoking and Tobacco Products Usage (Control) Act 2005 directed all concerned to incorporate pictorial health warning messages on packets of tobacco products from

March 19, 2016. Dhaka Ahsania Mission and Smoke-free People's Forum jointly organized the programme. Different countries' pictorial health warning messages and approved health warning messages of Bangladesh were displayed in the exhibition. A significant number of people from all walks of life, including pedestrians, observed the exhibition. People's awareness on the issue increased significantly and most of the tobacco companies incorporated pictorial health warning messages at the lower part of cigarette packets.



Bus Covering

Once again, Dhaka Ahsania Mission decorated two buses with messages on tobacco control law. Each bus was colourfully decorated with pictures and information on tobacco control law and harmful effects of active and passive smoking. The buses run for five times from Mohammadpur to Postagola in the city covering 25 kilometers distance each time and 125 kilometers every day. This initiative helped people know about the penalty for smoking in public place as well as in transports.

Musical Concert

A series of musical concerts were organised by Dhaka Ahsania Mission in Dhaka city on 13 February and 14 to 16 March 2016. Five trucks decorated with photos of pictorial warning and moved around the crowded areas of Dhaka city the whole day to create mass awareness disseminating messages, pictorial warning on tobacco products and tobacco control law. 05 professional Baoul groups performed Baoul songs (folk songs on the issue) and provided tobacco related information to tobacco retailers/vendors and general people of Dhaka city. From 14 to 16 March 2016, 03 days long musical concert was organised with the collaboration of 12 NGOs-Dhaka Ahsania Mission, YPSA, ACD, SIMANTI, ECB, National Heart Foundation, Progga, TABINAJ, NATAB, WBB Trust, AID Foundation and Prottasha. The concert ended with formation of human chain on its last day in front of National Press Club in Dhaka.

School Programmes

To create awareness about the harms of tobacco and drug among the students, 03 school/college based awareness programmes were organised on 07 August 2016 at Cambrian School & College, 23 October 2016 at Ahsania Mission College and 31 October 2016 at Banani Biddya Niketon School and College in Dhaka. Over 600 students, teachers and parents were involved in the initiatives of DAM. On the other hand, Dhaka Residential Model College and Dhaka Ahsania Mission jointly organized an event, "Student's Solidarity towards demand for increasing tobacco tax" in front of Dhaka Residential Model College, Mohammadpur, Dhaka (Opposite of Prime Minister's Official House- Gano Bhaban) on 17 May 2017. Teachers and thousand students of Residential Model College, Leo Club members, media personalities and different NGO representatives participated in this event and expressed their solidarity towards demand for increasing tobacco tax through raising their hands.

Media Campaign

Media Campaign is one of the most important activity of DAM. In this reporting period DAM has created mass awareness through publishing various reports, news, articles etc. in the national, local and online newspapers as well as electronic media. Mr. Iqbal Masud, Head, Health Sector of DAM wrote articles on tobacco tax which published in 43 renowned daily newspapers (English & Bangla) and online newspapers.



Day Observance

The World No Tobacco Day (WNTD) was observed in Bangladesh as elsewhere across the globe on 31 May, 2016. Marking the day, different programmes, including rally, discussion meeting and exhibition were organised. DAM participated in the programme. Besides, Dhaka Ahsania Mission (DAM) organised a discussion meeting on 30 May 2017 at DAM Auditorium on the occasion of World No Tobacco Day 2017. Honorable State Minister, Mr. Moshir Rahman Ranga, MP, Ministry of Local Govt, Rural Development and Cooperative was present as Chief Guest. Director General of Press Institute of Bangladesh (PIB) Mr. Shah Alamgir and Chief Health Officer of Dhaka South City Corporation Brigadier General Dr. Sheikh Salauddin were present as Special Guest. DAM President Kazi Rafiqul Alam Chaired the program. Head, Health Sector of DAM Mr. Iqbal Masud presented the key note paper while Dr. Mahfuzur Rahman Bhuiyan, Grants Manager, Campaign for Tobacco Free Kids (CTFK) was present as discussant.

Advocacy with Dhaka South City Corporation (DSCC) & Dhaka North City Corporation (DNCC)

Thousands of people of two city corporations of Dhaka are getting healthcare service regularly through Primary Healthcare Programme. With a view to increasing awareness and creating smoke and tobacco-free enabling environment and support for preventing the harmful effects of tobacco, 02 sensitization meetings were held for the officials of Urban Primary Health Care settings Units of Dhaka South City Corporation (DSCC) and Dhaka North City Corporation (DNCC) at its conference room on 05 April and 31 July 2016. The meetings were chaired by DSCC Chief Health Officer Brig. Gen. Dr. Md. Saidur Rahman and DNCC Chief Health Officer Brig. Gen. S. M. M Saleh Bhuiyan. The Health Officers of DSCC & DNCC and Programme Officers of UPHCSDP were also present. Over 120 participants from different healthcare units of DSCC and DNCC attended there.

Meanwhile, DSCC & DNCC published their forms/publications with anti-tobacco messages. DSCC & DNCC printed their 41 forms with various anti-tobacco messages. DSCC also printed its' envelop with anti-smoking message. The message is "Smoke free environment, healthy life progressive country. Beside it DSCC has posted two messages on anti-tobacco and drugs in their website at scrolling part. Messages are:

1. Smoking and tobacco highly injurious for health, quit smoking and tobacco and be healthy (ধূমপান ও তামাক স্বাস্থ্যের জন্য মারাত্মক ক্ষতিকর, ধূমপান ও তামাক ছাড়ুন, সুস্থ থাকুন)।
2. Drugs destroy you, your family and your society, say no to drugs and create a drugs free society (মাদক সেবন আপনার, আপনার পরিবার ও সমাজের ক্ষতি করে, মাদককে না বলি ও মাদকমুক্ত সমাজ গড়ি)।

Web Link: (<http://www.dhakasouthcity.gov.bd/>)



Annual Review Meeting

DAM organised a review as well as annual planning meeting with DSCC & DNCC, BROA, policy makers and relevant stakeholders for proper implementation of TC law. The annual review and planning meetings were held at the Excelsior Sylhet Hotel & Resort, Sylhet on 14 May, 2016. Representatives of Dhaka North City Corporation (DNCC), Bangladesh Restaurant Owners Association (BROA), Bangladesh Shop Owners' Association (BSOA), National Tobacco Control Cell (NTCC), Campaign for Tobacco Free Kids (CTFK) and DAM Tobacco Control Project team took part in the meeting.

Capacity Development of Bangladesh Restaurants Owners Association (BROA)

Restaurants are 100% smoke free as per law. To keep the restaurants smoke free, DAM is closely working with Bangladesh Restaurant Owners Association (BROA) in countrywide. DAM organized 03 capacity building workshops for the members of BROA at district level. The workshops were organised on 21 April, 31 August and 30 November, 2016 in Feni, Munshiganj and Savar. The workshops were jointly organised by DC Offices of Feni and Munshiganj and Savar Municipality and Bangladesh Restaurant Owner Association (BROA) for the owners

of restaurants and hotels. Md. Amin-ul-Ahsan, Deputy Commissioner of Feni and Civil Surgeon of Munshiganj Dr. Md. Shahidul Islam were present as the chief guests in Feni and Munshiganj. Additional Deputy Commissioners of Feni and Munshiganj overpresided the programmes. On the other hand, Dr.Md. Enamur Rahman, Member of Parliament (MP), Dhaka-19, was present as Chief Guest and Mayor of Savar municipality Alhaj Md. Abdul Gani presided over. Around 300 restaurants owners attended the workshops and they instantly declared their restaurants smoke-free. At the end of the programme, the guests handed over No-Smoking signs to the restaurant owners.

Facilitate to Operate Mobile Court

Dhaka Ahsania Mission facilitated the government authorities like-DSCC, DNCC & DC Office to operate mobile court for violation of the tobacco control law at different constituencies of Dhaka city. During the reporting period, 08 mobile courts were operated by DC Office, DSCC & DNCC on 13 June, 8 and 11 August, 6 and 9 June, 13 and 29 November 2016 and 02 March 2017. Dhaka North City Corporation (DNCC), Zonal Executive Officer and Executive Magistrate Mr. S.M. Ajior Rahman fined Meena Bazar (a chain shop) Tk.50,000/- and Tk. 100,000/ (one lac) for displaying illegal tobacco products advertisement of BAT company as per TC law section-5.1(vii).



The Senior Assistant Secretary and Executive Magistrate Mr. Abu Sayed and Senior Assistant Secretary and Executive Magistrate Mr. Mamun Sardar of Dhaka South City Corporation (DSCC) raided the depot of Akiz Company at Hatkhola and found a significant quantity of promotional materials like umbrella, 25 cartoons (1800 pcs) tea cups, a huge quantity of leaflets, stickers, 10 advertisement boxes and 3 cartoons blank cigarette packets (which was collected for drawing lottery) and seized these materials. The Magistrates fined the Akij company Tk.50,000/ (fifty thousand) for violating TC Law. The Magistrates also fined Ovishar Cinema Hall Tk.1,000/ for not displaying no smoking signage as cinema hall is a public place. Dhaka South City Corporation (DSCC) fined Tk.1,00,000/- (One lac) to Baba Zarda Company under Section- 10 (6) for not printing pictorial health warning. DSCC also fined Tk.50,000 (Fifty thousand taka) to Big Bazar Super shop for displaying advertisement of illegal tobacco products. DSCC also fined Dhaka Tobacco Company Tk. 1,00,000/- for violating tobacco control law.

Collaboration with the Ministry of Health and Family Welfare

DAM always maintains strong linkage and collaboration with the Ministry of Health and Family Welfare and National Tobacco Control Cell. Through tobacco control programme, DAM worked for developing info graphs on 11 public places and enforcement guideline for authorised officers with National Tobacco Control Cell (NTCC) and Ministry of Health and Family Welfare (MOHFW). The enforcement guideline was developed by Mr. Mustafizur Rahman, Additional Secretary of Cabinet Division with consultation of DAM, NTCC and DAM Tobacco Control Team. DAM also provide necessary support to MOHFW for organizing 03 trainings on enforcement guideline on 5th March, 20th March and 28th March 2017 with the authorized officers of Bangladesh Police, Dhaka Metropolitan Police, Department of Narcotics Control and Fire Services & Civil Defense, Civil Surgeon Office, National Tobacco Control Cell (NTCC) and Bangladesh Railway and on 12 February 2017, a discussion meeting has been organized with Ministry of Civil Aviation and Tourism on implementation of Tobacco Control Law in hospitality sector.



Tuberculosis (TB) Control Project

Tuberculosis (TB) is a major public health problem in Bangladesh. Bangladesh ranks sixth among 22 high burden TB countries of the world. As per World Health Organisation (WHO), 225 cases of TB incidents have been detected per 1,00,000 population every year. The prevalence (all cases) is estimated to be 434 per 1,00,000 population. The estimated TB mortality is 45 per 1,00,000 population per year.

In 1993, WHO declared TB as a global emergency and recommended a standard strategy for control of the disease known as “DOTS “ or directly observed treatment short course.

Under the Mycobacterial Disease Control (MBDC) Directorate of the Directorate – General of Health Services (DGHS), the National Tuberculosis Control Programme (NTP) adopted DOTS strategy during Fourth Health and Population Sector Programme (1992 – 98) under “Further Development of TB Leprosy Control Services” project. The NTP started its field implementation activities in November 1993 in four upazilas and it was gradually expanded to cover all upazilas by June 1998. The NGO partners were involved from the very inception of DOTS. In July, 1998, the NTP was integrated within the component of essential services package under Primary Healthcare of Health and Population Sector Programme (HPSP). The HPSP was renamed as “Health Nutrition and Population Sector Programme” (HNPSP) (2003 – 2011) and NTP continued its activities under the Ministry of Health and Family Welfare (MoHFW). Now the MoHFW has been implementing the Health, Population and Nutrition Sector Development Programme (HPNSDP) for a period of five years.



With a view to combating the havoc of TB, the Government of Bangladesh (GoB) initiated the National TB Control Programme in 1965. In 1993, NTP adopted WHO endorsed directly Observed Treatment Short course (DOTS) strategy, which was further expanded to the entire country in cooperation with NGOs, including BRAC. The NTP under the Directorate General of Health Services (DGHS) plays a role of crucial stewardship in providing policy guideline, technical training, logistical support and monitoring overall quality of the programme. Currently, all 64 districts, all sub-districts, 44 chest diseases clinics (CDCs) and 10 metropolitan cities are covered by NTP. It has expanded activities through involvement of private practitioners, medical colleges and specialized hospitals, prisons, garments, knitwear and industries / work place.

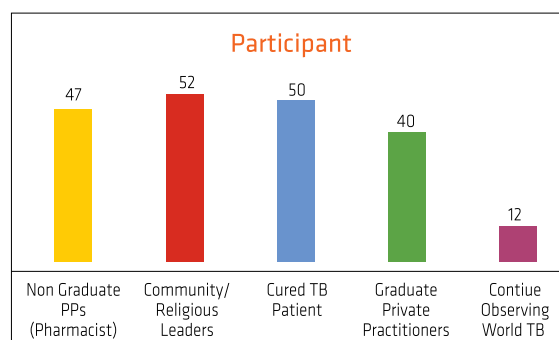
DAM launched its TB control programme in collaboration with BRAC on 1st January, 2013. Funded by GFATM, the implementation programme started from wards 1 & 17 of Dhaka North City Corporation. The number of target population was 2,46,977. DAM provided free TB service to targeted people. It conducted different types of advocacy and social mobilization programmes to raise awareness about TB among the community members of the project area.

At ward – 1 (Uttara), DAM operated one DOT and microscopy centre. At ward – 17 (Khilkhet), DAM operated one DOT & microscopy centre. Overall goal of TB control is to reduce morbidity, mortality and transmission of TB. It is no longer a public health problem.

Activities

- Identifying TB Presumptive Case
- Collecting Cough & its examination
- TB Patient registration and regular DOTS
- Field, Pharmacy, Private hospital, Private Doctor and patient referral unit visit.

Several awareness programmes were organised during reporting period (shown in table below).



During reporting period, 665 presumptive and 56 TB cases were identified. Besides, 361 TB patients and three MDR TB patients were identified.



I am 58 years old. I came to DAM-run TB control programme office with cough. I discussed my problem with the paramedic of DAM, Mr. Asaduzzaman. He wanted to know from me about the period I am suffering from cough. He also wanted to know if I had any other problem. I informed him that I had been suffering for one month. I also ran high fever in the evening. I also lost appetite and weight. Then he sent me to the lab and conducted two times cough test and detected mycobacterium tuberculosis. Hearing this, I became afraid. But the paramedic informed me that there is nothing to worry and I shall get well if I take medicine for six months without interval from DOTS centre. Later, I became fully cured under going six months' treatment. Now, I lead a healthy life.

I express my sincere gratitude to DAM for providing me with better treatment facilities.

Md. Golam Ahmed
Service Recipient



Drug Treatment and Rehabilitation Centre, Gazipur

Drug Treatment and Rehabilitation Centre, Gazipur, is situated near Bhawal National Park close to Gazipur-Mymensingh highway. A four storied building houses the Dhaka Ahsania Mission Drug Addiction Treatment and Rehabilitation Centre located on two acres of land at Gojariapara under Gazipur district. The registration number is 04/2008-09 under the Department of Narcotic Control, Dhaka. The centre is being managed by a centre manager being assisted by a doctor, a psychiatric, three counsellors and 20 staffs.

The duration of treatment is six months (fully residential). The direct treatment facility focuses on screening, assessment, detoxification by expert consultants, case management, general healthcare service, treatment for mental illness, psycho-social education, life-skill training session, individual counselling, group counselling, couple counselling, family counselling, motivational therapy, promotional activity to change behavior, NA programme, educational classes for family members, prayers and other religious festivals celebration, entertainment, national days celebration, follow-up activities after treatment. Clients' HIV tests are done. Treatment is provided to patients in non-smoking environment. Family education meetings are also held. Religious activities are held regularly basis.



Some associated services are also provided to clients during their treatment period. The services are effects of drugs and anti-drug campaigns, publishing drug-related materials and their distribution. Moreover, campaigns are arranged at schools and colleges. Substance abuse prevention awareness activities are also organized. Participants are linked to self-help group. Research activities are done regularly. Complete recovery get-together is also organised. AIDS prevention activities are conducted. Clients undergo treatment with the help of family support groups. Anti-tobacco activities are done regularly.

Family Meeting

Monthly family meetings were arranged. The main objective of the meetings are to motivate family members so that they give concentration on drug treatment, build awareness, create an environment to give mental support to drug defenders and create smooth and healthy recovery journey for drug users. At the meetings, the guardians also acquired knowledge on psycho-social treatment for drug addiction. Ultimately, family members can behave with clients in a positive manner. A total of 16 meetings were arranged during reporting period.

Sports

Many people believe that various attitudes and social skills including reduced stress, increased academic performance and improved family relations have been shown to be protective factors for substance abuse. So, sport can be used to prevent substance use problems among youths. Open field and pleasant environment are a must for any drug addiction treatment and rehabilitation centre. There is a big open field at the Drug Treatment Centre at Gazipur where clients regularly play different games, both indoor and outdoor. The treatment centre authorities organise annual sports meet every year.

Wall Magazine

One of the important strategies of drug treatment is to keep the clients engaged in various activities for the whole day. The activities are reading, writing and drawing etc. During reporting period, Dhaka Ahsania Mission Drug Addiction Treatment and Rehabilitation Centre, Gazipur, prepared wall magazines where its clients contributed regularly. Moreover, quiz and cultural competitions were held on various occasions. Clients used to write graffiti with the help of the drug treatment centre authorities on the walls of important installations and various educational institutes during anti-drug campaigns.



Family Plantation Programme

Family Plantation Programme-2016 was organized under the initiative of the Lions Club of Dhaka Oasis. Saplings of 600 fruit-bearing and wooden trees and herbal plants were distributed among 200 neighbouring families of Gazipur centre.

Observance of the International Day against Drug Abuse and Illicit Trafficking

June 26 is the International Day against Drug Abuse and Illicit Trafficking. Problems related to substance abuse are increasing day by day and there is a close connection between drug and crime worldwide. Bangladesh also faces the curse of substance abuse and drug-related problems. In observance of the International Day against Drug Abuse and Illicit Trafficking, DAM Drug Addiction Treatment and Rehabilitation Centre, Gazipur, formed a human chain and discussion meeting on the occasion. Mr. Rahenul Islam District Magistrate and Mr. Nasir Uddin Bhuiya, Deputy Director of District Narcotic Control Office along with other government and NGO representatives were present.

Besides, various national and international days such as Anti-tobacco Day, International Mother Language Day (21st February), Victory Day (16th December), Pahela Baishakh, 31st

Night and New Year's Day (1st January) were observed. Different programmes such as discussion, rally, human chain, sports, cultural programme, various campaigns, special food distribution and different competitions marked the occasion.

Activities Summary

Activities	Number
Individual Counselling	24195
Group Counselling	53
Family Counselling	418
New Admission	398
Treatment completed	365
Family Meeting	18
General Treatment	8749
Psychiatrist treatment	875
Class Session	838
Day Observation	24

Campaign

Various campaigns were launched in collaboration with the DNC within a period from January to December in 2016. During the reporting period, discussion meetings with school and college students on bad impact of drug were held, anti-drug stickers were pasted on public transports,



anti-drug advocacy meetings were held, anti-drug expedition was organised as well as month-long campaigns were organised.

Special Intervention for Children Drug Users

A seminar on Child Drug Addiction was held at DAM conference room on 06 February, 2016. DNC and DAM jointly organised the seminar. At the end of the seminar, a MoU was signed between DNC and DAM for providing free treatment facilities to child drug users by DNC and proper counselling and rehabilitation by DAM. The Secretary of the Ministry of Women and Children Affairs (MoWCA) Ms. Nasima Begum was present as the Chief Guest. Mr. Gazi Nurul Kabir, Director General, Department of Social Services and Kazi Rafiqul Alam, President of Dhaka Ahsania Mission, were present as special guests. Khandaker Rakibur Rahman, Director General, Department of Narcotics Control (DNC) presided over the seminar. Additional DG of DNC Md. Amir Hossain delivered the welcome address. Country Coordinator of KHN-Bangladesh Maruf Mamtaz Rumi presented a key-note paper. Joint Secretary of Street Children Activists Network, Bangladesh, Md. Moniruzzaman, Counsellor of Addiction Management and Integrated Care (AMIC) Zannatul Ferdous

and Chief Consultant of Central Drug Addict Treatment & Rehabilitation Centre Dr. Syed Imamul Hossain took part in the discussion.

At the seminar, speakers highlighted the role of family members in keeping children away from the curse of drug. They said family is the first and key component for guiding children towards the right direction. The children who have become drug addicts, they should be brought under treatment facilities. They also said there are around 11 million underprivileged street children in the country. Of them, five and a half million are drug addicts.

Following signing of the MoU, DAM sent 60 child drug users to the Department of Narcotics Control for drug treatment and DNC provided them with required service at free of cost.

Strengthening Treatment and Promoting Mental Health

Strengthening treatment and promoting mental health is another important component of DAM Health Sector. During reporting period, mental health treatment was provided to 882 patients by the psychiatrists. At the same time, mental health counselling was also provided to 3,799 patients.



"Thanks for your hospitality and commitment to treat addicts. We want to be partner in your endeavour" - Mr. Mohammad Iqbal, Chairman, BCCI & Ex-DG, DNC, Bangladesh



"Best of luck on journey's to recovery one step at a time" - Elizabeth Morfeld, UNODC, Vienna



"Well planned center and properly managed with systematic structure"
- Tshewang Tenzin, Chithuean Pheadhey Association (CPA), Bhutan



"An exemplary rehab centre. Keep it up! Good luck to the management staff"
- Dorji Tshering, Bhutan Narcotics Control Agency, Bhutan



"All the best to all of you. Please keep up your good work"
- Susmita Banerjee, Colombo Plan, Sri Lanka



"Thanks to all the clients/ staff for their hospitalities. The most enthuestics part is the client sharing" - Kunzaug Tenzu, Detox unit, Thympho, Bhutan

Drug Treatment and Rehabilitation Centre, Jessore

Ahsania Mission Drug Treatment and Rehabilitation Centre is situated on nine bighas of land at Bhekutiya in Jessore. Since 2010, drug users are being rehabilitated following their treatment under DAM's Addiction Management and Integrated Care (AMIC) programme. About 187 clients received treatment within a period from January 2016 to June 2017. At the centre, all modern facilities are available for care and treatment of drug addicts. There is a big field for clients' outdoor games. There are also indoor games facilities. For their recreation, there are musical instruments. Besides library facilities for study, there is also a prayer room. During treatment, the centre follows evidence-based multidisciplinary approach.

The services being provided to drug users from the centre are: (1) Assessment, (2) Detoxification, (3) Counselling service, (4) Healthcare support, (5) Psycho-social education service, (6) Motivational therapy, (7) Life skill training, (8) Couple counselling, (9) Family meeting and Family counselling, (10) NA meeting, (11) Self-help support, (12) Proper case management, (13) Psychiatric Treatment.

"The Department of Narcotics Control (DNC) selected DAM for the award considering the healthy environment of the treatment centers, specialist doctors, professional staffs, modern and evidence based treatment approach and other facilities for the clients. (Source: 28th June, 2016, Daily Sun)"



Services

Eighty In-house clients have taken graduation on successful completion of programme. 187 clients received treatment at AMIC Centre. 255 clients received follow-up service for three months. Because of various reasons, 46 In-house clients were dropped out from the centre. Twenty-two in-house clients (Dental-15, Heart-04, and Diabatics-03) were referred to related treatment facilities.

During reporting period, 102 medical assessments and 187 clients psychosocial assessments were been done. 187 clients took withdrawal management service. A total of 77 clients were provided with psychiatric treatment. Every month, a psychiatrist provides follow-up service to psychiatric clients.

Counselling service is a very important part in changing behavior and bringing stability. Individual, group and family counselling as well as family education meetings were held as supportive therapy for dependants undergoing withdrawal & treatment. A total of 781 individual counselling, 26 group counselling, 27 group therapy, 59 family counselling and 11 family education meetings were held during the period.

As part of our daily activities, 547 morning meetings were organised, 571 psychosocial education on drug addiction, relapse factors, sober life, life skills, values, anger management, HIV & STI effects were imparted to clients. Fifty-one self-evaluation, quiet time- 547, group evaluation- 52, NA meeting- 377 & 547 night sharing sessions were conducted.

As part of aftercare service, AMIC Jessore Centre celebrated two clean and three sober birthdays. Clients also spent 10 recovery nights. As many as 235 recovery follow-up advices were given over phone and 73 recovery tale-counselling services were provided to clients during the period.

Family Meeting

Family involvement in substance abuse treatment is a highly advantageous tool to help families to break the “cycle of addiction.” Many parents/ family members are not aware about destructive behaviour such as enabling that have kept their children/loved ones in the cycle of addiction. It is important for family members to be provided with information from trained professional (s) so that they may look at their own behaviour and its impact on their loved one's addiction. Monthly family meetings are organised at DAM Drug Addiction Treatment and Rehabilitation Centre, Bhokutiya, Jessore. At the meetings, parents learn about psychosocial treatment being provided to clients during their drug addiction treatment. Moreover, a drug addict and his family members learn the technique of positive behavior. At the meeting, family members learn how mental support is provided to drug users. They can understand the client's situation. Such meeting is organised as family plays an important role in drug addiction treatment. This year, five family meetings were organised.

Sports

Many people believe that various attitudes and social skills, including reduced stress, increased academic performance and improved



family relationship are protective factors for substance abuse. So, sport can be used to prevent substance use problems among youths. As drug treatment establishment background requirement, open field and pleasant environment are needed for drug addiction treatment and rehabilitation. AMIC centre of Jessore has a big open field where clients play different game both indoor and outdoor game. The authorities arranged annual sports festival in every year.

National and International Day Celebration

AMIC centre, Jessore celebrates various national and international days in collaboration with local administration. The days are International Anti-drug Day on 26th June, Anti-tobacco Day, International Mother Language Day on 21st February, Pahela Baishakh (Bangle New Year), 31st Night (Last day of the calendar), New Year on 1st January, Independence Day on 26th March, Victory Day on 16th December as well as Eid-ul-Fitr, Eid-ul-Azha and Eid-e-Miladunnabi. The days are celebrated in a befitting manner programmes like discussion, rally, human chain, sports, cultural function, various campaigns, special food distribution and different competitions are organised.

Campaign

Various campaigns were launched in collaboration with the DNC during January 2016 to June 2017. During the period, discussion meetings for school and college students on bad impact of drug were held, anti-drug stickers were pasted on public transports, anti-drug advocacy meetings were held, anti-drug expedition was organised as well as month-long campaigns were also held.

Completion of Graduation

This year, a large number of clients completed their six-month long treatment course and their recovery rate was higher than that of the previous year. Team members of the AMIC center conducted intensive follow-up service through communication with clients and their family members. The centre also celebrated the recovery journey of clients.

Visit to the Centre by Different Stakeholders

On various occasions, various stakeholders visited Dhaka Ahsania Mission Drug Addiction Treatment and Rehabilitation Centre, Jessore. Of them, a DNC team visited the centre on 06 November, 2016. The team members consisted of Mr. Khandakar Rakibur Rahman, Director





General (DG) of DNC, Mr. Mofidul Islam, Director (treatment and rehabilitation), DNC, and Mr. Nazmul Kabir, Deputy Director of Jessore DNC. The Deputy Director of DNC, Jessore, visits

the centre every month. The visits ensure the quality of treatment and enhance the skill and confidence of the service providers.



“The Centre is very clean and well organised.” - Mr. Md. Atiqul Haque, Additional Secretary, Ministry of Home Affairs, Bangladesh



“The treatment quality of Ahsania Mission Drug Treatment and Rehabilitation Centre, Jessore is satisfactory. It is a smoke-free center. It is my kind request to DAM authority for furthermore necessary development of the center.” - Mr. Md. Mofidul Islam, Director, Treatment & Rehabilitation, DNC, Bangladesh



Case Study

Mr. Rochi hails from Monirampur of Jessore. He is one of the two sons of his parents. His father is a businessman and mother a school teacher. Since childhood he is studious. He got inspiration from his mother. Because of this, he fared well in S.S.C & H.S.C examinations. Afterwards, he got admitted to the Department of Public Administration in Dhaka University. Because of bad company, he started taking drug. Initially, he became addicted to Phensidyl. It was the beginning of the black chapter of his life. As his cousin was also a drug addict, his addiction to drug increased day by day. Because of this bad practice, Rochi's girlfriend left him. Not only this, his student life was on the brink of ruination. His health and mind were badly affected. He became totally depressed. Observing this, his family members spent a lot of money for his drug treatment. But unfortunately, he relapsed. At this stage, he completed his graduation. After his graduation he got married to one of his cousins. But after a few days his wife divorced him because of his drug addiction. He lost control over his own 'self'. Thinking his future, his family members arranged his second marriage. He became a father. Even after 18-20 times detoxification, he could not get rid of drug. At last, the family members got himself admitted to DAM's drug addiction treatment and rehabilitation centre in Jessore. There he underwent treatment for six months. Now he is free from drug. He promised to lead a life free from drugs.

Female Drug Treatment Centre (FDTC), Dhaka

In Bangladesh, the number of female drug users are on the rise. In a bid to address the problem, DAM's AMIC launched a drug treatment and rehabilitation programme for female substance users on 12 April, 2014. The treatment and rehabilitation centre was set up at Shamoli, Dhaka. There are 24 beds at the centre. All necessary modern facilities are available there for taking care and proper treatment of the drug addicts. The centre is equipped with recreational facilities. There is an arrangement for clients' indoor games. Musical instruments are available for their songs and music. Moreover, the centre has a book library for their study. There is also a prayer room for the clients' five times prayers. The centre follows evidence-based multidisciplinary approach.

Since its inception, 210 patients completed treatment till reporting period. AMIC -FDTC centre is actually designed to meet clients' needs of clinical treatment, family and community support and counteract other social conditions that impact women by embracing a few key principles and values during treatment period.

"DAM study found that 37 percent females have taken drugs due to family unrest while 33 percent are influenced by friends. Moreover, 34 percent are receiving treatment for psychiatric illness. About 84 percent female drug users are receiving treatment due to pressure by their families. (Source: 24 March, 2017, Daily Sun)"



The treatment is based on:

- Clients' strengths not deficits
- Gender- specific
- Individual client needs
- Trauma-informed
- Cognitive behavioral therapy (CBT)
- Women empowerment
- Life skills

During January 2016-June 2017 period, a total of 119 patients got admitted to the centre. Of them, 107 general clients completed their full course (3 months) treatment programme, seven clients of IRSOP projects completed one-month treatment programme and two street female children from DAM DIC completed three months' treatment programme. Because of various reasons, seven clients were dropped out of the centre. Three clients were referred to other services, while five clients' treatment was reviewed. During reporting period, 119 medical assessments had been done in addition to 119 withdrawal management. 152 psychiatric treatments had been given. Diagnosis of 33 patients was done and 247 others were provided with general healthcare service on daily basis.

Changing behavior & bringing stability are essential parts. Individual, group, family

counselling, VCT and family education are undertaken as supportive therapy for dependants undergoing withdrawal and also during treatment period. A total number of 551 individual counselling, 72 group counselling, 371 family counseling were done. Besides 8 VCTs, the number of family days-85, family visits- 764 and 04 family education meetings were organized as part of service at the centre during the entire year.

As part of daily activities, 545 morning meetings were held, 640 psychosocial education sessions on drug addiction, relapse factors, sober life, values, anger management, HIV & STI effects, relaxation sessions were organised. Total quiet time 468, total number of 545 night sharings had been undertaken. As part of post-care service, a total number of 95 follow-up sessions through counseling and over phone were organised.

Family Meeting

Without involvement of family members, drug treatment will not succeed. To address the need, the centre always involves family members with its treatment programmes. During reporting period, 04 meetings for family members were organised. In the meetings, issues on Drug



dependency problem, Recovery journey, Relapse prevention, Family member responsibility for SUD patients was discussed. Open discussions were also arranged for the family members.

Awareness Activity

To create awareness on tobacco and drug among the students and teachers, the centre organised three awareness programmes at three educational institutes. These are -Cambrian School & College, Banani Bidya Niketan School and College and Ahsania Mission College.

Day Observance

During reporting period, FDTC observed International Women's Day, World No-tobacco Day, International Day against Drug Abuse and Illicit Drug Trafficking Day and World AIDS Day.

Other Activities

Weekly in-house cultural programmes were held regularly. Last winter, the centre organised Pitha (cake) festival and celebrated New Year. FDTC staff distributed FDTC brochure at schools, colleges, universities, pharmacies and hospitals. Participants maintained regular communication with the rehabilitation centre.



"Your centre is very inspiring. Please keep up the good work. Thank you for letting us visit your place" - Kinley Dorji, Director General, Colombo Plan, Sri Lanka



"Wonderful facility and gift to women struggling with addiction. Good luck."
- Elizabeth Morfeld, UNODC, Vienna



"Well done! congratulation for such a noble job- giving hope to vulnerable women."
- Dr. Beatrice Kathung, Kenyatta University, Kenya



"I Congratulate you for running a wonderful programme. All the best"
- Farheen Naveed, Pakaistan



"Thank you very much for the wonderful work you do and the lovely account you have provided. It is always a privilege to visit the center" - Nathalia Panabokke, Colombo Plan, Sri Lanka





কোনো এক বানি কণ্ঠ
সুন্দর ভাবনা
এটি নিঃ (প্রাণ) নিঃ
নিঃ (প্রাণ) নিঃ

♦ Be bold for Change
Ⓜ Women are the real
architects of Society.



Hena Ahmed Hospital, Alampur, Hasara, Sreenagar, Munshiganj

Hena Ahmed Hospital is situated at Alampur village of Hasara Union under Sreenagar upazilla in Munshiganj. The hospital was founded by Hena Ahmed. Dhaka Ahsania Mission helped construct the hospital. DAM is also in charge of management of the hospital. The vision for establishment of the hospital is to render essential healthcare service to the needy, specially the poverty-stricken people of Alampur and adjacent Hasara union in Munshiganj at an affordable cost. The vision is to serve and render healthcare service as well as give proper medical management to distressed rural people who suffer from various diseases. With this vision, Hena Ahmed Hospital and Diagnostic Centre started its journey in May, 2016. It is rendering treatment and diagnostic services to common people at an affordable cost. A good number of patients received healthcare services during reporting period. The hospital provides outdoor services, injury management and family planning services to women. It also renders service at its laboratory doing investigations, including USG, following consultation specialist doctors. Patients can buy medicine at its pharmacy at low cost.



Healthcare Service

During reporting period, Hena Ahmed Hospital provided healthcare service to 1,120 females, 888 males and 996 children. Diseases-wise the numbers of males, females and children are shown at the following table and graph.

Service Name	Male	Female	Children	Total
Diarrhoea	40	62	48	150
Diabetes Malleitus (DM)	174	172	0	346
HTN	109	63	0	172
Fever	145	222	103	470
Jaundice	24	37	31	92
Skin Infection	107	139	71	317
Common Cold	19	76	59	154
UTI	25	98	11	134
Kidney Disease	18	12	9	39
Heart Disease	33	27	3	63

Medical Camps

During reporting period, two free medical camps were organized at Hena Ahmed Hospital. One is Eye camp and the other on Woman and Child Health of disadvantage people who do not get treatment opportunity. Information on free medical camps (male, female and child-wise) has been shown in the graph and pie-chart below:

Service Name	Male	Female	Children	Total
Eye Camp	70	60	18	148
Women and Child Health Camp	0	140	80	220
Total Camp				368



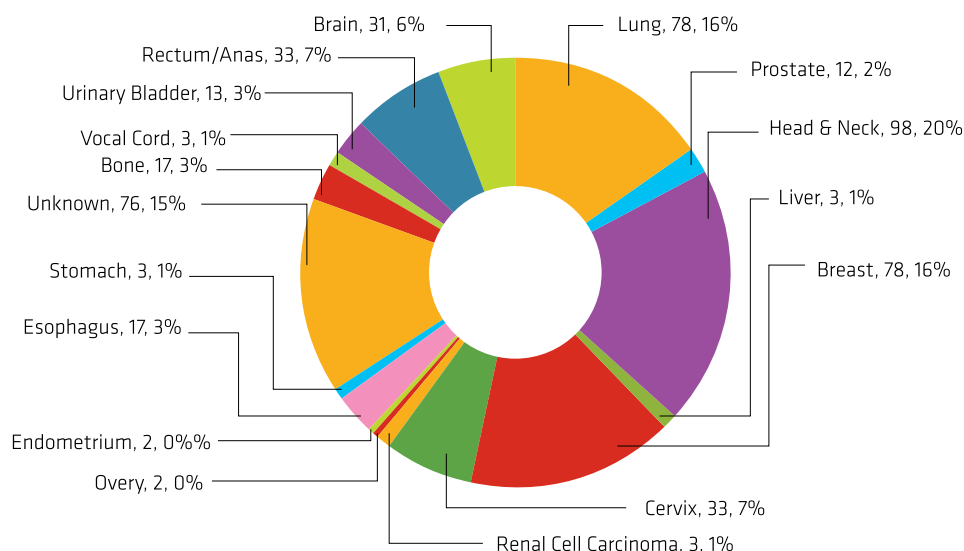
Ahsania Mission Cancer and General Hospital, Uttara

Ahsania Mission Cancer and General Hospital (AMCGH), Uttara, started its long-awaited journey through its formal inauguration by the Prime Minister of Bangladesh on 9th April, 2014. It is a 'State of the Art' 500-bed advanced hospital having enchanting architectural beauty. It is situated on the bank of the Turag River in the northern part of Dhaka Metropolitan City. It has facilities for the treatment of both cancer and common diseases for general patients. However, it is a specialised hospital built for the treatment of cancer.

Its objectives are to create a venue for world class treatment and research on cancer and related diseases in Bangladesh within the reach of common people. It aims to be a 'Centre of Excellence' in the country in the field of cancer control. It runs on NO PROFIT-NO LOSS basis and 30 percent of services are provided to poor and needy patients at free of cost or at subsidised rate. As per objectives set by DAM, on average, the cost of treatment in this hospital is considerably less than any other hospital at private or NGO sector. It has brought down considerably the number of people going abroad for treatment or 'medical tourism' thereby saving valuable foreign currency.



Statistically analysis of Cancer Patients/No. of cases of last Year at AMCGH, Uttara



The construction work of the hospital building has been completed. Finishing work of different departments, OT, administrative floor and other structures is nearing completion.

Meanwhile, the hospital authorities purchased the second LINAC machine, Canadian Icon Best Theratronics TeleCobalt Machine, CT Scan, MRI, Gamma Camera, OT equipments, Endoscopy and other electro-medical equipment and these are already installed at the hospital. The CT and MRI Machines have also been installed and the machines are rendering service to patients. Vaults for 2nd LINAC with IMRT and TeleCobalt are ready and process is underway for their installation. Qualified and experienced manpower have already been employed at the hospital.

At its first phase, treatment of cancer began with an advanced LINAC radiotherapy machine with CT Simulator, TPS and other required QA tools as per international protocol. Afterwards, a latest Dutch Brachy therapy machine was installed for internal radiotherapy and started rendering regular service to the patients. A general Out Patient Department (OPD) was opened for providing service to healthcare service seekers by consultants of different disciplines like Gynaecology & Obstetrics,

Medicine & Cardiology, Surgery and Orthopedics etc. There is also an arrangement for unhindered application of Chemotherapy to cancer patients. The hospital has full diagnostic facilities with Laboratory & Radiology being installed with CR and DR. Now, these are working properly. A fair portion of the total nine Operation Theatres have been commissioned for surgery. In the meantime, a good number of complicated surgeries were performed. On completion of major part of HVAC (Central AC), most of the indoor facilities will be readied for rendering service to patients. Advanced Mamography, Colour Doppler 4D Ultrasonogram, latest Echo-Cardiogram, Bone Densitometry (BMD) Machine and OPG machines have already been installed and these are providing service to patients. Apart from this, Day Care, OPD and Pharmacy facilities are also available. Response from cancer patients is satisfactory. The radiotherapy department remains busy every day in three shifts.

The total budget of the hospital is BDT 3,830 million. Of the amount, BDT 1,405 million have already been collected or promised, while another BDT 2,000 million is in the pipeline. An amount of BDT 1,065 million has already been spent, so far.

Ahsania Mission Cancer and General Hospital, Mirpur

Present Status of Development

Ahsania Mission Cancer and General Hospital in Mirpur has been serving patients for a considerable period. With passage of time, a good number of departments have been opened. The departments and capacities have already been upgraded. Its activity focuses on actual needs perceived in ground (like MCH, Medicine, General surgery etc.) Treatment of cancer and other general diseases is being done through diagnostic procedures at ultramodern laboratory.

Most of the investigations for detection of cancer and other diseases, including Microbiology, Histopathology and Biochemistry, can be performed at the laboratory.

The Radiology department has all the facilities for imaging, including CR X-Ray and Mammography. Services are being rendered to the patients through newly procured Colour Doppler 3D USC (2016) and newly commissioned Auto-Biochemistry Analyzer, Auto-Cell Counter and Plate-Reader (Germany) and other accessories.

Intensive Care Unit (ICU)

A centrally gas supplied five-bed ICU with advanced facilities like five Newport USA Ventilators and Nihon Coden Monitors, Portable ECG, Bi-pap Machines, Cardiac De-fibrillators, has been set up in 2015 to serve the critical patients.



It is equipped with Blood Gas Machine ABG-USA, the lone machine in the locality for ventilators and other procedures of patients. Gynaecology and Obstetrics departments have been reorganised by setting up a maternity having a provision for rendering child healthcare service.

Establishment of a Unique Pediatric Oncology Ward

A unique pediatric oncology ward has been established at the hospital following joining of a pediatric oncologist. As a result, the hospital is now capable of managing pediatric oncology cases. Till now, a number of children suffering from ALL, AML, NHL and other types of cancer improved considerably following effective management protocols and unofficial twinning mechanism with Tata Medical Centre (TMC), India.

Establishment of the Second Operation Theater

With a view to meeting increasing and diversified surgical needs, especially for Caesarian Sections or Histectomy etc. a second Operation Theatre has been raised with OT tables and other accessories less Anesthesia Machine where surgeries can be performed with spinal or other local block anesthesia for varieties of surgeries.

Procurement of New Medical Equipment, Office Machines and Surgical Tools

The hospital authorities procured and installed latest advanced biomedical equipment at the ICU. These are five Ventilators (New Port USA), five Mionitors (Neon-Cohden, Japan) Portable

ECG Machine, De-fibrilator, Bi-pap Machine, five Specialized ICU beds and Central Medical Gas Supply System. new machines like Arterial Blood Gas Machine (ABG Machine USA) and Eco-Cardiogram Machine (GE-Norway). Moreover, new Anesthesia Machine with accessories, Patient Monitors, Video-Colposcope, Infant Incubator, Phototherapy, Automatic Hemolytic Analyzer, Digital Roller Mixer, Especial Centrifuge Machine for Blood Cell Separator like Platelet Rich Plasma and Platelet Concentrate were also installed for rendering modern and updated treatment to patients.

Establishment of Blood Bank

A blood bank has been established at AMCGH, Mirpur. Patients are utilising its service regularly. The hospital authorities regularly organizes blood donation camps for collection of blood.

Evening Chamber

The AMCGH, Mirpur, started child oncology and radiation oncology services on its ground floor. As per advice of specialist doctors, patients are admitted to the hospital for treatment. If required, patients' diagnostic tests along with their pathological tests are performed at the AMCGH laboratory.

The authorities are planning to construct a multistoried building at AMCGH, Mirpur. It will have Radiotherapy and other facilities. Almost 3,22,00 patients (approximately) interacted and about 16,000 surgeries were performed till June, 2016.



On the occasion of Bangla New Year, Health Sector organised a day-long programme at DAM Conference Room on 16 April, 2016-17. Dhaka Ahsania Mission President Mr. Kazi Rafiqul Alam was present as the chief guest. Various stakeholders were participated in the occasion.

Training on Universal Treatment Curriculum (UTC) for Substance Use Disorder

DAM is the first ICCE-approved NGO in Bangladesh that provides education for the addiction professionals. The International Centre for Credentialing and Education of Addiction Professionals (ICCE) of Colombo Plan gave official recognition to DAM for enhancement of professionals' drug treatment capacity. A Memorandum of Understanding (MoU) was signed in this regard between the ICCE and the DAM on 9 October, 2016. Its main objective is to increase professionals' knowledge and skills so that they may provide proper treatment to drug users and their rehabilitation.

DAM, in collaboration with ICCE, organises training on Universal Treatment Curriculum for Substance Use Disorder (UTC) across the country. The basic level UTC curricula is a set of eight training curriculums covering broad spectrum of substance use disorder treatment. It aims to enhance knowledge, skills and competency of addiction professionals by providing them with solid foundational understanding of the science of addiction and latest information on evidence-based practices in clients' treatment and interventions and necessary counselling to their families. Experiential activities aim to enhance drug treatment practitioners' skills and build their confidence to deliver quality care and service to drug users.



"DAM is an approved Education Provider of ICCE, Colombo Plan"



DAM

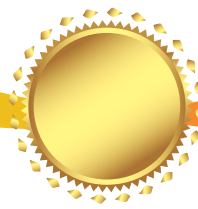
Health Sector in International Sphere



DAM 's Health Sector team members participated in different international seminars, workshops trainings, etc.

- Health Sector Head Mr. Iqbal Masud participated in Seventh Conference of the Party (COP-7) regarding tobacco control from 7-12 November'2016 at Noyda, India, during the conference he visited a drug treatment center run by All India Institute of Medical Science.
- Mr. Iqbal Masud participated in International Drug Demand Reduction Conference held in Brazil from 7-12 December'2016.
- Iqbal Masud also participated CoNGO Regional Committee in Asia-Pacific meeting in Siam University, Bangkok, Thailand from May 12-13, 2017.
- The Health Sector Head Mr. Iqbal Masud, Md. Mukhlesur Rahman, Assistant Director and Umme Jannat, Programme Officer of Tobacco Control Programme participated in South Asian TIA Training and Grantee Review Workshop at Kathmandu, Nepal from 8-10 March 2017.





■ Awards/ Prizes in Health Sector

Drug Treatment and Rehabilitation

DAM received first prize for outstanding achievements in drug treatment and rehabilitation across the country. The Department of Narcotics Control selected DAM for the award considering healthy environment at its treatment centres. Home Minister Mr. Asaduzzaman Khan MP. was present as the chief guest at the prize giving ceremony. He handed over the prize to Mr. Iqbal Masud, Deputy Director and Head of DAM Health Sector, at Osmani Memorial Auditorium. The award was announced marking the International Day against Drug Abuse and Illicit Trafficking. A crest, a certificate and Tk 30,000 were handed over to him.

Family Planning Services

DAM UPHCSDP, CoCC, PA-1 received certificate & crest for rendering family planning and services (clinical method) in Comilla district during 2015-2016 period. On behalf of Comilla DC, Harun or Rashid, Deputy Director of LG Comilla, handed over the certificate to the Project Manager of Urban Primary Services Delivery Project Md Golam Rasul. DAM UPHCSDP, DNCC, PA-5 received the certificate for its outstanding family planning services (clinical method) at Tejgoan, Dhaka during 2015-2016 period. Tejgan Thana Family Planning Officer Halima Khatun handed over the certificate to Urban Primary Services Delivery Project Manager Mahfida Dina Rubiya.



■ Our Networks

International

- Member, Broad of Directors, Framework Convention Alliance (FCA), Geneva, Switzerland
- Member, Vienna NGO Committee on Narcotic Drug, Vienna, Austria
- Member, The World Federation against Drugs, Stockholm, Sweden
- Member, The International Consortium of Addiction Related Organizations (ICARO)

National

- Member, National Taskforce Committee for Tobacco Control, Ministry of Health and Family Welfare
- Secretariat, SANJOG – A Network for Drug Treatment Centers in Bangladesh
- Member, National STD/AIDS Alliance.





Health Sector

Dhaka Ahsania Mission

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