

**ANNUAL REPORT
2003
SYLHET JUBO ACADEMY
(SJA)**



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VISION

SJA's vision is of a society that is free of hunger, poverty and all discrimination based on gender equality. The organisation is committed establishing a well-organised community of healthy and literate individuals who are both motivated and empowered to improve their socio-economic status.



SJA AT A GLANCE

SJA is a private voluntary development organisation based in the Sylhet region of Bangladesh. Since its inception, SJA's philosophy has always been to empower the most disadvantaged in the community through equipping them with the skills, resources and confidence to improve their own quality of life. As a result, the organisation works to address the fundamental problems of poverty, unemployment, lack of education, malnutrition, disease and mortality.

Established:	August 1991
Areas of Operation:	All 4 districts of the Sylhet division (Sylhet, Moulvibazar, Habigonj & Sunamgonj)
Target Population:	0.7 million people
Staff:	119 (Full-time, Permanent)

PROJECTS:

Health Projects

- Reproductive Health Service Delivery Programme/ESP
- HIV-AIDS/STD Prevention Programme
- Rehabilitation Programme for people with a disability

Education Projects

- Non-formal Primary Education
- Adult Literacy for Tea Garden Labourers

Women's Development Projects

- Functional Education
- Nutritional And Health Education
- Skills Development And Advocacy Training
- Micro-Credit
- Literacy Project

Human Rights Project

- Gender, Knowledge, Networking and Human Rights

Micro-credit/Finance

- Micro-credit
- Low-cost Housing Scheme
- Village Development Organisation
- Small-scale Entrepreneurship Development

Skill Development Training (SDT)

Anti-drugs & Tobacco Control

Behaviour Change Communication

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This report has been published and approved by the Executive Committee of SJA

A WORD OF APPRECIATION

As another year draws to a close, SJA once more wishes to express its gratitude for the continued support of its donors and development partners, including AusAID, BPHC/DFID, BLAST/AED, BANGLADESH BANK, FHI/USAID, SLF Netherlands, JPUF, National and local government departments, and the Rotary Club of Sylhet Surma.

Thanks must also be extended to the members of both the General and Executive Committees of SJA and, not to be forgotten, the members of the communities in which SJA's activities take place.

It is without doubt, thanks to your commitment and support, that SJA is able to achieve its success in its development interventions.

Thank you.

EXECUTIVE DIRECTOR'S STATEMENT

Welcome to Sylhet Jubo Academy's Annual Report for 2003 which marks SJA's 12th anniversary.

It has been a particularly successful period, in which some major new interventions have been initiated, including an innovative programme to prevent the spread of HIV/AIDS and a Gender & Human Rights programme. Both of these projects are already having a positive impact on their target communities.

Existing projects such as the Rehabilitation of the Disabled have been expanded and new members of staff have joined SJA to strengthen our impact. In fact, all of our team have worked extremely hard to help the organisation achieve further successes this year. I am very proud of them and wish to thank them for their dedication and commitment.

Finally, I would personally like to express my gratitude to the Government of Bangladesh, our donors and our partner organisations, and members and organisations of our local community. Without the continued support of everyone involved with SJA, we would not be able to continue our work with the most disadvantaged of our community.

AHM Faisal Ahmed
Executive Director

1 HISTORY OF SJA

SJA was set up as an NGO in 1991 when a small group of Bangladeshi philanthropic social workers, led by former United Nations volunteer A H M Faisal Ahmed established that there was a real need for locally-based organisation, which focused on the needs of the large number of marginalized people in the community. With this aim they founded the Sylhet Jubo Academy.

Originally the organisation focused on youth training (the word “Jubo” means “Youth” in Bangla) to develop young peoples’ skills and thereby enhance their socio-economic prospects. However, SJA has since expanded into a respected and innovative establishment with a portfolio of projects with a variety of sectors.

2 MISSION

SJA’s vision is of a society that is free of hunger, poverty and all discrimination based on gender equality.

To achieve this, the organisation’s mission is the establishment of a well-organised community of healthy and literate individuals who are both motivated and empowered to improve their socio-economic status. SJA firmly believes that through partnership and active participation, local people can develop their own capacity to make productive use of the local resources while protecting their environment for future generations.



SJA is actively involved in promoting human rights, human dignity and gender equality, both in its work in the community and within its own offices.

SJA’s programmes have never been determined by a rigid set of strategies and the organisation’s success can be largely attributed to its flexibility in responding to the needs of the target people.

3 TARGET PEOPLE

All disadvantaged groups who are socially and/or economically excluded from society. They include woman, those living below the poverty line, the disabled and children.

4 SJA'S INNOVATIONS & SPECIAL CHARACTERISTICS

- SJA is one of only a handful of NGOs have been working within the deprived tea garden areas and aims to improve the health and education of the workers there
- The organisation's HIV-AIDS prevention programme has no equivalent in Sylhet
- SJA is a leading NGO in Sylhet in the provision of community-based rehabilitation services for the disabled and in advocating for their equal rights as citizens
- In the field of Human Rights, SJA is breaking new ground in gathering vital data on gender-based and human-rights violations in the Sylhet region. In addition, SJA is having notable success as a mediation in "shalish" proceedings and in raising awareness about gender equality and human rights issues in its project areas
- SJA offers a special health service targeting adolescents who are frequently overlooked in general health projects
- In its projects, SJA employs a highly participatory approach in delivering its Behaviour Change Communication message. A variety of media and communication styles are employed including yard dramas, small group workshops, school programmes, one-to-one communication. Community meetings and billboards set up for mass communication.
- A comprehensive range of both long and short-term projects has been developed, recognising the need both for quick results and for work at a more fundamental level.
- All of SJA's programmes and projects have been implemented in close collaboration with GoB officials and the active involvement is sought from the beneficiaries and wider community.
- SJA members of staff are encouraged to develop their own professional skills through regularly attending external training courses and workshops.
- Full gender equity is exercised among all of SJA's staff.

PROJECTS

5 REPRODUCTIVE HEALTH SERVICE DELIVERY (RHSD)

SJA's the reproductive health programme started in October 1995, with the financial and technical support of Bangladesh Population & Health Consortium (BPHC). Since then, this programme has developed from a purely maternal and child health care service (with a Family Planning component) to offering an integrated facility for all those living in one of Sylhet's most remote and deprived areas.

The target communities are extremely traditional and conservative. They suffer from a lack of accessible government and private health facilities, from the lack of knowledge about health issues which prevents them from accessing services, or are simply too poor to obtain health care. As a result, the region has a higher than average maternal and child mortality and morbidity rates, low or zero Contraceptive Acceptance Rates, and poor general health and nutrition.

Today the project has expanded from 50 villages in 2 Unions of Bishwanath Upazila, to a total of 5 Unions and 107 villages. In these areas the SJA interventions currently serve a population of approximately 65,449 including 33,695 men and 31,754 women, living in 10,149 households.

It provides a comprehensive range of health services including:

- Maternal and child health care
- Reproductive health including family planning
- Immunisation
- Limited curative care
- Communicable disease control
- Behaviour change communication

Local men and adolescents have been specifically targeted through education campaigns, in order to increase their usage of health services and to encourage their participation in the project's interventions.

Happy return from SJA clinic



The project has always aimed to bring health care within the reach of all, but especially the "poorest of the poor". Thus, in addition to SJA's static and satellite clinics, a team of Community Health Workers and village-based volunteers work at a doorstep level. They provide practical health care, education, and counselling. Through operating in this way and by using local staff, the project has also been able to gather important household data and identify the most needy in the community and most importantly, has been able to establish a good working relationship with the local people.

5.1 Essential Service Package (Esp)

SJA has worked closely with the local government authorities to enhance joint planning for health care, co-operation with implementation (for example running SJA satellite clinics at the same time and location as government EPI centres, and referring clients to government facilities), and monitoring & evaluation of progress.

SJA's project has also operated within the guidelines of the government's Health & Population Sector Programme (HPSP) and specifically the Essential Service Package (ESP) which forms part of the HPSP policy. The project was renamed and was now to be known as "ESP Services for the Poorest of the Poor".

Thus, the facilities not only provide safe motherhood (ANC/PNC/Safe Delivery), family planning, and child health care but now aim to include all members of the community. For example, men are now encouraged to be fully involved in the making of family planning decisions.

The portfolio of health care provisions now include the following ESP services:

- Limited curative care
- Counselling
- Management of RTI/STD
- Education about HIV/AIDS
- Maternal Nutrition
- Vitamin A distribution
- ARI
- Diarrhoeal disease control
- Adolescent health care
- Communicable disease control & prevention (TB, Leprosy)
- Behaviour Change Communication activities
- Referral
- Follow-up care

In July 2003, the GoB further revised its health programme to replace the HPSP with the HNPS (Health, Nutrition & Population Sector Programme). Thus, SJA's project now focuses more on the importance of nutrition in maintaining good health and special nutritional health education sessions are held with local groups.

5.2 Sustainability Plan

SJA is aware that its health programme needs to be viable and sustainable over the long term, if it is to bring real health benefits to the local people. As such, it is implementing a strategy to maximise the commitment and involvement of the community and other stakeholders in health care in the area.

5.2.1 Gram Shastha Shebika (GSS)

First of all, the programme employs local volunteers known as Gram Shastha Shebika-GSS. As respected residents in their community, they are ideally placed to identify health needs, help people identify the required health care, and to ensure that the local people are actually accessing health facilities that are in place. They can monitor treatment, identify side effects at an early stage, and ensure that full doses of medicine are taken. As such, SJA undertakes to improve their knowledge and skills by providing training and assistance to establish a link between their community and the government ESP field staff.

5.2.2 Community Involvement and the Strengthening of Local ESP Committees

The project staff regularly reviews the existing ESP committees at Upazila and union levels and works jointly with UHFPO, MOMCH, UFPO, and UP Chairman to achieve recognition for the committees. They ensure that regular committee meetings are held, assist in the management of the meetings, and monitor the implementation of meeting decisions.

SJA also encourages the community to offer suitable locations in which satellite clinics can be held. These venues might include schools or private houses and will encourage the community to become a primary stakeholder in the project.

5.2.3 Co-ordination with the Government

As much as possible, SJA aims to integrate its health services with those of the government and to maximise use of government facilities wherever possible.

A Joint Action Plan has therefore been developed with the government, whereby an annual action plan development workshop is held at Upazila level during the first quarter of each year. Project staff, ESP committee members, selected local leaders, teachers, other NGO representatives are all invited to attend.

SJA also participates in the ESP field staff planning sessions in order to ensure integration between SJA's and the government's satellite clinics and the EPI centres. SJA provides social mobilisation support in 24 EPI centres each month in each union, in addition to organising its own clinics.

A team of GoB FP officials and SJA project staff has assessed the level of utilisation of the Family Welfare Centres (FWC) and has drawn up an action plan to maximise the quality of government health facilities and to refer patients wherever possible to those services.

In addition, SJA and GoB Upazila-level supervisors perform joint field visits to monitor the activities of the integrated ESP services and raise awareness of the services among local people.

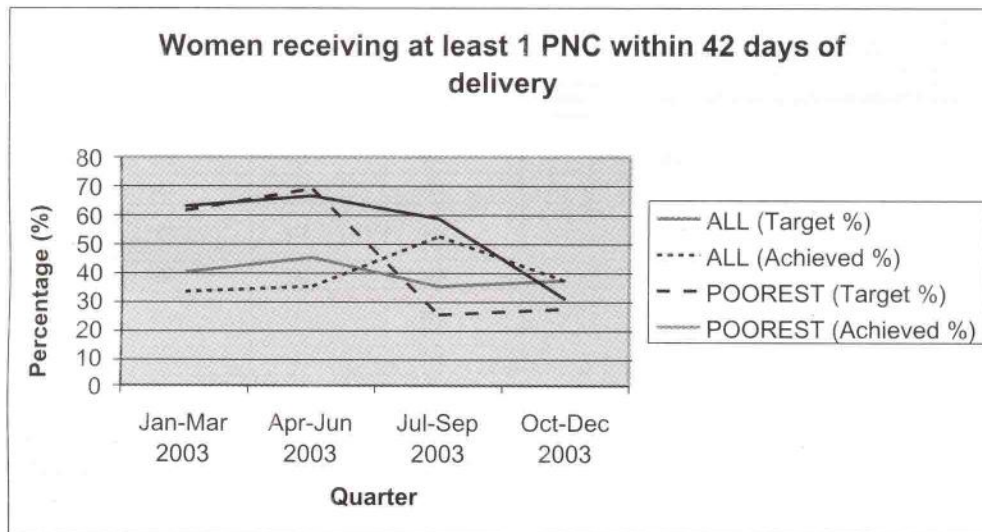
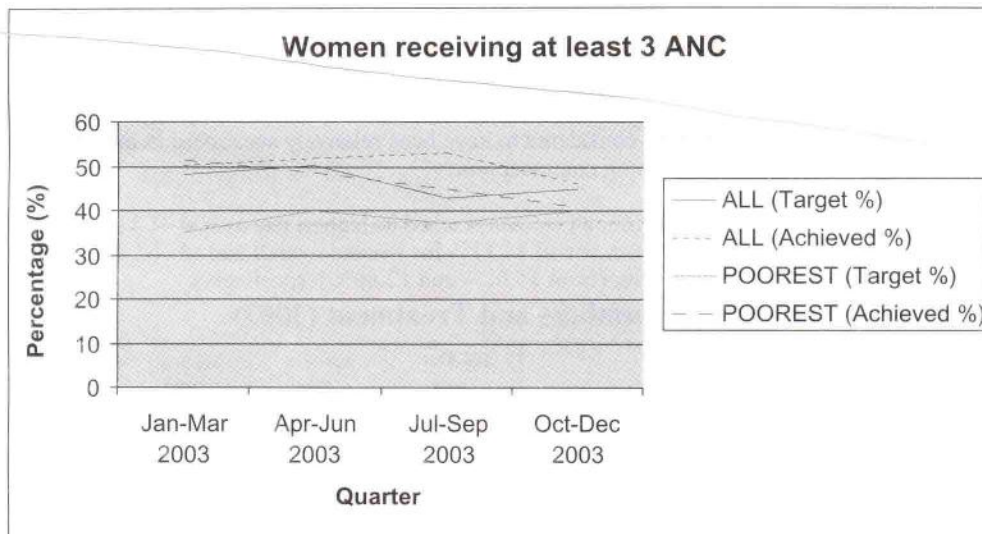
5.2.4 Self-Financing

Charges have been introduced for FP and MCH services. However, SJA is committed to addressing the issue of equal access for all, irrespective of economic status. Thus, the poor are either be charged the minimum or provided with free health care.

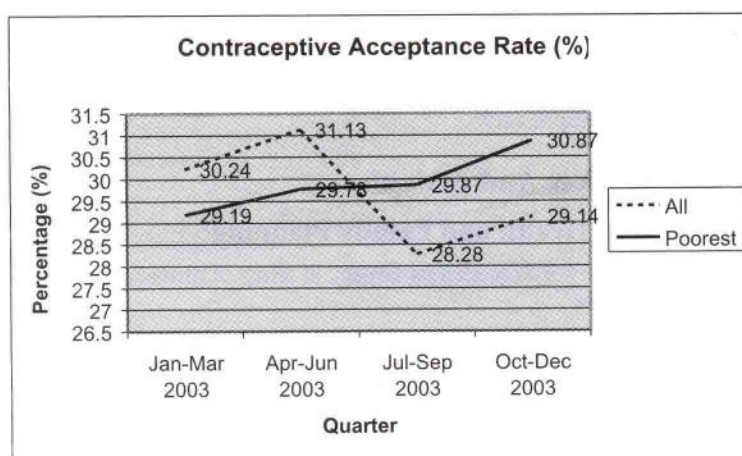
5.3 Programme Services And Activities

5.3.1 Maternal & Child Health and Family Planning

Overall, the programme either met or exceeded its targets, in terms of provision of ANC, PNC and TT vaccinations to expectant mothers.



A particularly encouraging trend is the rate of contraceptive acceptance among all women in the target project area which continues to rise steadily.



Since the programme began, it may be considered to have been relatively successful in increasing the numbers of eligible couples who are using contraception.

In the April-June 2003 quarter, the CAR for all women reached its highest rate ever at 31.13% and for the poorest it was 29.78%, which represents a rise of 16.11% for women overall and of 16.92% among the poorest since the April-June 2001 quarter (from 15.02% and 12.86% respectively).

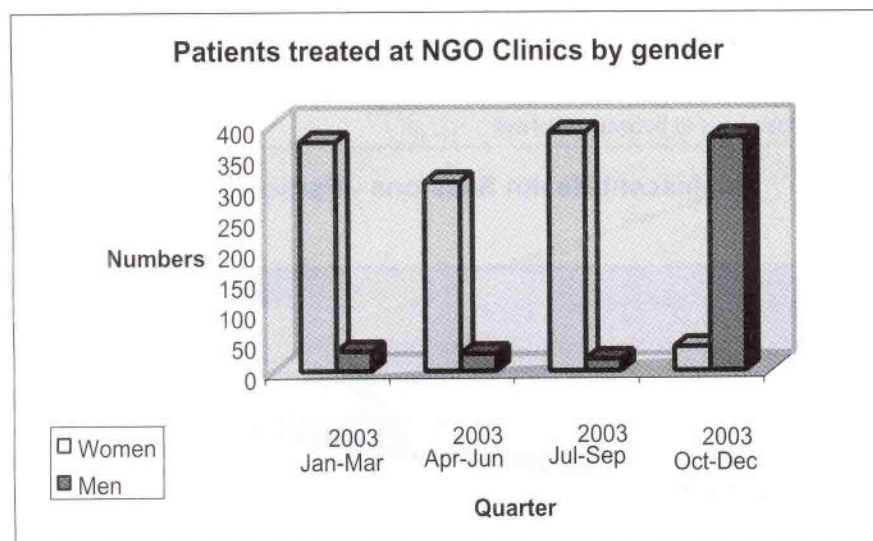
Child Health Care – Client Numbers and Treatment (2003)

	Jan-Mar 2003	Apr-Jun 2003	Jul-Sep 2003	Oct-Dec 2003
Total Girls (1 Year Old)	132	124	173	100
Measles Vaccination given	112	115	159	88
Total Boys (1 Year Old)	145	127	153	120
Measles Vaccination given	129	121	139	102
Girls (under 5 years) ARI cases detected	170	166	150	187
Treatment given	138	137	124	152
Boys (under 5 years) ARI cases detected	158	184	160	205
Treatment given	129	142	130	175
Girls (under 5 years) Diarrhoea cases detected	229	248	265	325
Treatment given	175	199	205	159
Boys (under 5 years) Diarrhoea cases detected	206	221	235	395
Treatment given	158	191	182	343
Girls (under 5 years) detected with other diseases	262	322	356	405
Treatment given	211	263	264	322
Boys (under 5 years) detected with other diseases	249	287	275	332
Treatment given	188	245	242	238

5.3.2 General Treatment and Referrals

The majority of patients coming for general medical treatment continue to be women. The number of male clients remains very low, with the significant exception of the final quarter of 2003 (379 men attended the clinic for "Other Diseases" in Oct-Dec 2003).

The general trend may be due to an unwillingness to seek medical assistance or lack of awareness that the clinics now offer men's health service in addition to the Maternal & Child Health Care which was the focus of the clinics at the outset of the project.



The vast majority of the illnesses treated can be classified under “Other Diseases”, the exact nature of which is not clear. Relatively few family planning complications have been treated, perhaps due to the efficiency of project staff in providing appropriate family planning and monitoring for side-effects. Some RTI/STD infections have been diagnosed and several cases of communicable diseases have also been treated in a timely manner.

Patients treated at NGO Clinic (#) by type of disease

	Jan-Mar 2003	Apr-Jun 2003	Jul-Sep 2003	Oct-Dec 2003
Family Planning Complication	0	0	2	1
Communicable Disease	1	0	1	0
RTI/STD	15	9	16	5
Other Disease	388	327	387	412
TOTALS	404	336	406	418

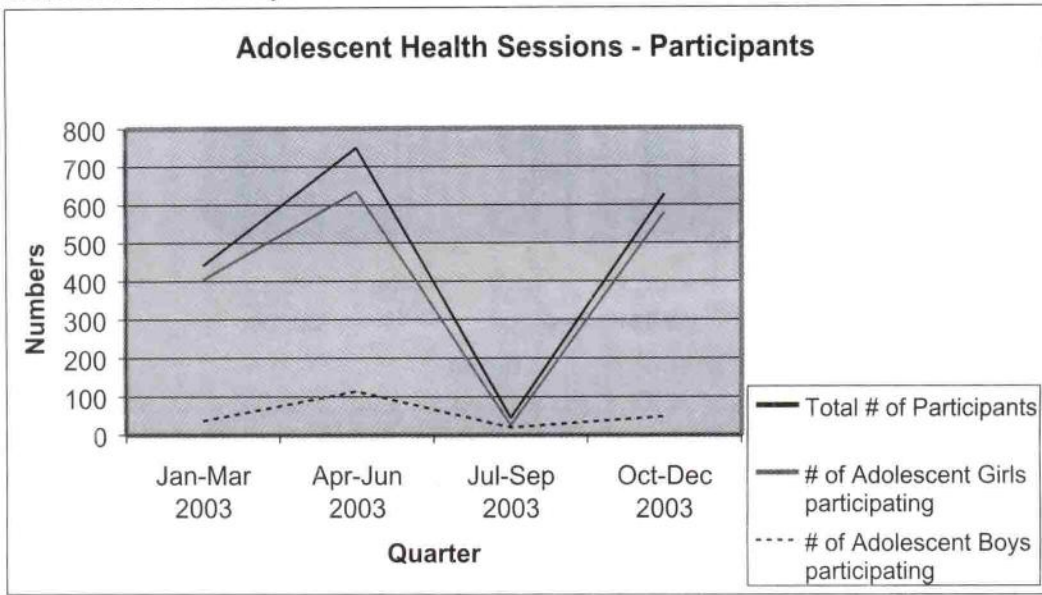
Relatively few referrals to government health facilities or other service providers have been made. More work needs to be done if the existing government health services are to be fully utilised and if the target community are to have access to the widest choice of health care options.

5.3.3 Adolescent Health Activities

Young people are frequently have special health and social needs and particularly benefit from a supportive home and community environment. Furthermore, today’s children will be tomorrow’s parents and as such, will be most able to ensure the sustainability of the project’s health messages.

To address this, SJA has operates, as part of its reproductive health project, a health service project that is specifically focused on the needs of adolescents. The project aims to provide clear information regarding common reproductive health problems of adolescents, a counselling service and individual case management including referral to local specialised facilities where necessary.

The project staff have organised group (and one-to-one sessions where necessary) orientation workshops for parents, students and teachers to address the special health needs of adolescents. Perhaps unsurprisingly, girls have formed the majority of the participants and it is recognised that more needs to be done to coax boys to become involved.



5.3.4 Community Participation

SJA organised regular community meetings in its project areas in order to maintain good communications and relations and to engender a sense of ownership of the services among local people.

The number of male participants has greatly increased during the period covered. However, women still form the majority of the attendees at the meetings. The programme staff recognise the need to encourage more men to attend and is aiming to address this issue.

	Jan-Mar 2003	Apr-Jun 2003	Jul-Sep 2003	Oct-Dec 2003
Meetings held by groups/committees	0	0	0	58
Community Meetings	47	58	58	30
PRA Sessions with Community	0	0	0	93
TOTAL # of Participants	705	958	958	474
# of Participants - Female	571	816	816	381
# of Participants - Male	134	142	142	93

5.3.5 Behaviour Change Communication

Women have continued to constitute more than 81% of the programme's BCC session participants, may be due to the timing of the sessions or due to increased interest in the subject matter. The programme aims to increase the number of males receiving coverage under the BCC activities.

5.4 SJA's Status In The Target Community

Many communities in this area have also resisted the efforts of NGOs to provide services. In the past, other NGOs had tried and failed to establish themselves in the area, meeting widespread resistance to their activities. Through perseverance and the encouragement of community participation, for example through local volunteers, SJA has successfully demonstrated its capacity to the local communities. It has gradually established a reputation as a provider of high quality, reliable and accessible health services in these particularly conservative areas of Sylhet and is now widely accepted and respected in the local area.

A survey of the project's target population was conducted by SJA in 2003 in the Bishwanath area for its Community Clinic (see Section 6 below). It revealed that the community's awareness of the type of services offered by SJA is as high as 91.98%, and that 95.58% of the surveyed population thought SJA's services were either Good or Average. This serves to demonstrate how hard SJA and its project staff have worked since 1995 to develop the organisation's health care programme in the Bishwanath area.

5.5 Future Plans

One of the priorities will be to increase client numbers, including women coming for PNC, adolescents (particularly young girls) coming for counselling, advice and treatment, and also to increase the numbers of men attending for treatment and counselling.

SJA's long-term strategy is to gradually hand over the responsibility for the clinic management to the local community and would like to be able to do this within the next few years. All its efforts currently are aimed at achieving this and the community and bodies such as the Community Clinic Management Group (see Section 6), is encouraged to take "ownership" wherever possible.

6 CHARCHANDI COMMUNITY CLINIC

6.1 Background

At the beginning of 2003, the government of Bangladesh decided to initiate a pilot project in which local NGOs would manage the government's national network of Community Clinics in collaboration with the local community, and initially with technical assistance from DFID, USAID and the Ministry of Health & Family Welfare (MOHFW).

As a local NGO with considerable experience in the area, SJA was requested to manage the Community Clinic (CC) in Bishwanath Upazila.

6.2 Community Clinic

The CC is located at Charchandi village, Daulatpur Union, which is approximately 12km from Bishwanath Upazila Head Quarters in the Sylhet division. It serves approximately nearly 6000 people living in the 7 nearby villages



Community Clinic before to SJA management.



Community Clinic after SJA management.

6.3 Objectives

The following objectives were identified as paramount in the pilot:

- To strengthen the community's capacity to manage their Community Clinic (CC). This would be done by working closely with the Community Clinic Management Group (CCMG)
- To examine the facilitation role of NGOs in CC management
- To develop systems to target the poorest in the community
- To develop an effective referral mechanism where more specialised treatment is required
- To examine the willingness of the local people to pay for health services
- To encourage the ownership of the CC by the community (it should not be viewed as an NGO clinic)

The ultimate goal will be to hand over the clinic's management to the local community within the next few years.

6.4 Services

The clinic aims to provide the following services:

- Antenatal and Postnatal Care
- Family Planning and Pregnancy Testing
- Child health care, including treatment of ARI, diarrhoea, malnutrition, growth monitoring, etc
- Adolescent health care
- Immunisations and Vitamin A distribution
- Limited curative care and first aid treatment
- Basic pathological testing
- Diagnosis and treatment for RTI and STD
- Referral for more specialised treatment and follow-up
- BCC/IEC/Health Education, especially regarding the prevention of HIV/AIDS
- Birth registration

The clinic opening hours are from 10am to 3pm, 6 days a week, excluding public holidays. These hours had been requested by the community, through the CCMG.

6.5 Project Activities

6.5.1 Initial Preparatory Work

SJA's first actions were to improve the physical condition of the clinic building, and to purchase basic equipment as required. A campaign to publicise that the CC was now under new management was also initiated and the local mosque was asked to announce opening times and services over its microphones.

SJA also assigned 1 Paramedic, 1 Community Health Worker (CHW), and engaged the services of a volunteer, to work at the clinic. The cost of these staff members is borne by SJA through its existing RHSD/ESP project. A doctor is also available 2 days a month, for more specialised consultations and treatment.

Informal meetings were held with the Civil Surgeon, the Upazila Health & Family Planning Officials (UHFPO) and the chairman of Daulatpur Union to discuss the government's decision concerning the CC and how the CC would be operated by SJA.

A preliminary meeting was held with the 11 member Community Clinic Management Group (CCMG), whose members include businessmen, elite/influential people, social workers, teachers, and a farmer, to ensure that they are clear about the objectives of the CC and the CCMG. Arrangements were made to initiate the monthly meetings between the CCMG, SJA and Upazila Health Officials.



CCMG orientation



ANC Services Provided at SJA Clinic

A 3-day orientation workshop on CC management was also organised by SJA for the CCMG members which focused on the roles and responsibility of the CCMG in running the CC.

6.5.2 Baseline Survey

A Baseline Survey of 886 local households was conducted by SJA at the start of the pilot to obtain benchmark data about the health care situation in the area. From this information, SJA planned to tailor the CC services to best meet the needs of the community.

At that time, the survey revealed that the average family in the area consists of 6.17 members and that as many as 88.15% of the respondents are not using any form of contraception.

According to the survey, 79% of local people still preferred to use the village doctor. Despite a 95.48% awareness of the existence of the Community Clinic, only 36.8% indicated that they had visited the centre. Respondents indicated that their main reason for choosing a particular health service provider is the quality of service received, followed by proximity to their homes, regular service hours and cost of service.

The Baseline Survey clearly demonstrated the types of obstacles to the CC providing a high quality health service to the community (and potential reasons why the community's perception of the quality of CC service was much lower than for SJA's equivalent services). Firstly, irregular service hours were causing significant problems to local people who do not have much free time to spare from daily chores/jobs to attend the clinic. Secondly, the CC regularly failed to supply the required services or medicine, either due to lack of stock or the inability of the client to pay the required fee.

6.5.3 Current Situation and Successes

During the first nine months of the pilot project, a number of indicators were noted.

- Registrations/Assessment of Socio-economic Status

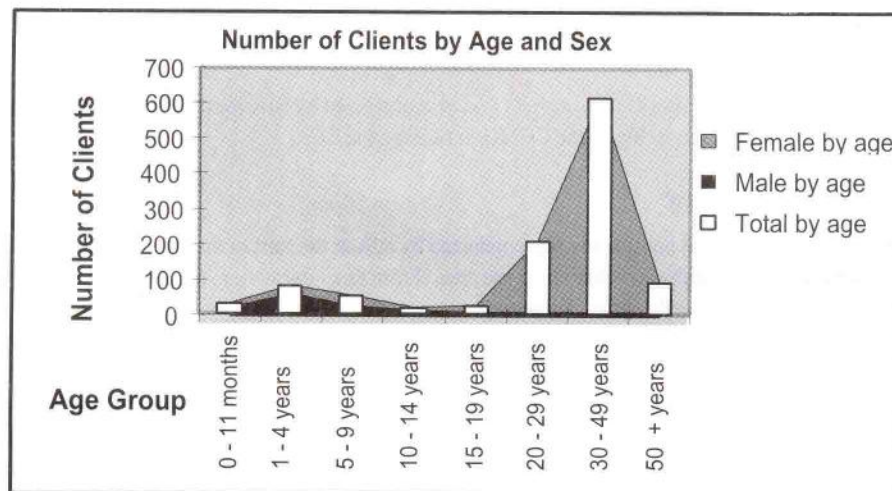
The Community Health Worker (CHW) made house visits to all households in the area to inform them of the new services and assess the family's financial status prior to registration as clients of the CC. A system of grades was set up to reflect a family's ability to meet some or all of the cost of treatment and medication.

Grade	Socio-economic situation	Percentage (%) of cost to be charged
A	Very Poor	Free treatment
B	Poor	25%
C	Medium	50%
D	Rich	100%

- Numbers of Clients

The number of female clients especially remained steady, although they still hugely outnumbered the male clients. There was a dip in numbers around September/October 2003, possibly due to the month of fasting during Ramadan taking place around that time.

The number of male clients has remained low with the majority of male patients being young babies of under 5 years of age. In comparison the majority of female patients were those in the 20-29 and 30-49 age groups.



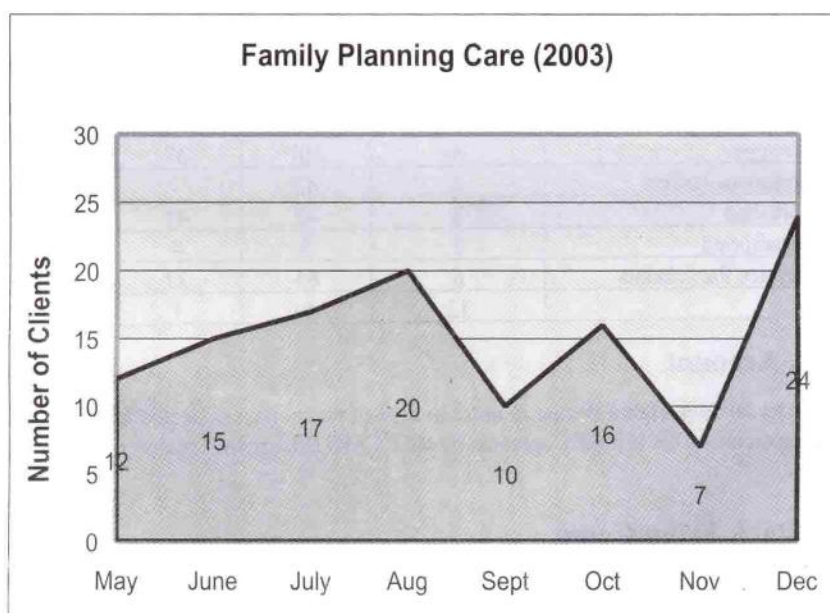
- Use of Services

Use of health services at the CC was fairly evenly spread, with the exception of the September/October dip. On average every month, the CC treated the following number of clients for each service area:

Type of Service	Average # of Clients/Month	Most Frequent Cases
Child Health	15.2	Some dehydration & pneumonia
Maternal Health	16.4	Almost entirely ANC checkups; only 6 PNC
Family Planning	15.9	Dispensing of Pill, Condom, Injectable Contraceptive
Other Family Planning Services (Side-effect management & Counselling)	20.3	Mainly Counselling
Other Health Care	67.5	Almost entirely Limited Curative Care cases

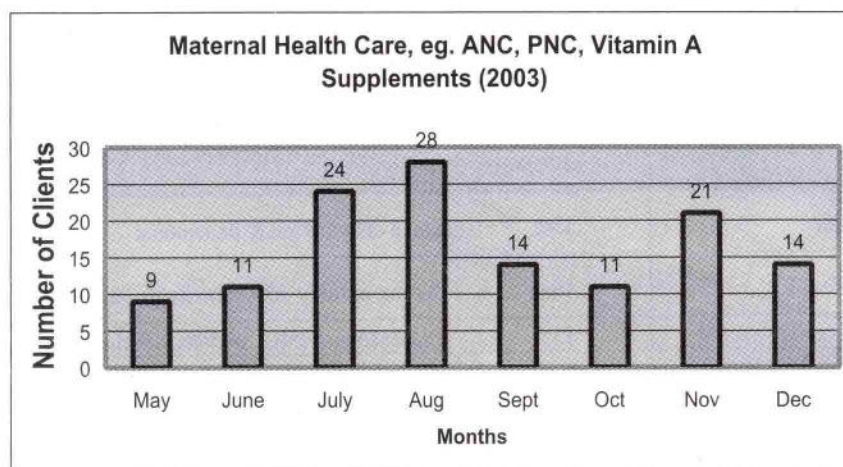
As the table above demonstrates, the majority of clients visited the CC for treatment of general ailments (Limited Curative Care).

General Family Planning services such as the dispensing of the Pill, Condoms and Injectable Contraceptives also experienced increased client numbers since the pilot began.



Furthermore, since September, the numbers of women availing the extended ANC checkups (2nd and 3rd visit) showed a marked increase. What was less encouraging, but relatively common in Bangladesh, was the low rate of PNC conducted, with only 6 women attending for 1st PNC over the 10 months of operation.

Maternal and Child Health Care services both showed a slight increase in numbers served.



The total number of Referrals made over the 10-month reporting period was 8. These were for Tubectomies and Norplant.

Treatment of other health cases such as STD, RTI and such diseases as malaria and TB also rose slightly.

- Communication Activities

Regular meetings were held with all the groups involved in the project. During the first 10.5 months of the pilot, the following meetings were organised:

Activities	Number of Sessions	Participants		Total Number of Participants
		Male	Female	
Community Meetings	8	107	69	176
Meetings with religious leaders	3	42	-	42
Stakeholder Workshop	3	42	41	83
Joint-Review Monitoring	2	5	4	9
Meeting with Service Participants	6	65	33	98
CCMG meeting	12	9	1	10

- Joint Bank Account

A bank account was set up in Habra Bazaar in order to deposit the moneys collected from the consultation fees and sale of medicine. This is jointly operated by the CCMG Chairman, Treasurer, and the Secretary (the CC's CHW).

6.6 Feed Back From Ccmg

One of the main issues that should be addressed by the CCMG, with assistance, was how to encourage more men and more adolescents (especially young girls) to attend the CC.

The CCMG also reported to SJA that they are very concerned about what will happen to the CC. They fear that if SJA withdraws its support now, the CC's management problems will return and the community will suffer again. They have expressed their wish that SJA will continue to manage the CC for the next 5 years.

6.7 Constraints And Difficulties

This pilot was subject to relatively few setbacks during the first phase of operation.

The most significant was the delay to starting the new management. Instead of starting services in March 2003, the new CC actually only commenced in May. As such, it was difficult to have made many more significant advances than those which have actually been achieved in this period.

7 HIV-AIDS PREVENTION PROGRAMME FOR HBSW

7.1 Background Information

SJA has developed to become one of the Sylhet's leading organisations in the field of HIV-AIDS since it first started its HIV-AIDS prevention programme in 1998. Through the course of its work, the organisation has been able to establish a valuable relationship with those involved in the local sex industry, on which further work could be based.

In February 2003, SJA began a new HIV-AIDS prevention programme with the financial and logistical support of Family Health International (FHI).

7.2 Programme's Target Group And Goals

The new programme specifically targets hotel-based sex workers and their clients.

Its goal is to reduce the rates of HIV-AIDS and STI transmission among this sector of the population.

The programme aims to achieve this by:

- Increasing knowledge about HIV-AIDS and STIs among sex workers and providing them with protection skills
- Motivating clients to practice safer sex
- Providing STI management for sex workers and a referral system for their clients

7.3 Programme Strategy

The programme's strategy is based on the principle of peer education, whereby individuals working in the sex industry are selected and trained to disseminate HIV-AIDS/STI prevention information and support to their colleagues. It is hoped that a sense of community and awareness of their rights will also be developed among the sex workers.

This approach is supported by SJA's outreach workers who visit the target hotels and work with management and clients to raise awareness about HIV-AIDS/STI. They aim to increase rates of condom usage, to offer a referral mechanism for cases of STIs, and ultimately to raise levels of respect for sex workers.

A third element to the programme is to raise the level of education of sex workers and to develop alternative livelihoods. A teacher is currently employed to provide basic literacy skills to sex workers at the SJA project office and eventually income-generating activities will be added to the programme's range of activities.

7.4 Programme Activities

7.4.1 Recruitment and Situation Assessment

- Recruitment

The programme team now consists of 1 Project Manager, 2 Project Co-ordinators, 7 Outreach Workers, and 27 Peer Educators. In addition, 5 support staff assist the work of the programme:

- Mapping and Situation Assessment

In order to have a clear picture of the current situation regarding the hotel-based sex trade in Sylhet, FHI and SJA project staff jointly conducted a mapping survey of the hotels in the Sylhet municipal area. The survey was carried out in March 2003 and covered 123 hotels.

The following results were obtained:

Response	Number of hotels
Admit that they are involved in the sex trade	31
Agree that the sex trade exists in the hotel but state that management is not involved	62
Claim not to be involved in the sex trade	28
No time to discuss this issue	2

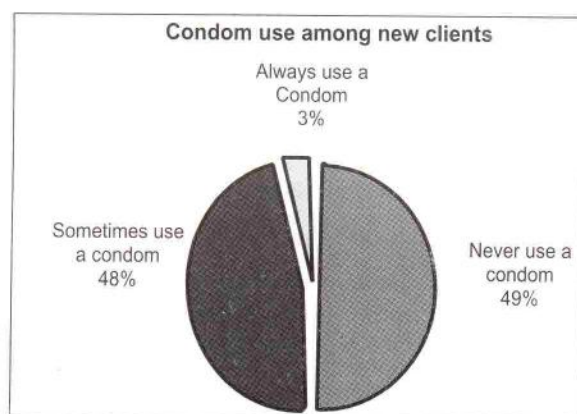
After the survey was completed, SJA staff selected 70 local hotels in which the intervention would be initiated in stages.

An in-depth study was then carried out in the period 19- 26th May 2003, to obtain further up-to-date information on the nature of hotel-based sex work in the Sylhet City Corporation area. During this assessment, 310 sex workers from 69 hotels and boarding houses were interviewed over 6 days at the SJA office, at hotels and at their own residences.

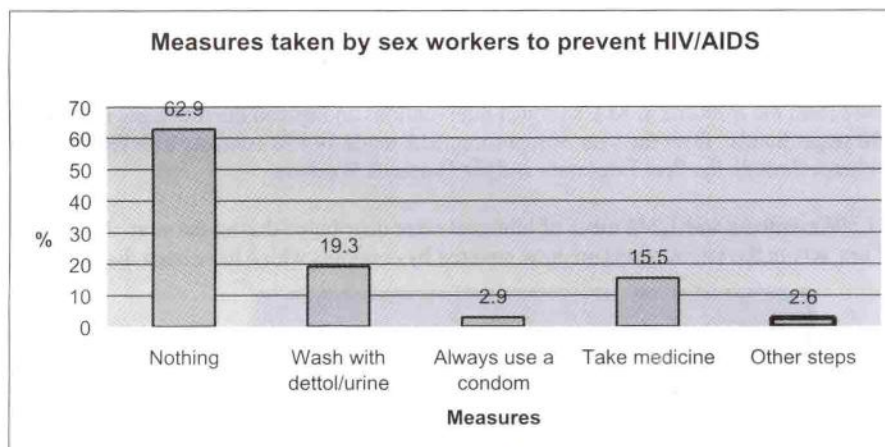
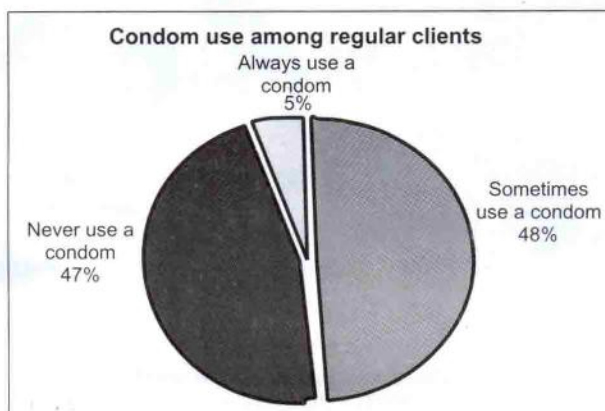
The tables and graphs below show a representative sample of data collected as a result of the assessment:

Sex Workers' Working Patterns	Percentage
Work in more than 1 hotel	90
Work in other venues apart from hotels	70
Visited other cities/locations in the past 6 months	5

On average, a sex worker will have 54 new clients per week. Of these,



Among a sex worker's regular clients, who average at 23 per week, the following patterns of condom usage can be seen below:



The survey also highlights the high incidence of violence against sex workers, with 60% reporting having been raped.

The resulting information has assisted SJA in planning the project's interventions.

7.4.2 Selection of Hotels

Over the first 8 months of the project, SJA worked with 50 selected hotels within the Sylhet City Corporation area. This was expanded to 70 hotels by the end of the first year of operation.

7.4.3 Training for Peer Educators, Site Workers and SJA Staff

During 2003, all the project staff attended a 4-day basic training course and later a 3-day refresher life skills training course. In addition, staff were also given training in BCC, covering the following 5 elements:

- Basic communication and counselling
- The female condom
- Pre-testing of BCC materials
- Condom and lubricant management
- Sexuality and gender



BCC Material to promote condom use



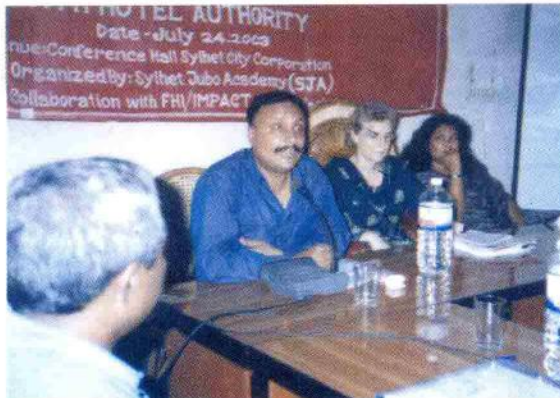
Life Skill Training Session

The project staffs were also invited to attend an exposure visit to see the activities of an equivalent FHI-supported project in Barishal (8-12th June 2003). The delegation included the Executive Director of SJA, the Project Manager, the Finance Co-ordinator, the Project Co-ordinator, 4 Outreach Workers, and 12 Peer Educators.

7.4.4 peer Education and Site Worker Activities

Peer Educators form the frontline in SJA's project interventions and spread the messages of HIV prevention among the 70 target hotels. Over the year of reporting, SJA made 10,930 contacts with female sex workers and 46,827 clients through the Peer Educators and the Outreach Workers.

A total of 87,506 condoms and 1,244 tubes of lubricant were distributed during the year. It is now estimated that 80% of sex acts in the target hotels are now covered by condoms which have been distributed by SJA.



AHM Faisal Ahmed, Executive Director SJA, Ms Pam Batson, Country Director FHI, Ms Zenith Chowdhury, Programme Manager FHI attending Advocacy Meeting

7.4.5 Consensus Building for Condom Use among Hotel Staff and Management - Meetings with Hotel Management

A total of 3 advocacy meetings with hotel management were held in 2003.

The first meeting was held on 24th July 2003 at the Sylhet City Corporation conference room. Ms Pam Batsen, the Country Director of FHI, and the Programme Officer of FHI both attended the event. During the meeting, Ms Batsen introduced FHI and its activities in Bangladesh and explained the 4th Round Surveillance Report which had recently been concluded.

AHM Faisal Ahmed, Executive Director of SJA, presented SJA, its activities especially concerning its HIV/AIDS prevention work, the issues regarding HIV in Sylhet and the results of the recent situation assessment carried out in the city.

Two further meetings were held for hotel management at the SJA project office on 26th and 27th August and featured a session on Life Skills, as requested by the participants.

As a result of these meetings, a more intimate relationship has begun to develop between SJA and the hotel management, which now have a clearer picture about HIV/AIDS, about SJA and its project activities. A number of new hotels expressed their willingness to work with SJA.

- Other Meetings

During 2003, 4 advocacy meetings were held with health and administrative officials of the Sylhet City Corporation, local elite/influential people, community leaders, and members of the local media.



Advocacy Workshop with Health Officials

7.4.6 Building a Community for Sex Workers

- Drop-In Centre (DIC)

A drop-in centre has been established at the SJA project office, to provide a relaxed venue for sex workers to rest and share information. Life skills training, counselling, and video shows are arranged during drop-in centre hours. In the year of reporting, 906 clients visited the DIC. SJA also arranged 194 group sessions and 34 video shows.

- Literacy Programme

SJA has started a literacy programme to assist Peer Educators in improving their education. At the time of reporting, Peer Educators are now able to spell words, read short sentences and can do basic calculations.



Literacy Class for Peer Educators

- Bank Accounts for Peer Educators

SJA assists all Peer Educators in opening a personal bank account, into which their project allowance is deposited. They can now draw their allowance and deal with the bank individually.

7.4.7 STI Service Provision

In June 2003, SJA began its clinical services for hotel-based sex workers and their clients. Thus, they can now receive treatment for STI and other basic medical conditions. The clinic is based at SJA's project office, with services provided by the female graduate physician of Marie Stopes Clinic Society. A MoU has been signed between SJA and Marie Stopes Clinic Society for STI services and accordingly SJA purchased STI services from Marie Stopes Clinic Society. Medicine is provided free of charge. In the year of reporting, a total of 656 clients received treatment, of whom 586 were female and 70 were male clients. Of this, 248 female patients and 70 male patients attended for STI treatment.

7.4.8 Other Activities

- Imam Orientation

SJA is running an HIV/AIDS orientation course at the Imam Training Institute. In 2003, 3 orientation sessions were held among 3 groups. A total of 360 imams attended. Topics covered included: basic information on HIV/AIDS, how it is transmitted and how it can be prevented from spreading, and the role of imams in HIV/AIDS prevention.

- National Serological Surveillance (5th Round)

SJA has now finished blood sampling among hotel-based sex workers in Sylhet for the 5th Round of the National Serological Surveillance campaign. A total of 166 samples were collected during 13 sessions. The work was assisted by 2 technicians from the International Centre for Diarrhoeal Disease Research in Bangladesh (ICDDRDB). After tests were conducted on the samples, cases of syphilis were indicated to SJA and appropriate medicine distributed at the SJA clinic. A total of 29 cases of syphilis were found.

- Orientation in High School

An awareness raising orientation session was arranged jointly between SJA and the AIDS Awareness & Prevention Committee for Class IX and X students at Mogla Bazar High School. Separate sessions were held for boys and girls, facilitated by Mr Nurul Haque and Ms Shahajadi Begum respectively.

- American Week

A weeklong programme of events were organised by USAID during September 2003. SJA, as a partner organisation of FHI (and thereby USAID), participated in various activities during this week, including a video show and discussion session.

- World AIDS Day

A 2-day programme of events was organised to mark this day.

On 1st December, a video show and discussion was organised at the SJA training room for project personnel, Peer Educators, DIC and Clinic clients. A film titled "Meghla Akash" was featured and gave basic information about sex workers, HIV/AIDS, and PLWA (People Living With AIDS).

The second day of activities was organised for 6th December and involved a discussion meeting and rally through Sylhet. Mr Abdus Salam, Divisional Commissioner for Sylhet was the Chief Guest and also led the rally. The rally was also attended by Dr Joyonto Dutto, MOCS, and Mr Iqbal Hossain, Representative of the government's Department of Family Planning. All the rally participants received t-shirts, bags, and caps from SJA.



World AIDS day rally organized by SJA

7.5 VISITORS TO THE PROGRAMME

A number of visitors from the government, INGOs, PNGOs and other NGOs have visited SJA's HIV/AIDS prevention programme during 2003. The guests have included:

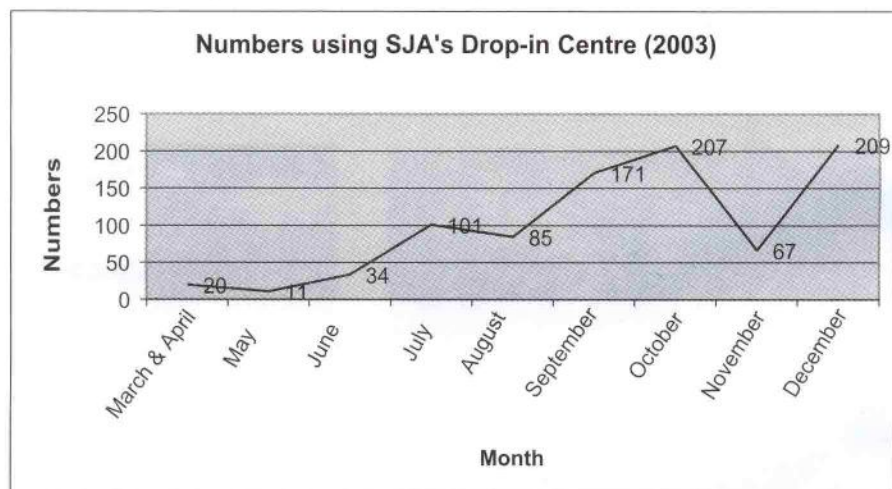
- Mr Abdus Salam, Divisional Commissioner for Sylhet
- Dr Ahmedur Reza Chowdhury, Civil Surgeon for Sylhet
- Ms Hosne Ara Begum, DD of Family Planning in Sylhet
- Dr Shibir Ahmed, Head of the Department of Community Medicine
- Ms Pam Batsen, Country Director of FHI
- Mr Robert Kelly, Deputy Director of FHI
- Tara O'Day, Co-ordinator USAID
- Dr Clifford Olson, Co-ordinator of Health Population & Nutrition in USAID
- Dr Thomas Koenig, Consultant for the project "Cross-border Country of Priority Communicable Disease-HIV, TB, Malaria, World Health Organisation
- Dr Tasnim Azim, ICDDR

7.6 Monitoring & Evaluation

The donor, FHI, conducts monthly visits to monitor progress and the Programme Manager compiles monthly, quarterly and annual reports based on statistics gathered from the Programme Co-ordinators, the Peer Educators, and Outreach Workers.

7.7 Achievements

The project is still in its infancy. Thus it is too early to indicate great developments. However, the programme's success might be measured by its expansion to include more hotels, and the increase in numbers of sex workers using the Drop-in Centre and (as can be seen below) clinic.



- Integration with SJA's other Programmes

The programme's strategy has been integrated with SJA's other programmes. Thus, the organisation's Essential Service Package (Reproductive Health) and Community Clinic offers:

- Orientation and counselling on HIV
- Condom promotion
- STI treatment

The Gender & Human Rights programme focuses on the human rights issue concerning sex workers and people living with HIV-AIDS, while the training sectors of SJA's other programmes are working to provide sewing and tailoring training to sex workers.

8 REHABILITATION PROGRAMME FOR PEOPLE WITH A DISABILITY

The activities under this programme fell into 2 broad categories, based on the donor/partner organisation with which SJA has been working during the year of reporting.

8.1 Work Supported By Jatio Protibondi Unnayan Foundation

This is the government authority for disability in Bangladesh. It has initiated a programme of community-based rehabilitation activities for PWDs, with the overall objective of integrating the disabled in the community and ensuring equal rights in society.

The specific objectives are as follows:

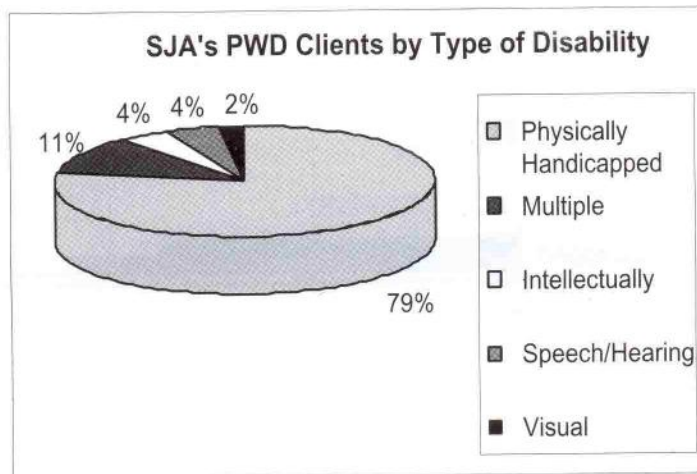
- To create opportunities for the disabled to participate in socio-economic development activities
- To enable the disabled to participate in income-generating activities
- To provide financial support
- To provide needs-based services and medication to the disabled
- To provide primary rehabilitation therapy (PRT)
- To develop SJA's therapy centre

- Project Activities and achievements

Activities	Target	Achievement	Percentage
Selection of PWD beneficiaries	40 people	45 people	100%+
Counselling family members of PWD	40 people	45 people	100%+
IGA Support	5 people	5 people	100%
Development of therapy centre	1 centre	1 centre	100%
PRT Services	20 people	25 people	100%+
Provision of Assistive Devices*	15	15	100%
Referral to SJA clinic for primary medication	As required	8	N/A
Referral to other service centres for specialist treatment	As required	6	N/A

* All Assistive Devices, apart from 2 wheelchairs have been designed and made by SJA

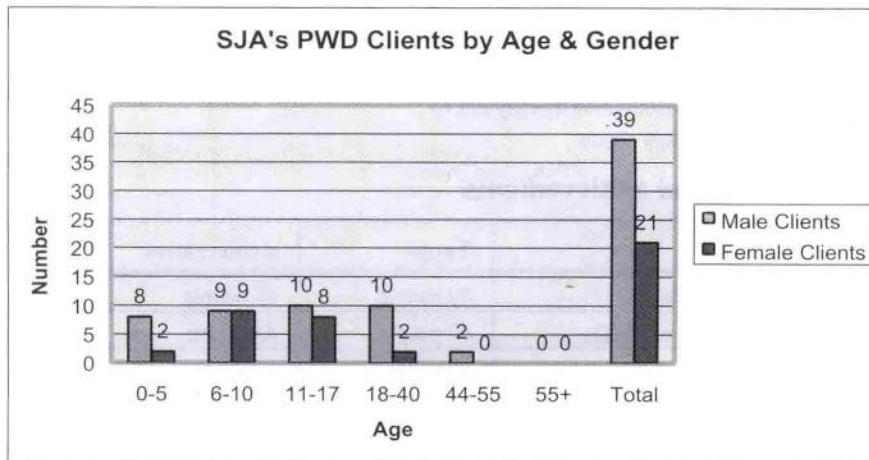
The total number of beneficiaries under this programme is 45 and the nature of their disabilities is as follows:



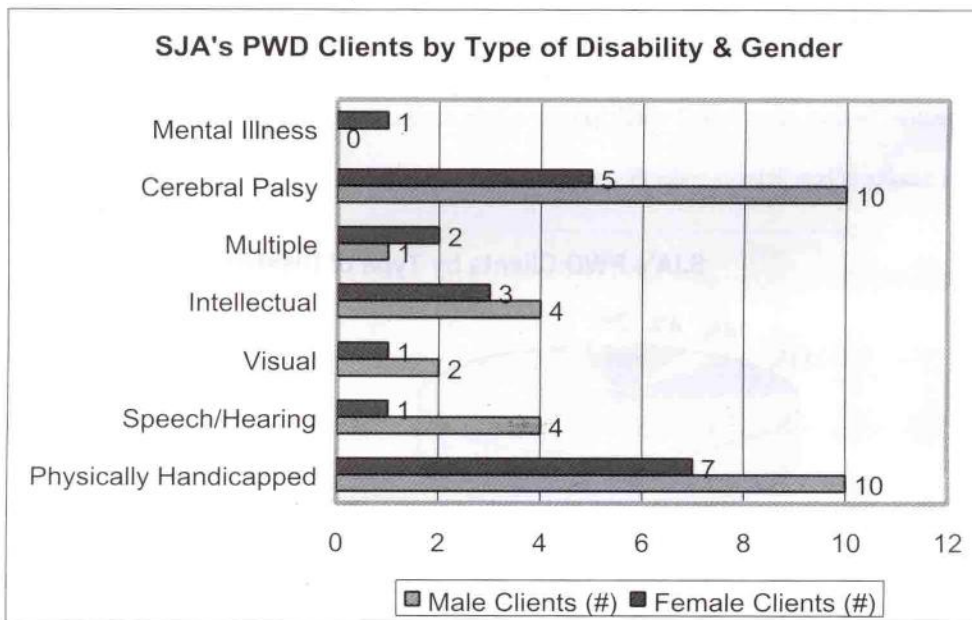
8.2 Partnership With The Centre For Disability In Development (CDD)

SJA has been working with the Centre for Disability in Development since 1999, obtaining technical support and training to enable SJA to implement CDD's Community Approach to Handicap in Development (CAHD) activities.

In 2003, services were provided to 60 PWD (39 male and 21 female clients). The age breakdown of the clients is as follows:



As can be seen from the chart below, the range of disabilities handled by SJA and the services now offered to the clients, is broad.



Services provided	Male	Female
Primary Rehabilitation Therapy (PRT)	27	20
Referral Services	10	6
Provision of Assistive Devices	14	6

Inclusion Activities	Male	Female
Education Centre	1	1
Income Generation Activities	1	1
Credit Support	4	3

- Research Activities

During 2003, one of SJA's CHDRP was involved in 2 pieces of research:

- The CAHD Impact Study in Bangladesh
 - » This is a CDD project studying the impact of the CAHD work in its existing project areas
- CAHD Data & Documentation Research in Bangladesh
 - » This is focused on new working areas for CAHD and consists of 3 stages:
 - Baseline Survey
 - Implementation of CAHD in the new community
 - Impact Study

8.3 Project Funded By Stichting Liliane Fonds

This Dutch disability organisation funded the supply of Assistive Devices and medication for 10 disabled beneficiaries during 2003. The small grant was to be used only for young disabled people of under 25 years.

Thus, SJA selected 8 clients from the Bishwanath and Sylhet City Corporation areas for Assistive Devices and 2 epilepsy sufferers to receive medication. With the exception of 2 wheelchairs, one of SJA's CHDRPs designed and made the Assistive Devices. These were 3 special seats, a pair of special shoes, a set of callipers, and crutches.



Therapy is giving to a CP child by CHDRP of SJA at SJA therapy centre



Assistive Device, developed by SJA

8.4 Community Relations With PWD

SJA has been organized and working with the Sylhet Association for the Deaf since 2002 and now provides a range of services to the club, including:

- Leadership training
- Socialisation
- Sign language training
- Assisting with the search for sponsorship and funding
- Providing a sign language interpreting service

8.5 Social Awareness Activities

SJA has made great efforts in 2003 to change the currently negative perceptions of disability in the wider community.

Disability messages have been disseminated in the Sylhet area through meetings with the following groups: local elite/influential people, adolescents, local community leaders; staff meetings within SJA; and a programme of education in local schools/colleges.

A total of 400 people participated in these activities in 2003.

8.6 Special Event - Regional Symposium on Disability

This major conference on disability, the first to be held in Bangladesh, was held in Dhaka from 9-11th December. One of SJAs CHDRPs was asked to provide sign language translation support for the deaf participants and general logistical assistance during the symposium. In addition, SJA submitted a paper on its work with the disabled and this was one of the few to be selected for publication in the symposium's documentation. The event proved an excellent opportunity for sharing information and experiences and for networking with other NGOs working in disability.



Wheelchair and a rickshaw donated to two disabled

8.7 PWD Programme Staff And Training

The number of staff involved either specifically with the PWD programme or working on other SJA projects, the activities of which are being integrated into the disability field, has greatly increased in 2003.

Currently, there are 2 Community Handicap & Disability Resource People (CHDRP), 1 Social Communicator, and a Community Volunteer. In addition, 20 co-workers from other projects in SJA provide support and input where required.

Over the course of the year, project staff have attended the following training courses: CHDRP Training; Assistive Devices; and Bangla Sign Language.

9 GENDER, KNOWLEDGE, NETWORKING & HUMAN RIGHTS

9.1 Background

SJA has been working in the field of human rights since 1998, when it first initiated human rights activities within its other on-going programmes. Later, this was extended as part of a campaign against violence against women.

However, SJA wished to further develop its human rights activities and at the beginning of 2003, SJA joined the network of NGOs working with the Bangladesh Legal Aid Services Trust (BLAST) on the Gender, Knowledge, Networking and Human Rights Intervention in Bangladesh programme.

9.2 Project Goals And Objectives

The project's goals are:

- To generate policy-relevant knowledge on gender related rights violations at household and community levels
- To influence the justice-seeking behaviour of individuals suffering human rights violations
- To create social capital at a community level

Specifically, the project's objectives are to:

- To stop human rights violations against women
- To create a "shalish" (the traditional mediation process in local disputes) environment for women to assert their rights and to ensure their participation in "shalish"
- To develop the institutional capacity of local human rights organisations
- To create a data bank to document human rights violations

9.3 Working Area

The project is active in 10 villages across 5 unions of Sylhet Sadar, Bishwanath, and Goainghat Upazila.

9.4 Project Activities

The work focuses on 3 issues regarding local justice with regard to women:

- Domestic disputes:
 - > Marital (dowry, divorce, custody of children, polygamy)
 - > Economic (inheritance)
 - > Transgression of sexual codes (premarital sexual affairs , extra-marital affairs)
- The nature and extent of violence against women

The process of dispute resolution at informal (household and community) and formal (Union Parishad) levels



Street Drama

9.4.1 Action Research

The objectives of the action research are to document and analyse gender-related human rights violations at the household level. The following work has been carried out:

- Quantitative Research

A “shalish” Baseline Survey was carried out in the working area by a survey team from SRS. The SJA project staff provided local knowledge and logistical support for the surveys conducted at village and at a Union level in the target community.

For the village shalish survey, SJA staff collected data over the first year of the project on local “shalish” history in each village. This was done with the help of local “Village-based Citizens Rights” committees.

At the union level, SJA staff visited the 5 target Union Parishad (UP) offices to collect information on “shalish”. The data was obtained from the UP diary with the assistance of the UP secretaries.

- Qualitative Research

A research team from BLAST visited SJA from 26th July to 1st August 2003 in order to gather qualitative data on human rights in the target area. Following an initial orientation session on qualitative research, SJA staff joined the BLAST team in the process of data collection.



Community out-reach programme on gender knowledge and human rights.

The data was gathered through the following activities:

- Social Mapping in 3 selected villages. The data included geographical, demographic, communications, economic statistics; institutional information; details of local government officers, influential/elite people; and the local gender situation in political activities.

- Local history collection. Data gathered included details of local "shalish" history; political history; terrorist activities; "zamindar" history; riots and local liberation war events.

- Village profiles.

- Focus Group Discussion. The 3 target groups were: Educated Males; Young Housewives; and Female Opinion Leaders. Gender-related human rights, group members' expectations, views about "shalish" were all discussed.

- In-depth interviews. These were held with the following people:

- 1 imam
- 2 "shalishdars" (those involved in "shalish" mediation)
- 1 female NGO professional
- 1 mother-in-law
- 1 female college student

9.4.2 Human Rights Advocacy Programme

This element of the programme aims to:

- Raise awareness about the issue of dowry
- Raise awareness about women's inheritance rights
- Challenge the social discrimination against girl children
- Enable an equal relationship between husband and wife
- Improve women's freedom of movement and security
- Clarify procedures related to marriage and divorce
- Improve democracy and gender sensitivity during "shalish" proceedings
- Raise awareness about the "nari o shishu damon ain 2000" (Women and Children's Vulnerability Act 2000)
- Initiate a campaign to raise awareness about the law

Under this programme, the following community groups have been established in the project areas and through which the advocacy interventions are organised:

- Village-based Citizens Rights Committee, which is formed of 4 men and 2 women
- Women's Support Group, made up of 6 women

Two advisers have also been appointed to support the committees. They are usually Union Parishad members who live in the village.

- Community Outreach Programme (COP)

This forms the core of the advocacy programme and aims to provide human rights education to the above-mentioned committees and to local opinion leaders. The COP has been held in 10 villages across the project area during December 2003.



View exchange and discussion session on Human Rights.

The activities during each day's COP consisted of a video show on human rights issues ("modhu milon"). This was followed by an issue-based discussion on the project's human rights topics outlined above, and finally a group discussion to share opinions and to obtain feedback from the participants.

9.4.3 Networking

SJA is seeking to strengthen the communication between all the social players and institutions which deal specifically with gender-related human rights issues both at a community level and more broadly across society.

The networking interventions have consisted of the following:

- Publicity Activities, including distribution of posters, leaflets and stickers
- Identification of Schools/Colleges in which human rights sessions can be held
- Establishment of the Village-based Citizens Rights Committees and the Women's Support Groups
- Sending letters to relevant authorities to introduce the programme
- Meeting with theatre groups to choreograph a project-related folk drama to be performed in the selected villages

A number of meetings were also organised with representatives from relevant authorities. These have included:

- Orientation Meeting with Teachers from Selected Schools/Colleges

This was held on 31st December at SJA's head office and was attended by 2 representatives from each selected school/college. The objective was to discuss the project and its human rights education programme and to obtain support to run sessions in their schools/colleges.

- Orientation Meetings with Members of the Committees

These meetings were held with members of the Village-based Citizens Rights committees and the Female Support Groups. Each meeting was held for groups from 2 villages. The objectives were to discuss the project's objectives and the human rights issues of the advocacy campaign; the role of the committees in the project's activities and how they will work together; and what the committee can do in incidents of human rights violations in their villages.

- Meeting with the Union Parishads (UP)

Meetings were held with representatives from 4 of the 5 target Union Parishads. The final meeting is scheduled for January 2004.



Uthan (yard) drama on human rights.

During the meetings, the team discussed the project objectives and goals; how the project will work and with whom; the progress so far; the issue of “shalish”; the legal aid process; and the role of the UP in the project’s activities.

- International Human Rights Day

The 10th December was designated as International Human Rights Day. The programme’s activities on that day were based in the Bishwanath area. Firstly, a rally was held through the centre of Bishwanath town. This was led by the Chief Guest, Mr Sonkor Ronjon Shaha, UNO of Bishwanath. Following the rally, a discussion session at SJA’s field office.

9.4.4 Legal Aid

This element of the programme aims to provide legal aid to individuals who would otherwise be unable to obtain the services of a legal professional. The legal aid is supplied by BLAST’s Sylhet unit.

A meeting was held with BLAST’s Sylhet unit on 23rd December to discuss how BLAST will provide legal aid support and how the BLAST lawyer can assist the project.

9.4.5 Institutional Capacity Building

The project aims to develop the capacity of local human rights organisations including that of the implementing NGO.

- Staff Recruitment and Training

A team of 3 people have been appointed to work for this project, including an Assistant Co-ordinator, a female Mediation Worker, and an Office Assistant/Accounts Officer.

In-service orientation and a 5-day training course were provided for all project staff. The training consisted of sessions on gender, human rights, mediation, Muslim and Hindu inheritance laws, project management, basic accounts, and monitoring/evaluation techniques.

Further training has been organised over the year of reporting, in order to develop the team's skills in Qualitative Research, management of COPs, training of trainers (TOT), the development of an education programme and organisation of a folk drama.

- Workshop for Executive Directors

A 2-day workshop was held by BLAST for all partner organisations.

- Staff Meetings

Monthly staff meetings are held in order to review the project's progress and address any problems. A representative from SJA is invited to attend and provide input to improve the project's operations.

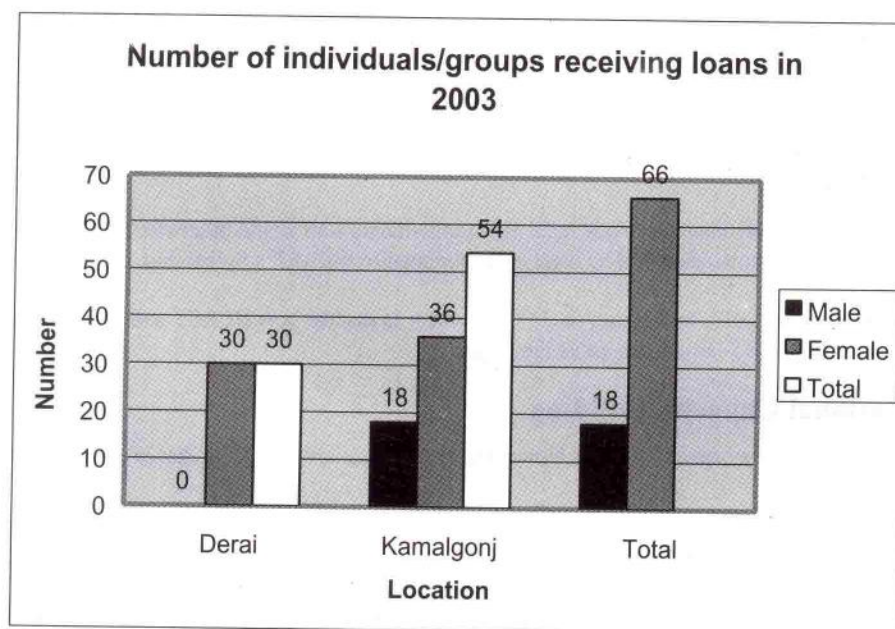
10 MICRO-CREDIT/FINANCE

10.1 Micro-Credit Programme

SJA operates its micro-credit scheme to enable the poorest in the community, who lack access to other sources of finance, to embark on income generating projects.

In 2003, SJA disbursed a total of Tk 1,400,000 as micro-credit loans and realised Tk 1,027,544. The rate of interest (calculated as simple interest) was 15%. These loans were made to 380 individuals.

The recipients of the micro-credit loans were as follows:



10.2 Low-Cost Housing

In 2003, SJA received Tk 375,000 from the Bangladesh Bank for distribution as loans to fund low-cost housing. The target group were homeless people living in Bishwanath and Komolgonj Upazila. A total of 18 houses would be able to be financed as a result at a rate of Tk 20,000 per house loan. The interest (calculated as simple interest) was set at 5%, to be collected over a term of 10 years.

Since the formalities between the Bangladesh Bank and SJA were only completed by the end of 2003, no loans were actually disbursed in the year of reporting. However, the 18 houses were on target to be constructed in the first 6 months of 2004.

10.3 Village Development Organisations

SJA's system of Village Development Organisations (VDOs) or "somitee" have been established in order to assist the poor in identifying and mobilising development projects for their own advancement ... and thus for the benefit of the wider community.

The VDOs consist of 15-25 members who also aim to save Tk 5-10 per week in order to create capital and encourage a habit of saving money. Interest is paid on the savings at a rate of 5%.

Small-scale credit loans are offered to suitable members to set up new income generating projects of their own. In addition, a range of training courses are offered including basic accountancy and small business management.

So far, SJA has organised 112 "somitee": 60 in Derai and 52 in Komolgonj.

Since the first VDOs were established, they have played an important role in improving organisational knowledge and the power of the poorest to initiate their own projects. They have also succeeded in developing their skills and confidence as a community group.

10.4 Small-Scale Entrepreneurship Development

SJA initiated this project in order to assist small traders and business entrepreneurs which, despite running well, lack the financial capital to expand. The scheme operates by the business owners becoming members of a local SSED group and thus gaining access to credit/loan support from SJA.

This year, loans disbursed under this scheme totalled Tk 182,000 and moneys recovered totalled Tk 86,078. The loans are on average between Tk 20-25,000 and in 2003, were made to 19 individuals in the SJA working area.

11 NON-FORMAL PRIMARY EDUCATION PROJECT

SJA runs its own small education project in the Komolgonj area of Sylhet (costs are borne from the organisation's own funds). This offers non-formal primary education to 150 children over a course of 3 years. Each of the 5 schools are attended by 30 children. The classes run for 2 hours every morning.



Community out-reach programme

12 WOMEN'S DEVELOPMENT PROJECT

SJA initiated this project to assist the poorest women in improving their nutrition, skills and literacy and to provide micro-credit support for women's entrepreneurship activities.

A total of 600 women in 15 villages in the Derai area and 350 women in 13 villages in Komolgonj in Moulvibazar participated in this project in 2003.

12.1 Nutritional And Health Education

SJA project personnel organise regular nutritional education sessions on how to maintain a balanced diet, personal hygiene and sanitation. The women are also given advice on breast-feeding, mother and child primary health care, ante- and post-natal care and vaccination.

12.2 Skills Development And Advocacy Training

SJA also selects suitable beneficiaries to receive skills training in a range of areas, including livestock breeding and management, and handicrafts. In addition, various basic advocacy skills development sessions are offered.

The practical skills acquired in this programme provide future opportunities for income generation activities, while the advocacy training enables women to increase their confidence and ability to defend their rights as citizens. Overall, the SJA hopes that these women will become more empowered to improve their lives.

12.3 Micro-Credit

SJA has allocated a micro-credit loan fund for the women who have received skills training to establish small-scale income generating activities and thereby improve their livelihoods over the longer term. The women who have received loans are demonstrating their skills in running their income-generation activities to a good level. This success has encouraged other women to approach SJA for loans and it is likely that demand will continue to outstrip the limits of the budget.

12.4 Literacy Project - Adult Literacy For Tea Garden Labourers

The female workers in the tea gardens of the Komolgonj Upazila in Moulvibazar are some of the most deprived in Bangladesh and lack even basic education opportunities. To address this, SJA runs, in collaboration with the Rotary Club of Sylhet Surma, a non-formal education centre. It provides the women with an 8-month literacy course which runs for 2 hours a day, in the evenings after their work in the tea garden and their household duties are over.

The women spend the first 6 months gaining basic literacy skills and then focus on post-literacy education during twice-weekly classes over the final 2 months of the project.

After completing the course, the women are expected to educate other illiterate female tea garden workers, thereby spreading the project's impact into the wider community.

13 SKILL DEVELOPMENT TRAINING

Although SJA is a much larger and more broadly focused organisation now, compared with its beginnings in 1991. However, it has not forgotten its origins as a youth training NGO. It continues to assist unemployed young people in improving their employment prospects and their lives, by developing skills and encouraging entrepreneurship through income generation projects.

Its Skill Development project provides training in poultry & livestock rearing, ecological agriculture, fisheries resource management, social forestry, nursery development, homestead gardening, marketing and finance management.

In 2003, a total of 48 young people across SJA's working area received skill development training.

14 ANTI-DRUGS & TOBACCO CONTROL

In order to combat the ever-growing problem of drug and tobacco addiction in Bangladesh, SJA arranges events on the international awareness days. In 2003, these included 2 workshops and a rally in Sylhet City Corporation. These events were organised in collaboration with the Bangladesh Anti-tobacco Alliance (BATA) which supplied materials for all participants. The workshops were attended by local elite/influential people, religious leaders, NGO representatives, and Commissioners from Sylhet City Corporation.

15 BEHAVIOUR CHANGE COMMUNICATION

Behaviour Change Communication continues to play a fundamental role in SJA's work.

In 2003, the organisation further developed its BCC activities to raise awareness among young people, influential people and opinion leaders, villagers, and urban citizens during schools/colleges programmes, one-to-one communication, and community meetings. A wide range of approaches and media are used, including drama and folk songs, and billboards set up for mass communication. SJA has also developed the following materials for distribution among the target beneficiaries and other stakeholders:

- Stickers on women rights, acid throwing, gender inequality, children rights, children's nutrition, Vitamin A, anti-smoking, Ante-natal care, disability, HIV-AIDS prevention, the use of condoms, etc
- Calendar on HIV-AIDS prevention
- Flip chart on HIV-AIDS/Health
- HIV-AIDS Information Publications, including a publication titled "The Global Challenges" and another on HIV-AIDS prevention
- Information Pamphlets on disability, STD-HIV, etc

With regard to the Reproductive Health Service Delivery programme, the Department of Family Planning, UNICEF, BPHC and other agencies has provided the necessary IEC materials for use by the FHV and CHE during the various group meetings. The counsellor has also used them during the counselling sessions held at the satellite clinic.



Health Counselling at SJA Clinic.

16 SJA'S PARTICIPATORY PROJECT APPROACH

SJA aims to actively seek out and encourage the involvement of all parties to its projects. Thus, its partners range from the projects' beneficiaries to partnerships with government authorities and the donor community.

16.1 Community Participation And Accountability

In order to win support and also to encourage the community's ownership of the interventions, SJA seeks input from the direct and indirect beneficiaries of every project at every stage of the project's lifecycle. A range of participatory tools is employed during this process, including Venn diagrams and time, mind and body mapping techniques.

SJA's 45 Village Health Watching Committees (VHWC) work to identify local health resources, select sites for satellite clinics, set service hours and costs, and assist the community to reach the service points. VHWC members pay regular visits among the community to discuss the local health-related problems, and provide feedback to project staff. During 2003, a total of 540 such meetings/visits were organised by the VHWCs.

16.2 Partnership Approach

16.2.1 Government of Bangladesh (GoB) – SJA Partnership

One of SJA's main partners is the Government of Bangladesh, and SJA continues to strengthen its partnership with relevant local government departments and organisations. For example, SJA works closely with the government health department in the successful implementation of the National Immunisation Scheme (NID).

Other examples include:

- **GO-SJA COLLABORATION WORKSHOP** : These aim provide an open forum for discussing health problems and preparing action plans to resolve problems. SJA works closely with the respective government department to draw up agendas. Attendees include health & FP officials from both district level and upazila levels, elected public representatives, and representatives from the NGO and private sectors.
- **JOINT MONITORING** : This aims to monitor progress of the organisation's health project teams and is conducted by a GO-SJA monitoring team. The team made a total of 7 visits during 2003.
- **OBSERVANCE OF NATIONAL AND INTERNATIONAL EVENTS** : In 2003, SJA organised a number of events in conjunction with local government counterparts, including the observance of World AIDS Day, Safe Motherhood Day, International Human Rights Day, and America Week.

16.2.2 Donor and Partner Relationships

Over the 12 years of activities, SJA has developed an impressive reputation as an organisation whose groundbreaking projects are leading the field in a number of particularly challenging areas. As such, a variety of other national and international NGOs, government authorities, academic institutes and community groups have developed a number of successful and long-term relationships with SJA. These currently include:

DONOR	PARTNER
FHI (USAID)	CDD
BPHC (DFID)	Department for Non-formal Education
BLAST (AED)	NFOWD
Bangladesh Bank	Marie Stopes Society
Stichting Liliane Fonds	ICCDRB
Jatio Protibondi Unnayan Foundation	NGO Forum
Rotary Club of Sylhet Surma	Ministry of Health & Family Welfare (MOHFW)

17 GOVERNANCE

Policy making within SJA is vested with its Executive Committee. This body consists of 7 members, who represent a wide range of social strata, professions and experience. Each member of the committee is elected to serve a term of 5 years by the general committee of SJA.

The Executive Director, along with senior management, is responsible for the execution of the policies drawn up by the committee.

SJA is legally registered with the:

- Department of Social Services (Ministry of Social Welfare)
- Department of Family Planning (Ministry of Health & Family Welfare)
- NGO Affairs Bureau (Under Prime Minister Office)
- Societies Registration Act XXI of 1860 under Joint Stock Company

18 SJA's VALUES

SJA has adopted the following set of core values which are exercised among the staff and with the communities in which the organisation is working:

- Information sharing and the free exchange of views
- Mutual respect for each other and the fostering of a favourable internal environment
- Performance-based evaluation of employees
- Healthy and comparative competition among employees
- Appropriate use of resources for sustainable development
- Gender sensitivity within the organisation and externally

19 STAFF RECRUITMENT & DEVELOPMENT

Staff numbers have greatly increased this year, from 62 to 119. SJA is happy to report a high number of women staff members as it continues to operate a policy of gender equality in the workplace.

Permanent Staff Members	Numbers	Percentage
Male	41	35
Female	78*	65
TOTAL	119*	

* British VSO volunteer - MIS Adviser

The permanent staff are supported by 70 male volunteers (Site Workers from the HIV/AIDS project) and 15 female volunteers. In addition, 3 female part-time staff are engaged as doctor, nurse, and counsellor (for the HIV/AIDS project).

Recognising that its success in delivering quality services depends on the ability and commitment of its employees, SJA places great emphasis on developing their skills. Therefore, all SJA staff undergo regular periods of training in order to assist their professional development. In the year of reporting, staff members attended a wide range of internal and external training courses.

SJA encourages communication and input from its team at all levels. Field office staff members attend monthly meetings during which everyone is encouraged to participate fully in the review of the previous month's activities, identification of any work-related problems and how they may be resolved, and to plan events for the following month.

20 STRATEGIC PLANS & RESOURCE DEVELOPMENT

Over the course of the coming year, SJA plans to develop the following areas within the organisation:

- Research capacity & publications
- Basic human rights & democracy
- Livelihood development
- Gender empowerment & advocacy for gender equity
- Care of the elderly
- Water body/wetland management and preservation

SJA firmly believes in providing cost effective high-quality services. However, the reality is that, being a small NGO, it is limited in its capacity for developing revenue, maintaining its programmes and covering other costs. The organisation is therefore continually searching for revenue generation opportunities in order to ensure its organisational sustainability and to enable it to undertake new innovative projects. In the coming year, SJA has been extremely fortunate in winning the commitment from 2 foreign donors and the GoB to award funds for the development of its disability and HIV-AIDS prevention programmes.



Auditors' Report



মোহাম্মদ কুদ্দুস এণ্ড কোং
MOHAMMED QUDDUS & CO
Chartered Accountants

47, Dilkusha C/A, Dhaka
☎ 9551759, 8115977

AUDITOR'S REPORT ON ACCOUNTS

of

SYLHET JUBO ACADEMY (SJA)

House 20/A, Block C, Main Road, Shahjalal Upashahar, Sylhet
for the year ended 31st December, 2003

We have audited the accompanying Balance Sheet of Sylhet Jubo Academy (SJA) as at 31st December, 2003 and the related Income and Expenditure account and Receipts & Payments account for the year ended on that date. We note that preparation these financial statements are the responsibility of SJA's management. Our responsibility is to express an independent opinion of these financial statements, based on our audit. We conducted our audit in accordance with International Standards of Auditing (ISA) as adopted in Bangladesh. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material mis-statements.

In our opinion,

The financial statements are prepared in accordance with generally Accepted Accounting Principles, exhibit a true and fair view of the state of affairs of SJA as on 31st December, 2003 and the results of its operation for the period then ended.

We further state that :

- i) We have obtained all the information and explanations, which to the best of our knowledge and belief necessary for the purpose of audit and made due verification thereof;
- ii) In our opinion, proper books of accounts as required by the law have been kept by SJA so far as it appeared from our examination of those books ; and,
- iii) The Balance Sheet, Income and Expenditure Account and Receipts and Payments Accounts dealt with by the report are in agreement with books of accounts of SJA.

47 Dilkusha CA
Dhaka 1000
22nd February, 2004

MOHAMMED QUDDUS & CO
Chartered Accountants




Balance Sheet

SYLHET JUBO ACADEMY (SJA)
House 20/A, Block C, Main Road, Shohidul Uoashahar, Sylhet

BALANCE SHEET as at 31 December, 2003-

PROPERTY AND ASSETS :	NOTE	TAKA
FIXED ASSETS : at cost	1	587,406.00
CURRENT ASSETS :		
Revolving Loan Fund	2	1,849,799.70
SJA Kamaigonj (Media Investment)	4	40,000.00
Advance & Deposits	3	275,350.28
Closing Balance of Fund :		
Cash in hand		53,461.00
Cash at Bank		1,706,587.42
Total :		4,492,604.40
FUND AND LIABILITIES :		
FUND ACCOUNT	5	2,877,018.35
Project Fund	6	158,565.50
CURRENT LIABILITIES :		
Group Members' Savings	7	758,442.00
Staff Security Deposit	8	7,400.00
Inter Project Loan	9	171,883.25
Loan from Bangladesh Bank for Grihayan Project		375,000.00
Professional Fees	10	10,000.00
Staff Welfare fund	11	135,285.30
Total :		4,492,604.40


Executive Director
SJA

Signed in terms of our separate management report of even date.

47, Dilkusha C/A
Dhaka, Bangladesh
22nd February, 2004


MOHAMMED SHODUS & CO.
Chartered Accountants



Income & Expenditure

SYLHET JUBO ACADEMY (SJA)

House 20A, Main Road, Block - C, Shahjalal Upasathar, Sylhet

CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT for the year ended 31st December, 2003

INCOME :	Mother A/C	RHSDP	CC Pilot Project	Service Charge	HIV/AIDS	CBR	FDR	VSC	Disable	Grievance	GKNHRB	SMAPR	ODF	Small Ent.	PRFAA	IGA	SWF	Credit Fund	Kamal-gonj	Deral	DNFE-1	Total
Grants in Aid	1,912,654	1,358,496	215,000		2,646,886	100,000			34,433	229,825											382,680	6,879,784
Service Charge				10,165														841	37,145	83,395		140,741
Interest and Others	459,553	75,000	4,631	20,974		701	39,542	846	377	3,773	20	87,906	2,255	63,929	90,031				114			849,662
Total :	2,372,217	1,433,496	219,631	31,139	2,646,886	100,701	39,542	846	34,810	233,386	20	87,906	2,255	73,124	90,031	-	841	37,145	83,589	382,680	-	7,870,187
EXPENDITURE :																						
Programme Expenses	2,608,135	1,530,225	107,359	41,883	2,354,606	100,060	4,204	405	22,840	250	232,637	11,352	690	679	445	32,324		13,166	160,721	112,448		7,334,450
Total :	2,608,135	1,530,225	107,359	41,883	2,354,606	100,060	4,204	405	22,840	250	232,637	11,352	690	679	445	32,324	-	13,166	160,721	112,448	-	7,334,450
Revenue Surplus (Deficit)	(235,918)	(96,729)	112,272	(10,744)	292,280	641	35,338	441	11,970	(260)	761	(11,332)	87,216	72,444	1,810	57,707		(12,345)	(123,576)	(28,359)	382,680	535,737
Total :	2,372,217	1,433,496	219,631	31,139	2,646,886	100,701	39,542	846	34,810	233,386	20	87,906	2,255	73,124	90,031	-	841	37,145	83,589	382,680	-	7,870,187



Receipts & Payments

SYLHET JUBO ACADEMY (SJA)
 House 20/A, Main Road, Block - C, Shahid Uppashah, Shohid
CONSOLIDATED RECEIPTS AND PAYMENT ACCOUNT
 for the year ended 31st December, 2003

RECEIPTS:	Mother AC	RH-GSP	DC PMA Project	Service Charge	HM-ARDS	DBR	FER	NSC	Debited	Graven	GNRRIS	SHARR	OOE	Small Ent	PR-NA	IGM	SWF	Credit Fund	Memt- JCB	Don	DMVE 1	Total
Opening Balance of Fund	156	809																				18,370
Cash in hand	105,124	98,616		18,402			400,000	2,185					5	135,254	32,021	46,380		34,440	79,410	131,607		1,180,233
CAPITAL																						
Loan - Temporary	215,950	18,460	40,000		1,000					1,000	20,000			8,804			500	8,402	74,600	61,662		304,302
Providing Loan Recovery														86,078					365,518	859,946		1,027,544
Loan - Bangladesh Bank					121,600					376,000		11,250		65,000		62,500	135,286	12,000		3,000		890,586
Advance	686,826																					135,286
Staff welfare Fund																						3,000
Staff Security																						
REVENUE:																						
Grants in Aid	1,812,354	1,569,466	216,000	10,185	2,848,986	100,000			34,430		229,825			8,165								6,679,789
Service Charge	468,360	75,000	4,681	20,874		791	38,542	646	377		3,779	20	89,900	65,828	2,255	90,051						142,741
Interest and Others																						948,800
Total	3,280,222	1,547,391	259,681	47,541	2,770,396	100,791	438,542	3,041	34,809	376,000	253,398	11,544	147,682	288,550	34,875	188,901	135,786	59,688	686,326	899,770	382,660	11,903,769
PAYMENTS:																						
CAPITAL:																						
Fund Allot					58,000											19,000						83,000
Revolving Loan																						1,140,000
Savings Refund																						121,547
Temporary Loan	219,950	18,460	40,000		1,000						20,000											680,990
Advance & Deposits	422,824				122,500																	781,634
Staff Security Refund																						
REVENUE:																						
Programme Expenses	2,888,135	1,530,225	167,259	41,680	2,564,606	100,000	4,204	405	22,840	250	220,657	11,352	660	279	146	30,204						7,351,400
Total	3,280,000	1,546,075	192,689	41,890	2,587,106	100,791	4,204	405	22,840	250	253,637	11,352	660	305,679	146	111,894	135,786	59,688	649,551	813,448	382,660	10,413,171
Closing Balance of Fund:																						
Cash in hand	2	365		5,366							45			60,871	94,026	97			2,400	4,189		51,461
Cash at Bank	28,341	411	405,572	6,698	227,301	841	436,337	2,637	11,800	376,750	366	282	146,669	77,200	103,518				34,976	12,159		1,701,697
Total:	3,280,252	1,547,351	259,681	47,541	2,779,306	100,791	438,542	3,041	34,600	376,000	260,308	11,544	147,659	288,740	34,575	188,901	135,786	59,688	660,500	869,770	382,660	11,903,269

APPENDICES

APPENDIX 1: Poverty Focused Service

In the targeted community, SJA has defined that the poorest as “people whose yearly household expenditure is Tk5000 or below”. Using the result of the household expenditure survey and focus group discussion (FGD) techniques, SJA has found that on average constitute 35% of the community.

According to the conducted survey, SJA has categorised the clients into 4 grades:

Grade A = Per capita expenditure of up to Tk.5000

Grade B = Per capita expenditure of Tk.5001-8000

Grade C = Per capita expenditure of Tk.8001-10,000

Grade D = Per capita expenditure of more than Tk.10, 000

Figures are per year

APPENDIX 2: List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Tract Infection
ANC	Antenatal Care
BCC	Behaviour Change Communication
CAR	Contraceptive Acceptor Rate
CDD	Centre for Disability in Development
CHDRPP	Community Handicap and Disability Resource Person
CHW	Community Health Worker
CSW	Commercial Sex Worker
DPD	Development Programme for the Disabled
DFID	Department for International Development
DNFE	Department for Non-formal Education
EPI	Expanded Programme on Immunisation
EHC	Essential Health Care
ESP	Essential Service Package
EOC	Emergency Obstetric Care
FGD	Focus Group Discussion
FIVDB	Friends in Village Development Bangladesh
GDP	Gross Domestic Product
HIV	Human Immune Virus
HASAB	HIV/AIDS-STD Alliance Bangladesh
IEC	Information Education and Communication
ILO	International Labour Organisation
IGA	Income Generating Activities
MIS	Management Information System
MSM	Men Sex with Men
NID	National Immunisation Day
PNC	Postnatal Care
PRA	Participatory Rapid/Rural Appraisal
PHC	Primary Health Care
RHSD	Reproductive Health Service Delivery
RTI	Respiratory Tract Infection
SSED	Small-scale Entrepreneurship Development
STD	Sexually Transmitted Disease
SDT	Skill Development Training
UNDP	United Nations Development Programme
VDO	Village Development Organisation
VHWC	Village Health Watching Committee
WATSAN	Water and Sanitation
WHO	World Health Organisation

APPENDIX 3: SJA Executive Committee Members

Chairman

SHAHEEN AKHTER

Address: 271 Fakirapool Bazar
Motijheel
Dhaka

Profession: Social Worker/
Private Service

Vice-chairman

KHAIRUL ZAFAR CHOWDHURY

Address: 44 Kumapara
Block- C, Sylhet

Profession: Social Worker/
Journalist

Secretary

AHM FAISAL AHMED

Address: Urmi-66
Raynagar Sonarpara
Sylhet

Profession: Social Worker

Treasurer

IFTEKHAR AHMED SHORFUL

Address: 102 Al-amin R/A
Manikpir Road
Sylhet

Profession: Social Worker/
Businessman

Members

GULAM HAIDER CHOWDHURY

Address: Ronkely (North)
Golapgonj
Sylhet

Profession: Social Worker/
Advocate

KABITA KUNDU

Address: House-45 (2nd Floor)
Road 38, Block C
Shahjalal Upashahar
Sylhet

Profession: Social Worker/Teacher

ABDULLAH AS SAKIR AHMED SHAKER

Address: WAVES-A 44
Chandontula
Sylhet

Profession: Social Worker/
Businessman

