



2017-18 Annual Report

Health Sector Dhaka Ahsania Mission





DAM won the 1st prize for its outstanding contribution in the field of drug prevention by the Department of Narcotics Control (DNC) on 26 July 2017

Annual Report

2017-18

Health Sector
Dhaka Ahsania Mission





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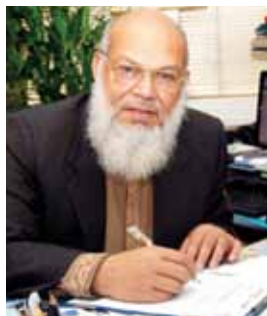
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Contents

Message from The President, DAM	5
Message from The Executive Director, DAM	6
Message from The Editor	7
Executive Summary	8
Health Sector Strategy	10
Urban Primary Healthcare Service Delivery Project (UPHCSDP), Uttara	12
Urban Primary Healthcare Service Delivery Project (UPHCSDP), Cumilla	16
Improvement of the Real Situation of Overcrowding in Prisons in Bangladesh (IRSOP)	20
Strengthening Household Abilities to Respond to Development Opportunities (SHOUHARDO-III) Project	24
Enhancing Resources and Increasing Capacities of Poor Households towards Alleviation of Their Poverty -ENRICH	26
Health and Nutrition Voucher Scheme for the Poor, Extreme Poor and Socially Excluded People (PEPSEP) Project	28
Dhaka Ahsania Mission Health Sector Response in the Rohingya Crisis	30
Tuberculosis (TB) Control Program	34
Tobacco-control Program	36
Hena Ahmed Hospital	40
Ahsania Mission Drug Treatment & Rehabilitation Center, Gazipur	42
Ahsania Mission Drug Treatment & Rehabilitation Center, Jashore	48
Ahsania Mission Female Drug Treatment Center, Dhaka	52
Ahsania Mission Cancer and General Hospital, Mirpur	56
Ahsania Mission Cancer and General Hospital, Uttara	58
Training on Universal Treatment Curriculum for Substance Use Disorders (UTC)	60
MONOJOTNO Center	62
Awards	64

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 from The President

I am pleased to present the Health Sector Annual Report July 2017 – June 2018 of Dhaka Ahsania Mission. The report provides an overview of our work, the highlights and the achievements, challenges and the contributions in this sector. It emphasizes on the performance and progress of the interventions over the past year in respect of Drug Treatment and Rehabilitation program, Primary Healthcare program, TB control program, Tobacco Control program, cancer treatment facilities, food and nutrition programs, training programs for capacity building and the interventions for the prisoners & the children drug users.

Our commitment is to bring a change focusing on the holistic care, thus our effort to strengthen our system and integrate better services. We strive to ensure the support and care required for a healthy life. And we can achieve this by continuous development of respectful and effective partnership with our patients/clients, communities and concerned individuals.

The overwhelming cooperation and support from different government offices, national & international NGOs, donors, voluntary organizations and kind-hearted individuals motivate us to be on our journey. We express our heartfelt thanks and deepest gratitude to everyone of them. We hope that this will continue in the years to come.

Our highest commendations are for the Mission staffs for their commitment, loyalty and dedication. Our faith is that our successes in the past year will contribute as 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



Message from The Executive Director

The core sectors of services of Dhaka Ahsania Mission are Health, Education and Economic development. The Health Sector plays an enormous role towards serving the humanity. The key focus of the sector remains around the primary healthcare services based on the national expanded Essential Service Delivery (ESD+) package. Addiction Management and Integrated Care, AMIC has become a flagship of this sector covering the prevention, treatment and rehabilitation of substance use disorders.

In the 10-year strategic direction of DAM (2015-2025), health sector set a number of innovative and priority targets to reach the clientele. Particular attention on the spirits of Sustainable Development Goal was decided for this particular sector. It includes the expansion of Non-Communicable Disease care programs, provision of support for mental health issues, reduction of the debilitating effects of hypertension and cancer.

DAM Health Sector Annual Report July 2017 – June 2018 is the continuation of the first attempt that provides an account of progress and challenges of the year under report; lessons learnt and future insights for moving forward. 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.

My deepest gratitude is for all those who contributed to the Health Sector in performing according to the reputation in the last year. It will help us to learn from the challenges we have faced and the successes we have achieved.

Finally, I extend my sincere thanks to the President and the Director -Programs of DAM for their kind guidance & support and special congratulations to the Head, Health Sector of DAM for the endeavor in preparing and publishing regular annual reports. I also wish to place my appreciation and thanks to the development partners, the sector teams and other concerned personnel who contributed to the achievement so far. We are looking forward to work together in the coming days.

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



Message from The Editor

Health is one of the core sectors of Dhaka Ahsania Mission (DAM) with constantly growing magnitude of the activities. This sector has been providing primary healthcare services, drug addiction treatment & rehabilitation services, implementing tobacco control program, nutritional services, preventing communicable & non-communicable diseases and mental healthcare services. DAM has also earned the best award recognized by the Government of Bangladesh for its contribution in drug addiction treatment and rehabilitation. It also has a glowing international reputation.

DAM primary healthcare activities focus on qualitative and quantitative attainment of delivering services based on nationally expanded Essential Services Delivery (ESD+) packages. It is playing pivotal role for ensuring primary healthcare to the urban poor.

DAM Health sector has valued presence in preventing drug addiction and rehabilitation. While the degree of drug use is increasing, proper interventions to prevent and treat addiction is far from being adequate. DAM has been an important accessory to overcome such problems. It has been emphasizing on awareness and policy advocacy for tobacco control. It provides treatment and awareness services on communicable and non-communicable diseases.

DAM has faced challenges during establishing optimum level of services for the vulnerable and exposed groups. It is still a growing sector with strong dedication. Our well wishers, donors and the Government of Bangladesh have been supporting us to excel in our pursuits. We work towards seeing the sector moving forward with the involvement of community people from the grassroots level to the national & international level.

We appreciate the help that has been supporting our initiatives and we are grateful for the cooperation that we receive. We also convey our thanks to the donors, government, sponsors, collaborative partners, advisory committee members, sector teams, valued clients and their family members for their wholehearted support. The annual report contains brief accounts of activities and achievements of the Health sector projects and programs. We hope our efforts will bring a better future by reducing tobacco & substance use related problems, along with the expansion of treatment care services for communicable, non-communicable & mental health disorders.

Iqbal Masud
Head of Health Sector
Dhaka Ahsania Mission



Executive Summary

Health Sector is one of the three core sectors of Dhaka Ahsania Mission; which has been contributing to achieve SDG Goal 3: “Good Health and Well-Being” in Bangladesh. Its focus remains on primary healthcare and nutrition services for the poor & underprivileged population, anti-tobacco activities, providing mental health support to the prisoners, endeavor to succeed in treatment & rehabilitation of substance use disorder, TB-control & treatment and on offering the best possible specialist care for cancer treatment. This report contains the uniqueness of each and every program & project, with the services they provide, how their impact can

contribute to humanity in a harmonious way, the achievements and provided services during July 2017 – June 2018.

Healthcare centers were established for the poor population in the urban areas of Uttara, Dhaka and Cumilla city. Nutritional supports are provided for them; for the people from Savar & Satkhira (under the PEPSEP Project) and for the people residing in Sukundi Union of Narsingdi (ENRICH project). Free treatment, maternal & child healthcare issues, reproductive & adolescent healthcare, nutritional monitoring, vaccination & distribution of supplements and other services were provided during the year. HIV/AIDS prevention & treatment is also an important component of the services provided by the sector.

DAM Health Sector runs the anti-tobacco program to build smoke-free hospitality sector for the country and for the strict implementation of anti-tobacco law. A massive achievement in this year has been the consideration of BIWTA to make all water vehicles smoke-free soon. Research initiative was undertaken to study tobacco advertisement, sales, product displays, purchase incentives around schools & playgrounds; during the reporting year. The results of the study has become a very strong weapon to fight for stronger steps against tobacco usage.

The Health Sector is concerned with provision of mental health and vocational training support for the prisoners, thus contributing in reduction of recidivism. Project has been covering 15,623 prisoners from four prisons, and 1,603 attended life-skill training sessions during the reporting year.

Treatment for Drug Addiction and Rehabilitation programs carry the flagship through the Addiction Management and Integrated Care (AMIC) initiative. It provides the evidence based SUD related services through three centers – Gazipur and Jashore centers accommodate the male, and the Dhaka center serves the female.

Consultation on mental and general health issues, counseling, psychosocial education, harmful effects of drugs and other issues are provided in all the centers. DAM Health Sector also plays very important role in rehabilitating the recovering drug users.

One of the strategies that the Health Sector follow is prevention & curative services for communicable diseases. TB clinics are run in Uttara and in Khilkhet, providing diagnosing and DOTS services to treat TB. Non-communicable disease like hypertension, diabetes, cardiac problems and other general health issues are also addressed through project activities. With the aim to providing the best cancer care for the patients, DAM runs specialized cancer hospitals in Mirpur and Uttara of Dhaka city. Equipped with state of the art facilities, these hospitals and Hena Ahmed Hospital in Munshiganj, also provide medical services for improving general health conditions of the local people.

DAM Health Sector is always one of the firsts to aid the people in crisis. Continuing its aim to help the humanity, Health Sector arranged nutritional & general healthcare screening and treatment services for the Rohingyas of Cox's Bazar.

DAM Health Sector has always been driving its workforce for joining training sessions and workshops as a part of capacity building. Regular programs were organized on relevant topics under different projects during the reporting year. It also conducts training for international accreditation of addiction professionals.

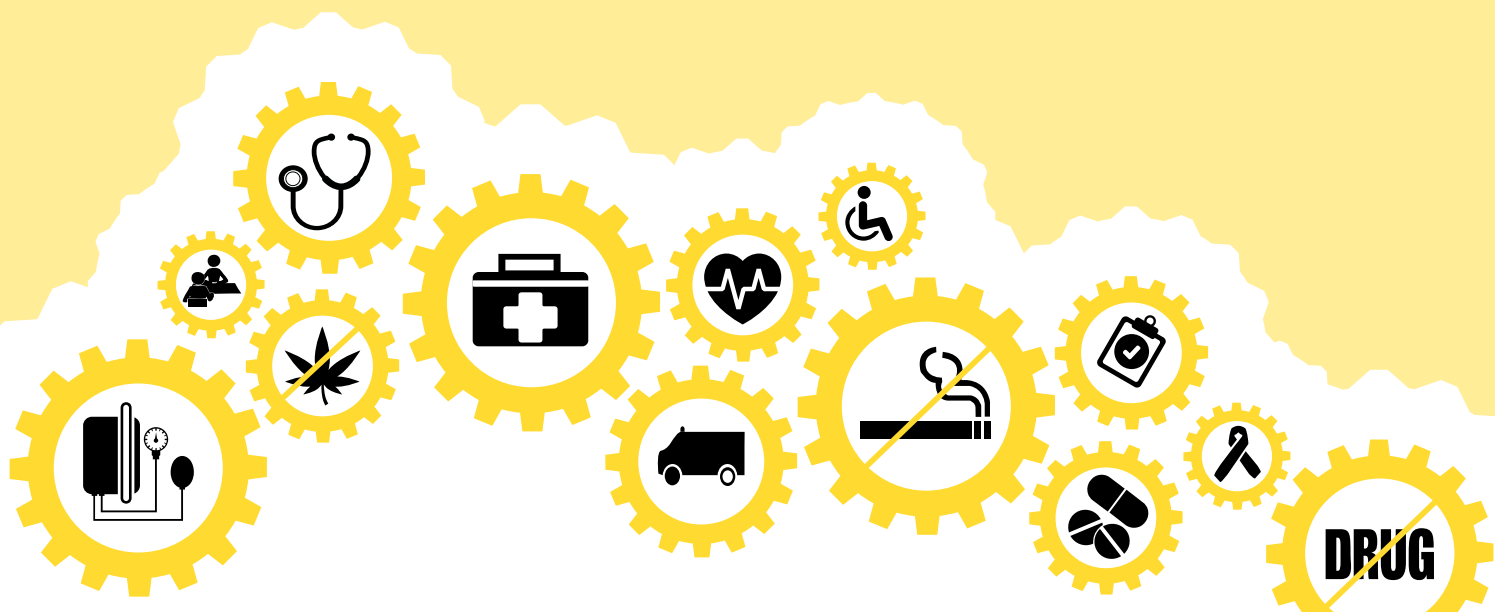
Our effort is to present the activities, achievements and contributions of Dhaka Ahsania Mission Health Sector during July 2017 – June 2018, for the kind consideration of the driving forces that make us believing in our abilities to make the world a beautiful and harmonious place to live in.

Health Sector Strategy

Hazrat Khan Bahadur Ahsanullah (PBUH) established Dhaka Ahsania Mission (DAM) in 1958, It has since become one of the renowned Non Government Organizations (NGOs) in Bangladesh. With the motto “Divine and Humanitarian Services”, DAM has brought up significant contributions in different aspects of life including health, education, human rights, poverty alleviation, livelihood etc. DAM has developed its Strategic Plan for 2015-2025, according to which, Health is one of the core sectors. During July 2017 - June 2018, lot of activities/interventions were implemented under different projects/programs of Health Sector. This report describes the major activities, interventions and achievements thereof.

Development of Health Sector Strategy Paper

Health Sector Strategy Paper was developed in a Review and Planning workshop organized in 16-20 January 2016, and it has been a guide for the workforce since then. The document reflects the context of health in Bangladesh, keeping the Millennium and Sustainable Development Goal (MDG & SDG) objectives in mind. Its aim is to reduce health risk and thus improving the quality of life & livelihood. In the strategy development process, initiatives of the Government of Bangladesh and concerns of DAM were also considered. Different aspects such as health context of Bangladesh, excellence & track records of DAM on health issues, its schematic approach, target population etc influenced the Strategy Paper. It insists on the coordination among the inter divisions of DAM for the provision of better services. As per DAM Health Sector strategy paper, followings are the priorities identified for the next decade:





■ **Ensuring Essential Service Delivery (ESD) package for women and children through the field based programs and institutional services (hospital, maternity centers, etc.)**

- Maternal healthcare
- Population and family planning services
- Neonatal care
- Child healthcare
- Reproductive healthcare including STD & RTI
- Nutrition

■ **Expansion of the prevention and curative services for communicable diseases**

- Prevention of STI, HIV & AIDS
- Prevention of water borne diseases
- Prevention of Hepatitis and TB

■ **Scaling up the addiction management treatment services and prevention programs for substance and tobacco use**

- Treatment of substance abuse
- Prevention program of substance abuse

- Tobacco control program
- Capacity development of addiction professionals

■ **Strengthening the non communicable diseases (NCD) care programs**

- Prevention of cancer
- Prevention of hypertension
- Prevention of diabetes

■ **Prevention of death and injuries from road traffic accidents**

- Policy advocacy
- Awareness program

■ **Strengthening the treatment of mental health issues and promoting sound mental health**

- Counseling
- Development of the counseling manual
- Awareness programs
- Significant day observation
- Policy advocacy
- IEC materials development
- Capacity development



Urban Primary Healthcare Service Delivery Project (UPHCSDP), Uttara



Based on the contract signed on 31 December 2012, DAM has been implementing Urban Primary Healthcare Service Delivery Project (UPHCSDP) since January 2013; with the motto “Shebar Alo Shobar Kache”, meaning “Service Provided for Everyone”. Its goal is to improve the health status of the urban population, especially the poor, through improved access to Primary Healthcare (PHC), thus utilizing their efficient, effective and sustainable services. Services are provided through satellite clinics, Primary Healthcare Centers (PHCC) and Comprehensive Reproductive Healthcare Centers (CRHCC) with proper surgical facilities. Specialist physicians on gynecology & obstetrics, pediatricians, medical officers, skilled nurses and paramedics offer services in full time basis through 12 satellite teams (72 satellite spots), six PHCCs and one CRHCC.

Medical and Supportive Services

Maternal Healthcare

Maternal healthcare services were provided through static and satellite points, conducting 10,909 antenatal checkups, managed 1,291 safe deliveries and provided 6,838 post natal care.

Neonatal & Child Healthcare

It provided 6,310 neonatal services and 21,913 under-five general services.

Adolescent Healthcare

It served 15,102 youths. ‘Exclusive Afternoon Hours’ for adolescents are held once a week. UPHCSDP organized

119 sessions with youngsters on sexual & reproductive health..

School/College-based Health Programs

Due to the high risk for STDs and unwanted pregnancy at adolescence, UPHCSDP organized 119 school-based awareness programs on personal hygiene, adolescent health, physical & mental changes of puberty, gender issues, disadvantages of early marriage, RTI/STIs & risk of HIV/AIDS, advantages of Immunization/TT vaccines etc.

Reproductive Tract Infection (RTI)/ Sexual Tract Infection (STI) Management

For the management of RTI/STIs and appropriate counseling sessions for STDs; 7,207 patients received services.

Population and Family Planning Services

Supported by the Directorate of Family Planning, UPHCSDP provided FP services to 49,105 eligible couples, 74 received permanent methods (tubectomy 22, vasectomy 52); 1,245 received long acting methods (IUD 547, Implant & Norplant 698); 18,794 oral contraceptive pills, 6,408 condoms and 8,497 depo/injectables. Awareness programs were organized for rickshaw-pullers and new couples.

Nutritional Services

It provided nutritional services to the poor women and children; including distribution of micro nutritional powder, nutritional counseling and food supplements. BMI for adults & adolescents and Growth Monitoring Chart for under-5 children were used to assess the malnutrition level. Supplementations of Vitamin A & folic acids were given.

One Vitamin A+ campaign and two de-worming weeks were observed, 73,439 children were fed Vitamin A+ capsules and 89,667 children were

fed Albendazole tablets. Growth monitoring for 18,803 under-5 children was conducted and 693 under-5 malnourished children were referred for further management.

Immunization Programs

For the target population, awareness programs on importance of full immunization, 3,173 sessions and 59,007 EPI vaccination sessions for under-2 children were held.

Support to Autistic & Orphan Children

UPHCSDP provides health services to the autistic children by organizing sessions on the importance of timely immunization. Such sessions were organized for autistics children at Beautiful Mind School and the De-café daycare. The children were also provided with general health services. Pupils of two orphanages in the area received free treatment and medication. A total of 1,472 orphans were provided with services from this project.

Limited Curative Care

Basic first aid for common injuries such as cut, burn, fracture etc. and the treatment of medical emergencies such as high fever, pain, drowning, poisoning, asphyxia were provided to 81,388 patients.





Diagnostic Services

PHCCs and CRHCCs are equipped with pathological laboratories for diagnostic purposes where 82,474 patients received services. DAM organized 72 laboratory camps in different schools and garments factories in the area where 20,903 people participated in pathological testing; 8,263 among them received the service free of cost.

Visual Inspection with Acetic Acid (VIA) Screening & Treatment

UPHCSDP has been conducting VIA screening to identify the risk & presence of cervical cancer on the 24th of each month; by which 1,952 women were examined and five patients were diagnosed positive, who were referred to BSMMU for specialized service.

Friday Clinic & Evening Clinic

UPHCSDP organized monthly Friday clinic and daily evening clinic for the benefit of working women. General treatment & family planning services are provided through these clinics.

Free Treatment from Medical Camps

DAM has organized a total of 11 Medical Camps for the poor and underprivileged people in the working area. Through these medical camps, DAM provided eye care, general health, diabetes and child health care services. It organized two blood donation camps with the help of Sandhani. Through the blood donation camp, DAM collected 98 bags of blood. This initiative also created public awareness in favor of blood donation.



Raising Awareness and Social Services

Behavior Change Communication (BCC)

The project distributed 10,000 BCC materials at trainings, workshops, awareness sessions & school programs for service providers, clients & community people.

Violence Against Women (VAW)

Counseling and referral supports are provided to the victims of VAW. Every incidence of 334 victims was handled delicately.

Gender Mainstreaming

The activities ensure gender issues abiding by the organizational gender policy. Female healthcare providers are given priority and females from all social segments are included in PHC committees. The project ensures 80% services to the poor females with awareness on female rights, supporting female empowerment in collaboration with different organizations, NGOs and social welfare offices.

Accessible Services for the Poor

A baseline survey was done with MoLGRD&C, to identify the poor households in project area; it is annually modified for complete coverage. "Red Cards" were issued to 30% of the poor households for free services and medicines. There are 73,016 households in the project area, 16,965 among them are red card holders; 83,565 received free services. Among them, 268 normal deliveries, 324 MRs and 2,780 neonatal cares are included. Also, 8,263 cardholders received free diagnostics services.

Community Participation

Users Forum and WUHCC committee organized four quarterly meetings and provided feedback for improvement of the services. UPHCSDP organized 1,314 group meetings at community level on health education, and four support group



meetings on service promotion as well as to solve local problems.

Activities

Observation of Family Planning Week

Two family planning weeks (30 December 2017 - 4 January 2018 and 20 - 26 March 2018); and 14 awareness raising sessions were organized on contraception methods.

Antenatal Care (ANC) Camp

Community based ANC camps (with specialists) provided services. A total of 267 ANC camps were organized for 9,138 pregnant mothers. Husbands, mother-in-laws & head of the families were included in awareness programs.

Participation in Different Programs

UPHCSDP organized rallies, discussion sessions, human chain formation, establishing information booths on World AIDS day, World No Tobacco Day, World Health Day, World Women's Day, National Population Day, Anti Drugs Day, National Immunization Day, Family Planning Week etc.

Urban Primary Healthcare Service Delivery Project (UPHCSDP II), Cumilla



Dhaka Ahsania Mission (DAM) has been implementing “Urban Primary Healthcare Service Delivery Project (UPHCSDP) CoCC PA-1 since 31 December 2012 with the motto “Shebar Alo Sobar Kache” meaning “Service Provided for Everyone”. Its goal is to improve the health status of the urban population, especially the poor, through improved access to Primary Healthcare (PHC), thus utilizing their efficient, effective and sustainable services. Like the UPHCSD Project in Uttara, this project also provides their services through satellite clinics, PHCCs & CRHCCs with surgical facilities. Specialist physicians on gynecology & obstetrics, pediatricians, medical officers, skilled nurses and paramedics offer service in full time basis through 12 satellite teams (72 satellite spots), six PHCCs and one CRHCC. Current phase of UPHCSDP-II has served 3,48,707 clients, 59,279 (17%) of them are men and 2,89,426 (83%) are women & children. The ratio of the clients that had been served are 17% male and 83% are women & children. This project has 134 staff, among them 43 are male (32.09%) and 91 (67.91%) are female.

Medical and Supportive Services

Maternal Healthcare

Maternal healthcare services through static and satellite points were provided to 44,839 mothers. It conducted 17,077 ANC's, 521 MRs, 1,795 safe deliveries (1,285 Normal Vaginal Delivery & 510 Caesarian sections), 6,280 PNCs and 23 post abortion care.

Neonatal and Child Healthcare

UPHCSDP-II provided services to 28,673 children of 1-59 months and to 1,795 other children. Discussions on

neonatal & infant care, exclusive breast feeding (EBF), ARI and growth monitoring were held with mothers.

Courtyard Sessions

Regular courtyard sessions were organized with 3,615 mothers and sessions were conducted by 12 service promoters. Discussions on care during pregnancy, ANC, PNC, nutrition during pregnancy & lactation, EBF, Infant Young Child Feeding Practice (IYCF) were held.

Growth Monitoring & Promotion (GMP)

Project staffs conducted GMP sessions with pregnant women, lactating mothers & mothers of under-2 children. Weights of the mothers and children were recorded as simultaneous monitoring was conducted. This method ensures awareness on growth & development of the children and referrals if necessary. Family members were offered to join the discussions.

One to One Counseling

Service providers visit the households for counseling the pregnant mothers, lactating mothers & mothers of under-2 children on nutrition, EBF, IYCF, family planning, ANC, PNC and child health.

It helps in dealing with health issues, to improve attitudes regarding feeding practices & nutrition, and to warn the mothers & guardians for emergency transport arrangements in case of critical conditions.

Adolescent Healthcare

UPHCSDP-II provided adolescent health services to 14,316 during weekly 'Exclusive Afternoon Hours'. Discussions on adolescent sexual & reproductive health, awareness programs and information on general health services were held and 5,398 youths received anemia treatment.

School Based Awareness Programs

Adolescents are at higher risk for STDs and

unwanted pregnancy with increased mortality & morbidity due to it. UPHCSDP-II organized 18 school-based awareness programs with discussions on personal hygiene, adolescent health, physical & mental changes of puberty, gender issues, disadvantages of early marriage, RTI/STIs & risk of HIV/AIDS, advantages of Immunization/TT vaccines etc.

Population and Family Planning Services

UPHCSDP-II and the Directorate of Family Planning offered contraceptive methods to 24,561 eligible couples, permanent methods (tubectomy 108, vasectomy 60) for 168; long acting methods (IUD 240, Implant & Norplant 619) for 859; short acting method as 64,008 oral contraceptive pills, 109,428 condoms and 11,583 depo/injectables were provided.

Reproductive Healthcare

UPHCSDP-II provided reproductive healthcare to 4,513 patients as sanitary napkins, iron tablets, BCC materials and game instruments.

RTI/STI Management

RTI/STI management and counseling were provided to 10,752 clients.





EPI Services and NID Programs

UPHCSDP-II organized EPI by two daily, 12 weekly & 48 monthly sessions; 28,673 children were provided. Two NIDs provided service to 42,156 children. De-worming week was observed where 453 children received the services.

Nutritional Services

UPHCSDP-II provided nutritional services to the poor women and children offering micro nutritional powder, nutritional counseling and food supplements. BMI and Growth Monitoring Charts were used to assess the malnutrition level. Vitamin A and folic acid supplementations were provided where 894 malnourished mothers received the service. Vitamin A+ campaign and de-worming weeks were observed. Severe Acute Malnutrition patients were referred to Cumilla Medical College Hospital (CMCH) and Cumilla Central Medical College Hospital (CCMCH).

Limited Curative Care

Basic first aid for common injuries such as cut, burn, fracture etc; and the treatment of medical emergencies such as high fever, pain, drowning, poisoning, asphyxia are the vital components of quality curative care. UPHCSDP-II provided such care to 77,057 patients. Critical patients were referred to the CMCH & other hospitals.

Diagnostic Services and Emergency Transportation Service

Diagnostic services through pathological laboratories were offered to 52,227 patients. Seven laboratory camps were organized in schools and garments factories; 463 people participated in pathological testing there. Free investigation services were provided to 25,006 people. UPHCSDP-II organized Laboratory Campaign on *National Mourning Day* where free RBS test, blood grouping and other tests were conducted.

VIA Screening and Treatment

UPHCSDP-II has been conducting VIA screening to identify the risk & presence of cervical cancer.

Screening was done in 171 women and 15 were diagnosed positive. They were referred to CMCH at first and then to BSMMU for specialized services.

Raising Awareness and Social Services

Behavior Change Communication (BCC)

The project organized trainings, workshops, awareness sessions & school programs, where 35,000 copies of BCC materials were distributed.

Violence Against Women

This is an important component where counseling and referral supports are provided to the victims. Every incidence with 823 victims was handled delicately. It also referred clients to BLAST for legal supports.

Gender Mainstreaming

Female healthcare providers are given priority in UPHCSDP-II. Among 134 staffs, 43 (32.09%) are male and 91 (67.91%) are female. Females were included in the PHC committees. The project ensures services to 348,705 recipients where 59,275 (17%) are male and 289,126 (83%) are women & children.

DAM has been trying to build awareness on female rights, practicing female entitlement and providing support on female empowerment in collaboration with different organizations, NGOs and social welfare offices.

Accessible Services for the Poor

A baseline survey was done by MoLGRD&C and DAM to identify the poor households, with annual update of the list. New target population is added for complete coverage. "Red Cards" were issued to 30% of the poor households for free services and medicines. There are 68,406 households in the project area with 10,277 red card holders.



During the reporting period, 163,892 received free services, among them 385 normal deliveries, 220 MRs and 674 neonatal cares were included; 25,006 cardholders received free diagnostics services; and 48,743 cardholders received free services for minor infection.

Services through Referral

DAM signed MoU with YWCA for adolescent services. Shurjer Hashi Clinic, Marie Stopes Clinic and BRAC Urban Development Project referred patients to UPHCSDP-II for health services. For critical patients with complications, service providers referred them to CMCH & other hospitals.

Activities

Observation of "Family Planning Services Week"

Two family planning weeks were observed with the aim to create awareness among new & eligible couples, rickshaw pullers and adolescents about the demerits of early marriage.

Staff Training

As a component of capacity building, different training sessions were organized for 88 staff on BCC, on quality healthcare services, EPI, FP counseling, care of children and first aid management.

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



Prisons in Bangladesh are severely overcrowded due to an inefficient, irregular and anachronistic criminal justice system. Drug depended prisoners face treatment crisis inside. To reduce prison overcrowding and improve legal protection to poor and vulnerable prisoners, Bangladesh – Germany project “Improvement of the Real Situation of Overcrowding in Prison” has been undertaken; where DAM implements activities focusing on rehabilitation & re-integration for prisoners. Its aim is to rehabilitate prisoners through skill development.

Phases of the Project

The pilot project started from 16 April 2014. Table below shows the phases of the project

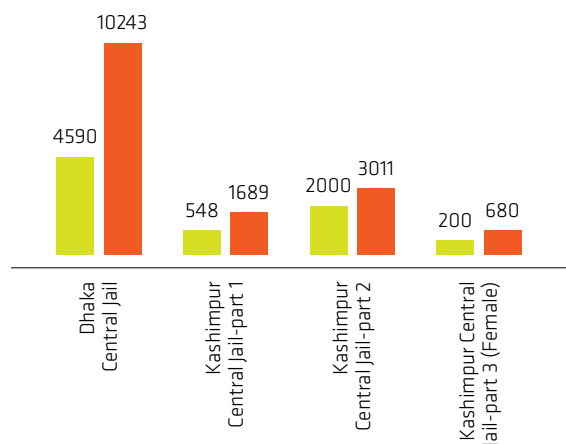
Project phase	Duration
Pilot phase	16 April 2014 – 31 August 2014
First phase	01 September 2014 – 31 December 2015
Second phase	January 2016 – September 2017
Current phase	October 2017 – December 2018

The second phase of the project was through a new contract between DAM and GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit) with wider range of activities in eight prisons. However, the working area was reduced to four prisons in the current phase.

Area and Coverage

The current phase has a working area consisting Dhaka (Keranigonj) and Kashimpur Central Jail-1, 2 and 3; within 15,623 prisoners (680 female; 14,943 male).

Population status of the working prisons



Drug Referral

Drug referral has become one of the most important activities to reduce the flow of reoffending drug related cases. Prisoners are provided with counseling and medical support in groups of 10-12. During the reporting time, 989 prisoners (912 male, 77 female) received counseling inside the prisons, 24 (22 male, 2 female) were referred to other drug treatment centers and 18 (14 male, 4 female) were referred to have medical supports inside the prison due to extreme withdrawal symptoms.

Contents of Drug Counseling

- Rapport building
- Craving and relapse prevention
- Motivational sessions & assertive learning
- Decisional balance
- Social reconnection
- Planning and goal setting

Skill Development Training

For reducing recidivism and rehabilitation, life skill training ensures income generating process in and outside the prisons. IRSOP organized training on demandable and income generating

trades where 367 prisoners (268 male, 99 female) took part. Monitoring, supervision, follow up and evaluations were done by prison authority and project staff. Certificates were given after successful completion of training program.

Major Trades of Skill Development Training

- Handicraft (Jute)
- Furniture making (Cane)
- Tiles fitting
- Bakery & confectionary
- Civil painting
- Electrical & house wiring
- Block/Batik
- Beautician

Life Skill Training

Life skills training through IRSOP project helps the prisoners to improve their knowledge and to obtain critical thinking ability. Training session was two hours daily for five days where 1,603 prisoners (1,290 male, 313 female) participated.

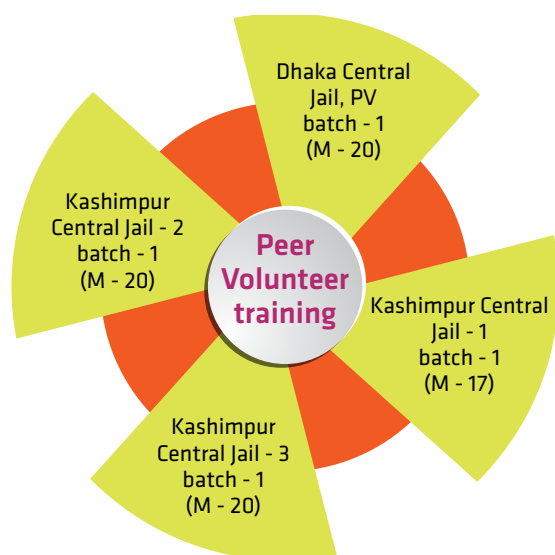


Contents of Life Skill Training

- Reflecting back
- Communication
- Building and nurturing relationships
- Problem solving, decision making, conflict resolution
- Mental stress management
- Self control
- Overwhelming emotion control
- Coping strategy, assertiveness to deal with undesirable situations
- Planning and implementation

Peer Volunteer Training

Peer Volunteer Training is one of the specific project activities that help to identify prisoners for counseling; providing information on drug treatment, withdrawal management; observing general health and identifying risk factors of HIV/AIDS & other diseases. Each group has 20 members. There were four Peer Volunteer Trainings held among 77 prisoners in different prisons during the reporting period



Meetings and Workshops

Stakeholder Workshop

Three stakeholder workshops were held in Cumilla, Mymensingh and Jashore to make the rehabilitation program sustainable for helpless, marginalized, poor prisoners. Respective District Commissioners, Additional District Magistrates, Senior Jail Supers, representative of the Civil Surgeon and Police Super were invited as guests. Representatives of GO, NGO stakeholders, GIZ and DAM were also present. Total number of participants was 94 (Mymensingh-28, Jashore-32 and Cumilla-34).

Quarterly Coordination Meeting Among GIZ Partners

Four quarterly meetings were held with the objective to develop coordination among DAM-GIZ team members; 122 (male-102, female-20) took part in them including capacity building manager, district paralegal officer, capacity building officers, quality assurance officer, rehabilitation supervisors and rehabilitation counselors.

Knowledge Management and Learning Sharing Workshop

Knowledge Management and Learning Sharing workshop was held in September 2017 with 22 participants (19 male, 3 female) with the following objectives -

- To review last project period
- To identify the challenges which the project faced
- To identify the best practices of DAM-GIZ-IRSOP project and to explore learning through implementation

Initiatives for Qualitative Rehabilitation

DAM seeks support from the Deputy Commissioner (DC), Dhaka regarding qualitative rehabilitation. On 4 April 2018, 7 beneficiaries

(3 male, 4 females) met with Mr. Abu Saleh Mohammad Ferdous Khan, DC, Dhaka. Honorable DC has confirmed to provide support from the Department of Social Welfare.

Initiatives for Sustainable Rehabilitation inside Prison

DAM arranged training sessions on technical, practical, marketable and beneficial trades. There is a production unit inside prison called “Dofa” for different products. After completing the skill development training, the authority established seven Dofas from the trained prisoners. Foreign visitors, Judges and the IG prison visited the jute trade area and were very impressed to see the products.

Prison	Established Dofa
Dhaka Central Jail	Men's salon
Kashimpur Central Jail I	Furniture making (cane) & handicraft (jute)
Kasihmpur Central Jail II	Furniture making (cane, partex & plywood) and handicrafts (jute)
Kashimpur Female Central Jail	Handicraft (jute), block/ batik



Case Study: Self-reliant Razu

The youthful, excited, honest and fearless Razu (pseudo name) was leading a happy life with his family. When he was 17 years old, he was admitted in college for education. With a teenager's enthusiasm, he went for the interview of Bangladesh Rifles Battalion for soldier position. Fortunately he was selected and started his new professional life at Akhaliya, Sylhet in 2006.

In the year 2009, he came to the Dhaka BDR Headquarter to join BDR Week as a representative from his battalion. He was charged and dismissed as he was accused with the tragedy of the Pikhana Rebellion. Finally, the court convicted him and sentenced for 4 years' consecutive prison trial.

During his imprisonment, he received electrical and house wiring training course with interest and he was certified through the IRSOP project. Prison authority was impressed by him and they assigned him in all electrical works inside prison.

After his imprisonment, he got a job in a textile mill and earned 10,000/= taka monthly. He was offered another job in a company as Electrician in Charge and started earning 15,000/= taka monthly. Now he has been working in that company for a salary of 18,000/= taka per month. He has a permit license on electrical works from the Ministry of Power and Energy. He is a legal electrician now. Razu is trying to forget the past traumatic memories and he is going forward in life with new spirit. He has plans to establish an electrical equipment shop in his village beside his regular electrical work.

Razu is thankful to the prison authority, DAM and IRSOP project for helping him in walking on the new lightened path of life.

Strengthening Household Abilities to Respond to Development Opportunities (SHOUHARDO-III) Project



DAM has been implementing a five year long program - “Strengthening Household Abilities to Respond to Development Opportunities” (SHOUHARDO III) in 134 villages of 21 Unions under Tahirpur & Duarabazar Upazila of Sunamganj district and Baniachang & Ajmiriganj Upazilla of Habiganj district. Project target is to improve nutritional status of under-5 children, pregnant & lactating mothers and adolescent girls in 18,837 poor & extreme poor (PEP) households

Activities

Growth Monitoring Meetings

Quarterly meetings were held for growth monitoring & promotion at EPI centers and community clinics in 134 villages; to help mothers to be aware of children growth, development and nutritional requirements. Referral was offered when needed and to the critical cases of Severe Acute Malnutrition.

Courtyard Meetings

Monthly meetings were held for discussing health, hygiene and nutrition issues. Facilitated by Community Health Volunteers (CHV) & Technical Officers, pregnant & lactating mothers attended 1,206 meetings; issues on maternal & child health, nutritional requirement of mother & children, exclusive breast feeding, immunization, family planning, personal & family hygiene and infective diseases were discussed. Fathers and heads of the families were encouraged to join the meetings.

Meetings on Adolescent Health

Quarterly basis meetings on health and nutritional concerns

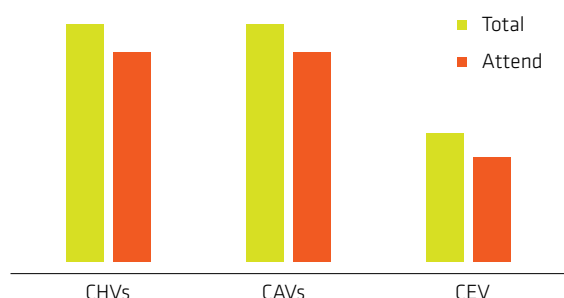
among adolescent girls were held in 134 villages, and 402 sessions were done on the issues.

Observation of National Nutrition Week

It was observed through rally and discussions in the DAM SHOUHARDO III working area, with the aim to accelerate public awareness on improving the nutritional status, incorporating nutrients to regular food and food equity.

Learning Sharing Meeting

Quarterly learning sharing meetings were held where 121 CHVs, 120 Community Agriculture Volunteers and 75 Community Empowerment Volunteers participated to remain updated and skilled on the information delivery process.



Household Visits

To discuss on the topics of other meetings and for need based counseling, CHVs visited 35,925 households during the reporting period. Husbands and other family members along with the pregnant & lactating mothers were

encouraged to join the meetings.

CHV Capacity Building

To enhance CHVs' knowledge on health and hygiene issues, a five-day long residential training was held where 134 CHVs attended. This was facilitated by physicians, high officials and DAM Technical Officer.

Capacity Building Training

Training session was held for the members of Community Groups (CG) & Community Support Groups (CSG) on the roles and responsibilities. Discussions were held on mass awareness and internal coordination among 10 CG, 11 CSG and one CHV members; so they can disperse the knowledge to community.

Cooking Demonstration Program

Community based cooking and feeding demonstration program was held in 134 villages through 134 sessions. Proper ways of cooking and feeding for nutritional development were discussed during the meetings.

Training for Volunteers

A five-day long training was held for 129 volunteers about behavior change, both way effective communication, rapport build up, development of listening skill, maintaining good working relationship, questionnaire skill, counseling skill, adult facilitation etc topics.



Enhancing Resources and Increasing Capacities of Poor Households towards Alleviation of Their Poverty - ENRICH



The ENRICH project has been uniquely designed to ensure sustainable development of the poor, aiming to facilitate the best utilization of existing capabilities and resources at the poor households. It also enhances the capability of underprivileged population with a view to enabling them to come out of poverty and move toward a dignified life. The project not only provides primary healthcare services, but also endeavors on education, training and financial assistance program for the people in designated areas.

Funding and Target population

DAM has been implementing the ENRICH project with the funding from Palli Karma Shahayak Foundation (PKSF) at the Sukundi Union under Monohardi Upazila of Narshingdi district. It started its activities in July 2014.

Activities and Services

Household Survey and Distribution of Treatment Card

Health Volunteers and Health Assistants conducted a base line survey to collect health-related data from the poor, and 6,470 health cards were distributed among them.

Free Healthcare and Social Services

- Satellite clinics were arranged every week with the presence of physician and 15,361 patients were provided with free treatment. Specialized camps on eye care, dental care, cardiac problems and Diabetes management were organized. Total of 5,699 patients received treatment from 15 such health camps.

- With the support of the Sitesavers, Dhaka Progressive Lions Club and PKSf; 215 patient received cataract surgery and 12,000 above 5 year old children and adults received de-worming medicine free of any cost.
- ENRICH project installed 300 sanitary latrines and 18 tube-wells in the project area.
- The target population was provided with Albendazole (40, 200 tablets to 20,100 persons) for de-worming, iron supplements (36,300 capsules to 7,260 person), Pushtikona (10,260 tablets to 3,533 persons) and Miracal (4,050 tablets to 810 persons) free of any cost.
- DAM helped rehabilitating 25 beggars to the mainstream through the project.

E-Health/Telemedicine Services

ENRICH project provided innovative e-health services through Telemedicine project for improving the primary healthcare situation of the population residing in remote areas.

Community Awareness Programs

Health Assistants and volunteers conducted 2,222 community awareness programs to inspire healthcare seeking behavior for accessing quality healthcare services for safe delivery, mother & child care, non-communicable disease control, nutrition, violence against women and other issues.

Healthcare Financing Strategies

DAM operates loan scheme for the target population to enable them in improving their health and nutritional status.

Mass Awareness Campaign

Youth Forum of ENRICH project conducted various campaigns on Chikongunia virus, immunization, safe environment and anti-tobacco to raise awareness among people in the project area through arranging POT Song, Rally and Human Chain.



Health and Nutrition Voucher Scheme for the Poor, Extreme Poor and Socially Excluded People (PEPSEP) Project



Dhaka Ahsania Mission has been implementing PEPSEP project funded by the European Union; and Christian Aid supports the project as co-partner. The project duration is three years, starting from February 2018. The project was launched with a goal to improve the health and nutritional status of the urban poor.

PEPSEP has been addressing the health and nutritional needs of the population below poverty line (BPL) from two municipality areas - Savar and Satkhira. The project targets internal migrants such as garments workers, factory workers, van-rickshaw pullers, daily laborers; local poor and extreme poor like- fishermen, small & marginal farmers; and socially excluded and marginalized people like dalits (bedes, rishi, sweepers, potters etc.) from urban community.

Based on the principles of SDG: Leave No One Behind, PEPSEP focuses on 32,087 beneficiaries (21,099 in Savar and 10,988 in Satkhira) from 6,417 households.

Services

This is a Health Voucher Scheme project for the BPL population that provides services through 40 local clinics in the defined areas. The senior female head or head of the BPL family household is selected as the Voucher Card holder. The yearly benefit package of 10,000/= per Voucher Card ensures outpatient based health services at selected delivery points. For the requirement of services which are not available in the clinics, patients will be referred to public/private hospitals. The project clinics provide the following services–

- ANC, delivery care and PNC
- Neonatal care and child nutrition
- Maternal nutrition
- Post abortion services
- Adolescent health
- Immunization and integral management of childhood illness
- NCD disease control
- Referrals for family planning and communicable disease control



- First aid and emergency services
- Diagnostic services: Blood grouping, HB%, FBS, RBS, TC, DC, ESR, Urine R/E & M/E, Pregnancy Profile, USG, Sputum for AFB etc.



Health Sector Response in the Rohingya Crisis



A refugee is forced to leave his own country while having constant fear of persecution for many reasons like race, religion, political opinion or membership of particular social group. The Rohingyas are stateless Muslim minority in Myanmar. As of 25 October 2017, the cumulative number of Rohingyas staying in Bangladesh is 1,008,431. Majority of this population is women & children. Many others are the elderly requiring additional aids and protection. Currently, the Rohingya refugee crisis is considered as one of the fastest growing crisis in the world.

DAM Health sector has been providing health support for the Forcibly Displaced Myanmar Nationals (FDMNs) since September 2017 through its own fund, supported by CAID, Human Appeal, DAM UK, DFID, UNOPS. Its aim is to improve reproductive, maternal, neonatal, child health status; to reduce vulnerability to communicable & non-communicable diseases; and to enhance the quality of life of the Rohingyas.

Project Area

DAM has been providing its services in Camp-1E, Camp-11, Camp-12, Camp-13, Camp-15 and Camp-19, Ukhiya Upazila in Cox's Bazaar.

Services

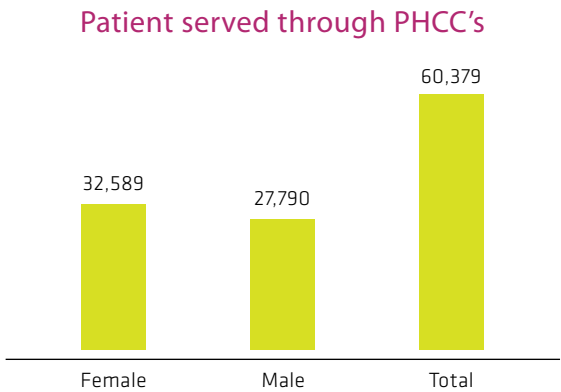
Key Activities Regarding Health Condition

The project provided services regarding lifesaving primary and secondary healthcare to reduce mortality & morbidity. Reproductive, maternal ANC & PNC,

neonatal care, child healthcare with prevention of disease outbreaks etc were offered. It also responded to skin problems, family planning queries, nutritional requirements, Vitamin A deficiency, diabetes and psychosocial problems. Ambulance and laboratory diagnostic services were available.

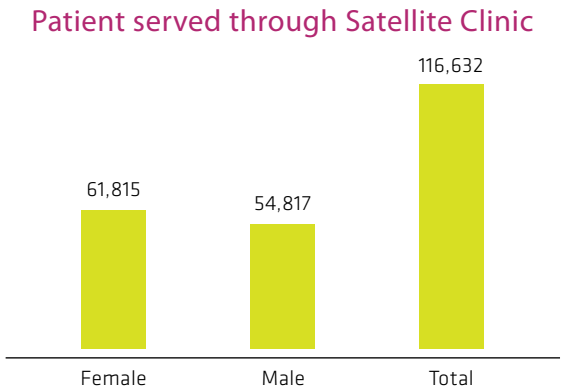
Service from Primary Healthcare Centers

DAM established four PHCCs in the project area which served 60,379 patients, among them 32,589 (54%) were female and 27,790 (46%) were male.



Service from Satellite Clinics

DAM established seven satellite clinics in the project area, which served FDMNs residing in remote hill areas at different Rohingya Camps at Ukhiya Upazila. These provided healthcare services to 116,632 patients; among them, 61,815 (53%) were female and 54,817 (47%) were male.





Counseling & Testing for HIV/AIDS and Hepatitis B

During the Phase 1 of the program, syndrome treatment approach was followed to prevent and treat STIs including HIV/AIDS. However, on the 2nd Phase, Jamtoli medical camp performed screening for 81 clients and provided counseling services for 87 clients. Hepatitis-B testing services were also provided to 30 patients.

Outreach Team Activities

The outreach team conducted 45,681 household visits; having one-to-one & group sessions on reproductive health, family planning, RTI/STIs and child health issues. Adolescent girls, eligible couples, pregnant & lactating mothers and

mothers of small children participated in such sessions. The team also referred 78,100 FDMNs from six camps situated at remote areas through one-on-one household visits.

Staff Development Initiatives

Staff Foundation Training

Two foundation trainings were conducted; project manager, field coordinator, 20 physicians, 22 nurses/paramedics and 4 laboratory technicians participated in the training.

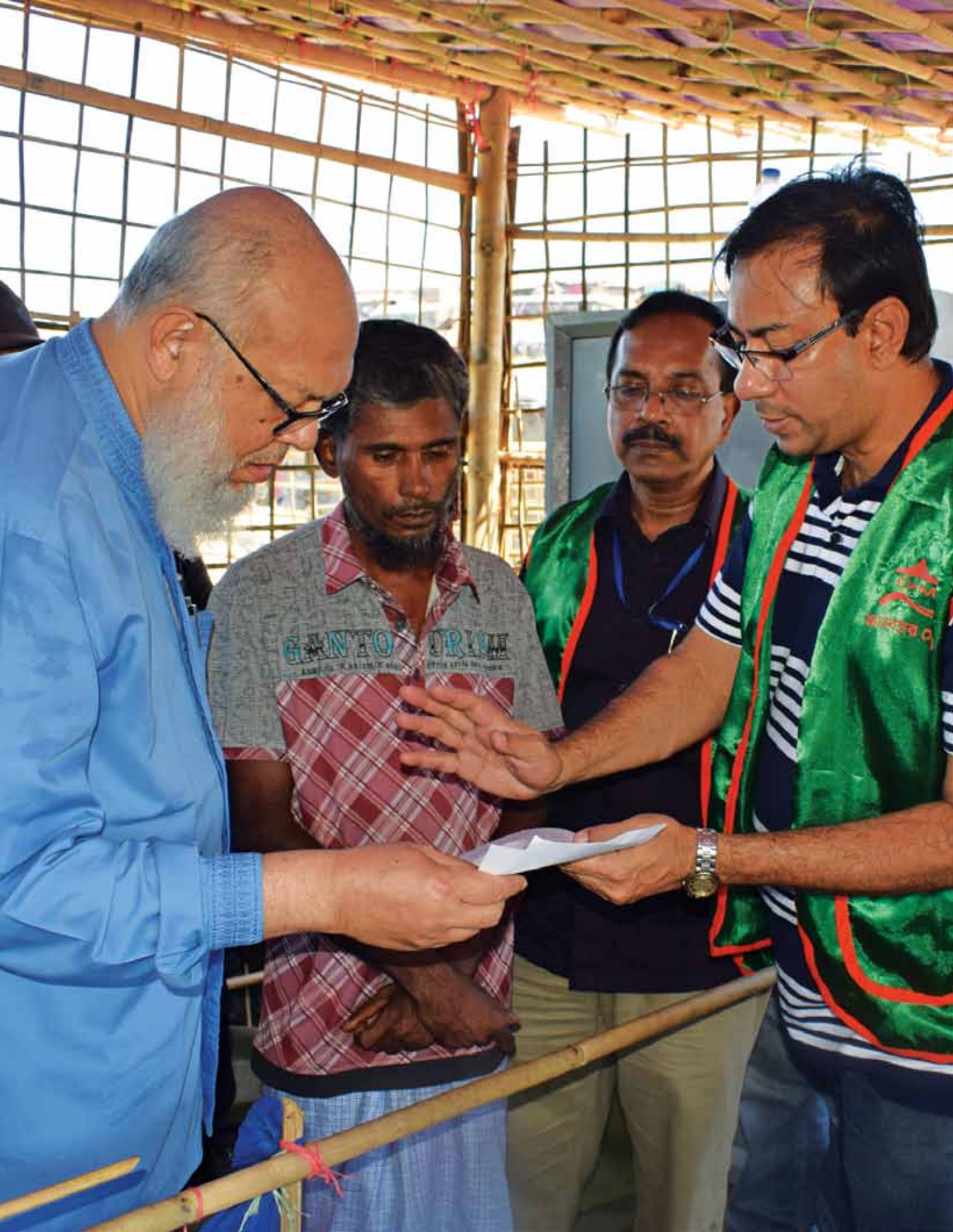
Lesson Learning Workshop

For strategic implementation of future services, a Lesson Learned Workshop was held in June 2018 where 122 staff participated.

Orientation on Sexual and Reproductive Health

DAM Health sector organized bi-weekly orientation on sexual, reproductive health and family planning issues. During the project period, four orientation sessions were conducted. Paid volunteers & health workers participated in the training session. Discussion sessions on counseling of the issues and awareness raising were done for 55 paid volunteers and 18 health workers.





Tuberculosis (TB) Control Program



Dhaka Ahsania Mission (DAM) has been implementing Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) sponsored TB Control Program through BRAC from January 2013 at Ward 1 & 17 under Dhaka North City Corporation. Target population for the project is 249,382 in the catchment area. It conducts advocacy & social mobilization programs for raising awareness & increasing knowledge on TB along with provision of its treatment

DOTS and Microscopy Centers

DAM operates DOTS (Directly Observed Treatment, Short Course) and Ziehl-Neelsen (ZN) Microscopy center in Uttara (ward no-01) and in Khilkhet (ward no-17). Sputum is observed to see Acid Fast Bacilli (AFB) for TB. The centers tested 1,304 presumptive TB cases, where microscopic diagnosis detected 85 pulmonary bacteriologically confirmed TB. DAM has been providing DOTS to all notified TB cases during July 2017 - June 2018 with inspiring success rate. During the reporting period, DAM identified 365 TB cases.

Management of TB

DAM provided financial support of Tk 65,270/= to 60 presumptive patients during the reporting period, thus helping in diagnosing 23 TB cases. The patients were provided with TB treatment from the DOTS centers. DAM conducted orientation training for 20 Graduate Private Practitioners (GPP). World TB Day 2018 was observed with due respect and awareness. DAM also organized sputum collection camps, yard discussion sessions on community health education in the slum and hard to reach areas.

Distribution and Treatment Success Rate during July 2017 – June 2018

Case category	No of started cases	Cured/Treatment completed cases	%
Smear positive new	119	116	97%
Smear positive relapse	17	16	94%
Smear positive failure	0	0	0%
Smear positive default	0	0	0%
Smear negative new	59	57	97%
Extra-pulmonary new	151	148	92%
Others-previously treated	19	18	95%
Total diagnosed	365	355	97%
Number of MDR patient	1	1	100%
Number of child TB patient	22	22	100%

Case Study: Hira Miah's Story

Hira Miah, 18 years old adolescent, working in a hotel, living in Farid Market, Dokkhinkhan under Dhaka North City Corporation. One of his family members was a TB patient. But unfortunately his parents were not aware about TB. When Hira Miah became severely sick, his parents took him to a pharmacy holder for conventional treatment. But Hira's physical condition was worsening each day. Then his mother took Hira to DAM's Uttara DOTS center as a TB Presumptive on 16 August 2017. The staff checked his sputum for AFB through ZN Microscope and found AFB positive (2+). This finding with the signs and symptoms of TB, diagnosed his condition as Bacteriologically confirmed TB Case. He never received any TB treatment before. According to the advice of the physician, the project staff started his Anti-TB treatment by Category-1 on 17 August, 2017. DAM also provided health education regarding TB. His body weight was 43 kg at the beginning of treatment. Regular follow up was made as NTP guideline and his sputum was checked after completion of two months.

On 15 October, 2017, project staff again found AFB in ZN microscopic picture. Hira was sent to NIDCH (National Institute of Chest Diseases and Hospital) for testing the Xpert MTB/RIF (drug resistance TB detection) on 15 October, 2017. The test report was M (MTB detected but Refampicine not detected). DAM continued his treatment according to the NTP guideline. His physical condition was improving gradually and his body weight was increased at 49 kg. The follow up sputum test results were negative from five months to the end of treatment course. Hira Miah was declared as a cured patient from Tuberculosis on 12 February, 2018.

Now Hira Miah is well, leading a healthy life and is doing his job regularly. It has become possible due to his uninterrupted full course treatment. His family was very supportive and now they are very happy and satisfied with the treatment procedure. Hira Miah is an example. At the same time, Hira Miah's story reminds us the importance of proper TB treatment.



Tobacco Control Program



Bangladesh is one of the largest tobacco consuming countries in the world. Over 58% of men and 29% of women use either smoked or smokeless form of tobacco. Bangladesh faces considerable problems in health and economic consequences because of high level tobacco consumption. Government initiatives and DAM have been working towards implementing various tobacco control activities.

DAM has started its tobacco control initiatives since 1990. Currently it is implementing “Advocacy for Mainstreaming and Sustainable Implementation of Tobacco Control Law and Campaign against TI Tactics Targeting Students and Youths” project in Dhaka city. The Mission is also very vocal for tobacco free hospitality sector across the country. DAM’s tobacco control program focuses on:



Various Campaign Programs for Mass Awareness

DAM has launched various campaigns for mass awareness against tobacco usage-

- Three buses were covered with pictures and information on tobacco control law and harmful effects of active & passive smoking; as awareness raising program.
- DAM conducted discussion programs in BAF Shaheen College, Government Laboratory High School and BirshresthaMunshiAbdurRouf Public School & College in Dhaka; where 970 students, teachers and parents attended and talked about the harms of tobacco usage.
- Day-long road show was organized by DAM; where decorated trucks and horse carts carried messages against tobacco usage. Folk singers performed in the occasion disseminating similar messages. High officials from both DSCC and DNCC attended the program.
- DAM has conducted and facilitated offline and online petitions for demanding Graphic Health Warnings (GHW) on the upper 50% of all tobacco packs; 2,220 offline and 360 online signatures were collected within 3-18 January 2018.

- The proposed budget of 2018-2019 reflected great influence of the tobacco industry. On this issue, DAM's Health Sector organized a budget reaction program at its meeting room on 8 June 2018.
- Various reports, news and articles containing anti-tobacco messages were published in the social media throughout the whole year.

Solidarity on Tobacco Taxation

DAM organized two events for supporting high tax on all tobacco products - "Youth Leaders' Solidarity towards Demand for Increasing Tobacco Tax" in Dhaka on 20 May 2018; and doctors' solidarity in Cumilla on 28 May 2018 were held.

Advocacy with Policy Makers and Government High Officials

For proper implementation of Tobacco Control Law, DAM conducted advocacy meeting with counselors of DSCC and DNCC. It has also been advocating and communicating with the authority and high officials at the Dhaka DC office regarding anti-tobacco policies.



Capacity Development Initiatives

A workshop was organized on 26 November 2017 with Bangladesh Police at the conference room of Detective Training School, CID; where discussions were held on “Enforcement Guideline of Tobacco Control Law” and “How to Lodge Case by Police, Its Challenges and Way Forward”. 65 police officers from 15 departments of Bangladesh Police participated in the workshop.

Operating Mobile Court

DAM facilitated the government authorities -DSCC, DNCC & DC Office to operate seven mobile courts for violation of Tobacco Control Law in different areas of Dhaka City.

- AbulKhayar Tobacco Company was fined TK. 2,00,000/=
- Meena Bazar the chain shop at Mohammedpur Housing Society area was fined TK. 1,00,000/=
- Meena Bazar at MohammedpurNurjahan Road area was fined TK. 1,00,000/=
- Meena Bazar at Mirpur-11 area was fined TK. 2,00,000/=
- Madchef Restaurant at Mirpur-10 area was fined TK. 50,000/=

Collaboration with Ministry of Health and Family Welfare

DAM, National Tobacco Control Cell and MoHFW are working for developing and adapting tobacco free hospitality sector strategy. A draft strategy paper was presented to NTCC and it was forwarded to the Ministry of Civil Aviation and Tourism for finalization.

Mainstreaming & Sustainability of Tobacco Control Programs within Various Institutions

To reduce the exposure of second hand smoking, decision has been taken in a monthly coordination meeting of BIWTA that all water transports and river & sea ports will be declared as smoke free soon.

Research Initiatives: Big Tobacco Tiny Target Survey

Government of Bangladesh has been in pursuit to prevent tobacco usage. It signed Framework Convention on Tobacco Control (FCTC) in 2003, ratified it in 2004; accordingly enacted Smoking & Tobacco Products Usage (Control) Act in 2005 and formulated rules in 2015. The rules ban all types of Tobacco Advertising Promotions and Sponsorships (section 5) and sale of tobacco products to and by minors (sections 6-Ka).

Despite the efforts, Bangladesh still remains one of the top 15 countries with tobacco-related health hazards, and youths are the major target of tobacco industry. Focusing on predatory and often illegal tobacco marketing practices targeting the youth, Campaign for Tobacco-Free Kids (CTFK) attempts to comprehend the promotional tactics. With the support from CTFK, Dhaka Ahsania Mission conducted a study entitled “Big Tobacco Tiny Target in Bangladesh” from 3-30 December 2017, in 180 schools & playgrounds (157 schools and 23 playgrounds) from eight divisional cities, four district cities, 11 Upazilas and 11 rural areas in Bangladesh, which shows –

- 81.87% of tobacco displays were at a child’s eye level (1m) and 64.19% of tobacco products were displayed beside candy, sweets or toys
- 82.17% point of sales advertised the tobacco products



- Most popular points of sale in areas around schools & playgrounds were small grocery (43.11%), street vendors (29.94%), kiosk (22.55%) and mobile vendors (4.19%)
- Commonest tobacco sale tactic was the sale of single cigarettes sticks (98.21%).
- Commonest tobacco products available at the study areas were cigarettes (50.85%), smokeless tobacco products (38.31%) and bidis (10.23%)
- Local Govt. authorities should consider licensing exclusive tobacco shops where tobacco products can be sold solely; and single stick sales should be prohibited. Violation of the law and such bans constitute violation of the law itself.

Recommendation

To combat these flagrant violations of law that harm Bangladeshi children and youth, this report recommends the following:

- GoB should improve enforcement of tobacco control law, banning tobacco advertising & tobacco product display, sales of tobacco products within 100 meters of schools & playgrounds and selling of single sticks of cigarettes & bidis.
- Local Govt. authorities should license tobacco vendors with the compliance of Bangladesh Tobacco Control Law.



Hena Ahmed Hospital, Munshigonj



Hena Ahmed Hospital is situated at Alampur village of Hasara union, Sreenagar upazila, Munshigonj. It was founded by Hena Ahmed, and the hospital & diagnostic center started its activities in May 2016. DAM helped to establish it and has been in charge to run the hospital.

The hospital started its journey to render essential healthcare services to the needy, poverty-stricken people of Alampur and Hasara union in Munshigonj at an affordable cost. It provides outdoor services, injury management and family planning services; delivers diagnostic services through laboratory investigations including ultrasonography; and follow up consultations with specialist physicians. Patients can buy medicine from its pharmacy at low cost.

Healthcare Services

Healthcare Services in the Hospital

During July 2017 - June 2018, Hena Ahmed Hospital provided healthcare services to 3,087 clients (male-869, female-1,352, children-866), the demography is presented below:

Ailments	Male	Female	Children	Total
Diarrhea	35	50	50	35
Diabetes Mellitus	119	155	0	274
Hypertension	61	77	0	138
Fever	107	209	235	551
Jaundice	49	51	57	157
Skin Infection	111	121	88	320

Ailments	Male	Female	Children	Total
Gout	142	98	0	240
ANC	0	168	0	168
UTI	21	102	99	222
Common cold	42	85	111	238
Kidney disease	82	86	0	168
Heart disease	71	77	0	148
Rheumatoid Arthritis	0	0	105	105
ASO	0	0	85	85
Total Clients	840	1,279	830	3,024

Medical Camps

The hospital organized one free medical camp during July 2017 – June 2018 where consultation

was given on women & child health, dental care, nephrology, urology and other ailments for which the poor people have not been able to consult. Information on the free medical camp has been shown below:

	Male	Female	Children	Total
Women & Child care	-	27	36	63
Dental care	7	13	0	20
Kidney & Urology	22	33	0	55
Total Clients	29	73	36	138

Hena Ahmed Hospital has become an ideal place for the people in Sreenagar, Munshigonj as it has the provision of disease management, specialist physicians in Gynecology & Obstetrics, Pediatrics etc., and efficient diagnostic center.



Drug Treatment & Rehabilitation Center, Gazipur



DAM is one of the reputed institutions which has been visible to fight drug abuse since the independence of Bangladesh. Drug addiction is a serious and complex problem that affects personal, family and social life of a person. So its treatment should be carefully done, addressing all the issues with offering solutions to ancillary problems.

DAM has established three Drug Treatment Centers (DTC), and the Addiction Management and Integrated Care (AMIC), Gazipur is the first one which was established in 2004 with the financial support of UNESCO, Parica & DAM UK.

Objectives

AMIC-Gazipur has been working with the objective to provide treatment and rehabilitation services to 18-50 years old males having substance abuse disorder with or without mental health conditions.

Treatment for under 18 and over 50 year olds are conducted following specialized and age appropriate method.

Situation and Facilities

The center is situated close to Bhawal National Park near Gazipur – Mymensingh highway. It is in a four storied building situated on about two acres of land in Gazaripara, Gazipur; with all necessary modern facilities that meet the requirements of treatment procedure, relaxation, recreation, religious practice, library and provision of indoor & outdoor activities. Its capacity is

50 beds. The treatment is provided in a non-smoking environment. The center is managed through Center Manager, physician, psychiatrist, counselors and other staff. The center registration number is 04/2008-09 under the Department of Narcotic Control.

Treatment Approach

The center provides six month long residential treatment that starts with first 14 days for detoxification phase. It is a process of clearing the substances and their toxic forms from the body. DAM is following evidence-based medical detoxification to safely manage the acute physical symptoms of withdrawal. During pre-treatment phase, clients go through detailed medical and psychological screening, symptomatic withdrawal management, assessment and physical treatments. Treatment phase starts after detoxification program. This is followed by 166 days rehabilitation program. During this time, center provides mental health services, physical treatment, counseling, psychosocial education, individual and group therapy etc. Counselors, present at the centers, enhance client motivation with the psychological support to face the challenges



at every stage in living a drug-free life. Client families are also offered to join family counseling sessions. Provision of psychosocial education is also an important part of the treatment. Clients receive information on harmful effects of drugs, HIV/AIDS, tuberculosis and other infectious diseases, overdose, life skill education, stress management, anger management etc. As after care service, clients are offered to attend anti drug program, social program organized by center, annual recovery get-together program, outdoor counseling, family therapy, psychiatric treatment and group counseling after completing the course of the treatment. DAM is following treatment approach as appropriate to the individual's age, sex, ethnicity and culture.



Moreover, DAM has been conducting pre-admission screening performed by the trained staff to assess the physical conditions of clients before admission, to rule out the risk of communicable diseases and any potentially life-threatening diseases which would require immediate secondary or tertiary hospitalization.

Case Management Services

DAM introduced case management approach during in-patient detoxification and treatment. Case Manager helps to meet immediate, pressing needs that can interfere with treatment engagement. Having these needs met early in the process motivates the clients to engage in the program and increases their trust & belief that program staff members are listening and trying to help.

Other Services

Treatment program in the AMIC-Gazipur is planned on a very scientific method focusing on the substance abuse issues and several mental health conditions. The substance abusers are very likely to be avoided by the society. This center not only provides treatment, but also provides inspiration and motivation to get back to the society as a part of the rehabilitation process.

After completion of the treatment, AMIC, Gazipur provides regular follow ups, couple & family counseling, family education meeting, psychiatric aid and proper referral when necessary.

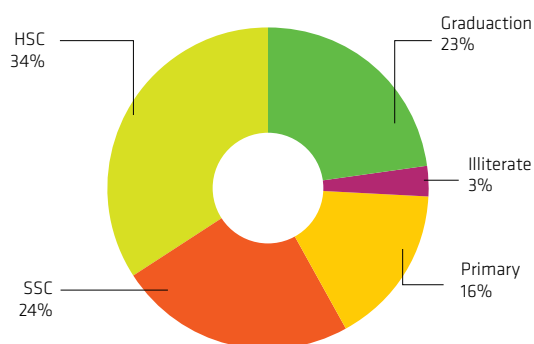
Client Demography

During July 2017 – June 2018, 222 clients received treatment at the center, 124 among them completed the program, and 6 were referred to other facilities. At present, 72 clients are under treatment, among which 10, 160 and 52 came from poor, middle and higher socioeconomic classes respectively.

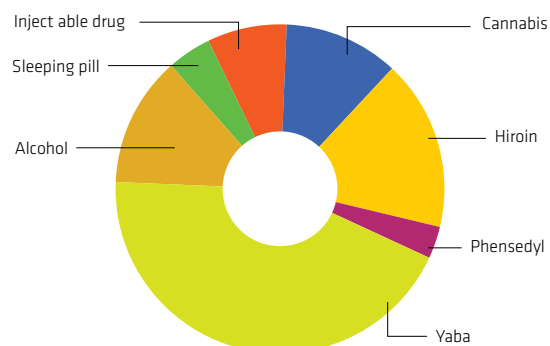
Treatment services were provided to 35 clients between 16-20 years, 42 clients between 21-25 years, 60 clients from 26-30 years, 35 clients from 31-35 years and the rest from 36-50 years age groups. Among them, 105 were unmarried, 102 were single and 15 were divorced. Substance abuse history within respective families was found in 25 clients, within respective environment in 105 and within peer groups in 72 clients. The educational & occupational status, presence of associated mental disorders, choice of substance used and the presence of risk factors are shown using charts next page.



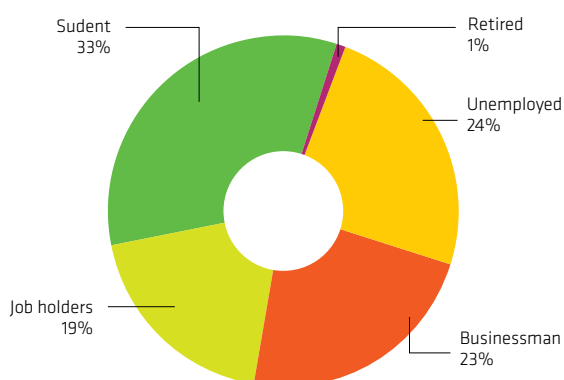
Educational Backgrounds



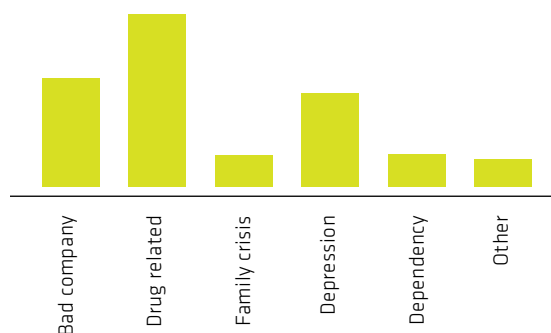
Choice of Substances among the Clientele



Educational Backgrounds



Risk Factors



Substance Use Disorder with Mental Health Conditions

Psychotic problems and other mental health issues are observed very often among the clientele. They should be constantly monitored during the simultaneous management of addiction and mental issues. These patients are very delicate. Special counseling and other interventions are needed for them.

Events and Activities Counseling Service

For motivating the clients and families to concentrate on drug treatment, raising

awareness, creating healthy environment and providing mental support for a smooth recovery, AMIC-Gazipur provided 1,486 individual, 53 group and 192 family counseling based on the need.

Awareness Activities

With the support of DNC, AMIC-Gazipur organized discussions with school/college students on anti-drug expeditions, facilitated anti-drug advocacy, established information center and month long campaign to raise awareness against substance abuse.

Family Education Meetings

Ten family meetings were held for motivating the families to concentrate on treatment, sharing the knowledge on the situation and for providing necessary supports for client recovery.

Observing National & International Days

AMIC-Gazipur celebrated International Day against Drug Abuse & Illicit Trafficking Day, World No Tobacco Day, World AIDS Day, International Mother Language Day, Pohala Boishak, Independence Day, Victory Day, New Year's Eve, New Year's Day etc.

Observing the 14th Founding Anniversary

AMIC-Gazipur celebrated its 14th Founding Anniversary on 5 May 2018 with due respect and festivities.

Staff Skill Development Training

AMIC-Gazipur center has efficient staffs for the smooth running. DAM Health sector constantly monitors the performances of the team. Regular training and learning sessions are organized to strengthen the team even more. The staff received skill developing training on Universal Treatment Curriculum for Substance Use Disorders (UTC) on crisis management, COD and substance induced mental disorders.



Let's Get Together and Feel Better

Case Study

Mojaffor's transformation

Mojaffor from Gazipur, went out with a friend who took Yaba and said, "These are energetic pills, consuming them gives you energy and reduces sleep. They have beautiful fragrance". He showed Mojaffor how to consume them and helped him. He felt good, and Mojaffor started using. One day he noticed that he felt weary if he didn't take it. He started consuming more and more. Thus he became an addict within three months. From the moment Mojaffor was shown how to use Yaba, his downfall started.

Mojaffor became indifferent about morality. His family figured out that Mojaffor had been an addict. They sent him to DAM Drug Management and Rehabilitation Center for treatment.

Mojaffor did not realize that he had been brought to the center for treatment at first. After 15-20 days of withdrawal management, he started reflecting on his past actions. He found the environment of the center, the staff and the fellow friends overwhelming and started his recovery slowly.

At the center, the assigned tasks used to start as soon as the clients wake up and continued until the moment the clients go to sleep at night. Routine counseling, meditation, motivation and class sessions ensure that clients like Mojaffor are on the way towards betterment. This made Mojaffor realize the mistakes he had made in the past. After completing his six month program, Mojaffor became drug free and now he has a stable relationship with his family. He says that he will forever be in debt to his family and AMIC family for ensuring his well being and healthiness.

Undaunted Tomal

Tomal, 33 years old, self-employed (business), Muslim youth from a village in Pabna; was raised with pampering by his mother and other family members. His merit in studies showed good future in the making. But the extra love and affection made the young boy snobbish in his attitude. He chose the wrong people to mix with in high school. He started smoking cigarettes in his early teens. Unreliable & doubtful peers, participation in the street fights and uncontrollable angry behavior made his family members very concerned. Tomal was sent to a relative's house in Pabna town. He was accepted at a college. But his new friends were similar to his childhood friends; sometimes they acted even worse. Tomal started living an unorganized and unaccountable life away from his family. He was imprisoned for six months for committing a sexual offence. In the prison, he came in contact with drug dependent inmates. He started using substances inspired by those inmates. Out on a bale, Tomal could not go back to his family or to his studies. As an addict he got involved in crimes and terror activities.

His family felt the need for his treatment. Tomal was brought to the treatment facility forcibly against his will. After his arrival, screening was done to collect personal and substance use related information. Tomal was a user of Heroin and Cannabis, he experienced severe physical withdrawals. Two weeks of intense care, healthy food and motivation helped him in managing them and prepared him for the following treatment programs. Counseling sessions started for Tomal with clinical psychologist.

Tomal was diagnosed with Cannabis Psychosis. After completing 20 weeks of treatment, family counseling and family education sessions were arranged to resolve problems between them. Counseling sessions, classes, meditation, regular prayers, games etc made Tomal a healthy youth full of promises.

After completion of 26 week treatment, Tomal received a graduation certificate. He needed some further adjustments in treatment process and was suggested a 12 week long residential follow-up treatment. Tomal is a successful recovery case for the last 8 months. Now he deeply believes in the slogan "one day at a time".



DRUGS

Drug Treatment & Rehabilitation Center, Jashore



Situation and Facilities

Ahsania Mission Addiction Management and Integrated care (AMIC)-Jashore is situated at the Vakutia village of Jashore and it has started its journey in 2010. AMIC-Jashore renders the services for treatment and rehabilitation of substance abuse disorder in a spacious five storied building with vast open area. The center has a capacity of serving 70-80 clients. Modern facilities for recreation, indoor & outdoor games, musical instruments, library and prayer rooms are present. The treatment is provided through TC techniques and NA approaches in a non-smoking environment.

Treatment Approach

The center provides six month long residential treatment that starts with first 14 days for detoxification phase. It is a process of clearing the substances and their toxic forms from the body. DAM is following evidence-based medical detoxification to safely manage the acute physical symptoms of withdrawal. During pre-treatment phase, clients go through detailed medical and psychological screening, symptomatic withdrawal management, assessment and physical treatments. Treatment phase starts after detoxification program. This is followed by 166 days rehabilitation program. During this time, center provides mental health services, physical treatment, counseling, psychosocial education, individual and group therapy etc. Counselors, present at the centers, enhance client motivation with the psychological support to face the challenges at every stage in living a drug-free life. Client families are also offered to join family counseling

sessions. Provision of psychosocial education is also an important part of the treatment. Clients receive information on harmful effects of drugs, HIV/AIDS, tuberculosis and other infectious diseases, overdose, life skill education, stress management, anger management etc. As after care service, clients are offered to attend anti drug program, social program organized by center, annual recovery get-together program, outdoor counseling, family therapy, psychiatric treatment and group counseling after completing the course of the treatment. DAM is following treatment approach as appropriate to the individual's age, sex, ethnicity and culture.

Moreover, DAM has been conducting pre-admission screening performed by the trained staff to assess the physical condition of clients before admission, to rule out the risk of communicable diseases and any potentially life-threatening diseases which would require immediate secondary or tertiary hospitalization.

Case Management Services

DAM introduced case management approach during in-patient detoxification and treatment. Case Manager helps to meet immediate, pressing needs that can interfere with treatment engagement. Having these needs met early in the process motivates the clients to engage in the program and increases their trust and belief



that program staff members are listening and trying to help.

Services

Clients are also inspired to take training on life skill development and for self help support. A VCT laboratory will also be established at the center soon.

Clientele

The AMIC-Jashore center provided 132 clients with treatment during the reporting time, among whom 80 clients completed the programs, five received follow up services for three months, 22 clients were referred to other facilities for other ailments and 41 received psychiatric treatments from the center.



Events and Activities

Counseling Services

Counseling is necessary for drug addiction treatment where drug users and their families can work together for recovery. 534 individual, 10 group, 37 family counseling sessions and five family meetings were held in July 2017 – June 2018. Involvement of the family members in the process lets everyone to concentrate on completing treatment with support.

Provision of Sports

Sports and physical activities are very helpful for treating drug abuse. AMIC-Jashore authority arranged annual sports festival during the reporting period alongside regular indoor and outdoor games.

Daily Activities

During the reporting period, 366 morning meetings, 389 psychosocial education sessions on drug abuse related topics, 51 self evaluation & 52 group evaluation sessions, 257 NA meetings and 366 night sharing meetings were held in the AMIC-Jashore center. Daily activities started with morning prayer and it continued till the clients go to bed at night.

Completing the Program & Graduation

During this reporting period, number of clients completing the program was higher than the past records. AMIC-Jashore has plans for having a “Recovery Get Together” in future where the addiction free clients will share the experiences.



Observing National & International Days

AMIC-Jashore observed important national and international days such as International Anti-Drug Day, Anti-tobacco Day, Eid ul-Adha, Eid ul-Fitr, International Mother Language Day, Pohela Baishakh, New Year's Eve, New Year's Day, Independence Day and Victory Day; with due respect and festivities. The center also celebrated three drug free and sober birthdays.

After Care

After completion of the residential treatment, the clients attended 10 recovery nights. Recovery follow up was arranged for 235 clients and 35 tele-counseling services were provided.

Center Visit by Stakeholders

The AMIC-Jashore center was visited several times during July 2017 – June 2018. These visits ensure the quality of treatment and inspire the staff to develop the skills in their tasks.

Let's Get Together and Feel Better

Case Study

Rochi, winning the battle

Rochi, from Monirampur, Jashore, was very enthusiastic about his studies from childhood. Rochi's S.S.C & H.S.C results were very good. He got admitted in the Department of Public Administration & MASS communication in Dhaka University. His friends provoked Rochi to try using drugs to relieve stress. According to their insistence, Rochi started consuming Phensedyl. His cousin was a drug user.

Insisted by peers and cousin, Rochi's use of drug was increasing. His girlfriend left him because of his substance abuse. Addiction affected his personal, educational and family life. He was clinically depressed. His family tried to bring Rochi to treatment several times, but failed.

Rochi completed his graduation and he got married to one of his cousins. His wife divorced him for his substance addiction problems. Rochi got married again and fathered a child, but failed to stop using drugs. He went under detoxification for 18-20 times but to no good result.

Finally he was admitted into AMIC center in Jashore for 6 month long treatment. He is now drug free and he is making plans to lead a drug free life in future.

Female Drug Treatment and Rehabilitation Center, Dhaka



DAM started the Female Drug Treatment and Rehabilitation Center (FDTC) in 2014. The number of female drug dependents is increasing day by day. A comprehensive center that provides scientific services to fight the dependence and addiction has become an important demand.

Situation and Facilities

The FDTC is situated in Shyamoli, Dhaka and it has been running its functions from its own building. This center offers three-month long residential treatment program for 40 clients at the same time. Combination of TC approach and other evidence based techniques are followed here, which ensures consistent attendance in group and individual sessions.

Treatment Approach

The center provides three month long residential treatment that starts with first 14 days for detoxification phase. It is a process of clearing the substances and their toxic forms from the body. DAM is following evidence-based medical detoxification to safely manage the acute physical symptoms of withdrawal. During pre-treatment phase, clients go through detailed medical and psychological screening, symptomatic withdrawal management, assessment and physical treatments. Treatment phase starts after detoxification program. This is followed by 75 days rehabilitation program. During this time, center provides mental health services, physical treatment, counseling, psychosocial education, individual and group therapy etc. Counselors, present at the centers, enhances client motivation with the psychological support

to face the challenges at every stage in living a drug-free life. Client families are also offered to join family counseling sessions. Provision of psychosocial education is also an important part of the treatment. Clients receive information on harmful effects of drugs, HIV/AIDS, tuberculosis and other infectious diseases, overdose, life skill education, stress management, anger management etc. As after care service, clients are offered to attend anti-drug programs, social programs organized by center, annual recovery get-together program, outdoor counseling, family therapy, psychiatric treatment and group counseling after completing the course of the treatment. DAM is following treatment approach as appropriate to the individual's age, sex, ethnicity and culture.

Moreover, DAM has been conducting pre-admission screening performed by the trained staff to assess the physical condition of clients before admission, to rule out the risk of communicable diseases and any potentially life-threatening diseases which would require immediate secondary or tertiary hospitalization.

Case Management Services

DAM introduced case management approach during in-patient detoxification and treatment. Case Manager helps to meet immediate,



pressing needs that can interfere with treatment engagement. Having these needs met early in the process motivates the clients to engage in the program and increases their trust and belief that program staff members are listening and trying to help.

Services

Daily activities at FDTCC start with morning prayer. Clients are inspired to do physical exercises every morning. Psychosocial education sessions are provided throughout the day. Clients are provided with regular counseling, indoor & outdoor games, provision of newspaper, library and television time. There are weekly and monthly cultural programs where the clients participate. All the services are provided in a smoke free center.



Clientele

FDTC provides services to 18-48 years females with substance use disorder, mental ailments and behavioral issues. Clients under 18 years and above 48 years are offered specialized and age appropriate treatment. Special circumstances are always considered for every female client.

Families of the clients are also included in the treatment program to ensure maximum outcome.

Since FDTC has been established, 267 females completed the program, and 93 clients received services during the reporting period of July 2017 – June 2018; 72 clients and 2 female children from the DAM-Drop in Center participated in three-month long program, two clients from the IRSOP received treatment for one month. One client was referred and 20 dropped out from the center.

Presence of mental illness was observed in 64 and only mental health issues were noticed in 29 clients. Treatment procedure and management techniques were selected for each client keeping the necessities in focus.

Events and Activities

Observation of National & International Days

Day against Drug Abuse and Illicit Trafficking, Women's Day, World Mental Health Day, No Tobacco Day, World AIDS day, religious festivals like Eld Ul-Fitr, Eld Ul-Azha, traditional events like Bengali New year and pitha festival were celebrated at the center. Newspaper advertisement, discussion meeting on women empowerment & cultural programs were organized on International Women's Day. Meetings & discussion sessions were organized on Mental Health Day, 10 October 2017.



Celebration of the Fifth Anniversary

FDTC celebrated its fifth anniversary on 12 April 2018. A discussion meeting was held on the occasion. High officials, DAM personnel, counselors, drug treatment professionals, psychiatrist, psychologists, SANJOG (a network for Drug Treatment and Rehabilitation Centers in Bangladesh) members, recovered substance users and their family members were present during the events to discuss the FDTC journey, its treatment process, obstacles, future plan and experiences.

School/College-based Program

FDTC organized awareness raising programs in BAF Shaheen College, Government Laboratory High School, Birshreshtho Munshi Abdur Rouf Public College and IUBAT University; to disperse information on tobacco and drug problems. Almost 1,200 students participated in the event.

Awareness Raising Program for the Youth

FDTC organized free counseling camp at Universe College to let the young adults know about the harmful effects of substance abuse in personal, educational and social life. Two awareness posters were also published during the reporting period.

Involving the Family Members in the Treatment Process

FDTC inspires client family members to get involved in the treatment process. It enables the clients and their closed ones to have better relationship and ensures better outcome. Family members are offered the following services –

Services	Number
Family counseling	329
Family group counseling	4
Family education meeting	4
Family day	409

Let's Get Together and Feel Better

Case Study

Sathi's journey

Sathi is a 35 years old woman, first child of her parents. Her father passed away when she was eight years old. Her mother raised her. Sathi is an agile type of person. She got married to a man she was in love with. She has a kid.

Sathi worked as cabin crew in an airline company where she was under severe professional pressure. She worked hard and suffered a lot to maintain her family and job. She failed to spend quality time with her family due to her busy schedule. Sathi's job also required a weight limit.

Because of the stress she had faced, Sathi started using Yaba. She was also a heavy smoker. Her addiction gradually led her to making negative impression on her job and she was let go eventually.

Sathi's relationships with others were also worsening day by day. Her mother and aunt brought her to DAM Female Drug Treatment Center and Sathi was admitted for residential treatment process. Now she feels much better after completing the three month long treatment. She has been sober and drug free for last nine months. She regularly takes follow up counseling and also participates in various awareness programs. She is preparing herself to get back to her old job.

DRUGS

Ahsania Mission Cancer and General Hospital, Mirpur



DAM mission, vision and objectives have plans for establishing cancer detection and treatment center in all the divisional cities to provide medical services especially to the poor, women and deprived population. Ahsania Mission Cancer & Genaral Hospital (AMCGH), Mirpur is an important step in materializing the objective. AMCGH-Mirpur has been under continuous improvement and progress since its establishment in 2001.

Regular departmental updates with new facilities were obtained while treating 365,105 patients with 18,150 surgeries during the reporting period.

Services

Diagnostic Investigations

Microbiology, Biochemistry and Histopathology related investigations are done in the state of art laboratory. Radiology department also has excellent imaging technologies including X-Ray, Mammography and color Doppler HD Ultrasonography.

Specialist Physicians

Specialists on oncology, surgical oncology, orthopedics, head & neck surgery, gynecology, dental & maxillofacial surgery and physiotherapy provide their services in the hospital.

Specialized Units

State of the art Intensive Care Unit was established in 2015, which provides the cheapest but high standard clinical support, through advanced amenities.

Maternal & Child Healthcare

Gynecology & Obstetrics department delivers a whole range of maternal & child healthcare services like ANC/PNC, normal vaginal deliveries, Caesarian-sections, hysterectomy, oophorectomy and other maneuvers. Advanced machines were procured for better service.

Pediatric Care

Pediatric oncology department has an expert oncologist who provides services without any salary from the hospital. This department offers services to children with ALL, AML, NHL & other cancers. An account was opened for the donations for treating these ill children.

Breast Cancer Prevention

AMCGH-Mirpur has a breast cancer center that provides support through expert physicians. It also observes every October as the “Breast Care Month”.

Screening of Cervical Carcinoma

Ultramodern colposcopy center has been established in 2013. Monthly VIA camp, colposcopy and pap-smear are done for early detection of cervical cancer.



Blood Bank

AMCGH-Mirpur has a blood bank that provides services to meet the needs. Blood donation programs are also organized regularly.

Adolescent Cancer Care

AMCGH-Mirpur has evening chambers for adolescent cancer patients.



Ahsania Mission Cancer and General Hospital, Uttara



DAM established the Ahsania Mission Cancer & General Hospital (AMCGH), Uttara on 9 April 2014. The hospital is situated in Sector 10 of Uttara in a 13 storied building which is considered as an architectural beauty. It has the facilities primarily for the treatment of cancer along with the provision to address other general healthcare concerns.

Objectives

The hospital was established with the objective of being a world class treatment & research center for cancer and related diseases in Bangladesh within the reach of common people. AMCGH-Uttara provides treatment at very low cost and 30% services are allotted either cost free or at subsidized rate

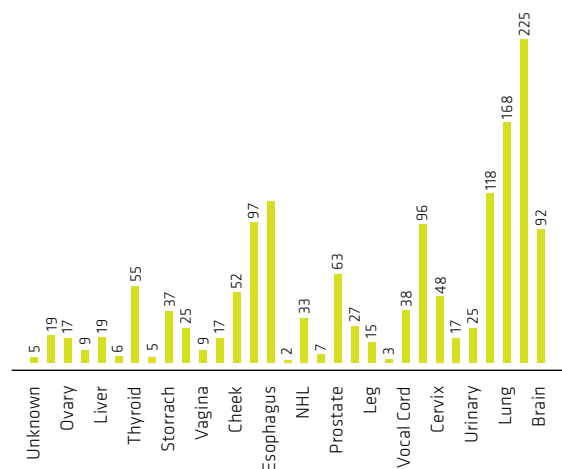
Facilities

Out-Patient department	20 OPD rooms (Surgical Oncology, Medical Oncology, Internal Medicine, Neonatology, Gastroenterology, Neurology, Primary Care Clinic, Specialty Care Clinic, Executive Health Check-up, Vaccination etc.)
In-Patient department	Interior work of level 8 to 11 will be completed
Operation theaters	4 Operation Theatres (including 2 gynecological operation theatres), Special Procedure Suite
NICU	13 beds in NICU
CCU	11 beds in CCU
Others components	Start of 3 additional clinical labs, other diagnostic services, Medical College Hospital (level 12 to 13), Nursing Institute etc.

Patient Demography

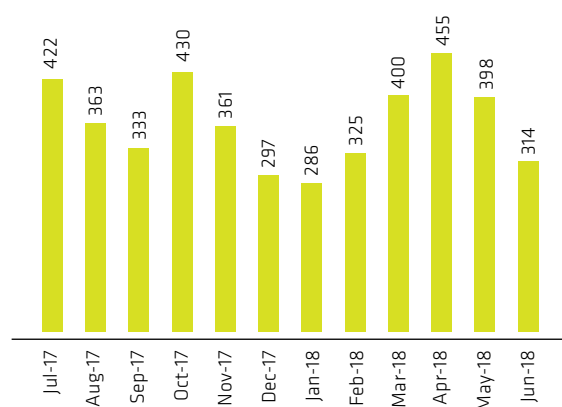
Cancer presentation

During the reporting year, patients were presented with the following incidences of cancer:



Registration of New Patients

During the reporting period, new patients were presented at the hospital-



Services

Diagnosis and Treatment of Cancer

Modern facilities with updated high quality instruments for diagnosing & treating cancer and other ailments are present at the hospital.

Diagnostic Services

Advanced Mammography, color Doppler 4D Ultrasonogram, latest ECG machine, bone densitometry and OPG machines with the usual instruments are available in the hospital for diagnostic purposes.

Outdoor Services

AMCGH provides not only cancer management, but it also provides services for general health. General Out-Patients Department (OPD) is organized to provide services on different disciplines like Nuclear Medicine, Gynae & Obstetrics, Medicine & Cardiology, ENT, Ophthalmology, Endoscopy, Physiotherapy, Surgery, Orthopedics, Emergency etc. adolescent cancer patients.

Possibility of Capturing Outbound Medical Tourism Market

The major drive for medical tourism from Bangladesh is the lack of proper and advanced medical facility. AMCGH-Uttara has been on the path to obtain the excellence for cancer care capabilities. It has already been working as one of the major cancer management centers in Bangladesh. DAM hopes that its journey toward improvement will continue in future.

Largest & Convenient Cancer Hospital in Bangladesh

AMCGH-Uttara is the largest cancer specialty hospital in Bangladesh. Government support, infrastructure, specialist physicians, dedicated workforce, latest equipments and medical college facility hold the promise to be even better at the management of cancer & other ailments. AMCGH-Uttara provides treatment at very low cost compared to other specialized hospitals.

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



International Center for Credentialing and Education of Addiction Professionals (ICCE) of Colombo Plan has recognized DAM for enhancing the capacity of professionals in drug treatment. A Memorandum of Understanding (MoU) was signed between ICCE and DAM in this regard on 9 October 2016.

Training Detail

- Training on “Curriculum 5: Intake, Screening, Assessment, Treatment Planning and Documentation for Addiction Professionals” was held on 16-20 August 2017.
- Training sessions on “Curriculum 6: Case Management for Addiction Professionals” & Curriculum 8: Ethics for Addiction Professionals” were held on 15-20 October 2017.
- Training on curriculum 3 on common co-occurring mental and medical disorders and curriculum 7 on crisis intervention was held on 6-10 May 2018.
- 35 drug treatment professionals attended these trainings.
- Refresher Training based on Curriculum 1 to 8 was held on 5 - 8 February 2018, where 10 participants attended.
- ICCE conducted an ICAP examination on 27 February 2018, where 15 candidates registered for the examination and six candidates passed.
- New batch of 18 participants registered for the training sessions on curriculum 1 on Physiology & Pharmacology for drug addiction professionals and curriculum 2 on continuum of care for addiction professionals during 18-25 March 2018.

Conclusion

Closing ceremony was held on 25 March 2018, where high officials from DNC and DAM Health sector, one successful candidate who passed the examination and trainers were present. During the informal closing session, honorable guests and master trainers provided their valuable speech, shared their feelings and expressed their appreciation to the participants and organizers for making the training program successful.



MONOJOTNO Center



Mental health problem is increasing day by day in Bangladesh. According to WHO report, 16.1% adult and 18% children & adolescents have been suffering from mental ailments. Based on this data, about 40% of the entire population is in need of mental healthcare services in our country.

Substance Use Disorder (SUD) related mental health problems are also a very crucial problem in Bangladesh. There is scarcity of skilled manpower to provide mental healthcare services.

Number of the mental health professionals is not sufficient in our country. There are only 230 psychiatrists which is only 0.73% for the service of every 1 Lac people; 60 clinical psychologist, 200 assistant clinical psychologist, five educational psychologist and 150 assistant educational and counseling psychologists who are in service. There is only one National Institute of Mental Health in our country, the capacity of which is only 200 beds. There is only one mental hospital situated in the district of Pabna. Its capacity is 500 beds which is only 0.4% for every one Lac population. There are 168 drug treatment centers. Among them, four are public and 164 are private facilities. Only 0.44% of total health budget is assigned for mental healthcare purposes.

AMIC has been working for drug treatment & rehabilitation since 2004. Considering the overall situation of mental health services in Bangladesh and to enhance the mental health service along with drug treatment & rehabilitation, the Health Sector of DAM has established a specialized mental health counseling center named "MONOJOTNO Center".

Objectives

The center's objective is to contribute by playing a significant role in creating a mentally healthy & drug-free society and nation.

Services

The center provides services for different types of mental health problems; such as depression, anxiety, panic attack, Obsessive Compulsive Disorder (OCD), anger problems, psychosexual problem, concentration problem, relationship conflict, family conflict, couple conflict, social phobia, and behavioral problems of children. Drug addiction and other addiction related problems follow evidence based practices like CBT, MI and other therapies.

একটি বিশেষায়িত
মানসিক ও মাদকাসক্তি
বিষয়ক কাউন্সেলিং,
সাইকোথেরাপী
ও ওষুধ প্রদান কেন্দ্র

“মনের যত্ন নিন,
দুশ্চিন্তা মুক্ত থাকুন
মাদক থেকে দূরে থাকুন,
মর্যাদাপূর্ণ জীবন গড়ুন”

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Awards



The First Prize in Drug Prevention Activities

Dhaka Ahsania Mission won the first prize for its outstanding contribution in the field of drug prevention. Honorable Home Minister Mr. Asaduzzaman Khan Kamal, MP handed over the prize to Mr. Iqbal Masud, Head of DAM Health Sector at a ceremony held at Osmani Memorial Auditorium on 26 July 2017, marking the International Day against Drug Abuse and Illicit Trafficking. DAM has been implementing its anti-drug activities since 1990 and providing evidence based drug treatment services to drug users since 2004. DAM is also implementing drug prevention and promoting behavior change communication.

DAM Health Sector has been awarded several times for its functions contributing to the greater good for personal, social and socio-economic life and for the excellence in its effort and diligence. During the reporting period from July 2017 – June 2018, DAM Health Sector and its components have been deservingly honored with the following awards –

Tobacco Control Award

Dhaka Ahsania Mission received the Tobacco Control Award – 2018 in institutional category for outstanding contribution in tobacco control. National Anti-tobacco Platform lead by Polly Korma Shahayak Foundation (PKSF) gave this award on 24 May 2018 in an award giving ceremony organized at PKSF auditorium. Honorable State Minister Mr. Zahid Malik, Ministry of Health and Family Welfare was present as Chief Guest and handed over the award to the Executive Director of Dhaka Ahsania Mission.

It is worth mentioning that Dhaka Ahsania Mission has been implementing the tobacco control activities since 1990 and it's been playing an important role on tobacco control in Bangladesh.

Best Non-Government Family Planning Clinic Award

DAM Health Sector Urban Primary Healthcare Services Delivery Project, Cumilla won the Best Non-Government Clinic of the Cumilla District. The honor was awarded for the active role of the clinic on the population control and family planning services provided to vulnerable population. Honorable Civil Surgeon of Cumilla Dr. Mujibur Rahman handed over the crest and certificate to Dr. Rafia Jannat Zerín and Umme Habiba representing DAM, on 11 July 2017. Moreover, DAM UPHCSDP, Cumilla has received stall award from Cumilla City Corporation.

Development Partners & Networks





Health Sector

Dhaka Ahsania Mission

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