



# Health Sector

Dhaka Ahsania Mission

## 2018-19 Annual Report







A human is composed of physique and psyche. So a prosperous human requires development of both physical and phychological attributes.

– Khan Bahadur Ahsanullah (Rm); 1915





2018 - 19



# Annual Report



**Health sector**  
Dhaka Ahsania Mission





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***Editing***

**Mr Iqbal Masud**

***Contributions***

**Dr Tasnuva Humaira**

**Mr Mohammad Wali Noman**

***Graphics Design***

**Najnin Jahan Khan**

***Printing***

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# CONTENTS

Message from President, DAM	5
Message from Executive Director, DAM	6
Message from Editor	7
Executive Summary	8
Strategies and Programmatic Focus of Health Sector (2015-2025)	10
Women's Empowerment under Gender Mainstreaming Initiatives	13
Urban Primary Health Care Service Delivery Project, Uttara	15
Urban Primary Health Care Service Delivery Project, Cumilla	18
Improvement of the Real Situation of Overcrowding in Prisons in Bangladesh (IRSOP) Project	22
Health and Nutrition Voucher Scheme for the Poor, Extreme Poor and Socially Excluded People (PEPSEP) Project	26
Integrated Emergency Humanitarian Response to the Rohingya Population in Cox's Bazar (IEHRR) Project	29
Feed the Future Bangladesh Nutrition Activity (BNA) Project	32
Enhancing Resources and Increasing Capacities of Poor Households towards Alleviation of Their poverty-ENRICH	34
Tuberculosis (TB) Control Program	36
Tobacco Control Program	39
Hena Ahmed ShantiNibash	42
Hena Ahmed Hospital	43
MonasefAhsania Health Center	46
Ahsania Mission Drug Treatment and Rehabilitation Center, Gazipur	47
Ahsania Mission Drug Treatment and Rehabilitation Center, Jashore	51
Ahsania Mission Female Drug Treatment and Rehabilitation Center	55
Ahsania Mission Cancer and General Hospital, Uttara	61
Ahsania Mission Cancer and General Hospital, Mirpur	64
Ahsania Mission Institute of Medical Technology (AMIMT)	66
Monojotno Center – Mental Health Services	67
Training on Universal Treatment Curriculum (UTC) for Substance Use Disorder	70
Research Initiatives	73
International Participation	76
Social Events	79
Networks and Collaborative Partners	81



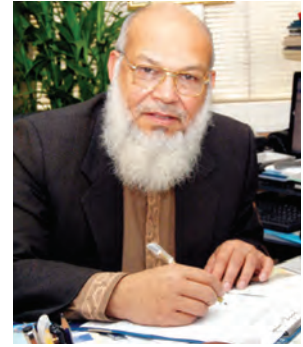


## ACRONYMS AND DEFINITIONS

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
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	Essential service delivery
FDTC	Female Drug Treatment Centre
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
HNPSPDP	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
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 PRESIDENT DHAKA AHSANIA MISSION



The projects, programs and institutions of the Health Sector of Dhaka Ahsania Mission (DAM) were especially committed to combine all their efforts in strengthening the integrated services in order to ensure a healthy life for the common people. The Annual Report 2018-2019 of the Sector highlights the performance and progress of DAM in the sphere of health status of its beneficiaries together with the challenges it faced during the reporting time.

The Health Sector acknowledges with deep gratitude the support and collaboration it received from different Government offices, national and international NGOs, donors, voluntary organizations, development partners and concerned individuals in achieving the cherished goal of peace, progress, unity and development of social and spiritual life of the human community.

The dedication and commitment of its staffs contributed significantly towards the remarkable achievements of the Sector. I congratulate them for their loyalty and hard work; and hope they will continue to pursue the spirit of selfless services to the suffering humanity which is the cardinal principal of DAM.

A handwritten signature in black ink, appearing to read 'Kazi Rafiqul Alam'.

**Kazi Rafiqul Alam**

President

Dhaka Ahsania Mission



## MESSAGE FROM EXECUTIVE DIRECTOR DHAKA AHSANIA MISSION



Dhaka Ahsania Mission through its diverse services contributes to improved living conditions of people. Of these, the Health Sector plays very significant role in serving the humanity. With the spirit of Sustainable Development Goals and National 7th Five Year Plan, the Health Sector covers quite a range of services including Expanded Service Delivery (ESD+) package, management of Substance Use Disorder, prevention and treatment of communicable and non-communicable diseases, nutritional improvement, prevention of overcrowding in prison through rehabilitation services and emergency response to affected communities.

Besides health services at the community level in both urban and rural settings, a number of health institutions provide specialized services, a brief account of those are also covered in this report. We look forward to see the connectivity between the outreach services and institution-based services bringing synergy to both in reaching the suffering community with quality health services.

Health Sector Annual Report of July 2018 – June 2019 provides an account of progress and challenges of the year under report, lessons learnt and future insights for moving forward. Our gratitude to the kind hearted individuals and supporting organizations for being part of our endeavors. Hearty congratulations go to the team and its leader for efficient guidance for continuing journey towards excellence.

We hope this Annual Report would give immense joy to all seeing how Health Sector actions contribute to the founding motto – “Divine and Humanitarian Services”.

A handwritten signature in black ink, appearing to read 'E. Rahman'.

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



## MESSAGE FROM EDITOR



Health Sector is one of the core sectors of Dhaka Ahsania Mission (DAM). It has a constantly growing magnitude of health services. Health Sector has been contributing through primary health care services based on the national expanded Essential Services Delivery (ESD+) package, treatment & rehabilitation of Substance Use Disorder, tobacco-control activities, tuberculosis control activities, nutritional services, prevention and treatment of communicable and non-communicable diseases, and mental health services. Health Sector of DAM has also been contributing to achieve SDGs as a whole, particularly Goal 3 of SDGs following DAM strategy plan (2015-2025).

Health Sector also efforts to alter behaviors of the clients, community stakeholders and service providers. We have established linkage with relevant government departments; CSOs and development partners for ensuring quality services for disadvantaged people. Moreover, DAM Health Sector has been providing accessible and efficient services to meet rising demands in more accountable manner. Our journey is supported by well-wishers, community people, developing partners, and the Government of Bangladesh. We envision the Sector contributing to the lives of people from the grassroots level to national and international level.

Health Sector has been running eight projects and programs, six institutions and two specialized initiatives at present. Many are in the pipeline. Through all our combined efforts, our aim is to serve humanity and to materialize our vision of creating peaceful societies where harmony will prevail and devastating health, tobacco, and drug-related harms will not exist. The Annual Report 2018-2019 contains brief accounts of the sector activities.

We are thankful for the help that we receive from every individual and institutions that we work together with. Our team is much grateful for the support that we receive from donors, Government, sponsors, collaborative partners, governing board members, colleagues, and valued clients. 2018-2019 has been a productive year for the Health Sector, and I proudly present the Annual Report bearing the results of the team effort that we put in together for the betterment of the society that we live in.

A handwritten signature in black ink, appearing to read 'Iqbal Masud', followed by a long horizontal line.

**Iqbal Masud**

Director, Health Sector  
Dhaka Ahsania Mission





## EXECUTIVE SUMMARY

Health Sector is one of the core sectors of Dhaka Ahsania Mission (DAM). Treatment and rehabilitation of patients with Substance Use Disorder (SUD), maternal and child health care and advocacy have become the flagships of the Health Sector. It also focuses on primary healthcare and nutrition services for the poor & underprivileged population, anti-tobacco activities, providing mental health support to the prisoners, TB-control & treatment, care for elderly, training on medical technology and on offering the best possible specialist care for cancer treatment. The report contains the activities of each program, project and institution, and how they impact the lives of the beneficiaries in a harmonious way.

Health Sector actions reflect the work Strategy that had been formulated in 2016 where activities such as ESD+ services, CD and NCD prevention and treatment, addiction management, RTA prevention, mental health services were given priority. During a review of the Sector Strategy during 27-29 November 2018, road safety, care for autistic children, HIV/AIDS diagnosis and treatment, nutritional improvement and care for elderly were included in Health Sector work plan, which ultimately takes us one step closer to achieving SDG Goal 3: Health and Well-Being.

Urban Primary Health Care Service centers were established in the urban areas of Uttara, Dhaka and Cumilla city. Maternal & child healthcare issues, reproductive & adolescent healthcare,







nutritional monitoring, vaccination & distribution of supplements and other services were provided during the year. Underprivileged population of Savar and Satkhira municipalities were brought under the same health coverage through voucher scheme. BNA project has been contributing to improve the nutrition outcome for children under 5 years of age, pregnant and lactating mothers, and adolescents in Patuakhali district. DAM Health Sector has also established specialized care and accommodation center for the elderly – Shanti Nibash.

DAM Health Sector runs anti-tobacco program in order to participate in achieving the “Tobacco-Free Bangladesh by 2040” goal. Due to DAM advocacy, several government institutions are taking smoke-free measures for their facilities. A very important survey was done to see the level of compliance with Bangladesh Tobacco Control Law in restaurants all over the country. The result of the survey has become a strong weapon to fight for stronger steps against tobacco usage. DAM has also been running “Smoke-free Savar and Satkhira” activities as institution’s own initiative.

The Health Sector is concerned with provision of mental health and vocational training support for the prisoners, thus contributing in reduction of recidivism. 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.


Treatment and rehabilitation of patients with SUD is another important initiative of Dhaka Ahsania Mission. Addiction Management and Integrated Care (AMIC) has been providing services through three centers – Gazipur and Jashore for males, and the Dhaka center for females. Detoxification, clinical treatment, consultation on mental and general health issues, counseling, psychosocial education on harmful effects of drugs and other skill development are provided in all the centers. DAM Health Sector plays very important role in rehabilitating the patients on recovery. A specialized mental health service center – Monjotno, has been running successfully providing support for different psychological issues.

Tuberculosis clinics in Uttara and Khilkhet of Dhaka city provide diagnostic and DOTS services for the patients. Non-communicable disease like hypertension, diabetes, cardiac problems and other general health issues are also addressed through project activities. Ahsania Mission Cancer and General Hospitals in Uttara and Mirpur are state-of-art facilities for specialized cancer treatment. Equipped with all modern amenities, Hena Ahmed Hospital in Munshiganj and Monasef Ahsania Health Center in Tongi also provide medical services for several ailments. Cesarean section delivery, along with other maternal health services including special care during and post-delivery are offered.

As capacity development initiative for addiction professionals, DAM Health Sector has received accreditation from Global Centre for Credentialing and Certification (GCCC) and it has successfully run training sessions for third batch of participants working in the field.

Our effort is to present the activities, achievements and contributions of Dhaka Ahsania Mission Health Sector during July 2018 – June 2019, 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.





# STRATEGIES & FOCUS OF HEALTH SECTOR (2015-2025)



Dhaka Ahsania Mission (DAM) has been a leading humanitarian organization functioning for social and spiritual well-being of the community since 1958. It was established by the eminent educationist, social reformer and spiritual leader, Hazrat Khan Bahadur Ahsanullah (Rm). DAM follows the motto of “Divine and Humanitarian Service”.

DAM pursues a mission to create conditions for increased access of the target groups to public and private services. It enhances the capacity of a community for maximum utilization of the resources in the areas of their living needs. DAM operations have been contributing to national development and well-being through its three core sectors – Health, Education and Economic Development; through three complementary sectors – Technical & Vocational Education and Training (TVET), Water & Sanitary Hygiene (WASH) and Agriculture; and through two cross-cutting sectors – Rights & Governance and Climate Change & Disaster Risk Reduction.

## Development of Health Sector Strategy Paper

As a guide for the Health Sector work plan, Strategy Paper was developed in a “Review and Planning Workshop” during 16-20 January 2016. The aim of the work strategy is to reduce the health risks and thus improving the quality of life and livelihood. Keeping



the Sustainable Development Goals (SDGs) in mind, especially the “Goal 3: Good Health and Well-Being”, Health Sector takes Government initiatives and DAM concerns under consideration while implementing its activities. Sector’s Strategy Paper insists on coordination among the divisions of DAM for the provision of integrated 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 field-based programs and institutional services (hospital, maternity centers etc.)**

- Maternal health care
- Population and family planning services
- Neonatal care
- Child health care
- Reproductive health care including Sexually Transmitted Disease and Reproductive Tract Infection
- Nutrition

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

- Prevention of STI, HIV and 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 Use Disorder
- Prevention of SUDs
- Tobacco control programs
- Capacity development of addiction professionals

■ **Strengthening the Non-Communicable Disease (NCD) care programs**

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



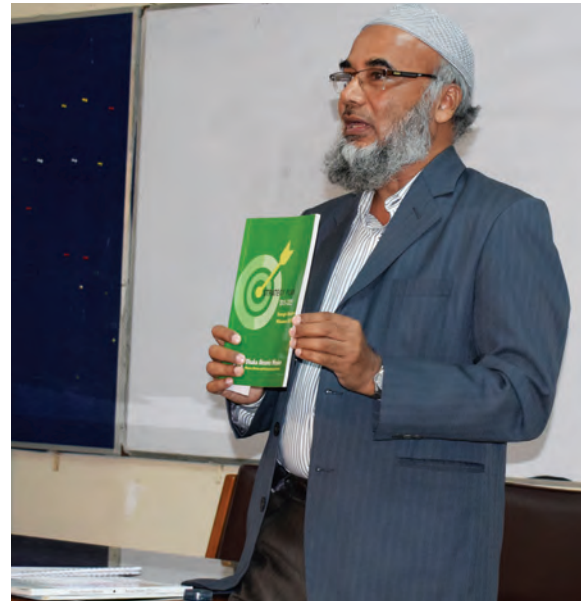


- **Prevention of death and injuries from Road Traffic Accidents (RTA)**

- Policy advocacy
- Awareness programs

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

- Counseling
- Development of the counseling manual
- Awareness programs
- Observing significant days
- Policy advocacy
- Information, Education, Communication (IEC) materials development
- Capacity development



## Review of the Health Sector Strategy Paper

Health Sector Strategy Paper was reviewed during the Sector's quarterly Coordination Meeting that was held during 27-29 November 2018 at the Base Training Center, Sonargaon, Narayanganj. During the discussion, speakers decided to *add nutritional development and care for the elderly* in the Health Sector work plan. Attendees also emphasized on –

- Road safety and rehabilitation
- Care for autistic children
- HIV testing in the border areas and performing advocacy on this issue
- Establishing health camps in the border areas
- Dental and eye care
- Hygienic farming
- Healthcare financing

## Progress of Milestones for Health Sector

Health Sector staffs also discussed and reviewed the progress of the Sector activities under the light of the DAM Strategy Plan milestones that had been set –

- Automation of the AMIC centers' administrative and financial management is under process
- AMIC centers have been brought under complete CCTV coverage
- Health Sector is in pursuit of intensified issue-based policy advocacy at national level, which includes treatment for Substance Use Disorder, social reintegration and rehabilitation of SUD patients, tobacco-control activities etc.
- A training for the third batch of Addiction Professionals are undergoing on the Universal Treatment Curriculum (UTC), which strengthens the capacity building initiative of DAM
- A second phase of Urban Primary Health Care Service Delivery Project has been started which provides the scope to expand Health Sector's ESD+ package related facilities.





# WOMEN EMPOWERMENT UNDER GENDER MAINSTREAMING INITIATIVES



Dhaka Ahsania Mission's integrated gender transformative approach strengthens the voice, choice and space for women and girls to combat violence and eliminate all forms of gender discrimination. DAM initiatives promote transformation of socio-cultural gender norms; build capacity of staff and stakeholders; create a supportive working environment; advocate for gender equality and gender justice at all level through gender mainstreaming.

The organization provides a platform for more than two million women and girls to raise their voices and to find a strong base in terms of health care services aiming to improve their status in the community. Different initiatives to educate and support women to exercise their rights, develop leadership and support an appropriate health care services including active participation to reduce violence against women have been undertaken by the Health Sector of Dhaka Ahsania Mission. Through a network of experienced workforce, it has been in pursuit for preventing and rehabilitating women and children traffic victims, supporting and reintegrating the unfortunate women with Substance Use Disorder in social settings, and ensuring sound health for the greater female community.

Designated female services focusing on maternal health, reproductive health, family

planning services, and female centered addiction management have become flagship of Health Sector activities of DAM. Field level advocacy for women empowerment is another essential core component of the Sector work plan. The scenario has also been reflected among the Health Sector staff, where among a total of 736 personnel (October 2019), 61% are females. Female staffs working in different projects and program reach a huge population of the female community at the field level to highlight their contributions in improving the health conditions.

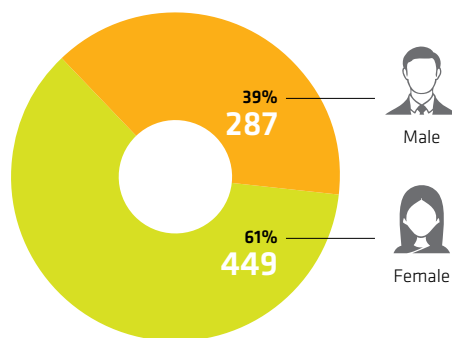


Figure: Health Sector Male-Female Personnel Ratio

In order to express solidarity with gender mainstreaming issues, DAM observes International Women's Day every year. Institution work plan reflects the attempt to empower women, not only at the field level, but also through endowing them at organizational and national level.





# HEALTH SECTOR

## DHAKA AHSANIA MISSION







## URBAN PRIMARY HEALTH CARE SERVICES DELIVERY PROJECT, UTTARA

### BACKGROUND

Currently, around 30% people of Bangladesh live in urban areas. As a result of rapid urbanization, this is expected to increase to 60% by 2030 (CIA World Bank Fact Book, July 2011). People migrate to city areas for employment, education, and a prosperous life. This rapid expansion has placed significant pressure on health services and facilities in urban areas. Considering limitations and scopes, the Local Government Division of the Government of Bangladesh (GoB) has taken initiative to offer primary health care services to such population residing in the urban area.

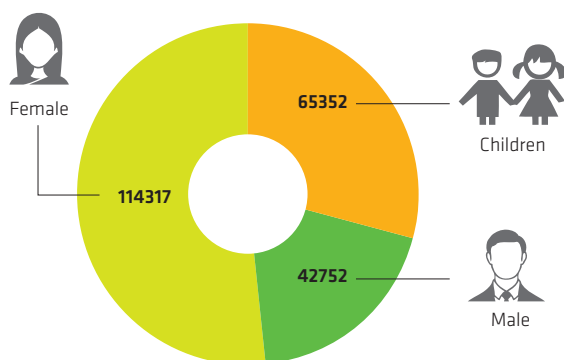
Dhaka Ahsania Mission (DAM) is one of the service providers and it has been collaborating with the GoB with its Urban Primary Health Care Services Delivery Project (UPHCSDP) from January 2013. With the motto – “Shebar Alo Shobar Kache”, the project aims to improve the health status of urban population, especially the poor through



*improved access to and utilization of efficient, effective and sustainable Primary Health Care (PHC) Services from Primary Health Care Centers (PHCC) and Comprehensive Reproductive Health Care Centers (CRHCC) having proper OT facilities with the help of full-time specialist physicians (gynecology and obstetrics), pediatric consultants, medical officers, skilled nurses and paramedics.*

*Total number of the service recipient during July 2019 – June 2019 is 22242 and the demography of the patients are presented –*

### Number of Service recipient



## UPHCSDP SERVICES

### Maternal Health Care Services

Maternal services are provided for pregnant and lactating mother on their health issues through static and satellite points on antenatal checkups, and discussion on safe delivery. During the reporting period, 840 normal deliveries, 404 cesarian sections, 699 MR, 83 Post Abortion Care (PAC) and 6745 TT vaccinations were done.

### Neonatal and Child Health Care

Under neonatal and child health care, guardians were counseled about care for the newborn, exclusive breast feeding, ARI etc. a total of 7059 children under 12 months of age and 21752 children within 12-59 month received services.

### Adolescent Health Care

It is an important component of the UPHCSDP and the adolescents were informed about TT and other vaccination, and about the harms of early marriage. They were provided with iron supplementation, blood grouping, and counseling on different issues. A total of 15199 adolescents received services where 7181 received TT vaccine and 4506 received anemia treatment.

### Reproductive Health Care

Several Reproductive Tract Infection/Sexual Tract Infection, HIV, identification of cervical cancer, breast cancer, fistula and other reproductive tract diseases and cancer prevention programs were organized during the reporting year. A total of 14046 received treatment. VIA (visual inspections with acetic acid) camps were organized. Counseling and referral services were provided from the camps and from the static and satellite points of the project. 2083 took part in VIA screening and 12 were VIA positive.

### Population and Family Planning Services

Supported by the Directorate of Family Planning, UPHCSDP provides family planning services to eligible couples. These activities include providing temporary and permanent methods of contraception, counseling and awareness raising campaigns among the risk groups. 3497 couples received FP services, 8663 received injectable contraceptives. 213 IUD, 260 implants, 23 tubectomy, 58896 OCP and 57960 condoms were distributed among the beneficiaries.

### Nutritional Service

Nutritional services include nutritional counseling, prevention of malnutrition and providing food supplementation for mother and child based on BMI for adults and adolescent, as well as growth monitoring chart for under-five children. The project provided vitamin A supplementation for children and lactating mothers, distributed folic acid, observed de-worming week and organized counseling sessions. 1071 mothers and 2041 children received nutritional services.





### Limited Curative Care

UPHCSDP, Uttara provides basic first aid for common injuries, general treatment and treatment of medical emergencies from both PHCC and CRHCC. 72840 such services were provided.

### Behavior Change Communication(BCC)

UPHCSDP, Uttara has been working in community to change the health related ideology among the target population. It organized health education sessions, weekly group meetings, quarterly satellite support group meetings etc.

### Diagnostic Services

There is pathological laboratory in all PHCC and CRHCC. UPHCSDP also organized diagnostic camps in different schools and garments factories. 99 camps were organized, 17996 patients received services, among which 6554 were free.

### Services for Violence against Women

UPHCSDP provides counseling and referral supports for victim clients. Every single incident of 266 VAW was handled delicately at both PHCC and CRHCC.

### EPI Service and NID Program

Observing Expanded Program on Immunization (EPI) and National Immunization Days (NID) were important parts of the project activities. During this period, 60770 children were vaccinated during national Vitamin A plus campaign. De-worming week were also observed with due importance.

“Rapid expansion has placed significant pressure on health services and facilities in urban areas”





## URBAN PRIMARY HEALTH CARE SERVICE DELIVERY PROJECT, CUMILLA

### BACKGROUND

Dhaka Ahsania Mission has been implementing “Urban Primary Health Care Service Delivery Project (UPHCSDP)” from January 2013 in Cumilla City Corporation area. With the motto “*Shebar Alo Shobar Kache*”, UPHCSDP works with the goal to improve the health status of the urban population, especially the poor, through improved access for health. It also aims to utilize efficient, effective and sustainable Primary Health Care (PHC) services.

DAM delivers primary health care services based on the National Expanded Essential Service Delivery (ESD+) package through satellite clinics, Primary Health Care Centers (PHCC) and Comprehensive Reproductive Health Care Centers (CRHCC) having proper OT facilities; with the help of full-time specialist physicians (gynecology and obstetrics), pediatric consultants, medical officers, skilled nurses and paramedics.



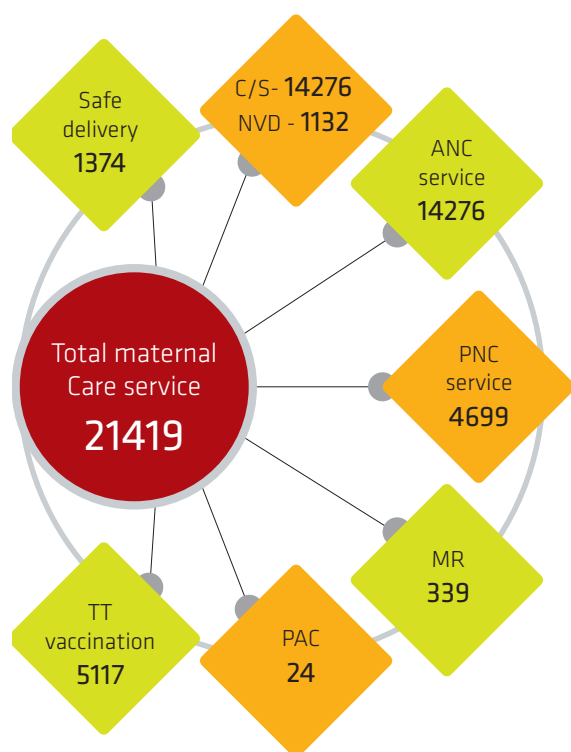


During July 2018 - June 2019, we have observed an 18% rise among the number of people who received services than the previous reporting year. The total population of the working area is 3,41,794. A total of 1,42,246 people received services from this project during July 2018 - June 2019. Out of them, 1,20,429 were women, 21,817 were men. Services are being provided by one CRHCC, six PHCCs and 12 satellite teams.

## ESD+ SERVICES

### Maternal Health Care Services

Maternal healthcare services were provided through static and satellite points. It consists of antenatal checkups, conducting safe deliveries and postnatal care.



### Neonatal and Child Health Care

Under the neonatal and child health care component, neonatal care and under-5 children's care were provided. The guardians were counseled about nutrition, care of a newborn, ARI, Exclusive Breast Feeding, etc. 2220 children <12 month

and 24023 children within 12-59 months of age received services.

### Reproductive Tract Infection (RTI)/Sexually Transmitted Infection (STI) Management

Appropriate counseling and contraceptives were provided to 8338 patients under RTI/STI management.

### Adolescent Health Care

All the PHCCs and CRHCCs provide adolescent health services. There is a provision for "Exclusive Afternoon Hours" for adolescents once a week in all PHCCs. The project organized many sessions with adolescent on sexual and reproductive health; and school based awareness programs. 11376 adolescents received reproductive health care and 4740 received anemia treatment.

### Reproductive Health Care

Under the reproductive health care services, three VIA camps were organized for the purpose of screening for cervical cancer, and 236 took part in the process. Counseling and referral services were provided from the camps and from the static and satellite points of the project.

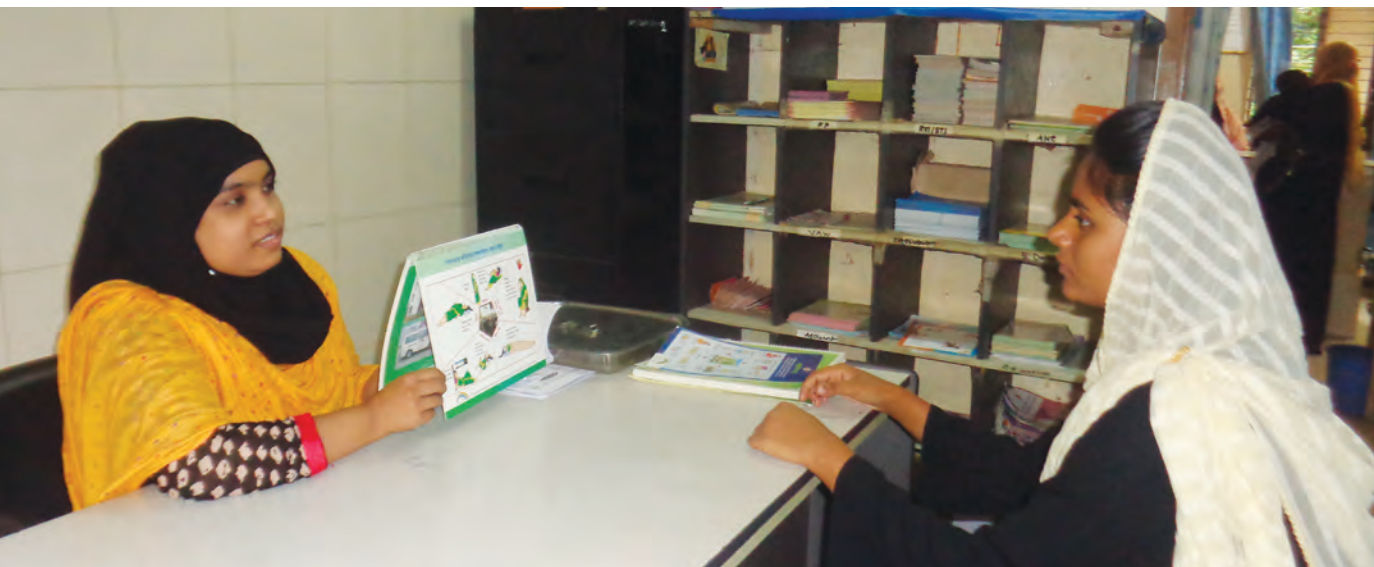
### Population and Family Planning Services

Supported by the Directorate of Family Planning, DAM provides family planning services to eligible couples. These activities include providing temporary and permanent methods of contraception, counseling and awareness raising campaigns among the risk groups. During the reporting period, 24561 couples received services, 15197 women received injectable methods, 142 IUD, 427 implants, 68 tubectomy, 28192 OCP, 148488 condoms were distributed.

### Nutritional Services

Services include nutritional counseling, prevention of malnutrition and providing food supplementation for mother and child based on BMI for adults and adolescent, as well as growth monitoring chart for under-five children. The project provided vitamin A supplementation for children and lactating mothers. Under the project,





1070 mothers and 61 SAM children received nutritional services.

### Limited Curative Care

Provision of basic first aid for common injuries such as, cut, burn, fracture etc; and treatment of medical emergencies (management and referral of high fever, pain, drowning, poisoning, asphyxia) are vital components of quality curative care from PHCCs and CRHCCs. 56230 received such services.

### Behavior Change Communication (BCC)

The project organized trainings, workshops, awareness raising sessions for service providers and community people. 10500 BCC materials were distributed.

### Diagnosis Services and Emergency Transportation Service

As part of the support services, each PHCC and CRHCC has diagnostic laboratories to perform tests of blood, urine and stool. 11 laboratory camps were organized at schools and garments factories, where 1578 patients received services. 11235 red card holders received free services.

### Services for Violence against Women

DAM provides counseling and referral supports for

victim clients. Every single incident of 503 VAW was handled delicately at PHCC and CRHCC.

### EPI Service and NID Program

Observing Expanded Program on Immunization (EPI) and National Immunization Days (NID) were important parts of the project activities. During this period, national Vitamin A plus campaign and de-worming week were also observed with due importance. Two NIDs were observed, 37276 Vitamin A supplements were distributed, 26793 children were served EPI and 405 children received deworming services.

### Observing the Family Planning Week

Two family planning weeks were observed by the DAM CoCC PA-1, Cumilla within 17 – 19 July 2018 and 24-29 November 2018. Two camps were organized on long acting permanent methods, including awareness raising sessions among new couples, eligible couples, and rickshaw pullers; and one meeting was held with adolescent group for disseminating the demerits of early marriage. The duration was also observed as service weeks at CRHCCs. Breast cancer screening was conducted and diet counseling was provided for underweight and overweight mothers, children and diabetes patients.



### School-based Awareness Program

Adolescence is the period of physical, psychological and social maturation from childhood to an adult. To create awareness at this stage, DAM CoCC PA-1 organized four school-based awareness programs in the working area. Project staffs informed the students about personal hygiene, advantage of immunization/TT vaccination, adolescent health, gender issues, early marriage, RTI/STI and HIV/AIDS, high risk behavior, violence, physical and mental change to both girls and boys.

### Capacity Building

As part of capacity building, different training sessions were organized on BCC marketing, quality service of health care, EPI, family planning counseling, neonatal care, first aid and emergency management. DAM CoCC PA-1 staffs participated in trainings organized by PMU and DAM Head Office. These were on clinical contraception – tubectomy & NSV, HIV/AIDS and RTI/STI case management, cervical cancer screening based on VIA test, PAC etc.

### Free Service for Red Card Holder

A total of 68,406 households exist in the working area of DAM CoCC PA-1, Cumilla. The project served 61,758 households. Out of these, 10,277 are red card holders. The red card holders and their family members receive free treatment in all components.

### Services through Referral

For services like PET, Eclampsia, advanced neonatal care, septic abortion, and any medical/surgical conditions needing hospital admission and specialized level of management, DAM has referred to tertiary level facilities like Cumilla Medical College, Cumilla Sadar Hospital and BLAST for VAW services.

### Courtyard Sessions

Twelve service promoters under DAM CoCC PA-1 conducted 3097 courtyard sessions through satellite clinics. The main discussion topics were pregnancy care, ANC, PNC, food and nutrition for pregnant women, exclusive breastfeeding, IYCF etc.

### Growth Monitoring and Promotion (GMP)

Through CRHCC, PHCC and satellite clinics, GMP sessions were conducted targeting pregnant women, lactating mothers and children under-two years of age. Most of the GMP sessions were organized at satellite clinics, so the staffs could reach the mothers and the children at the same time. Special counseling sessions were held to make the mothers aware about development & growth of children; and about other nutritional issues. 3032 GMP services were provided.

### Household Level Services

Service Promoters visited the residents at their household level to provide 31854 counseling sessions to the pregnant and lactating mothers on different issues such as maternal and child nutrition, exclusive breast feeding, infant young child feeding practice (IYCF) for the children under-two years of age.

### Other Services

DAM CoCC PA-1 provides free health services, medicine, pathological services, blood donation camp through organizing medical camp on the occasion of National Mourning Day, Victory Day, Independence Day, National Child Day and other National & International Day observance

### Special Events

- Adolescent corners are present in all the PHCCs and CRHCCs to provide the target group with materials such as sanitary napkins, iron & calcium supplementations, and different books. In collaboration with YWCA, counseling sessions are organized in PHCC-1 and 3.
- DAM CoCC PA-1 participated in NGO fair during 9 - 11 March 2019
- It also participated in Information Fair during 27 - 28 September, 2018
- The DAM CoCC PA-1 arranged a discussion program with mothers on the occasion of world breastfeeding week which was celebrated from 1 - 7 August, 2018





## IMPROVEMENT OF THE REAL SITUATION OF OVERCROWDING IN PRISONS (IRSOP) PROJECT

### BACKGROUND

Prisons in Bangladesh are severely overcrowded due to an inefficient, irregular and anachronistic criminal justice system. Drug dependent prisoners face treatment crisis inside. To reduce overcrowding and to improve legal protection of the poor and vulnerable prisoners, DAM took the initiative to provide the prisoners with drug related support and rehabilitation skills for reintegration into the society. The services were provided through Improvement of the Real Situation of Overcrowding in Prisons (IRSOP) in Bangladesh Project during 2014 – December 2018. For the extensive experience of working in prisons, a new contract has been signed between DAM and GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit) to continue the services for next two years (2019-2020).

#### Current Phase has been Working in Four Areas

- Dhaka Central Jail
- Kashimpur Central Jail – 1 & 2
- Kashimpur Female Central Jail



## IMPORTANT EVENTS/ACTIVITIES

### Referral for Drug Treatment & Counseling Services

Drug referral is 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 10-15. During the reporting time, 412 prisoners (282 male, 130 female) received counseling inside the prisons, 13 (male) were referred to drug treatment centers and seven (female) were referred to have medical supports inside the prison for extreme withdrawal symptoms.

#### Contents of Drug Counseling

- Rapport building with the prisoners
- Craving and relapse prevention
- Motivational session and assertive learning
- Decisional balancing
- Social reconnection
- Planning and goal setting

### Life-skill Training

Life-skill training helps the prisoners to improve their knowledge and to obtain critical thinking ability. Five-day long training sessions were held where the prisoners attended two hour sessions daily and 788 prisoners (710 male, 78 female) participated.

#### Contents of Life-Skill Training

- Reflecting back
- Communications
- Building and nurturing relationship
- Skills on responsibility and ethics
- Problem solving, decision making and conflict resolution
- Mental stress management
- Self-control
- Controlling overwhelming emotions
- Coping strategy, assertiveness to deal with undesirable situations
- Planning and implementation

### Skill Development Training

In order to reduce recidivism and to ensure sustainable rehabilitation, IRSOP organized training on demandable and income generating trades where 119 prisoners (male 95, female 24) participated. Certificates were given after successful completion of training program.

#### Major Trades of Skill Development Trainings

- Handicraft (jute)
- Furniture making (cane)
- Electrical and house wiring

### Peer Volunteer Training

Peer volunteer training is one of the specific project activities that help to identify prisoners for counseling. It also helps to identify prisoners who are eligible for receiving information on drug treatment, and for withdrawal management. General health and risk of HIV/AIDS are observed through it. Each group has 20 members. There were two peer volunteer trainings held among 40 prisoners in different prisons during the reporting period.

Sl	Prison Name	Participants
1	Dhaka Central Prison	20
2	Kashimpur Central Jail-2	20
Total		40







### **Orientation Workshop on New Service Approach**

Two-day long 'Orientation Workshop' was held at the Health Sector, DAM to reach a common understanding of new approaches and to find the scope for ensuring sustainable rehabilitation. Additional Inspector General of prisons, AIG (training and sports), Prison Directorate, Health Sector Director, and other representatives from GIZ and DAM were also present.

### **Quarterly Coordination Meeting Among Relevant Stakeholders**

Four quarterly coordination meetings were held with the core objectives of the project to promote linkages between different government and non-government institutions for rehabilitation and reintegration of prisoners into the society. It also aimed at establishing a formal collaborative partnership among DAM, Prison Directorate, Department of Social Services, Department of Narcotics Control and other relevant stakeholders.

### **Monthly Case Coordination Committee (CCC) Meeting**

The Case Coordination Committee (CCC) is a forum of Criminal Justice Institutions and Civil Society

representatives. Its objective is to discuss on problems of criminal justice system, to find out local solutions to tackle the case backlog, to monitor the progress of the IRSOP project activities, and to report to the national Project Steering Committee (PSC) and Advisory Committee. As a member of this committee, DAM regularly attended the meetings to share monthly updates and to seek rehabilitation support through this committee.

### **Initiatives for Sustainable Rehabilitation**

Two industrial sewing machines were distributed from the DAM Zakat fund to ensure sustainable rehabilitation of two ex-prisoners. They completed training on garments machine operating and tailoring through DAM-GIZ-IRSOP project.

### **Quality Products Made by Trained Prisoners Inside the Prison**

DAM arranged several training sessions on technical, practical, marketable and beneficial trades inside the prison through IRSOP project. Through this training, production unit called "Dofa" were established. Prisoners crafted lucrative jute bags, file covers, show-piece, tissue box, cane furniture, tea-table, rocking cradle etc. within a short period of time.



### Profits of Manufactured Products were Distributed among Prisoners

Prison authorities of Kashimpur Central Jail-1 and 2 have set remarkable example by sharing the profits of the manufacturing products with the prisoners. These products were displayed for sale in Kara Ponno Pavilion in Dhaka International Trade Fair, 2019. Kara Ponno Pavilion earned 3rd place in the fair for displaying quality products and received wide-spread appreciation.

### Day Observance

Project team observed the “International Day against Drug Abuse and Illicit Trafficking” on 26 June 2019 through arranging awareness meetings and leaflet distribution programs in all four working prisons. Senior Jail Supers, Deputy jailors, subedars, and rehabilitation supervisor/counselors were present at the event.



## CASE STUDY

### Courage Defeats Hopelessness

Nazma (pseudo name) completed HSC from her village school and came to Dhaka where she got admitted in an English language program and met Arif (pseudo name). They became good friends; however, a tragic turn of events completely changed her life. Arif got kidnapped and murdered. Nazma was arrested as a suspect in the case. Despite her claims of being innocent, she was sentenced for 30 years in jail and was sent to Kashimpur Female Central Jail, where IRSOP Supervisor/Counselor provided her with information regarding the project. Nazma decided to take vocational training on block-batik trade and completed the course successfully. After 14 months of imprisonment, she got bail. She was often stigmatized as “defile women” by the people in her village. It became impossible for her parents to arrange her marriage. Frustrated, Nazma started to hide herself from the society and family. Even in this difficult situation, she did not give up. She took a bold decision to fight the stigma and start afresh. She contacted the IRSOP project and asked for assistance. After assessing Nazma’s situation and her qualifications, Ahsania Mission Female Drug Treatment and Rehabilitation Center decided to recruit her as a “Program Assistant” with monthly 10,000 taka and the facilities of food and accommodation from January, 2019. She expressed her gratitude to Dhaka Ahsania Mission for standing beside her in her time of need.





## HEALTH AND NUTRITION VOUCHER SCHEME FOR POOR, EXTREME POOR AND SOCIALLY EXCLUDED PEOPLE (PEPSEP) PROJECT

### BACKGROUND

*Dhaka Ahsania Mission (DAM) has been implementing PEPSEP project, funded by European Union, and supported by Christian Aid as co-partner. The project introduces and establishes Voucher Scheme for Below Poverty Line (BPL) population for facilitating outpatient services. It also identifies and empanels 40 Private Health Service Providers as scheme implementers to provide health and nutrition services to the poor, extreme poor and socially excluded people (PEPSEP) in Savar and Sakthira Municipality areas. PEPSEP project was initiated with the objective to improve the health and nutrition status of the poor. The benefit package is limited to Tk.10,000 per Voucher Card per year for outpatient care.*



## MAIN ACTIVITIES

### Memorandum of Understanding (MoU) Signing with the Savar and Satkhira Municipalities

For smooth running of the project, DAM PEPSEP team vitalized professional relationship with local Government representatives of Savar and Satkhira municipalities. They organized MoU signing ceremony in Savar on 06 September 2018 and in Satkhira on 12 December 2018. Christian Aid representatives were present at the occasion.

### Signing MoU with Privet Healthcare Service Providers

To make the healthcare facilities more accessible to the beneficiaries, PEPSEP team signed MoUs with the privet hospitals/clinics/diagnostic centers in Savar and Satkhira to include them in primary healthcare and nutrition voucher scheme. After a long and meticulous process, a Consultant for the PEPSEP project assessed, ranked and recommended 40 privet hospitals/clinics/diagnostic centers (20 in Savar and 20 in Satkhira). After exploratory visits and discussions, DAM signed MoUs with 20 facilities in Satkhira and 11 facilities in Savar who were considered as scheme implementer. According to the agreement, scheme implementers require to provide consultation, medicine, diagnostic and referral services to the voucher holders.

### Community Mobilization Activities

Under the community mobilization activities, PEPSEP team formed 11-membered ward committees (18 committees in each ward of Savar and Satkhira municipalities) including Local Government (LG) representatives, leaders, and other stakeholders.

A total of 270 courtyard meetings were organized on personal hygiene, FP, abortion care, adolescent health and nutrition, immunization, pregnancy care, safe delivery and reproductive health. 6,540 participants took part in such meetings. Project team also organized 66 video shows on health and hygiene, breastfeeding, healthcare, food and nutrition and kangaroo mother care where 6452 people participated. DAM PEPSEP team conducted



community drama/popular theatre shows with *Bandhon Jano Kollan Shongstha* at Satkhira, and with *Bunon* at Savar. The drama titled “Poriborton (the Change)” was shown on 10 occasions at Savar and Satkhira during the reporting year, with the topics health, nutrition, child marriage and other related issues; where 3494 participated.

To develop a good communication with the beneficiaries in both municipalities, PEPSEP team scheduled door-to-door visits by the Community Volunteers with the supervision of Service Promoter led by respective Technical Officers. Cultivation of vegetable, fruits, and spices at the homestead promotes nutrition, increases seasonal availability of food and supplements household economy. As the PEPSEP project goal is to improve the health and nutrition status of the urban poor, vegetable seeds were distributed among 220 target beneficiaries in Satkhira during the courtyard meetings. The team has also started distributing seeds among the target beneficiaries in Savar recently.

### Health and Nutrition Voucher Card Distribution

The health voucher cards were distributed to the senior female member or head of the household, based on priority. PEPSEP project team organized two health voucher card distribution ceremonies at Savar and Satkhira municipalities with the LG representatives. During the reporting period, PEPSEP team also organized ward-wise (all wards of Savar and Satkhira municipalities) health voucher card distribution events, in the presence of LG representatives.



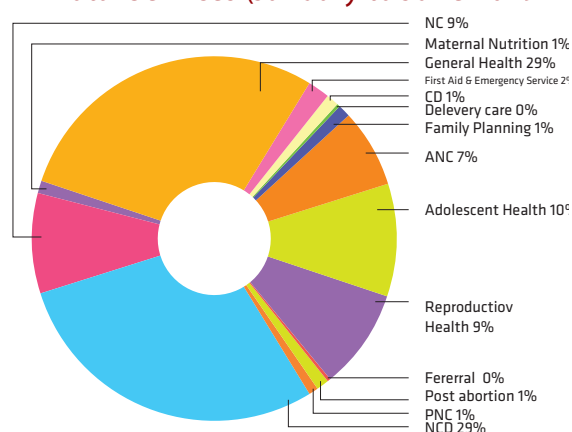
## Health Voucher Card Distribution during the Reporting Year

Sl	Distribution area	Primary Data Collection for Health Voucher Card Distribution	Health Voucher Card Distribution	Poor	Extreme Poor	Socially Excluded People	Male	Female	People with Disability HH
1.	Savar	5860	1,175	95	1,080	15	503	672	28
2.	Satkhira	3202	680	0	680	50	419	261	86
Total		9062	1,855	95	1,760	65	922	933	114

## Safe Delivery

PEPSEP project provided 3,249 health services against 1,855 (Savar – 1,175 and Satkhira 680) Health Voucher Card holders. In this reporting period total number of 75 babies were born among them 22 were at Savar and 53 in Satkhira.

## Total Services (January to June 2019)







## INTEGRATED HUMANITARIAN RESPONSE TO THE ROHINGYA POPULATION IN COX'S BAZAR (IEHRR) PROJECT

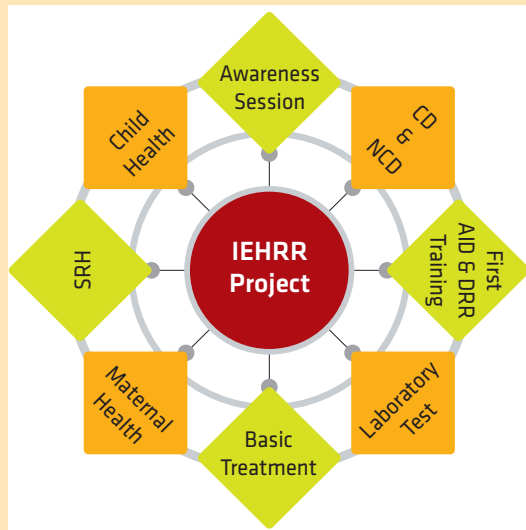
### BACKGROUND

*Rohingya refugees migrated from Myanmar to Bangladesh due to unfavorable conditions. As of 21 June 2018, there are 919,000 Rohingya refugees residing in Bangladesh. The humanitarian situation for Rohingya refugees remains dire, and they are one of the most vulnerable groups due to lack of health care system, personal hygiene, shelter, sanitation and violence. Considering the issues, Dhaka Ahsania Mission (DAM) Health Sector stretched out to provide primary health support to the Forcibly Displaced Myanmar Nationals (FDMNs) since 01 September, 2017. DAM has now been implementing IEHRR Project, Phase II through a consortium approach which is funded by DFID and technically supported by Christian AID (CAID). DAM has been providing its services in camp – 12, 13, 14, 15 and 19 through four static and six pop-up health centers.*



## MAIN SERVICES OF IEHRR

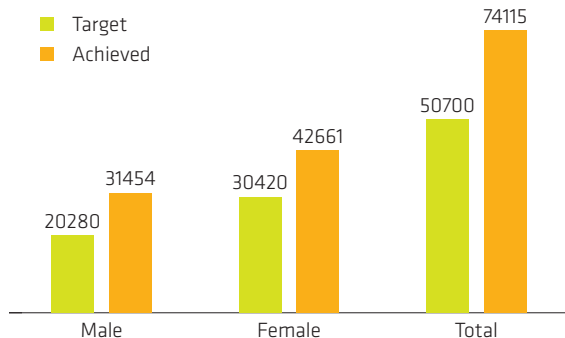
Phase II of the IEHRR project aims to improve reproductive, maternal, neonatal, and child health status; to reduce vulnerability of communicable and non-communicable diseases; and to enhance the quality of life of Rohingyas. DAM has also been providing basic health services to the Rohingya communities, and door-to-door counseling on Sexual and Reproductive Health (SRH) and Family planning by trained health workers. Cases needing advanced management are referred to higher facilities.



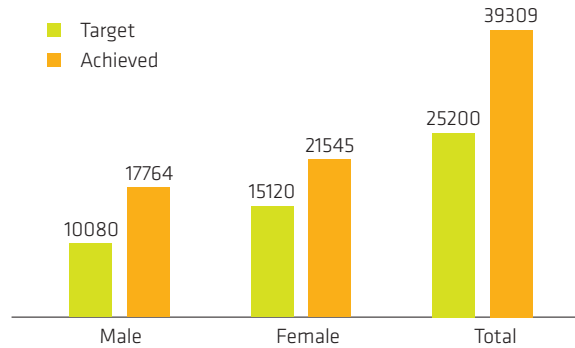
### Treatment & Laboratory Services

A total of 74,115 patients received services through the static centers and 39,303 patients received

#### Patients Treated by Static Health Posts



#### Patients Treated by Satellite Health Posts



services through the pop-up centers. Laboratory tests were done to diagnose the patients, and 2052 critically patients received 3256 laboratory tests from DAM health posts.

### Counseling and Family Planning

One of the major activities of the project is door-to-door visits to the Rohingya population to counsel about SRH and family planning, and 18,883 such counselings were done during the reporting period. 10,419 received surveillance and counseling. And 1994 received family planning services.

### Awareness Raising Activities

Physicians, paramedics and midwives conducted 26 awareness sessions in schools about general health, hand washing, food and nutrition, and immunization; where 530 students participated.







### **Disaster Risk Reduction (DRR) and First Aid Training**

DRR promotes community-based strategies to manage the identified hazards and First Aid training allows developing potential life saving abilities. Total 160 Rohingya community leaders (Majhi) received First Aid and DRR training in six batches during the reporting period.

### **Participation in the Camp Fair**

DAM organized camp fair in Camp 12, 13 and 14 to disseminate about the services being provided and to inform the government and other NGOs about the activity of IEHRR project.

### **Wheel Chair Distribution**

DAM distributed wheel chairs for the elderly and physically disabled person through Camp-13 CIC office.

### **Feedback from Project Beneficiaries**

To ensure quality of the services and to mitigate the problems, complaint mechanism has been developed. All complaints, feedback and suggestions are preserved in feedback box

and documented in complaint registers. After analyzing these, necessary actions are taken to resolve the issues.

### **Capacity Building Initiatives**

During the reporting period, foundation and refresher trainings were arranged. Training for health workers were held on FP methods, counseling and other issues. Physician and paramedics participated in a Core Humanitarian Meeting organized by CAID. The main objective of this training was to develop the values and morality of the staffs for providing services in camps. Zone Coordinator and physicians participated in ToT on SRH organized by UNFPA & UNHCR; to develop their skills on SRH subject. Also a total of 10 coordination meetings were organized to develop the quality of services in camps, to improve referral mechanism and to ensure collaboration among all the service providers.





# FEED THE FUTURE BANGLADESH NUTRITION ACTIVITY (BNA) PROJECT

## BACKGROUND

*USAID funded Bangladesh Nutrition Activity (BNA) has been designed to empower and support market and community actors to address underlying causes of malnutrition in the Zones of Influence (ZOI). The project has been being implemented by DAM in Patuakhali district.*

### Project Coverage

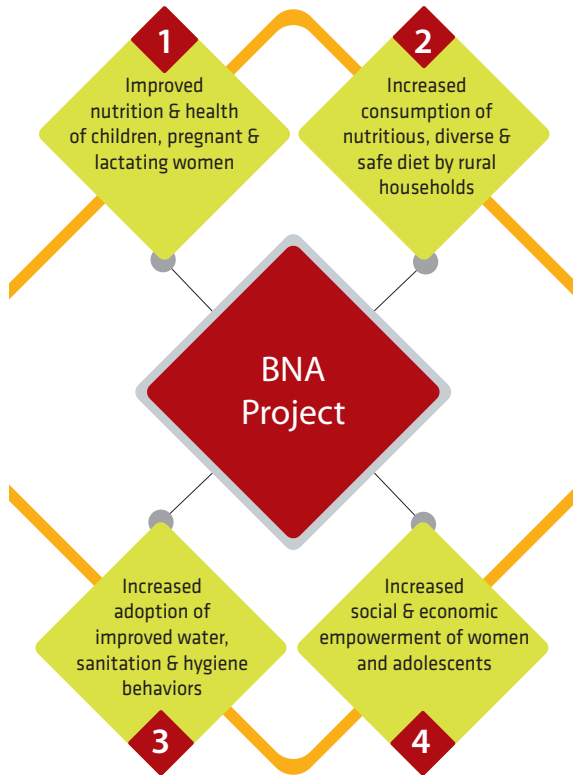
- Market management committee
- Bonik shamiti
- Market vendors
- Educational institutions
- Different social clubs
- Religious institutes
- Pregnant and lactating mothers
- <5 years children
- Adolescent girls





## Objectives of the Project

BNA contributes to the improvement in nutrition outcomes for children under 5 years of age, pregnant and lactating women, and adolescents (girls and boys) in the country's Feed the Future (FTF) ZOI, which comprises 21 districts in Barisal, Dhaka, and Khulna Divisions.



Barisal Division, FIVDB in Dhaka Division, and JCF in Khulna Division.

- International Potato Center (CIP) provides technical expertise on agriculture market systems in the ZOI through the Agriculture Market Systems Technical Leader.
- iDE's Water Sanitation and Hygiene (WASH) Technical Leader guides BNA's market-driven WASH interventions.

## Important Activities

- Baseline survey
- Scouting
- Enabling Environment of Market Catchment Area (EEMCA)
- Rapid market analysis
- Project staff orientation

## Implementing Partners

The BNA is managed by a consortium of partners -

- Abt Associates delivers overall technical, financial, and administrative leadership. Abt also provides expertise on market development approaches, social and behavior change, monitoring, evaluation and learning, rapid cycle evaluations and adaptive management.
- Dhaka Ahsania Mission (DAM), Friends in Village Development Bangladesh (FIVDB), and Jagorani Chakra Foundation (JCF) are implementing field interventions through technical staff in the divisions and upazilas. DAM also manages field-level interventions in







## ENHANCING RESOURCES AND INCREASING CAPACITIES OF POOR HOUSEHOLDS TOWARDS ALLEVIATION OF THEIR POVERTY-ENRICH

### BACKGROUND

*ENRICH project has been uniquely designed to ensure sustainable development of the poor with the aim to facilitate the best utilization of the existing capabilities and resources at the poor households. It also enhances the capability of the underprivileged population with a view to enabling them to come out of poverty and moving 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 8264 health cards were distributed among them.

### Free Healthcare and Social Services

- Satellite clinics were arranged every week with the presence of physician and 19167 patients were provided with free treatment. Specialized camps on eye care, dental care, cardiac problems and Diabetes management were organized. Total of 6622 patients received treatment from 19 such health camps within the reporting year.
- With the support of the Sitesavers, Dhaka Progressive Lions Club and PKSF; 235 patient received cataract surgery and 1200 above

five-year old children and adults received de-worming medicine free of any cost.

- ENRICH project installed 100 sanitary latrines and 12 tube-wells in the project area during 2018-19 Fiscal Year.
- The target population was provided with Albendazole (36,400 tablets to 18,200 persons) for de-worming, iron supplements (32,000 capsules to 6,400 person), Pushtikona (12,000 tablets to 4,000 persons) and Miracal (4,000 tablets to 800 persons) free of any cost.

### Mass Awareness Campaign

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

### Health Aid Distribution among Aged People

Five Wheel Chairs, twenty commode chairs and 50 walking sticks were distributed among elderly people of Sukundi Union under ENRICH Elderly Peoples Program as health aids to support physically weak and elderly people, free of any cost.







## TUBERCULOSIS CONTROL PROGRAM

### BACKGROUND

DAM has been implementing GFATM (the Global Fund to Fight AIDS, Tuberculosis and Malaria) funded Tuberculosis Control Program through BRAC from January, 2013 at Ward 1 and 17 under Dhaka North City Corporation. The program's target population is 249,381. The objectives of the program are based on National Goal of TB control to reduce morbidity, mortality and transmission of the disease.

The project has been promoting early detection of smear-positive patients; implementing assurance system for smear microscopy; diagnosing smear-negative, extra-pulmonary and child TB; ensuring Directly Observed Treatment, Short course (DOTS); participating in advocacy programs; and the program runs its activities involving specialists, private practitioner, and other related professionals.



## MAIN SERVICES

### DOTS and Microscopy Centers

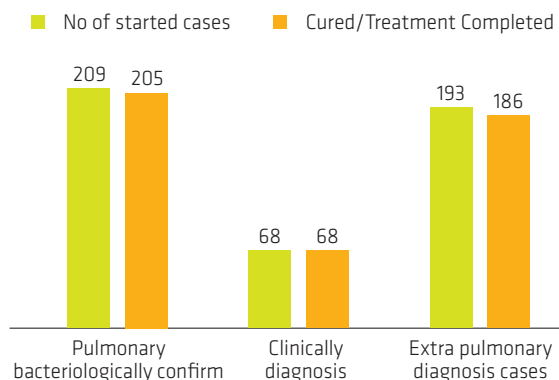
DAM operates one DOTS and Ziehl-Neelsen (ZN) microscopy center in Uttara (Ward no-01) and one DOTS and Ziehl-Neelsen (ZN) microscopy center in Khilkhet (Ward no-17). Sputum for Acid Fast Bacilli (AFB) is being directly tested to diagnose TB patients. During the reporting period DAM tested 2,319 presumptive TB cases (suspect) through these two microscopy centers and detected 109 pulmonary bacteriologically confirmed TB cases from the presumptives.

DAM also notified 212 pulmonary smear positive new TB cases, 19 pulmonary smear positive relapse TB cases, 64 clinically diagnosed cases, two clinically diagnosed relapsed TB cases, 265 extra pulmonary new TB cases and 13 extra pulmonary relapsed cases. There were 575 TB cases in the period of July, 2018 – June, 2019.

Treatment success rate of this program is very high. TB treatment is a long term process, and for that reason we can only confirm the completion of treatment within July, 2017 to June, 2018. During that period, DAM notified a total of 470 TB cases and provided DOTS to all the notified TB cases. The treatment success rate of Drug Sensitivity (DS) TB was more than 98%.

For detecting the pulmonary smear negative TB, EPTB, Child TB and DR/MDR TB, DAM provided financial support of amount of TK 76,600 to 141

Number of TB Cases started and their Cured/Treatment Completed status in the period of July 2017 - June 2018



patients during the reporting period and detected 46 TB patients who were also provided with TB treatment from the DOTS centers. Child TB is also a great Communicable Disease health hazard in our country, and DAM provides free TB treatment to children as well. As the treatment outcome of July, 2017 to June, 2018, total number of 25 children were diagnosed with TB and all of them completed full course treatment.

DAM conducted orientation for Graduate Private Practitioners (GPP) with 20 participants. DAM also observed “World TB Day 2019” and took part in national rally. DAM organized outreach sputum collection camping, yard discussion sessions and provided community health education in the slum and hard to reach areas.







## CASE STUDY

### China Begum Got Rid from the Curse of Tuberculosis

China Begum is a 38 years old female patient. She is a housewife who lives in Farid Market, Azompur area of Dhokkhin Khan under Dhaka North City Corporation. When she became severely sick, her husband took her to a pharmacy holder who provided some conventional treatment. In spite of the treatment, her physical condition was worsening day by day. At that situation her husband took China Begum to DAM's Uttara DOTS center as a TB Presumptive on 19 August, 2018. Respective staff checked her sputum for AFB through ZN Microscope and found AFB positive (Acid Fast Bacilli) scanty in both sputum with the basic TB signs & symptoms such as low grade fever, cough, weight loss, loss of appetite, chest pain and physical weakness. She was diagnosed as a bacteriologically confirmed TB Case.

She had no previous anti-TB treatment history. According to the advice of physician, program staff started her anti-TB treatment by Category-1 on 21 August, 2018 as a new smear positive TB patient. DAM provided anti-TB medicines with health education. Her body weight was 40 kg at the time of initiation of the treatment. Regular follow up was made according to NTP guideline and respective staff checked her sputum after completion of two months of anti-TB medication on 19 October, 2018. Follow up result was negative.

DAM continued her four month treatment regimen according to the NTP guideline. Gradually her physical condition was improved and body weight was increased to 41 kg. All of the follow up sputum test results were negative from five months to the end of treatment course and she was declared as a cured patient from Tuberculosis on 16 February, 2019.

Now China Begum is well, leading a healthy life. It was possible due her uninterrupted full course treatment. Her family was made aware about the care of a TB patient and on disease management. Her family is now happy and satisfied with the treatment procedure. China Begum is an example. At the same time, China Begum's story reminds every one of the importance of proper TB Treatment. Emphasis should be given on knowledge sharing, facilitating the diagnosis and early treatment of Tuberculosis.





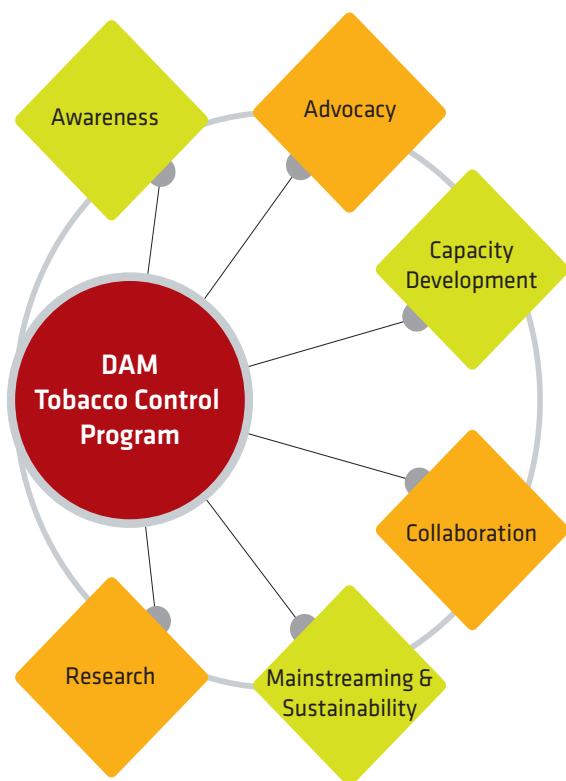


## TOBACCO CONTROL PROGRAM

### BACKGROUND

Tobacco Control Program is one of the core activities of Dhaka Ahsania Mission (DAM) Health Sector. Starting in the 1990's, it has expanded its activities multifold in recent years. According to Global Adult Tobacco Survey (GATS) 2017, 35.3% adult population of Bangladesh use tobacco; and 42.7% adults are exposed to secondhand smoke in indoor workplace, 44% in public transports and 49% in restaurants. Tobacco Control Program aims to protect people from secondhand smoking, and to protect children and youth from ill tactics of Tobacco Industries (TI). Currently Health Sector has been implementing "Advocacy for Mainstreaming, Sustainable Implementation of Tobacco Control Law and Increasing Tobacco Tax and Campaign against TI Tactics" project with the support of Campaign for Tobacco Free Kids (CTFK). Besides this, DAM Health Sector has also been implementing various anti-tobacco activities.





### Advocacy for Smoke Free Initiatives

During the project period, DAM conducted many advocacy work with different stakeholders such as BIWTA for Dhaka River Port to be smoke-free, BRTA to declare headquarter, divisional and circle offices to be smoke-free. “No Smoking” signage will be present in public transports as per BRTA order. Dhaka South and North City Corporations have allocated budget for implementation of the TC Law and for tobacco control activities, LGD circulated four notices about forming a committee to develop ideal guideline on tobacco control, allocating budget in all LGIs for tobacco control, and displaying “No Smoking” signage in public places, Dhaka Civil Surgeon circulated a notice to keep all health care facilities smoke-free and to display “No Smoking” signage, National Institute of Local Government (NILG) posted DAM developed anti-tobacco video on their website to raise awareness on the issue, Directorate of Secondary and Higher Education (DSHE) circulated a notice asking the teachers to stay abstained from using smoked and non-smoked tobacco in front of students.

### Mainstreaming the Tobacco Control Issue

DAM has also taken to mainstream tobacco control issue in various institutions i.e. collaborating with Ministry of Civil Aviation and Tourism in order to developing Tobacco-Free Hospitality Sector Strategy and providing necessary support to LGD for developing a common guideline for LGIs’ Tobacco Control Program.

### Capacity Development

Two orientation meetings were held in Rajshahi and Chottogram, on tobacco-free hospitality sector implementation strategy paper in collaboration of DAM, CTFK and MoCAT; according to which, it was decided to circulate notices for tobacco free hotels, restaurants and motels and to display numerous “No Smoking” signage.

### Awareness Raising Activities

To observe the World No Tobacco Day-2019 and to put pressure on the government for imposing high tax on all tobacco products, DAM Health Sector undertook two-month (April – May 2019) long campaign program using its own fund. Moreover, DAM Health Sector organized budget reaction program where speakers highlighted that the proposed budget provides the Tobacco Industry (TI) the opportunity to expand their business. A human chain was formed demanding increase of supplementary duty and higher tax on tobacco products to ensure public health in proposed budget for 2019-2020. A road march was also organized where several organizations took part.







A total of 298 news regarding anti-tobacco issues were published during the reporting year. Various reports and articles were also published in print and online media. DAM published numerous IEC/ BCC materials for advocacy and awareness raising.

### “Tobacco-Free Savar and Satkhira City” Initiatives

Dhaka Ahsania Mission has been executing its own initiative for making Savar and Satkhira, model smoke-free municipalities. This is a continuation of the Mission’s anti-tobacco activities which started from 1990. The objectives of making Savar and Satkhira City Corporations smoke-free are to prohibit smoking cigarettes in public places and transports, raising awareness against tobacco promotions and creating public platforms against tobacco smoking. Keeping these objectives in mind, DAM took the initiative to run anti-tobacco activities. Memorandum of Understandings (MoU) were signed between the representative of the Mission and the representatives of Savar and Satkhira City Corporations for working in collaboration with each other.

### Research Initiative

DAM disseminated findings from the study “Big Tobacco, Tiny Target in Bangladesh” on 23 April 2019 and from the “Nationwide Survey in Compliance with Bangladesh Tobacco Control Law in Restaurants” on 13 April 2019.







# HENA AHMED SHANTI NIBASH

## A RESIDENCE FOR SENIOR CITIZENS



### BACKGROUND

Almost 7% of the Bangladeshi population consists of senior citizens and the number is increasing day-by-day. According to National Policy on Older Persons 2013 and United Nations, any person at or above 60 years of age is considered as a senior citizen. A significant portion of this population cannot live with their families for various reasons. In order to ensure their care, proper dignity, scopes for appropriate leisure activities and adequate health checkups, Hena Ahmed Shanti Nibash has been established in Alampur village in Hasara Union of Sreenagar Upazilla, Munshiganj.

Hena Ahmed Shantinibash was inaugurated on 22 June, 2019. President of Dhaka Ahsania Mission (DAM) Kazi Rafiqul Alam, and donors Ms. Hena Ahmed and Mr. Shafique Ahmed inaugurated the Shantinibash. A discussion meeting was also organized where DAM General Secretary Dr. SM Khalilur Rahman; Executive Director Dr. M. Ehsanur Rahman; Ms. Hena Ahmed; Mr. Shafique Ahmed and DAM Health Sector Director Mr. Iqbal Masud delivered their speeches. Alhaj Abdur Razzak, Vice President of Central Ahsania Mission offered Munajat. After the inauguration program, all the guests visited the accommodation facilities.

Our hope is that the Shanti Nibash will be able to fulfill the requirement for secured and healthy accommodation for the senior citizens.







## HENA AHMED HOSPITAL

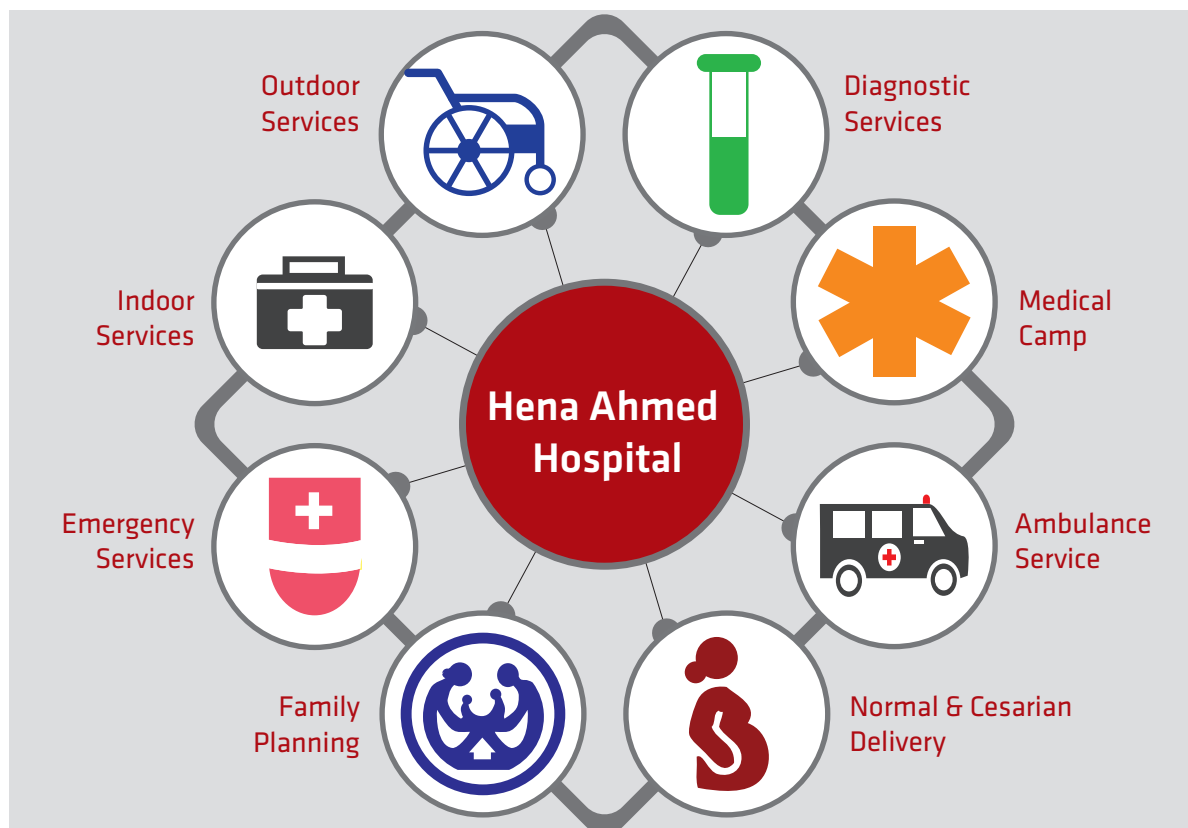
### BACKGROUND

*Hena Ahmed Hospital is situated at Alampur village of Hasara union, Sreenagar upazila, Munshigonj. It was founded by Hena Ahmed, and the hospital and diagnostic center started its activities under DAM Health Sector from May 2016.*

*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. The 20-bed hospital provides outdoor services, injury management and family planning services; delivers diagnostic services through laboratory investigations including ultrasonography; and follows up consultations with the specialist physicians. Patients can buy medicine from its pharmacy at low cost.*







## HOSPITAL SERVICES

### Healthcare Services at the Hospital

During July 2018 – June 2019, HAH provided healthcare services through specialists on gynecology and obstetrics, neuromedicine, pain and diabetes.

### Others Services

HAH established laboratory for quality investigations, including USG & ECG. Other diagnostic, pathological tests are being done on regular basis.

HAH has also been conducting community level mass awareness program on maternal and child health, EPI, FP, TB, HIV, sexual reproductive health and tobacco control issue through organizing musical concert (folk song), announcement etc. Moreover, through Service Promoter, HAH is conducting BCC activities on VAW, nutrition, gender, “more equity for health” and rights &

entitlement for health services at the household level and about improved health seeking behavior.







### Medical Camps

The hospital organized five medical camps during the reporting period on the following specialties for the people of Sreenagar, Munshiganj.

Details	Date	Total Patient
VIA Camp	12.01.2019	14
Eye Camp	19.01.2019	305
Child Care Camp	15.06.2019	52
Diabetes Camp	13.04.2019	25
Kidney Camp		
ENT Camp		

### Significant Initiatives

During the reporting period of July 2018 – June 2019, Hena Ahmed Hospital has introduced cesarian delivery under the supervision of obstetrician consultant. 16 children were born through cesarian section in the hospital during this period. All the babies and mothers are in good health.

### Meeting with Pharmacy Owners and Local Stakeholders

In order to provide wholesome and quality services from the Hena Ahmed Hospital and its

pharmacy, a meeting with local pharmacy owners was held on 4 January 2019. Speakers discussed about establishing collaborative referral services. Another meeting with local community leaders was held on 17 April 2019. Participants talked about upgrading existing hospital services, challenges and collaboration. The event was chaired by Hasara UP Chairman Mr. Solaiman. Ms Hena Ahmed and Mr Shafiq Ahmed were present as Special Guests. Health Sector Director Mr Iqbal Masud presided the meeting which was moderated by Dr Naila Parvin.

### Tree Planation and Awareness Program

On 8 September 2018, Dhaka Ahsania Mission and Lions Club of Dhaka Oasis jointly organized a family forestation program at Hena Ahmed Hospital. 600 saplings were distributed free of cost among 200 poor families of Hasara Union. Former President, Lions Club of Dhaka Oasis and Director - Health Sector, Dhaka Ahsania Mission, Mr Iqbal Masud presided the event. PDG Lion Sheikh Anisur Rahman, PMJF, Founder of Lions Club of Dhaka Oasis was present as the Chief Guest. Lion Foijul Kobir, President, Lions Club of Dhaka Oasis; Lion S.M. Shahed Hasan; and other members of Lions Club of Dhaka Oasis were present at the program. For raising awareness about environment and healthy life, Baul Abdul Malek Boyati and his team performed Baul songs highlighting the need of tree plantation.







## MONASEF AHSANIA HEALTH CENTER



*Mr Alhajj Md Alauddin, a UK citizen from a dignified family of Kamarjuri village of Gazipur established Monasef Community Health Center upon his father, late Alhajj Md Monasef in February 2015. The objective of establishing such facility was to serve affordable quality health care services to the local people. On May 2019, Dhaka Ahsania Mission was presented with the responsibility to run the health center. An MoU was signed between Mr Alhajj Md Alauddin and DAM on 22 may 2019, according to which he handed over the land on which the health center was established to the Mission. DAM representative Dr S M Khalilur Rahman signed on behalf of the organization. Mission President Mr Kazi Rafiqul Alam, Executive Director Dr M Ehsanur Rahman, Health Sector Director Mr Iqbal Masud and Clinic Manager Dr Naila Parvin were also present at the event.*

Now known as the Monasef Ahsania Health Center, it offers the following services –

- **Reproductive and Maternal Health Care Services:** ANC and post delivery services, family planning services are available
- **Child Health Care:** Treatment for diarrhea, pneumonia, febrile illness, nebulization and other ailments of childhood are available
- **Medical Services:** Treatment for common ailments such as flu, fever, breathlessness, asthma, diabetes, rheumatic fever, pneumonia etc are present at the center
- **Diagnostic Services:** Provision of diagnostic services including blood test, urine test, ECG, Ultrasonogram etc are present
- **Pharmacy:** Medicines from renowned companies are sold at the center pharmacy.







## AHSANIA MISSION DRUG TREATMENT AND REHABILITATION CENTER (DTC), GAZIPUR

### BACKGROUND

*Dhaka Ahsania Mission has established three Drug Treatment Centers (DTCs), and the DTC, Gazipur is the first one which was established in 2004 with the financial support of UNESCO, Paricae-DAM UK. 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.*





## TARGET POPULATION

DTC-Gazipur has been working with the objective to provide treatment and rehabilitation services to 18-50 years old males having Substance Use Disorder (SUD) with/without mental health conditions. Treatment for less than 18 years and over 50 years old are conducted following specialized and age appropriate method.

During July 2018 - June 2019, 229 patients was admitted at DTC, Gazipur. 130 patients have completed the program and 77 patients are under treatment at the moment.

## Treatment Approach

DTC-Gazipur has been providing quality services to ensure proper treatment for the unfortunate individuals with SUD, co-occurring mental disorder and/or behavioral problems. For the benefit of the patients, combination of multiple evidence-based practices such as therapeutic community, 12-steps program, narcotic anonymous and other behavior shaping tools are being used. Treatment is based on client's strengths not deficits, choices, gender, individual client need, previous trauma and life skills. The treatment program is for six month for a patient, where first 14 days are for detoxification. Patient is provided with nutritious food during this



period, as the withdrawal symptoms might be very painful and troublesome. Patient goes through screening and assessment by his counselor and case manager; and a treatment plan is prepared. After 14 days, the patient attends daily chores, psychoeducation sessions, life-skill trainings, counseling, meditation and relaxation training, sports and recreation etc.

## Activities

The center offers six-month long treatment and rehabilitation program. The daily activities of the center start with Morning Prayer. It is followed by exercise, therapeutic community activities, psychosocial education sessions, counseling, quiet time for meditation, night sharing and leisure activities.

### Important Services during July 2018 - June 2019

Service Name	Coverage
Admission	229
Graduation	130
Individual Counseling	1447
Group Counseling	154
Family Counseling	182
Family Group Counseling	10
Tele Counseling/Telephone Follow-up	1129
NA Meeting	311
Psycho-Social Education Session	538
Psychiatric Treatment	602
General Medical Treatment/Checkup	873
Family Education Session/ Meeting	11
Recovery Client Center Visit	62
Training Received by Staff	9
Job Placement	3
Campaign/Awareness Program	9
Day Observation	8
Recovery Get-Together	1





### After Care & Follow up Services

Follow up services are also included in the treatment plan. The center provides individual, group, family and couple counseling for continuation of recovery life; allows recovery clients to stay in the center for three days each month as relapse prevention strategy; organizes regular NA meeting; offers tele-counseling and organizes recovery get together program.

## SIGNIFICANT EVENTS

### Outreach Event

The center performs outreach services as a part of awareness raising activities against SUDs such as dissemination of information on pre-assessment and treatment modalities for SUD; outdoor, individual and family counseling; awareness program on anti-drug issues in different schools & colleges; IEC/BCC materials distribution; coordination with other Government and Non-Government organizations; and dope tests.

### Family Education Meeting

Family involvement is very much important behind the success of treatment program. Family

meetings were organized each month to discuss about several substance related issues.

### Observing National & International Days

DTC - Gazipur observed International Day against Drug Abuse & Illicit Trafficking, World No Tobacco Day, World AIDS Day, International Mother Language Day, Pohela Boishakh (Bengali New Year), Independence Day, Victory Day, New Year's Eve etc.

### Prevention Program

DTC - Gazipur organizes different awareness raising programs to disseminate information about SUD and its treatment. School-college based programs; anti-drug advocacy; BCC material distribution etc are part of the activities that DTC - Gazipur continues all year long.

### Recovery Get-together

To motivate the patients on recovery, Recovery Get-Together event was organized by the center on 8 March 2018. Day long activities including discussion meeting, recovery sharing, family sharing, cultural program, and raffle draw took place. Recovery patients shared their inspiring stories and a parent



shared his experience. Speakers emphasized on SUD being a Chronic Relapsing Brain Disorder. Like other chronic diseases, this can also be controlled for a healthy life.

### Collaboration

DAM has organized various national and international trainings on treatment curriculum with the collaboration of DNC, GIZ, Colombo Plan and other networks. DAM is also a member of Sanjog, a network of drug treatment and rehabilitation centers of Bangladesh, in which DTC-Gazipur is a part that has been constantly striving to find out modern and scientific methods of effective treatment program.



## CASE STUDY

### Aaqeeb's Survival

Aaqeeb (pseudonym), an intelligent guy, was not a usual teenager. He started working when he was 18 years old. Even though he had SUD, he did not let this come in the way to his profession until his 20s. Everything started to seem less important than using drugs.

When Aaqeeb was adolescent, he came across few friends who were exploring into the dark world of SUD. His curiosity gave in to his determination to stay sober. He started using drugs. At first it was only for social enjoyment. He started smoking cigarettes, but soon he advanced to using opioids. Everything Aaqeeb held dear started to fall apart.

Aaqeeb had many friends when he was using drugs, but unfortunately he was all alone when he wanted to get help. His parents did not leave his side. They brought Aaqeeb to the Ahsania Mission Drug Treatment and Rehabilitation Center, Gazipur.

He has completed the treatment program, and now he has been working as a trainee staff at the center. Aaqeeb had the option to rebuild his life with the training he got and be the son, brother and friend he should have been a long time ago. He is very grateful for the support DAM and DTC – Gazipur had helped him with.





## AHSANIA MISSION DRUG TREATMENT & REHABILITATION CENTER, JASHORE

### BACKGROUND

*In recent years, Drug Addiction has significantly increased and this agent of human devastation has spread its tentacles in our country. Considering the gap in the field of drug treatment and rehabilitation, especially in South-Western part of Bangladesh, Dhaka Ahsania Mission (DAM) developed a project with the support of DAM-UK. The objectives of the project activities were to create awareness against drug use, identify and warn the vulnerable groups, establish a treatment center and rehabilitate the recoveries following treatment. With these purposes, Ahsania Mission Drug Treatment and Rehabilitation Center (DTC), Vekutia, Jashore was established in a suitable location of nine bigha area. It started its treatment service from 2010 in a spacious five storied building.*





## TARGET POPULATION

DTC, Jashore offers services to the males aged 18-50 years of age coming from all societal level of Bangladesh. Due to its situation, more patients from the Southern part of the country get admitted in the center. Patients younger than 18 years and older than 50 years are treated following an age appropriate special method. The capacity of the center is 75 clients. All necessary modern facilities are available in the center for taking care of the patients with Substance Use Disorder (SUD), mental disorder, and/or behavioral problems.

During the reporting period, 114 patients were admitted with SUD, mental disorders, and/or behavioral problems; and 90 among them completed the treatment program. 24 patients dropped out of the program for various reasons. Few patients were referred to other treatment facilities for various ailments (dental – 59, cardiac – 09 and others – 83).

## Treatment Approach

During the treatment, each patient is given the top-most priority. It is based on client's strengths not deficits, choices, gender, individual needs, trauma-informed and life skills. Treatment starts with 14 days of detoxification to get the substance out from the patient body. And the patient goes through medical and psychological screening, assessment and physical treatments. After that, patient takes part in counseling, group counseling, psychosocial education sessions, life-skill trainings etc. For the benefit of the patients, combination

of multiple evidence-based practices such as therapeutic community, narcotic anonymous and other behavior shaping tools are being used in treatment process. Each patient is also motivated to take part in regular follow up services by the center after completion of treatment program.

## Activities

The center offers six-month long treatment and rehabilitation program. The daily activities of the center start with morning prayer. It is followed by exercise, therapeutic community activities, psychosocial education sessions, counseling, quiet time for meditation, night sharing and leisure activities.

There are adequate scopes for leisure activities in the center. A large field is situated inside the premises which can accommodate outdoor sports. There are also provisions for indoor games, musical instruments, library facilities, and prayer room inside the building.

## SERVICES

**Following services were provided to the patients during the reporting period -**

Service Name	Coverage
Withdrawal management	98
Psychiatric treatment	145
Individual counseling	588
Group counseling	35
Group therapy	59
Family counseling	59
Family education meeting	12
Morning meeting	310
Psychosocial education	440
Self-evaluation	52
Group evaluation	51
Quiet time for meditation	728
Narcotics Anonymous (NA) meetings	249
Night sharing	365





For the benefit of the patients, a psychiatrist provides follow up services each month. Counseling sessions are organized as supportive therapy for the patients, and their family members. Psychosocial education sessions focus on SUD, relapse factors, sober life, life-skills, anger management, HIV/STI risks etc.

### After Care & Follow up Services

Follow up services are also included in the treatment plan of the patients. The center provides individual, group, family and couple counseling for continuation of recovery life; allows recovery clients to stay in the center for three days each month as relapse prevention strategy; organizes regular NA meeting; offers tele-counseling and organizes recovery get together program.

After care services are very important as it enhances the skills that a patient achieves during the treatment program. It also motivates the patients to stay in recovery. DTC – Jashore provides after care services as a continuation of the patient care.

Followings were provide as after care services -

- Celebrating sober birthdays – one
- Follow up advices and tele-counseling – 1105
- Follow up visit – 211
- Job placement to strengthen recovery - two

## IGNIFICANT EVENTS

### Outreach Events

The center offers some outreach services as a part of awareness raising activities against SUDs such as dissemination of information on pre-assessment and treatment modalities for SUD; outdoor, individual and family counseling; awareness program on anti-drug issues in different school & college in Khulna division; IEC/ BCC materials distribution; coordination with other Government and Non-Government organizations; and dope tests.

### Family meeting

Family involvement is absolutely necessary for



treatment success of an SUD patient. During the reporting period, DTC – Jashore has conducted 12 family meetings on drug dependency, recovery journey, relapse prevention, responsibilities of family members toward the recovery journey etc.

### Prevention Program

In order to raise awareness on anti-tobacco and anti-drug issues, four awareness programs were organized at Abdur Razzak College, Jashore; Chuadanga Government College, Chuadanga; Lohagora Ideal High School, Norail; and Mohim Instituiton, Roghunondonpur, Faridpur.

### Day Observance

DTC – Jashore observed various national and international days in collaboration with local administration. International Day against Drug Abuse and Illicit Trafficking on 26 June 2019, International Women's Day, World No Tobacco Day, World AIDS day, International Mother Language Day, Bengali New Year, Independence Day, Victory Day, Eid are important ones among them. Discussion meetings, rally, human chain formation, sports event, cultural programs, campaigns, food distribution and different competitions were organized on the occasions.

### Completion of graduation

A large number of patients completed their six-month long treatment course. The recovery rate of this year is higher than that of the previous year.

### Recovery Get-together

To motivate the patients on recovery, Recovery Get-Together event was organized by the center during



24-25 February 2018. Discussion meeting, cultural programs, recovery countdown, rally, and human chain formation were organized for the occasion. Patients on recovery participated in the discussion meeting and shared their inspiring stories with the audience. Honorary crests were awarded to the recovery patients to appreciate their struggle and strong mindedness.

### Other Programs

DTC – Jashore celebrated the 9th anniversary of its establishment.

### Different Stakeholders' Visit to the Center

On various occasions, stakeholders visited DTC – Jashore. Md Abul Hosen, Additional Director, DNC, Khulna; Gokul Krishna Ghosh - NGOAB, Dhaka; Md. Gias Uddin, Senior Health Education Officer, Civil Surgeon Office, Jashore; and Joe Fear, Adam Roland, David Fear and Zina Fear from Bristol, England, United Kingdom visited the center to see the activities. These visits' objective was to ensure the quality of treatment and to enhance the skill and confidence of the service providers.



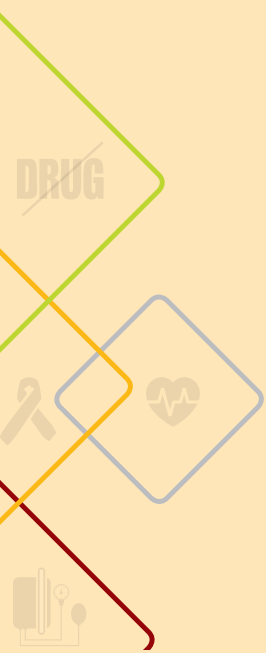
## CASE STUDY Shuvo's Journey

Shuvo (pseudo name), a 28 years old resident of Mongla upazila of Bagerhat. He is from a very well educated family. Adorable son of teacher parents, Shuvo was a very intelligent boy. He used to go to one of the most famous schools in Mongla. As his results were very good, Shuvo used to dream about joining Bangladesh Army. After completing his HSC in 2007, he took the admission test for Bangladesh Army three times. He passed the written tests, interviews and medical assessments; however, he failed in the ISAB all three times, and he was forbidden to apply again. Later, Shuvo got himself admitted into Business Administration course in a University in Khulna. But he used to feel very depressed that he could not fulfill his dream to become an army officer.

Shuvo could not cope with his depression, and he gave in to drugs. He started using phensidyl, cannabis and heroin. He attempted suicide a few times. Shuvo was always in need of money, but his family did not comply with his demands. From this altercation, Shuvo destroyed his family possessions and started behaving unexpectedly.

As his family members were in much discomfort for Shuvo's behavior, they brought him to the Ahsania Mission Drug Treatment and Rehabilitation Center, Jashore. At first, Shuvo was very disturbed knowing the long duration of treatment program, but later he started to comply with the program activities. He completed six-month long treatment and then he stayed for another three-month as a follow up patient. He was given a job placement at the center, and Shuvo managed to get himself admitted into a Bachelors program meanwhile. Shuvo has been continuing his education and living happily with his family. He dreams of a new life now. He says "My parents and I are very thankful to the center staffs for helping me to lead a healthy and drug free life".

Shuvo has been on his sixth year of recovery now. He is now working for an NGO, and he has an income source to support himself.







## AHSANIA MISSION FEMALE DRUG TREATMENT AND REHABILITATION CENTER

### BACKGROUND

*Substance Use Disorder (SUD) is now one of the most common increasing burdens. At present, around 275 million people are drug dependent in the world (according to the UNODC World Drug Report, 2018). 6.8 million people are drug dependent in Bangladesh now, 16% of them are women and this number is increasing day-by-day. To address this burning issue, with an understanding of the growing needs of Gender Responsive Treatment for women with SUD, Dhaka Ahsania Mission (DAM) has started the Female Drug Treatment and Rehabilitation program for women from 2014. 330 women have received services from the center during its run for six years. It recognizes that success in recovery not only depends on the content of primary treatment but also on the availability of support services once a woman returns home to her family and community.*



## TARGET POPULATION

Female Drug Treatment and Rehabilitation Center (FDTC) target population is females with SUD, mental disorders and behavioral issues. It provides services to the females coming at the center from all around Bangladesh.

During this reporting period, FDTC provided service

to females coming from different areas of the country such as Dhaka, Chittagoung, Munshiganj, Thakurgaon, Sirajganj, Savar, Gazipur, Netrokona, Tangail, Barisal, Virob, Narayanganj, Sherpur, Bagerhat, and Cumilla. Total of 80 patients were admitted in FDTC during 2018-2019, and 61 of them completed three-month treatment program. 19 patients dropped out from the program for various reasons.

The table shows the socio-demographic scenario of the patients of FDTC –

Age Group	Occupation	Number	Problems
13-17 year	Students	1	Behavioral
13-17 year	Students	2	SUD
13-17 year	Students	3	Psychiatric Problem
18-25 year	Students/Housewife/Actress/Model	6	Psychiatric Problem with SUD
18-25 year	Students/Housewife/Actress/Model	3	SUD
18-25 year	Students/Housewife/Actress/Model	7	Psychiatric Problem
18-25 year	Students/Housewife/Actress/Model	16	Psychiatric Problem with SUD
26-35 year	Doctor/Students/Housewife/Advocate	2	SUD
26-35 year	Students/Housewife/Actress/Model	3	Psychiatric Problem
26-35 year	Doctor/Students/Housewife/Advocate	22	Psychiatric Problem with SUD
36-45 Year	Housewife	1	Behavioral
36-45 Year	Housewife	6	Psychiatric Problem
36-45 Year	Housewife	5	Psychiatric Problem with SUD
46-46+ Year	Housewife	2	Psychiatric Problem
46-46+ Year	Housewife	1	Psychiatric Problem with SUD



## Treatment Approach

FDTC has capacity of 40 beds, with the presence of a cabin. It provides quality, comprehensive, compassionate, and innovative care for women of 18-50 years of age having SUD, co-occurring mental disorders and behavioral issues. Younger or older patients are treated following age appropriate special approaches. The center offers three-month long integrated treatment and rehabilitation program. It has also introduced one-month and two-month long programs from the new financial year.

Our treatment approach is unique and it has been designed combining several evidence-





based techniques such as therapeutic community and 12 step program for the benefit of the patients. Ahsania Mission Drug Treatment and Rehabilitation Centers are the first ones in Bangladesh who prohibited smoking in the premises. The treatment starts with 14 days of detoxification just after the admission. Patients are provided with nutritious food and medical help from Psychiatrist and General Physician for diagnosis and withdrawal management. After completion of the first 14 days, patient attends psychosocial education sessions, regular chores, life skill training sessions, individual and group counseling and other center activities. Meanwhile psychologist, psychiatrist, case manager and related professionals screen the patient, do the assessment, and prepare a treatment plan which guide the patient during her recovery as continuum of care. Treatment plan reflects client's strengths not deficits, choices, gender, individualized, trauma-informed and life skills. The patient is also asked to be on regular follow up and to attend support meetings during her discharge at completion of the residential treatment.

## SERVICES

Following services were provided to the patients during the reporting period -

Services	Number
Screening	80
Dope test	80
Detoxification	80
Assessment	80
Treatment planning	80
Individual counseling	712
Group counseling	48
Couple counseling	20
Psycho-social education	477
Daily motivational therapy	230
General healthcare support	393
Psychiatric treatment	333
HTC (HIV testing and counseling)	0
Outdoor counseling service	20
After care follow up service	416

### Service for Family Members

Addiction is a family disease. When family members, friends and the patient receive help at the same time through learning, love and support, it empowers everyone to move toward



the solution. FDTC realizes the importance of addressing the family issues and it provides specific family-oriented services.

#### Following services were provide to the patients' families during the reporting period

Services	Numbers
Family counseling	477
Family education meeting	6
Family group counseling	6
Family day	52

#### After Care Service

In order for the patients to lead a sober life and to prevent relapses, FDTC provides after care services through Case Manager. A total of 416 follow up services were provided during the reporting year, and four recovered patients were given job placements. Post-treatment period is very crucial for every patient, and FDTC planned and provided different services as aftercare treatment options, thus expanding coping skills learned during treatment program.

#### Followings were provide as after care services -

- Group counseling
- Recovery booster session
- 12-step programs
- Psychiatric treatment

## ACTIVITIES

### Daily activities

The daily activities at FDTC starts with morning prayer, followed by scheduled exercise, morning meeting, two psycho-educational sessions, therapeutic community tasks, quiet time for meditation, and night sharing. Counseling and motivational therapy sessions were also provided during each day.

### Recreational Activities

Leisure activities such as provision of newspaper, books, television, indoor games are present at the center. Regular weekly and monthly cultural programs are also organized at the center.

### Mass Awareness Campaign on Social Media and Other Significant Areas

FDTC runs awareness campaigns on its social media page, where its 1,777 followers could see the posts. It also organizes various awareness programs with different stakeholders. Brochures, posters and other BCC materials were distributed at seven police stations, pharmacies, educational institutions, hospitals and other public places in Dhaka.

## SIGNIFICANT EVENTS

### Recovery Day-out Program

With the slogan, "Sweeter Smile, Brighter Day", FDTC organized Recovery Day-out program to inspire female recovery journey. Twenty female recovery patients participated in the program with their family members. The day started with forming a human chain in front of the National Martyrs' Memorial, Savar. Later the team went to Fantasy Kingdom, Savar. Recovery patients shared their stories on the journey; family members shared their experiences on the occasion.

### World Mental Health Day Program

On the occasion of World Mental Health Day, FDTC organized a family education meeting. It also took part in the seminar, counseling and psychological assessment camp organized by the Monojotno center of DAM.







### International Women's Day Celebration

8 March, 2019 was the International Women's Day, and FDTC organized different programs such as human chain formation, discussion meeting with in-house and recovery patients, and cultural program on the occasion.

### International Day against Drug Abuse and Illicit Trafficking

FDTC organized a seminar with the theme "Ensuring Health Rights of the Female Drug Users" on International Day against Drug Abuse and Illicit Trafficking. The seminar was held at DAM Head Office auditorium on 29 June 2019. National Mental Health Institute Director Professor Dr. Mohit Kamal was present as Chief Guest; Professor Dr Nahid Mahzabin Morshed, Assistant Professor; Dr Sultana Algin Psychiatric Department, Bangabandhu Sheikh Mujib Medical University; and Mr Md Khurshid Alam, Assistant Director, Department of Narcotics Control Board, were present as Special Guests. Health Sector Director Mr Iqbal Masud presided the event. Representatives of SUD treatment centers, addiction professionals, patients on recovery, their family members and DAM staffs participated in the event. FDTC counselor Ms Fairose Jeehan presented the key note. The center also participated in national programs organized on the occasion.

### Youth Participation in Drug Prevention Program

During the reporting period, FDTC organized three "Youth Participation in Drug Prevention Programs" at three Universities in Dhaka. The first one was held at Dhaka International University on 18 September 2018, second one was held at Green University of Bangladesh on 9 April 2019, and the third one was at Atish Dipankar University of Science and Technology on 29 June 2019. Around 1000 students took part in the events.

#### Unique Features

The center is unique as it provides -

- Contingency management (monthly evaluation and reward to motivate patients)
- Mandatory dope test service
- Family healing program like - education and counseling
- Appropriate case management service
- All the services are provided by female staff and in a tobacco-free environment
- The center is completely free of any physical and/or mental torture
- Special services are provided by efficient and trained staff



### Success Rate

FDTC confirms that since its establishment, 60 patients with SUD have been leading life in recovery, and 80 patients with mental health issues have been leading healthy life.

### Female Recovery Group “AYNA”

A female recovery group, AYNA, has been formed during the reporting period. The group arranges a meeting each week to share their feelings, recovery challenges and means to overcome them. 25 meetings were held during 2018-2019.



## CASE STUDY

### Chobi's Story

Chobi (pseudo name) was 19 years old and an HSC examinee. She is the only child of her parents and belongs to a very elite family. Her parents always fulfilled her demands. But she used to spend most of her time with some elder friends.

Eventually she started to smoke cigarettes with marijuana. Later she developed the habit of using opium, morphine, yaba, and many other substances. Gradually she became totally detached from her studies and family. She became dependent on drugs. She also got involved with a boy. The relationship lasted for only three months, and the boy was abusive in nature. As the relationship did not work out, Chobi became very depressed and she started using more drugs to overcome the hollow feeling.

At that time, her family brought her to the Ahsania Mission Female Drug Treatment and Rehabilitation Center. For the first 15 days of detoxification, Chobi felt very lonely. She was showing anxiety and angry outbursts. She received counseling services, psychiatric medication and psychosocial education during her treatment program. She participated in Therapeutic Community activities. After three-month treatment program, Chobi was released and she continued her studies. However, she met her old college friends and she relapsed. She was in another relationship. When she was facing SUD again, Chobi was brave enough to admit her problems to her boyfriend and family. She again was admitted into the FDTC and this time she completed six-month long program.

Chobi is now in recovery. She attends the AYNA group meetings regularly. She is thankful for her substance-free life. She says that “Drug is not a solution to get peace, and the best way to predict your future is to create it”.







## AHSANIA MISSION CANCER AND GENERAL HOSPITAL, UTTARA

### BACKGROUND

*It is estimated that there are around 2.5 million cancer patients in Bangladesh and about 200,000 new cases are being added every year out of which 150,000 die annually. Facilities and resources available for detection and treatment of cancer are very limited in Bangladesh. Management of cancer patients is a multi-disciplinary one. The absence of multi-disciplinary approach can be identified as a major handicap in the effective treatment of cancer patients.*

*In this backdrop, Dhaka Ahsania Mission (DAM) undertook a bold initiative to build a 500-bed world-class cancer hospital in Bangladesh at Sector-10, Uttara, Dhaka. It was inaugurated on 9th April, 2014 by the honorable Prime Minister of the People's Republic of Bangladesh, Sheikh Hasina. It is situated on the bank of river Turag, where more than 15 million people live with limited access to healthcare services. It is a fifteen storied building having facilities for the treatment of both cancer and general patients with an emphasis on cancer treatment.*





## Sponsors

DAM is the main project sponsor. However, from funding perspective, only 14.8% of the total capital was contributed by DAM as of the end of the last financial year. Residual is funded by grant from Government of Bangladesh (43.3%), and corporate and individual grants (41.9%).

### Diagnostic Services

Diagnostic Methods	Number of Services (July 2018 – June 2019)
CT Scan	2603
MRI	1233

### Cancer Treatment Services

Treatment Method	Number of Services (July 2018 – June 2019)
Radiotherapy	26354
Surgery	2515
Chemotherapy	15843

### Awareness Activities against Breast Cancer

- AMCGH team puts their effort to create awareness, advise and refer marginalized people with the risk of breast cancer
- A mobile mammography unit works to ensure best services for examination and screening of breast cancer



### Diagnosis-wise cancer patients receiving services during July 2018 – June 2019

Cancer name (primary)	Number of patients
Biliary tract carcinoma	10
Brain tumor (intracranial carcinoma)	1
Brain tumor (extracranial carcinoma)	5
Breast cancer	17
Carcinoma of Unknown Primary (CUP) origin	17
Cervical carcinoma	10
Colorectal carcinoma	23
Endometrial carcinoma (corpus carcinoma)	2
Esophageal and gastroesophageal junction carcinoma	12
Gastric carcinoma	23
Germ cell tumor	6
Head and neck carcinoma	27
Hepatocellular carcinoma	4
Lung cancer, Non-Small Cell (NSCLC)	53
Lung cancer, Small Cell (SCLC)	14
Neuroendocrine tumors	1
Non-Hodgkin lymphoma	9
Osteosarcoma and other bone cancers	6
Ovarian carcinoma	6
Pancreatic carcinoma (exocrine)	6
Prostate carcinoma	1
Renal cell carcinoma	2
Soft tissue sarcoma	4
Thyroid carcinoma	2
Urinary bladder carcinoma/ Urothelial carcinoma	5
Acute Myeloid Leukemia (AML)	1
Hodgkin's lymphoma	3
Myeloma and related conditions (plasma cell dyscrasia)	1
<b>Total</b>	<b>271</b>





### Facilities

The super-structure of AMCGH has already been installed in Phase-I of the project and the hospital commissioned operation in April 2014. Currently the hospital has 250 operational beds (oncology), 23 outpatient consultation rooms, and four operation theatres. It has a visible plan to launch a 50-seat Medical College in the same compound and also a Nursing Training Institute. Within the Phase-II, our plan is to ensure expanding indoor bed numbers, increasing OT numbers, 13 bed NICU and 11 bed CCU installation and to start Medical College and Nurse institute activities.

### Services

AMCGH is specialized hospital for cancer treatment. Although it simultaneously provides general healthcare services, its focus is to attend to the cancer patients to make their lives better and of quality. Diagnosis is the first step for managing a medical condition. AMCGH has state-of-the-art diagnostic facilities to detect cancer at any stage. Specialized treatment facilities are present and the patient can receive world class cancer therapies in the hospital.







## AHSANIA MISSION CANCER AND GENERAL HOSPITAL (AMCGH) MIRPUR

### BACKGROUND

*Bangladesh has been suffering from burden of non-communicable disease. There are 13 - 15 lakh cancer patients in Bangladesh. Ahsania Mission Cancer and General Hospital (AMCGH) Mirpur was established in 2001. The hospital is situated in Khan Bahadur Ahsanullah Road, Plot no-M-1/C, Section-14, Mirpur.*

*Cancer is one of the most frightening and debilitating conditions. AMCGH, Mirpur provides comprehensive and collaborative teamwork against cancer. The services are for everyone; however the poor, women and deprived population receive priority.*

### SERVICES

Pathology, microbiology, biochemistry, immunology, histopathology tests are done in the state-of-art laboratory. Radiology & Imaging department also has excellent imaging technology including X-ray, mammography, color doppler, echocardiogram, ultrasonogram, colposcopy etc.





## Oncology Unit

AMCGH, Mirpur has a strong oncology unit which offers services to adult and children with ALL, AML, NHL and other cancers. Monthly VIA camp are organized where colposcopy and pap smear are done for early detection for cervical cancer. Breast cancer center provides support through expert physician.

### Various Cancer Presentation

Various Cancer	Total Patients
Breast	250
Lungs	197
Prostate	01
Stomach	25
AML	29
Ovary	57
Cervix	10
Rectum	24
Vulva	01
Testis	3
Urinary Bladder	02
NHL	17
GB	4
Pancreas	5
Esophagus	4
Buccal mucosa	3

## FACILITIES

### Out-Patient Department (OPD)

Different disciplines such as medicine, cardiology, respiratory medicine, ophthalmology, ENT, surgery, gastroenterology, palliative care, family medicine, physical medicine, physiotherapy, gynecology and Obstetrics, pediatrics etc; of the AMCGH OPD provide services for general health conditions.



## In-Patient Department

### No. of New Cancer Patient Admission 2018-2019

Months	New Patients Admission
July 2018	171
August 2018	125
September 2018	144
October 2018	149
November 2018	157
December 2018	141
January 2019	152
February 2019	145
March 2019	150
April 2019	137
May 2019	33
June 2019	53

## Specialized Unit

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

## Maternal and Child Health Care

Gynecology and Obstetrics department delivers a whole range of maternal and child healthcare services like ANC, PNC, NVD, Caesarian section, hysterectomy, oophorectomy and other maneuvers. Advanced machines were installed for better services.

## Dental Unit

Dental department provides various dental and maxillofacial treatments such as scaling, tooth filling, tooth extraction, root canal, crown, bridge work, artificial teeth replacement, minor oral surgery, cyst, oral tumor operation etc.

## Health Check-up Package

A complete health package for screening of Communicable and Non-Communicable Diseases is present at a reasonable price.

## Blood Bank

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





# AHSANIA MISSION INSTITUTE OF MEDICAL TECHNOLOGY (AMIMT)



*Ahsania Mission Institute of Medical Technology (AMIMT) is approved by the Ministry of Health and Family Welfare of the Government of the Peoples Republic of Bangladesh and duly registered by state Medical Faculty of Bangladesh on 6th January 2008.*

## Objective

- To provide broad based education and professional development for the students.
- To help the students in gaining knowledge, skill and attitude to deal with the health problems of the community.

## Campus and Location

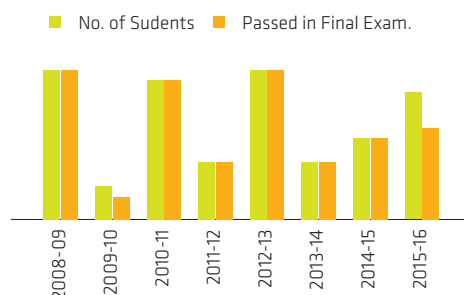
Ahsania Mission Institute of Medical Technology (AMIMT) is located at plot no -M-1/C, Section-14, Mirpur.

## Programs

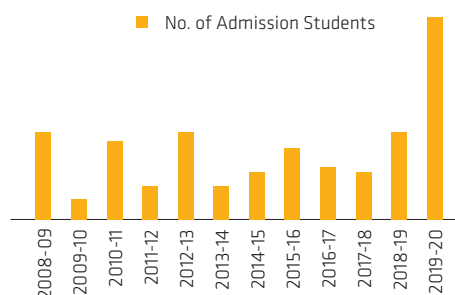
Following programs are running in AMIMT -

- Diploma Courses in Laboratory Medicine (pathology), Radiology and Imaging, and Physiotherapy.
- One year certificate course in Laboratory Medicine and Nursing Technology.

### Lanoratory Medicine



### Number of Admitted Students







## MONOJOTNO CENTER

### BACKGROUND

World Health Organization (WHO) has included mental soundness into the definition of health. However, mental health problems are increasing day by day. About 40% of the entire population in Bangladesh is in need of mental health services. Considering the scenario, DAM took a specialized initiative to enhance such facilities along with drug treatment and rehabilitation through establishing MONOJOTNO center from July 2018.





## SERVICES

The center has expertise to deal with different types of mental health problems -



## IMPORTANT EVENTS AND ACTIVITIES

### Service Delivery

During the reporting period, following services were offered -

Types of Services	No. of Services/ Session
Individual counseling	123
Family counseling	11
Follow Up counseling	9
<b>Total session provided</b>	<b>143</b>



There were three sessions which had been successfully terminated from the center.

### Observing the World Mental Health Day-2018

Six-day long events were planned to observe the World Mental Health Day on October 10, 2018.

### Counseling and Psychological Assessment Campaign

Health Sector psychologist panel conducted 37 free counseling sessions & 40 psychological assessments in ASA University (10 October 2018). Honorable Vice Chancellor of the University Professor Dr Dalem Ch Barman inaugurated the campaign.

### Family Education Meeting

Three family meetings were held at three SUD treatment and rehabilitation centers in Gazipur, Jashore and Dhaka. Discussion panel members consisted of psychiatrists, addiction professionals, counselors, center managers; and family members and patients on recovery attended the meetings.

### Discussion Meeting

By focusing on the theme “Young People and Mental Health in a Changing World”, a discussion meeting was held. Government representative, DAM officials, Health Sector Director, mental health professionals, and development workers were present at the event. The key note focused on the alarming situation of drug addiction among the young and way forward. Speakers emphasized on taking actions to rescue the younger generation from the devastating malpractice of information technology.

### Campaigns

Several campaigns were done as part of promotional activities -

- Different templates for online promotion were generated
- Promotional Campaign was done at Omor Ekhussey Book Fair, 2019

### Material Development

As a part of mass awareness and promotional activities, several leaflets and stickers were developed during the reporting year, which were distributed at several meetings and workshops.





## CASE STUDY

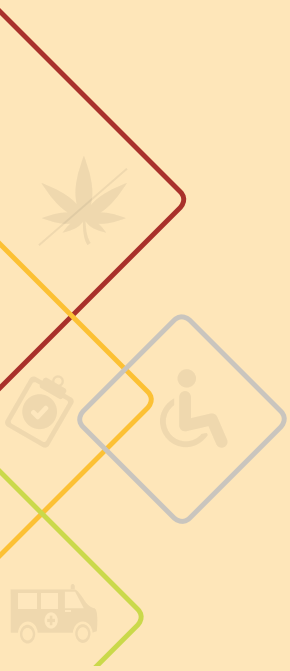
### Hopelessness Defeats to Hope

Joya (pseudonym), a 27 years old married woman, had been suffering from depression for four years. She was showing lack of interest, lack of pleasure, hopelessness, irritation, excessive anger, guilt feeling, insomnia and low self-esteem. She also had dysfunctional thoughts such as, "others should be thinking how I think", "nobody understands me", "people are lying", and "I am nothing". Joya was referred to Monojotno center through a clinical psychologist. At first, clinical psychologist assessed her depression through the valid scale, which was severe. Detailed history of Joya's upbringing, family condition, education, marital issues and suicidal risk were considered.

Joya's parents were very protective. They had restricted her from making friends at her childhood. They also had very high expectation from Joya as she was a very intelligent pupil at school. Joya lacked confidence, and her behavior showed passive patterns. Her depression first appeared when she could not get herself into medical school after HSC examination. She somehow completed her post-graduation and got married. Her depression picked at that time. She could not tolerate her in-laws' attitude toward her. She started to live separately with her husband and child. She faced newer challenges and Joya used to feel like a burn-out. She felt annoyed at how her in-laws were blaming her. She started to blame everything on her fate. She was losing hope.

After assessing thorough history, her therapist formulated a treatment plan after discussing with Joya. Thought motivation, psycho-education, assertiveness, problem solving skills, graded task activity, anger management, relaxation technique and other issues were discussed at length. Through regular practice and psychotherapy, Joya realized that she could find out solutions to her problems and she started feeling happy to see the change.

Now, Joya is preparing herself for a bank job and she learned how to avoid negative thoughts. She understands the uniqueness of every individual now. She expressed her gratitude toward the Monojotno center for the tremendous support it provided during her crucial time.







## UNIVERSAL TREATMENT CURRICULUM (UTC) TRAINING

*International Center for Credentialing and Education of Addiction Professionals (ICCE) of Colombo Plan has recognized Dhaka Ahsania Mission (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 09 October 2016.*

DAM has already completed training programs for two batches and the training for the third batch has been ongoing.

### Objectives of the Training

- The training aims to enhance the knowledge, skill and competency of addiction professionals
- It also focuses on latest information on evidence-based practices in treatment and interventions for patients and families
- Addiction professionals get the opportunity to enhance their skills for the delivery of quality care, and thus improving treatment outcome



### Esteemed Trainers

- Mr Iqbal Masud, Global and Regional Master Trainer of the Colombo Plan and Director, Health Sector, Dhaka Ahsania Mission (DAM)
- Dr Aktaruzzaman Salim, National Master Trainer of the Colombo Plan and Former residential psychiatrist of Department of Narcotic Control
- Dr Mohammad Shamsul Ahsan, National Master Trainer of the Colombo Plan and Assistant professor, Psychiatry at BSMMU
- Mr Shahnur Hossain, National Master Trainer of the Colombo Plan and Assistant professor, Department of Clinical Psychology at University of Dhaka
- Mr Mohammad Shapahawat Hossain, National Master Trainer of the Colombo Plan and Counselor at North South University
- Mr Amir Hossain, National Master Trainer of the Colombo Plan and Project Coordinator, IRSOP project of Health Sector, Dhaka Ahsania Mission
- Mr Mahmudul Hasan Chakder, National Master Trainer of the Colombo Plan and Senior Counselor of Ahsania Mission Drug Treatment and Rehabilitation Center, Gazipur
- Mrs Jannatul Ferdous, National Master Trainer of the Colombo Plan and Assistant Clinical Psychologist at Prottoy Medical Clinic

### Participants

The training participants are addiction professionals who are in any way related to the treatment and rehabilitation of patients with Substance Use Disorder (SUD).

### Training Activities

The UTC basic level is a set of eight curricula covering the broad spectrum of SUD treatment –

- **Curriculum 1: Physiology and Pharmacology**  
It presents a comprehensive overview to the physiological changes occurring in addiction, and the pharmacological aspect of psychoactive substances.
- **Curriculum 2: Treatment for SUD – The Continuum of Care**  
The curriculum provides the foundation for learning about SUD treatment. It gives an overview of recovery and recovery management, stages of change, principles of effective treatment, components of treatment and evidence-based practices.
- **Curriculum 3: Common Co-Occurring Mental and Medical Disorders – An Overview**  
This foundational course provides an overview of the relationship of co-occurring mental and medical disorders and SUD related treatment issues.
- **Curriculum 4: Basic Counseling Skills**  
It provides an overview of the helping relationship and the opportunity to practice core counseling skills including motivational





interviewing, group counseling and implementation of psycho-education sessions.

- **Curriculum 5: Intake, Screening, Assessment, Treatment Planning and Documentation**  
This curriculum is a skill-based course that teaches effective and integrated intake, screening, assessment, treatment planning and documentation procedures to the addiction professionals.

- **Curriculum 6: Case Management**  
It is a foundational course on effective case management practices.
- **Curriculum 7: Crisis Intervention**  
The curriculum addresses the concept of crisis as a part of life and provides guidelines for crisis intervention, including managing suicide risk.
- **Curriculum 8: Ethics**  
The curriculum guides the professionals to practice ethical behaviors in dealing with an SUD patient.

**During the reporting period, DAM has completed the following training sessions –**

Batch	Number of participants	Date of the training	Curriculum
2nd Batch	14	15-19 July 2018	Curriculum 4
2nd Batch	15	16-20 September 2018	Curriculum 5
2nd Batch	11	4-8 November 2018	Curricula 6 and 8
3rd Batch	10	9-16 March 2019	Curricula 1 and 2
3rd Batch	11	23-28 April 2019	Curricula 3 and 7
3rd Batch	10	29 June – 3 July 2019	Curricula 4

**ICAP I Certificate Distribution Ceremony**

15 candidates receiving training from DAM had taken the ICAP1 examination on 27 February 2018, and six of them passed. A certificate distribution ceremony was held on 19 July 2018 where Director (Treatment and Rehabilitation), Department of Narcotics Control (DNC) Mr Mofidul Islam

was present as the Chief Guest. Guests handed over the International Center for Credentialing and Education of Addiction Professional (ICCE) Credentialing Examination 2018 (ICAP I) certificates to the candidates, now recognized as “National Master Trainers”.







## RESEARCH INITIATIVES

Dhaka Ahsania Mission Health Sector is committed to research as a form of service to others. As it specializes in Substance Use Disorder, anti-tobacco activities, raising awareness against all kinds of ills and shackles and its aim is to create peaceful societies where social harmony will prevail, research has become one of the essential components of its activities.

Our research mission is knowledge creation to move debates forward in ways that improves the quality of lives of many, enhances social and human opportunity, and removes all obstacles for a better and wholesome life. During the reporting period, DAM Health Sector has published three research results –

### **“NATIONWIDE STUDY ON RELAPSE AND ASSOCIATED FACTORS AMONG THE DRUG USERS IN BANGLADESH”**

Geographical location and diverse cultural influence make Bangladesh vulnerable for substance use related problems. It is impairing public health, corrupting institutions, retarding socio-economic development, and in some cases, impacting state security. It has been observed that many patients relapse into previous substance using behavior after completing treatment. The study objective was to look into the factors which impede recovery.

Cross-sectional, descriptive study was conducted by interviewing 911 respondents under treatment for Substance Use Disorder (SUD).





Patients with systemic and psychiatric diseases were excluded. Informed written consent was obtained from each respondent and treatment center authority ensuring confidentiality.

Out of 911 patients, 98.9% were male, 48% of the patient age was between 19 - 30 years. 70% respondents used parents' money to buy drugs. 70% was unwilling to receive treatment for SUD. 89.4% respondents were smokers; top choices of substances were Amphetamine, Cannabis and Alcohol; and common routes of administration were smoking (90.6%) and swallowing (82%). 98.9% respondent received residential treatment previously and 65.8% among them received such treatment for 31-90 days. Top reasons for relapse were family unrest (29.5%), peer pressure (27.4%) and frustration (24.8%). This study revealed the complete picture of relapse and associated factors among substance users under treatment in Bangladesh. Dhaka Ahsania Mission has always been playing a pivotal role to fight against the substance related problems, working in collaboration with many other organizations and the Government. The findings of this study will work as baseline for future researches and in assisting policy development addressing this national issue.

## “NATIONWIDE SURVEY ON COMPLIANCE WITH BANGLADESH TOBACCO CONTROL LAW IN RESTAURANTS”

Being one of the top 15 countries with highest tobacco-related health hazards, Bangladesh has been suffering from severe consequences of both smoked and smoke-less form of tobacco. Smoked form is more dangerous as it affects people through secondhand smoking. Restaurants in Bangladesh, considered as public places by law, often keep a smoking facility at their space. Bangladesh Tobacco Control Law was formulated in 2005 which has several key clauses stating that smoking should be prohibited inside enclosed places and there should be a signage encouraging remain abstained from smoking.

In-depth interview was conducted on a set questionnaire to collect the data from 372 respondents from 16 districts of the eight divisions of Bangladesh. Both three-walled and four-walled restaurants were included.

Among restaurants having trade license, 61% knew about the law. Among 73.7% Bangladesh Restaurant Owners Association (BROA) members,



29.2% were aware of BROA smoke-free guideline. 93.7% run smoke-free facilities abiding the law. 82.9% respondents admitted that restaurants are considered as public place, 37% knew this from BROA. 63% restaurants under the survey had “No Smoking” signage and 43% had the signage according to the instructions of the TC Law. 99.7% respondents reported that they were interested for stronger implementation of it due to accepting the fact that smoking is injurious to public health. 29.2% respondents did not know about the BROA smoke-free guideline

It was recommend that stronger involvement of local government and BROA for disseminating knowledge on the TC Law and how to comply with it is necessary. BROA membership can also help to spread the knowledge. Reorganizing the monitoring system, and effective and immediate action in response to violation of the law will help in reducing the hazards from primary and secondhand smoking at public facilities.

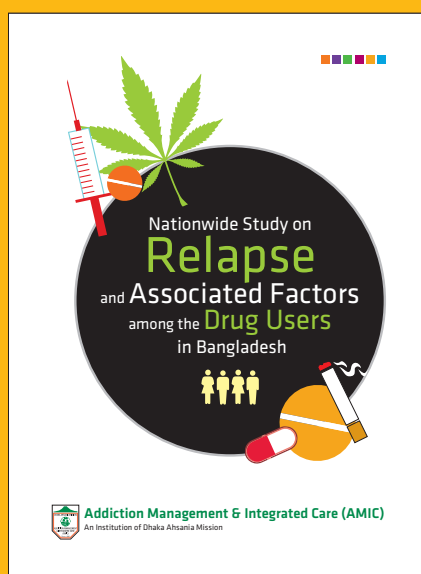
## “BIG TOBACCO, TINY TARGET, BANGLADESH” SURVEY

DAM has conducted a survey with the collaboration of Campaign for Tobacco Free Kids to see the

promotional strategy that the tobacco industry undertakes to lure the young generation toward tobacco use, especially at and around 100 yards of educational institutions. This has been named as “Big Tobacco, Tiny Target, Bangladesh”. According to the survey, tobacco products are being sold within 100 yards of 90.5% schools and playgrounds; 81.87% shops keep their tobacco products at the eye level of a child (within 1 meter); 64.19% shops keep the tobacco products with candies, chocolates and toys; 82.17% shops have some kind of promotional item for tobacco products; 67.39% have stickers, empty packets, festoons, flyers etc; and 29.60% have posters of tobacco products.

“Ministry of Education will take necessary measures including sending a request letter to Local Government Division (LGD) for banning tobacco sale within a 100 meters radius of schools and playground and will monitor the progress of previous actions including implementation the previous circular/notice and actions”.

Mr Mohibul Hasan Chowdhury, MP.  
Honorable Deputy Minister,  
Ministry of Education







## INTERNATIONAL PARTICIPATION

### **“Addressing the Drug Problem in South Asia – Developing a Comprehensive Approach”, New Delhi, India**

The Regional Program for South Asia (RPSA) is a strategic framework for the Regional Office that informs and guides UNODC’s technical cooperation in the South Asia. The Program (2018-2021) was developed in close consultation with Government counterparts of South Asia. It highlights a set of priorities and operational responses for the period 2018-2021, while offering sufficient flexibility to adapt to evolving threats and Member States’ specific needs and constraints. The RP articulates on-going and future global, regional and national programming efforts. In addition to ensuring coordination and, whenever possible, synergies between these efforts, it promotes integrated and transnational responses.

### **“Community Driven Development (CDD) Training for Development Practitioners”, Hanoi, Vietnam**

Community Driven Development (CDD) was a week-long training for development practitioners and others interested in strengthening knowledge, tools and understanding of supporting community development across a wide-range of sectors through community based organizations (CBOs). The course was held from 19-23 November 2018 in Hanoi, Vietnam, which was offered by HelpAge International, Vietnam country office (HAIV).





### **“10th Recovery Symposium 2018 and UTC-16 Advanced Clinical Skills training”, Hanoi, Vietnam**

Every year, the Colombo Plan Drug Advisory Program marks the celebration of the accomplishments of recovering substance abusers worldwide by organizing the Asian Recovery Symposia. The challenges and frustrations faced by recovering persons on the road to recovery have often gone unnoticed by the general public. Their struggles in determining what recovery means for them, what life after treatment means, the uphill struggle of combating their health altering habit through treatment, and re-integrating themselves back into society are major accomplishments to be acknowledged. The Asian Recovery Symposium serves to provide a platform in communicating the message that treatment works. It will provide recovering persons with an opportunity to share their stories of success and for concerned others/co-dependents to learn about the facts on treatment, recovery and their importance in the recovery process. The symposium highlights the actions taken in the treatment field in Asia and the Pacific to encourage more people to seek treatment and to educate the general public about addiction and their role in communicating the message that treatment and recovery are within everyone's reach. The program was held during 08-12 October, 2018, in Hanoi, Vietnam

### **“Eighth session of the Conference of the Parties (COP8)” Geneva, Switzerland**

The Eighth session of the Conference of the Parties (COP8) to the WHO Framework Convention on Tobacco Control (WHO FCTC) was held at the International Conference Centre Geneva (CICG) in Geneva, Switzerland, from 01-06 October 2018. Representatives of 148 parties took part in the convention. Representatives from six States non-Parties and four international intergovernmental organizations were present. 13 nongovernmental organizations (NGOs) were accredited as observers in the event. Dr da Costa e Silva, Head of the Secretariat of WHO FCTC (Convention Secretariat), joined speakers in welcoming all participants. She welcomed intergovernmental organizations and noted that the engagement at the international level with sectors beyond health has been of great benefit which has shown the power of multi-sectorial work to accelerate the implementation of the WHO FCTC. Tobacco control is essential for both in achieving SDGs and in the fight against climate change.

### **“TakeAPart Workshop”, Bangkok, Thailand**

Md Mukhlesur Rahman, Assistant Director, Health Sector of Dhaka Ahsania Mission participated in theTakeAPart Workshop, held in Bangkok, Thailand from June 24 - 26, 2019. Campaign for Tobacco Free Kids (CTFK) organized the event and facilitated the sessions.





### **“Regional Pilot Training on Universal Family Skills”, Jakarta, Indonesia**

During June 17-19, 2019, a Regional Pilot Training on Family United titled “Universal Family Skills to Prevent Negative Social Outcome” was held at Hotel Marqueur, Jakarta, Indonesia organized by UNODC. Selected participants from Bangladesh and Indonesia attended the training program. The aims of the training program were to facilitate a better understanding of the “Families UN-ited” program and to train national focal persons from Bangladesh and Indonesia on information that require to be transmitted to families. Thirteen participants from Bangladesh attended the training program including representative from DAM Health Sector, Mr Amir Hussain, Clinical Psychologist and Project Coordinator.



### **“International Recovery Conference”, Melaka, Malaysia**

Research is one of the significant activities of Dhaka Ahsania Mission (DAM). Recently, it has conducted a study on relapse and other associated factors among the drug users of Bangladesh. It is a unique effort to see the trends of drug use in the South-East Asian countries. The information from this study will be very effective to combat the problem of drug addiction in this region. For this reason, DAM representatives were invited to share the study findings with the other addiction professionals in “International Recovery Conference” held in Melaka, Malaysia from 17-19 June 2019. Fifteen

countries including India, Pakistan, Afghanistan, Sri Lanka, Nepal, Maldives, Philippines, United Kingdom, United States of America, South Korea and Bangladesh took part in the conference. DAM Health Sector Technical Officer Dr Tasnuva Humaira presented the study report, and along with the other member of the team, DAM focal person for Universal Treatment Curriculum Training for Addiction Professional, Ms Sammia Shakin, participated in the discussion sessions on different issues related to Substance Use Disorder and its treatment process. The study was well appreciated among the participants of the conference.



### **“12th Asia Pacific Conference on Tobacco or Health (12th APACT)”, Bali, Indonesia**

Sharmeen Rahman, Program Officer, Tobacco Control Program, DAM Health Sector participated in the 12th Asia Pacific Conference on Tobacco or Health (APACT 12th) during September 13 – 15, 2018 in Bali, Indonesia. The conference was organized by National Committee on Tobacco Control, Indonesia. Over 1,000 participants joined the conference coming from 29 countries. DAM representatives took part in discussions on important issues regarding control of tobacco use and presented the scenario of tobacco free hospitality sector in Bangladesh.





## SOCIAL EVENTS



DAM Health Sector is one of the most vibrant sectors of the Mission. In order to prevent fatigue from workload and to increase amity among the Sector personnel, it organizes several significant events to celebrate festivities. During the reporting period of 2018-2019 it organized the following events –

### English and Bengali New Year

DAM Health Sector celebrated the English New Year on 2 January 2019 at Times Square Restaurant in Lalmatia. All personnel from the projects, programs and institutions of the Sector joined in on the celebration. Cultural programs and different game shows were held on the occasion.

DAM Health Sector also celebrated Bengali New Year on 15 April (2 Boishakh) 2019 at Dhaka Ahsania Mission auditorium. Festivities started with Mission President Mr Kazi Rafiqul Alam lighting the lamp symbolizing bright new beginning of the Bengali New Year. The day-long celebration had colorful cultural shows where the guests were served with famous indigenous foods from all over Bangladesh.

### AMIC Day Celebration

Health Sector celebrated “AMIC Day” on 03 February 2019 with the slogan – “Making Memories, Breaking the Distance” at Shitalakhya Waterfront Resort, Narayanganj. Sector’s project, program and institution staff joined in the festivities along with their family members. Raffle draw, game shows and cultural programs were organized as a part of the celebration.







## Development Partners & Networks

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View website



## Health Sector Dhaka Ahsania Mission

House - 152/Ka, Block - Ka, Road - 6  
Pisciculture Housing Society  
Shamoli, Dhaka 1207, Bangladesh  
Phone - 01748 475523, 01777 753143  
Email: [amic.dam@gmail.com](mailto:amic.dam@gmail.com)  
Website: [www.amic.org.bd](http://www.amic.org.bd)

