

HIV/AIDS Prevention Project

Providing prevention motivation, peer-education, counselling, women's health training, and palliative care to high-risk people groups in Bangladesh.

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NAME OF THE ORGANISATION

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LEGAL STATUS

Bangladesh Youth First Concerns, BYFC, is registered with the NGO Affairs Bureau, Government of Bangladesh, under the Foreign Donations (Voluntary Activities) Regulations Rules 1978, Registration No: 1266 dated May 27, 1998.

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TITLE OF THE PROJECT

HIV/AIDS Prevention Project—Providing prevention motivation, training, and palliative care to high-risk people in three major Bangladesh cities.

INTRODUCTION OF THE PROGRAM

STD/ HIV and AIDS: Bangladesh Scenario

On 2 May 2002, two UN experts cautioned at the Asian Development Bank's annual meeting in Sanghai that Asian countries must initiate public dialogue about HIV/AIDS to avoid an African-style epidemic.

Jeffrey Sachs of Harvard University who is also a special advisor to UN Secretary General Kofi Annan said, "These are not subjects that politicians like to talk about, but they are a matter of life and death for millions of people." He said that HIV rates in some Asian countries are low but they could rise quickly in the coming years without frank discussion. He linked openness to better monitoring of the epidemic. South African HIV rates rose from 0.7 percent to 28 percent in just a decade. A similar jump is possible in Asia, where 1.1 million new infections have occurred in the last year.

Bangladesh is one of the most densely populated countries having a population size of over 135 million. Since Bangladesh gained her independence in 1971, population increases and ineffective governmental action has led to a situation where not enough jobs have been created to make employment available for the majority of the population including the

graduates coming out of higher education. The obvious effect has been either massive migration to outside countries for employment, self-employment with a very limited scope or frustration leading to self-destruction through the use of drugs.

Not many people are fortunate enough to save enough money to start even a small business that ensures their minimum requirements. And the young people frequently find themselves involved in drugs--among them a good number are intravenous drug users.

The experience of South Africa, Haiti and Kenya indicates that poverty, unemployment, frustration, drug use, migration from the rural areas to urban areas, drop-outs of adolescents from high schools etc. gives rise to higher risks to HIV/AIDS contamination.

According to the United Nations, in Asia, presently 700,000 people die every year due to AIDS. It is estimated that in 2005, the figure will come up to 1.1 million annually.

According to government sources, Bangladesh had only 1 AIDS patient in 1981 and 3 patients in 1983. HIV-positive cases in 2000 were 188, but now in 2002, it is estimated to be around 311. But in reality this figure is likely much higher.

Many HIV/AIDS experts believe that the AIDS pandemic is about to explode in Bangladesh like a time bomb. They believe that new cases of HIV infection might be double this year. Growth of this rate will lead to over 1 million infected individuals in just 15 years. According to the World Bank Group, the first cases of AIDS in India were reported just 15 years ago. Now there are an estimated 4-5 million people infected in that country with the number of new infections doubling every 14 months. Denial of the threat of HIV/AIDS in Bangladesh, and insufficient preventative action, could lead to a full-blown, countrywide epidemic.

Analysis of the Problem

Addressing reproductive health issues continue to be a difficult challenge in Bangladesh. Social and cultural barriers make it difficult to discuss issues related to STDs and HIV/AIDS.

Acquiring knowledge, skills and healthy behavioural patterns in young age is very important, as this is the formative period of life. In Bangladesh, young people today marry at later age and premarital sexual activity is quite common. Reproductive health of young people is shaped by many social, economical, cultural and political factors.

Many studies indicate that young people have very poor information regarding reproductive health issues. Some family planning services target married couples only and unmarried couples are not able to access services. They resort to self-treatment or visit private practitioners and often receive misleading information.

The breakdown of our social system due to rapid urbanisation and migration is partly responsible for bringing change in young people's sexual lives. Young

girls often have little power in sexual relationships, particularly if their partner is older. Poverty forces many young women into early sexual activity for money. Young women who migrate to the cities for work are exposed to sexual abuse and trafficking.

Due to rapid urbanisation many young women from different parts of Bangladesh are coming to Dhaka. A significant number of them work in garments sector and some become commercial sex workers. They are quite vulnerable and are at risk of different diseases, including STDs and HIV/AIDS. According to USAIDS, South Asia is going to be the next epicentre of HIV/AIDS epidemic and one study suggests that Bangladeshi young people have the least knowledge about how to prevent themselves from HIV infection. For example, about 43% of female sex workers in central Bangladesh have syphilis. STDs facilitate the spread of HIV infection and serve as indicators for low condom use and other high-risk sexual behaviours.

Risk factors like the high prevalence of STDs, increasing drug abuse through I.V. routes, widespread poverty, powerlessness of women, commercial sex industry, and present AIDS situation in India, Myanmar and Thailand may cause an explosive AIDS problem in Bangladesh—unless something is done about it. In developing countries, women normally bear the burden of HIV infection. So there is an urgent need to create awareness regarding this issue among young Bangladeshi women.

Communication and Peer Education - An Understanding

From years of experience in working with drug addicted young people in BYFC's Drug Prevention programs, we know that information alone is not sufficient to change behaviour. Studies have shown that an increase in knowledge does not necessarily go hand-to-hand with altered behaviour. In response to this, BYFC is including Peer Education as a critical part of our proposed interventions.

Peer Education is an innovative approach not only to inform the respective audience of best practices in terms of STD/HIV/AIDS prevention, use of contraception and avoiding unwanted pregnancies etc., but also to influence and shape behavioural structures by putting stress on interactive communication.

This approach makes use of the fact that select peers will use the same language, possess similar experiences and have more credibility and authenticity than conventional educators. Adolescents may also find it easier to confront a peer counsellor with questions on sensitive sexual and reproductive health matters. This is something they likely may not do with a perceived person of authority due to embarrassment or fear of repression or indiscretion. Thus a peer-educator relationship will increase the openness with which these issues are talked about and provide a qualified source of information. As a side effect, peer educators become more self-confident and their role contributes to their increased self-esteem, helping to build positive attitudes towards the community and society as a whole.

Adolescents pose one of the largest under-served groups, with numerous—in some case overlapping—sub-groups including newly weds, male youths, out of school adolescents, Intravenous drug users (IDUs), sex workers, sexually experienced and inexperienced with various needs. Peer education provides a

flexible and personal method of responding to their unmet needs, besides addressing more overarching topics such as gender discrimination and imbalances and negotiating power. Furthermore, peer education programs offer an opportunity to reach people of an early age, ideally before they have become sexually active.

Peer education is gaining popularity as a method of improving young people's health. Young people normally rely on their peers for information about sexuality. Behavioural theory suggests that young people make changes because of subject judgement of trusted peers who have adopted changes and who act as role model for change

This horizontal rather than “top-down” method of peer education enables the reaching of audiences that are traditionally more difficult to address--out of school youth, IDUs, male youth etc. Further, this horizontal design actively involves peer educators as well as the peer audiences in the project planning, implementation, management and assessment phases. Thus the IEC materials, side activities, etc. are more youth friendly and adapted to their real needs. Moreover, the involvement of all peers contributes to the furthering of like skills and community capacity building, which would ultimately facilitate the replication of such projects

Whilst the benefits or positive behaviour and attitude modification of peer educator's audiences are difficult to measure and evaluate, though not questioned, the gain for peer educators are indisputable. The leadership and employment skills, enhanced self-esteem and the adoption of the healthy behaviour they are promoting are the positive side effects for the peer counsellors. The participatory character of peer education program offers an opportunity to empower a great number of young people in the respective communities, with the peer educators acting as role model for safe sexual and reproductive health behaviour.

In order to produce the benefits peer education offers, BYFC will need to focus on selection and training of these peer educators. Despite the obvious need within the reproductive health intervention countries to address sexual and reproductive health, young people seldom belong to those target groups of governmental initiatives or are not appropriately approached. Thus, BYFC plans to fill the void by targeting young people in a youth friendly manner, addressing sexual and reproductive health and equal participation of young women with an emphasis on community capacity building. Peer education will serve as a common means to this end.

TARGET POPULATION / BENEFICIARIES: 3 YEARS

BYFC's proposed intervention will target high-risk people in three Bangladesh cities— Dhaka, Khulna, Chittagong—across our three-year project period. The most recent surveys show that the highest number of AIDS patients in Bangladesh are Rickshaw-pullers followed by students and Rastar Babu or Mastan and Police. The proposed target population is comprised and estimated to be the following:

- (a) Rickshaw-puller and other transport workers (19,800)
- (b) People living in the city slums (15,840)
- (c) University, College and Madrassah Students in the three major cities. (23,760).
- (d) Young people (7,920)
- (e) BYFC Group members (4,000)

- (f) Women in the project areas (3,000)
- (g) Members of civil society, government civil administration, policy makers, law enforcement agencies, local NGOs and others (3,000).

A total of 77,365 people would be the estimated direct beneficiaries under this program in three centres during this 3-year project period while indirect beneficiaries could include immediate family members, extended family members, and additional community people. In total, we estimate the number of direct beneficiaries could easily number 386,825 people by the end of this program.

PROPOSED INTERVENTION

For this project, among other methods, Peer Education will be used as a way of creating awareness. Messages will be delivered on all reproductive health issues, not only on HIV/AIDS. This will make the peer education more acceptable in a conservative society where discussing reproductive health issues is taboo.

COMPONENTS OF THE PROJECT

- (a) STD and HIV/AIDS Prevention Education
- (b) HIV/AIDS Counselling Service
- (c) Women's Support and Health Issues
- (d) HIV/AIDS Care Centre

STD and HIV/AIDS Prevention Education

Objectives:

- (a) To educate students, transport workers, people living in slum conditions and other young people on the basic health maintenance practices and the damaging consequences of HIV and AIDS.
- (b) To provide enabling information support to those affected and those influencing the context.
- (c) To provide appropriate support systems to enable reduced risk behaviours including provision of condoms, STD services, and clean injecting materials/methods.
- (d) To support an enabling environment to include advocacy amongst those who contribute to the risk-generating situation, to include methods of legal redress to sustain human rights.
- (e) To empower those affected to be able to negotiate after practices.
- (f) To understand factors that contributes to high-risk activities and risk-generating situations.

HIV / AIDS Counselling Service

Objectives:

- (a) To provide physical support, including stress and anxiety reduction, promoting positive living, and helping individuals make informed decisions about HIV testing, planning for the future and behavioural change aimed at preventing transmission, and involving sexual partner(s) in such decisions.

This counselling services include:

- (i) Preparation for counselling service. This includes selection of trainers, doctors, nurses, space facilities, training materials and distribution and development of appropriate course curriculum.
- (ii) Training program. This involves updating the skills for HIV/AIDS caring counsellors, the ongoing training of trainers, and training the non-formal and formal health and social workers. Manuals of different modules will be developed for this purpose (module for trainers and for developing new counsellors).
- (iii) Implementation. We will offer this program to different AIDS centres run by BYFC and offer services to other NGOs and social services institutions to assist them in their development of effective counselling services stations.
- (iv) Referral. We will refer patients to appropriate facilities where specialised care is required.
- (v) Development of Printed Education Materials. Critical to the success of the HIV/AIDS education is the development of targeted printed educational materials on basic health maintenance and drugs and arranging for distribution among the targeted audiences.
- (vi) Drug Use Education Video Development. The counselling service will produce an educational video on drug use and drug prevention. This video will be widely shown in all colleges, universities and Madrassahs, to transport workers, people in slums, and youth clubs.

Women's Support and Health Issues

Objective:

- (a) To improve the social, economic and legal status of women towards improved control over sexual activities.

HIV / AIDS Care Centre

Objectives:

- (a) Home-Based Care. To provide comprehensive home-based care for infected HIV/AIDS patients that come through BYFC's centres.
- (b) Clinical Management. To provide post follow-up counselling, rational treatment and follow-up care of illness related to HIV infection.
- (c) Care. To promote physical and mental well being, provide palliative care, educate individuals and families on AIDS prevention and care, and practice infection control by observing universal precautions.
- (d) Social Support. To provide information and referral to support groups, welfare services and advice for individuals and families, including surviving family members.

IMPLEMENTATION PLAN AND OUTPUT ANALYSIS OF THE PROJECT

STD and HIV/AIDS Prevention Education

Activity	Results/Outputs
<p>Activity – 1 Orientation & educating 23,760 University, college, youth clubs and Madrassha students in three major cities – Dhaka, Khulna and Chittagong on HIV.</p> <p>30 person in a group 30 x 6 group a month = 240 people 240 people x 33 month = 7,920 people in one city. 7,920 people x 3 cities = 23,760 people covered in a year.</p> <p>Activity – 2 Orientation & educating 19,800 Transport workers (rickshaw-pullers, bus and truck drivers) on HIV.</p> <p>25 persons in a group 25 x 8 groups a month = 200 people 200 people x 33 month = 6600 people in one city. 660 people x 3 cities = 19,800 people</p> <p>Activity – 3 Orientation and educating to 15,840 people living in slums in 3 major cities.</p> <p>20 persons in a group 20 x 8 groups a month = 160 people 160 people x 33 month = 5,280 people in one city. 5,280 people x 3 cities = 15,840 people.</p> <p>Activity – 4 Orientation and educating to 7,920 youth groups/clubs members.</p> <p>20 people in a group 20 x 4 groups a month = 80 person 80 people x 33 month = 2,640 people 2,640 people x 3 cities = 7,920 people.</p>	<p>This program, when implemented during the 3–year program, will increase awareness on STD, HIV and AIDS and other reproductive health-related issues among a good number of university, college and Madrassha students, youth clubs, rickshaw-pullers, slum dwellers, and young people in the society in three major cities in Bangladesh like Dhaka, Chittagong and Khulna.</p> <p>Awareness and motivational activities would also be carried out among the members of the civil society, civil administration, law enforcement agencies, local level elected members, women Organisations, youth Organisations, local NGOs and other general people.</p>

Program Time Line

Activity	City	Year wise Program Timeline											
		Year 2003				Year 2004				Year 2005			
		Qt 1	Qt 2	Qt 3	Qt 4	Qt 1	Qt 2	Qt 3	Qt 4	Qt 1	Qt 2	Qt 3	Qt 4
1. University & college Students Total Number: 23760 persons in 3 year	DHK		720	720	720	720	720	720	720	720	720	720	720
	CHT		720	720	720	720	720	720	720	720	720	720	720
	KHL		720	720	720	720	720	720	720	720	720	720	720
2. Rickshaw-pullers Total Number: 19800 persons in 3 year.	DHK		600	600	600	600	600	600	600	600	600	600	600
	CHT		600	600	600	600	600	600	600	600	600	600	600
	KHL		600	600	600	600	600	600	600	600	600	600	600
3. Slum people Total Number: 15840 persons in 3 year	DHK		480	480	480	480	480	480	480	480	480	480	480
	CHT		480	480	480	480	480	480	480	480	480	480	480
	KHL		480	480	480	480	480	480	480	480	480	480	480
4. Young groups Total Number: 23760 persons in 3 year.	DHK		240	240	240	240	240	240	240	240	240	240	240
	CHT		240	240	240	240	240	240	240	240	240	240	240
	KHL		240	240	240	240	240	240	240	240	240	240	240

HIV/AIDS Counselling Service

Total activities be carried out number of clients be covered in four quarters during program year 2003, 2004 and 2005 in Dhaka, Chittagong and Khulna cities.

Activity	Results/Outputs
<ol style="list-style-type: none"> 1. Preparation for counsellor services. 2. Trainee selection 3. Training materials development 4. Manual development with relevant modules. 5. Training of trainees within BYFC 6. Training to social workers, health workers and other NGOs having similar works. <p>Experts will plan and design the entire activities surrounding training materials development, trainer selection, trainee selection, and extended training to BYFC staffs and also other staffs having similar work motivation.</p>	<p>A group of highly skilled and professional HIV/AIDS counsellors are developed within BYFC program frame.</p> <p>Training materials developed to offer training on HIV/AIDS.</p> <p>Manuals are developed with relevant modules.</p> <p>Training is offered to other NGOs having similar work agenda to develop skill personnel.</p>

Program Timeline

Activity	Program Year 2003				Program Year 2004				Program Year 2005			
	Qt 1	Qt 2	Qt 3	Qt 4	Qt 1	Qt 2	Qt 3	Qt 4	Qt 1	Qt 2	Qt 3	Qt 4
1. Preparation for counsellor	++											
2. Services.	++	++	++	++	++	++	++	++	++	++	++	++
3. Trainee selection	++											
4. Training materials development	++	++										
5. Manual development with relevant modules.		++										
6. Training of trainees within BYFC		++	++	++	++	++	++	++				
7. Training to social workers, health workers and other NGOs having similar works.		++	++	++	++	++	++	++	++	++	++	++
8. Community support for emotional and social for HIV infected patients and families.		++	++	++	++	++	++	++	++	++	++	++
9. Local government official, members of law enforcement agencies, local level elected bodies, local NGOs, members of civil society, women groups, youth groups and other members of the society.			++	++	++	++	++	++	++	++	++	++

Women's Support and Health Issues

Activity	Results/Outputs
<ol style="list-style-type: none"> 1. Education to males and females to support awareness raising and empowerment of women. 2. Employment of women. 3. Supportive legislation for women. 4. Supportive use of mass media to influence social norms to portray women in a positive way 	<ol style="list-style-type: none"> 1. Awareness meeting on HIV/AIDS inviting members of civil society, students, policymakers, police, civil administration people to jointly act on this issue. 2. Focus on women to protect them from the ill practices of men. 3. Men made more concerned of healthy sexual behaviour. 4. Social motivation kept to safeguard women. 5. Influence legislature to make laws in favour of women to protect their rights on sex.

Program Timeline

Activity	Program Year 2003				Program Year 2004				Program Year 2005			
	Qt 1	Qt 2	Qt 3	Qt 4	Qt 1	Qt 2	Qt 3	Qt 4	Qt 1	Qt 2	Qt 3	Qt 4
1. Education to male and female to support awareness raising and empowerment of women.		++	++	++	++	++	++	++	+	++	++	++
2. Exchanges on women issues with the local governments.		++	++	++	++	++	++	++	++	++	++	++
3. Supportive legislation for women.		++	++	++	++	++	++	++	++	++	++	++
4. Supportive use of mass media to influence social norms to portray women in a positive way.		++	++	++	++	++	++	++	++	++	++	++

Care for HIV / AIDS Patients

Activity	Results/Outputs
1. Building capacity to accommodate HIV patients for safe and comfortable stay.	Assure physical, social and clinical environment for the HIV/AIDS patients to have comfortable living place with sure assurance of care and love.
2. Syndrome and palliative treatment services.	More sure HIV/AIDS patients be placed into this centre for better social and clinical care to help them to practice a regular life pattern to linger their stay in the world.

Program Timeline.

Activity	Program Year 2003				Program Year 2004				Program Year 2005			
	Qt 1	Qt 2	Qt 3	Qt 4	Qt 1	Qt 2	Qt 3	Qt 4	Qt 1	Qt 2	Qt 3	Qt 4
1. Preparation for the rental of the facility and other primary works. Make all physical arrangements to ensure safe, comfortable stay.	++	++										
2. Selection of patients for the centre.		++										
3. Building capacity to Accommodate HIV patients for safe and comfortable stay.		++	++	++	++	++	++	++	++	++	++	++
4. Syndrome and palliative Treatment services.			++	++	++	++	++	++	++	++	++	++

Bangladesh Youth First Concerns (BYFC) Introduction and Overview

Introduction to BYFC

Bangladesh Youth First Concerns (BYFC) was formed in 1995 as a Christian humanitarian and development organisation to address the needs of young people and to help them find employment. A group of professionals, Christian business people, clergymen and youth leaders of many churches founded BYFC. With an initial encouragement from a similar Christian organisation, Bangladesh Youth First Concerns launched its operation in assisting poverty stricken people, school dropouts and unemployed youths in their quest for a meaningful life and to earn a living for their basic needs.

BYFC started its operation by hosting seminars on awareness building, anti-drug and narcotics education, skill development for income generation and disaster preparedness activities. We have been focusing our developmental activities in an integrated manner for more socially and environmentally sound transformation in the years to come. The main target of BYFC is youth groups in local communities. Through organising seminars, workshops, youth camps and development programs BYFC seeks to prepare the youths for the responsibilities of family life, citizenship, working spirit, and moral values. We do this by providing training on awareness building, better living and other development activities for a desired life style.

BYFC National Programs Experience

Besides working with young people with drug problems, BYFC since 1995 has provided specific programs in awareness raising, institution building, savings & micro-credits, functional literacy and health education activities in seven (7) stations spreading all over Bangladesh including the three cities that BYFC has pre-selected for this HIV/AIDS program. Working particularly among the youth, BYFC, during 1995-2001, brought a total number of 40,000 young people under the Drug Awareness Program to educate and motivate them on the grave consequences of the drugs on normal health and life.

Working with mostly college and university students including schools and Madrasshas, these huge numbers of students have volunteered to keep themselves away from any habits of smoking and drugs.

Taking the success of Drug Awareness Program, BYFC is now is proposing launching this HIV/AIDS Awareness Program to retard the increasing spread of STDs and HIV/AIDS in Bangladesh.

In addition to our Drug Awareness Program, BYFC works directly with over 4000 people we call "beneficiaries" having member strength of mostly with women in the rural context. We help educate them in the socio-economic contexts that they live in and offer them non-formal education, savings practices and skill development training to make them able to find some alternative skill to supplement earnings in the families. During last program years, BYFC has observed some distinct changes in the life style of this focused people making a reasonable progress in their earning and whole life style.

BYFC has the experience of organising nationwide motivational training and orientation sessions for:

- government officers,
- university and college professors,
- teachers,
- students,
- NGO managers and beneficiaries,
- trade union leaders,
- industrial belt workers.

BYFC group members of different districts and the rural poor in different areas of Bangladesh are also assisted with funding support from our donors. BYFC uses many different methods and tools in these sessions including slide and audio shows, video shows, posters, leaflets, tin plates, stickers (wall and glass), and fliers.

BYFC's Current Health and Drug Education Initiatives

While intervening on health issues of our group members, BYFC undertook a massive health education and awareness program to raise basic health awareness amongst its group members and the surrounding public in general. Considering the increasing number of drug addicts in our project area, prevention of drug abuse was included as an item in our health awareness program. BYFC is presently running five (5) Drug Awareness Centres in rural areas where no other health delivery system is absent.

BYFC Present Program

Treatment and Rehabilitation program for Drug & Narcotics Addicts.

- (a) Prevention Program
- (b) Conduct Motivation Program
- (c) Vocational Training
- (d) Volunteer Training &
- (e) Regional Education and Drug awareness Program.

BYFC Program Target Groups

Priority is given on to the patients who belong to lower income groups but there are no restrictions on any patient based upon social, economic, cast or creed.

DURATION OF ACTIVITIES

This proposed STD/AIDS project is designed for three (3) years with a provision of further expansion to be jointly decided by the donor and BYFC in due time.

MONITORING AND EVALUATION

Physicians and the Centre Managers will monitor the project on a regular basis. The central coordinator shall make frequent visits to ensure safe and smooth functioning of the program. In monthly project review meetings, either the Central Program

Coordinator or the National Director shall attend to take account of the performance if in line with the project plan.

Reporting on monthly basis will be ensured and the donors will be forwarded reports on a quarterly basis and will also receive an annual report.

An interim evaluation is expected at the end of second year with the participation of the donor to take full view of the activities to make any changes if needed to make the activities more pro-people and result oriented.

Final evaluation will be performed at the end of the 3rd^d year of the project.

MANAGEMENT AND ADMINISTRATION

BYFC will be responsible for managing the project. BYFC shall supervise and coordinate the project through its central office in Dhaka. The National Director and his staff will personally take responsibility of this project. Office facilities available in the central office at Dhaka will also be used for this project.

The existing project activities of BYFC in the Dhaka City will also complement the successful implementation of this project. The existing field staff can help monitor the performance and success of this project.

Management of STD and HIV/AIDS Prevention Education program

One physician will be stationed at each centre. Along with the Project Administrator, the physician will manage the awareness education program in each centre. Support will be provided by nine (9) Health Motivators and twelve (12) Peer Educators in all field activities. In all education and motivation programs among the students, transport workers, slum people and other groups, the physician is expected to attend to give a breakthrough of the program and to generate confidence among the field staff including the entire program operation of the centre. He is also expected to attend counselling sessions and follow up activities with each individual case.

Management of HIV/AIDS Counselling Service & Training

The physician stationed at each centre of BYFC program area shall lead these counselling sessions with the interested groups and people already exposed to HIV/AIDS. To do this counselling session they will use the video, posters, and other educational materials developed by BYFC. If any person is found positive to HIV, they will be referred to Dhaka centre care.

This program plans to offer HIV/AIDS training to BYFC staffs, to all 4000 group members, all 600 BYFC volunteers, and also to the health motivators in different NGOs having similar programs. In possible cases, government health workers will also be brought under this training program framed in line with the Bangladesh Government AID Policy. Plans are in place to include college teachers into this training to motivate them to introduce these lessons into the classroom atmosphere to make students aware of this behavioural health hazard.

BYFC plans to train 30 health workers on HIV/AIDS in every month from the 6th month of the project when all training manuals and other training equipment are in position. Since BYFC will have all required equipment for

awareness and motivational activities, this similar equipment can also be made available with the training manuals for such training action.

Management of HIV/AIDS Care Centre

A place will be rented in Dhaka to accommodate HIV positive clients to ensure a safe place with all possible palliative services to make him/her feel comfortable. The Centre supervisor is responsible for the operation with the assistance of nurses at the stations.

The proposed HIV/AIDS care centre will be installed at the beginning of fourth year i.e. at the end of this project. During this period BYFC and its staff will be equipped with sufficient technical knowledge and managerial skill to operate such a centre.

Management of Women's Support and Health Issues Program

The project manager, with the close cooperation with the central office of BYFC, shall operate this program to mobilise women to ensure their rights to protect themselves from HIV/AIDS. They will be educated on the consequences of HIV/AIDS and the possible protective measures and cautions they should follow to lessen risks of HIV infections.

The local policy makers, law enforcing agencies, civil administration, local level elected bodies, members of the civil society, women groups, youth groups will be mobilised to raise united voices in favour of women to ensure their rights and privileges. Local committees will be formed taking women into the committee to design program and actions. Initiative shall also be made to empower these women groups to individually and independently take over the program in the long run.

AUDITING

Full auditing of income and expenditures of this project will be maintained by an internal auditor. Annual basis auditing of the project will be done by outside professional audit firms following the existing government rules.

PROJECT BUDGET

A summary budget is proposed for preliminary purposes. BYFC will seek funding on an annual basis after assessing the impacts of the first year. Experience from one year will guide the expenditure pattern in the future years. Thus, there can be flexibility in the financial planning.

Year-wise Cost for Major Activities/Items Estimated for 3 Years

Supportive Service

(a) Human Support:

Expenditure head	1 st year	2 nd year	3rd year	Total (Taka)
1. Physician – 1 in each centre x 3 = 3 Tk. 15,000/month x 3 no x 13 month	585,000	614,250	644,963	1,844,213
2. Project Administrator – 1 in each centre x 3 = 3 Tk 10,000/month x 3 no x 13 month	390,000	409,500	429,975	1,229,475
3. Health Motivator – 3 in each centre x 3 = 9 Tk. 4,000/month x 9 no x 13 month	468,000	491,400	515,970	1,475,370
4. Peer Educator – 4 in each centre x 3 = 12 Tk. 3,000/month x 12 no x 13 month	468,000	491,400	515,970	1,475,370
5. General Maintenance/Security – 2 in each centre x 3 = 6 Tk. 2,500/month x 2 no c 13 month	195,000	204,950	214,988	614,938
Sub total: Taka -	2,106,000	2,211,500	2,321,866	6,639,366
US\$ -	36,310	38,129	40,033	114,472

Program Support Cost

(a) Prevention, Counselling & Training Programs

Expenditure head	1 st year	2 nd year	3rd year	Total (Taka)
1. Program centre rent – 3 centre Tk. 10,000/month x 3 centre x 12 month	360,000	378,000	396,900	1,134,900
2. Maintenance/utility cost – 3 centre Tk. 4,000/monmth x 3 centre x 12 month	144,000	151,200	158,760	453,960
3. Conveyance of staffs – 3 centre				
First Year:				
Motorcycle 2 no x Tk.80,000 =	160,000	90,000		
Fuel Tk.1500/bike x 2 x 12 mo =	36,000	72,000		
Maintenance Tk. 10000 each 2	20,000	36,000		
Local conveyance Tk.4000/centre x 3 no x 12 mo =	144,000	180,000		
SUB TOTAL	360,000	378,000	351,600	1,089,600
4. Training Aids and Meals – 3 centre Tk. 20,000/month x 3 centre x 12 month	720,000	720,000	792,000	2,232,000
5. Monthly Coordination Meeting – 3 centre Tk. 3,000/month x 3 centre x 12 month	108,000	113,400	119,070	340,470
6. Misc expenses – 3 centre Tk. 3,000/month x 3 centre x 12 month	108,000	113,400	119,070	340,470
SUB TOTAL Taka:	1,800,000	1,854,000	1,937,400	5,591,400
US\$:	31,034	31,966	33,403	96,403

(b) Equipment and Materials

Expenditure head	1 st year	2 nd year	3rd year	Total (Taka)
1. Training Equipment				
a) Colour TV – 24” Tk.25,000/each x 3	75,000			75,000
b) VCP Tk.14,000/each x 3	42,000			42,000
c) Sound Enlarger Tk.18,000/each x 3	54,000			54,000
d) Multimedia Projector Tk. 280,000 each x 3 Including laptop x 3	840,000			840,000
e) Video Making (Entire Process)	700,000			700,000
f) Printing of Educational materials on AIDS/HIV/STD and other essential Heath issues.	500,000			500,000
g) Training materials & Manual development	250,000			250,000
h) Computer, Printers & UPS – 3 unit	235,000			235,000
i) Photocopier	100,000			100,000
SUB Total Taka:	2,796,000			2,796,000
US\$:	48,270			48,207

Budget Summary

Sl no	Cost Head	Year 2003		Year 2004		Year 2005	
		Tk	%	Tk.	%	Tk.	%
01	Human Support	2,106,000	31	2,211,300	54	2,321,866	55
02	Program Support	1,800,000	27	1,854,000	46	1,937,400	45
03	Equipment & Materials Support	2,796,000	42	-----		-----	
Total:	Tk. 15,026,566 US\$. 259,123	6,702,000	100	4,065,300	100	4,259,266	100
		115,571		70,103		73,448	

Fund Requirements for 2003 – 2005

Cost Headings	Year 2003	Year 2004	Year 2005	TOTAL
Program Cost	4,596,000 (62%)	1,854,000 (41 %)	1,937,400 (41 %)	8,387,400 (50 %)
Human Support	2106,000 (28 %)	2211,300 (49 %)	2,321,866 (49 %)	6,639,166 (40 %)
BYFC 10% Central Administration Cost	670,200 (10 %)	406,530 (10 %)	425,946 (10 %)	1,502,656 (10 %)
Total:	7,372,200 (100 %)	4,471,830 (100%)	4,685,192 (100 %)	16,529,222 (100 %)

Service Cost Analysis:

Total Cost of the Project: Taka. 16,529,222

Total Direct Beneficiaries Served: 77,365 no

Cost of service per person = Tk.1,65,29,222/ 77,365 = Tk. 213.65 US\$1= Taka=57.99 US\$. 3.68