

Annual Program Report, 2016

Mukto Akash Bangladesh



Prepared by

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Message from the President



Last year, we have faced many challenges to ensure the human rights of People Living with HIV and AIDS (PLHIV) and their children. Mukto Akash Bangladesh (MAB) has willingness to embrace challenges and changes for new opportunities to grow. Last year, we have learned a lot from various challenging works and worked successfully from the community level to national level to ensure the rights of PLHIV.

The PLHIV and their children are vulnerable and marginalized in the society and face different stigmas, discriminations by their society, neighbors and even by family members. Also they have limited access to get medical care, education, social gathering, recreation etc.

Despite challenges in worldwide funding scenario, Mukto Akash Bangladesh has provided proper supports to its members with its limited finances. It will very helpful, if Government will take necessary initiatives to ensure inclusive treatment facilities for PLHIV in different areas of Bangladesh. My desire is to get proper treatment facilities for PLHIV and treat by others without stigma and discrimination.

Mukto Akash Bangladesh gracefully acknowledges and appreciates the supports of its development partners for its success plethora and thankfully recognizes the ever increasing supports of its Executive Committee, stakeholders, associates, well-wishers and its thriving work force.

Md. Mostafa
President
Mukto Akash Bangladesh

PERFACE



Mukto Akash Bangladesh has been passed another efficient year. In this year, Mukto Akash Bangladesh has implemented all activities with great achievement. 2016 was also a year of great gains in terms of strengthening partnerships and collaborating on program and activities designed to fulfill the mandate of facilitating the development.

Our performance in the last year demonstrates that we have more potential to serve people and have the ability to embrace challenges and changes and this gives us an important platform from which to build. Due to our satisfactory service delivery to PLHIVs, the members' involvement has increased in last year. It is also a big challenge for Mukto Akash Bangladesh, as HIV positive cases are increasing day by day among the PWIDs.

It's my desire for Mukto Akash Bangladesh is to move forward with a greater involvement of PLHIV and through Mukto Akash Bangladesh, more people will be able to know about the needs and the rights of PLHIV and they will take initiative to fulfill the needs and ensure the rights of PLHIV.

On behalf of Mukto Akash Bangladesh, I express my sincere gratitude to our donors, well wishers, and NASP of Bangladesh government for their continuous support and cooperation for the well-being of the people infected and affected by HIV and AIDS. We hope that they will continue their support to Mukto Akash Bangladesh in future and MAB will be able to take any challenges for the next year. Of course, none of what we do would be possible without the dedication and hard work of our team members. They are vital to our success and I would like to thank each and every one of them for their contribution in the last 12 months.

Thanks all once again for their continuing confidence on Mukto Akash Bangladesh.

M. S. Mukti
Executive Director
Mukto Akash Bangladesh

Acronyms

AIDS	=	Acquired Immune Deficiency Syndrome
ART	=	Antiretroviral Therapy
AAA	=	Ashar Alo Society
BSMMU	=	Banga Bondhu Shikh Mujib Medical University
CABA	=	Children Infected and Affected by HIV/AIDS
CBO	=	Community Based Organization
CPCPC	=	Community based Child Protection Committee
CSM	=	Community Sensitization Meeting
CSTC	=	Care Support and Treatment Centre
FHI360	=	Family Health International360
GoB	=	Government of Bangladesh
GFATM	=	Global Fund for AIDS, Tuberculosis and Malaria
GP	=	General Population
HIV	=	Human Immune deficiency Virus
HPNSDP	=	Health Population and Nutrition Sector Development Program
HTC	=	HIV testing and counseling
IDU	=	Injecting Drug Users
IEC	=	Information, Education and Communication.
ILWHAs	=	Injecting living with HIV/AIDS
KAP	=	Key Affected population
KMCH	=	Khulna Medical College Hospital
LLA	=	Local Level Advocacy
LRC	=	Learning and Resource Centre
MAB	=	Mukto Akash Bangladesh
MJF	=	Manusher Janno Foundation
MoH&FW	=	Ministry of Health and Family Welfare
MOU	=	Memorandum of understanding
MSM	=	Men who have sex with men
NASP	=	National AIDS/STD Program
NFM	=	New Funding Model
NGO	=	Non government organization
OIs	=	Opportunistic Infections
PLHIV	=	People Living with HIV and AIDS
PMTCT	=	Prevention from Mother to Child Transmission
PWID	=	People Who Inject Drugs
SHMCH	=	Sher-e-Bangla Medical College Hospital
SCI	=	Save the Children International
UB	=	Uthan Boithak
VCT	=	Volunteer Counseling and Testing
WB	=	World Bank

Executive Summary

Since the inception of Mukto Akash Bangladesh, an important aim was to work for well-being for the people of infected and affected by HIV/AIDS in Bangladesh through provision of treatment, care and support services. Mukto Akash expects a free and fair environment for PLHIVs where there is no stigma and discrimination towards them. In this regard, Mukto Akash Bangladesh has been providing a range of quality services to the PLHIV, their children, family members and also services are providing to the PWIDs.

Mukto Akash Bangladesh has executed many of its planned activities through different projects towards the betterment of PLHIV, PWID, children and migrant people. HTC is an important component for HIV screening. Also peer counseling is a very effective and key methods to help PLHIV for positive living. MAB has trained peer staffs who identifies the issues of counseling and address it through individual counseling and family counseling as well as HTC and other services. Through this year Mukto Akash is directly providing various supports to **615 HIV** positive people, **300 CABA children, 500 and 1911 PWIDs** with care givers and family members.

The major services of Mukto Akash Bangladesh are providing treatment, care & support to PLHIV and HIV positive PWID, HTC services, Antiretroviral Therapy (ART) distribution, peer, family, ARV adherence counseling, community home base care support, OIs management, clinical check up, capacity building, nutrition support, needle syringe exchange program, condom distribution, IEC/BCC distribution, STI and abscess management, child protection, advocacy & sensitization to GoB officials and other stakeholders, referral linkage with all related organizations, family planning, small seed money, require lab test, hospitalizations and ensuring safe migration for Bangladeshi workers etc.

Mukto Akash Bangladesh has provided different trainings to its staffs and members such as caregiver training, home base care training, counseling training and positive living training. In the year of 2016, MAB arranged remarkable number of advocacy meetings with different stakeholders at local and national level in Dhaka, Khulna and many other places to build awareness among different level people about HIV prevention, harm reduction, safe migration and child protection.

MAB provided its services to the beneficiaries through different funded projects from its 16 offices including head quarter and Khulna regional office. In the year of 2016, MAB provided HIV testing and counseling (HTC) services to 1808 KAP/GP where 39 indentified as HIV positive, 355 PLHIV/ILWHAs receiving uninterrupted essential ARV drugs, 272 episodes lab test, 42 episodes CD4 count, 1290 episodes nutrition support, 282 PLHIVs received 752 episodes psychosocial support, 32 received peer counseling and 24 HBCS. In this year also provided 1050 episodes of health checked and 792 episodes OIs medicine, 745 episodes of ART counseling, 86759 PWIDs have attended in health education session, 402 PWIDs got abesses management services, 372 participants have attended into District Level Advocacy meeting, DAC & LLA, provided training to the 80 caregivers of PLHIV on home based care and palliative care, distributed 18170 IEC/BCC materials, 544645 needle syringe, 83936 condoms among 1686 PWIDs, 516090 used Needle and Syringes have collected from PWIDs, 321 STI cases have managed, 95 TB tests have done through referral services.

Mukto Akash Bangladesh implemented the project's activities very successfully and tried hard to provide quality services at optimum level. Receiving the necessary services, most of the recipients are keeping their health staple, decreasing the drug sharing behavior, facing less stigmatized situations in family, society and service centers those are very helpful to prevent HIV infection in Bangladesh. Mukto Akash has ensured the involvement of key population for its planning, management, monitoring and evaluation process.

Introduction

Mukto Akash Bangladesh is a Non Governmental community based organization working primarily as a self help group with people infected and affected by HIV/AIDS. With the support of CARE Bangladesh, the organization was formed in 2003 due to a dire need to empower the people living with the HIV/AIDS. In this regard Mukto Akash Bangladesh provides a range of services to the PLHIV and PWIDs such as- ART services, Opportunistic Infection management services, nutritional support, needle-syringe & condom distribution, services for Sexual Transmitted Infections, general health services, abscess management services, psychosocial support, peer counseling, provides information through IEC/BCC materials, HTC services, viral load testing, TB testing by referral service, home visits, different types of advocacy, referral and hospitalization services etc.

Mukto Akash Bangladesh also offers referral services to different health service providers and also provides clinical services to its members using the MAB's full time Doctor. MAB has well qualified staffs to provide different services to its members and other key population, as a result its members are more involved in all the activities and they are empowered than ever before.

Legal Status: Registration from Social Welfare Bangladesh
No. DHA-07689 dated 11th July 2004.
NGO Affairs Bureau of Bangladesh
No. 2539 dated 4th February 2010

Vision:

A social economically improved environment for people living with and affected by HIV/AIDS where their rights are recognized and upheld

Mission:

We work towards empowering people infected and affected by HIV/AIDS in Bangladesh to take better control of their social and Economic life through supporting group formation as a source of moral support and ensuring their participation in development activities.

Goal:

To promote the overall well being of people living with and affected by HIV/AIDS through provision of treatment, care and support services while challenging stigma and discrimination.

MAB Objectives:

- To ensure quality service provision by strengthening management & technical capacity of Mukto Akash Bangladesh
- To agitate for recognition of rights of people infected and affected by HIV & AIDS through advocacy
- To promote the psychosocial well being of PLHAs through ensuring their access in to the general health service sector
- To mitigate the socio economic effects of HIV & AIDS on PLHAs and their dependants by equipping them with vocational skills for income generation
- To promote positive behavior change among the masses through creating awareness as a means of preventing HIV & AIDS

Core Values:

MAB has defined its values that would guide the organization in pursuing its mission. These are the underlying principles and beliefs that would direct staff in carrying out MAB's activities, which are Integrity and Diversity, non- stigmatization and non-discrimination, Transparency and accountability, Learning agility and Equality and equity.

Strategic Direction:

- Rights based approach
- Community lead approach/ engagement
- Networking
- Learning and reflection
- Sustainability
- Capacity development
- Programme Expansion

Programmatic goals and strategies:

- Program Goal-1: Demonstrate effective, comprehensive and sustainable model of intervention for PLHIV integrating HIV/AIDS Prevention, care & support services.
- Program Goal-2: Scale up comprehensive & integrated health & social intervention for the deprived, marginalized community including PLHIV
- Program Goal-3: Ensure more secure and viable livelihood for marginalized community as they can be treated as equal citizen by society
- Program Goal-4: Secure the long term viability and sustainability of MAB

Key population we served:

Mukto Akash works for and with priority to poor, marginalized and vulnerable rural and urban people who are deprived and stigmatized by the family/society and community people such as People living with HIV and AIDS (PLHIV), PWID living with HIV/AIDS, PWID, Female Sex Worker, MSM, Vulnerable women, young people, adolescent and underprivileged children and migrant workers etc.

Geographical dominance in particular region of work:

Mukto Akash Bangladesh is a Dhaka based organization but its operation surrounding in greater Chittagong, Khulna, Barisal and Dhaka divisions. There are sixteen setup/offices of MAB e.g. Dhaka head office, 05 HTC centers in public medical college hospital and NGO set in Dhaka, Khulna, and Barisal, 05 DICs/Sub DICs in Tongi, Gazipur, Mymensingh, Madhupur, Jamalpur. However, MAB has plan to increase its coverage area to Rajshahi and Rangpur divisions as there are existed some members and become reported significant number of PLHIV.

Although Mukto Akash's members surrounded across the country, its current offices are strategically located in Dhaka and surrounding areas as it is more comfortable to extended necessary communication, cooperation and support for PLHIV who are scattered across the country. Considering the current proposition of the members of MAB, Dhaka is till highest and also Dhaka is the hub of country from where easy to maintain necessary linkages, liaison with GoB, donors, policy makers and other advocate who are well wisher of the organization. However, Khulna is the 2nd hub of MAB as there was one project in operation in collaboration with BRAC in Degolia upazila under Khuna district funded by BRAC.MAB is providing comprehensive care support and treatment services to the PLHIV funded by HPNSDP/WB under it's a NASP Control Programme.

Executive Committee/General Committee

Honorable members of the Executive Committee:

Sl #	Name	Position
01	Md. Mostafa	President
02	Sahanaz Basir China	Vic -President
03	M. S. Mukti	General Secretary
04	Amena	Treasurer
05	Sujon Chandra Mondal	Member
06	Sahara	Member
07	Mahamuda Afroz	Member

Honorable members of General Committee

Sl#	Name	Position
1.	Mojibur Rahman	Member
2.	Md. Mostafa	Member
3.	Sujena Chandra Mondal	Member
4.	Tapan Sarder	Member
5.	Babul Kalu	Member
6.	Juman	Member
7.	Sahara	Member
8.	Babul	Member
9.	Sumi	Member
10.	Ms. Sahanaz	Member
11.	Anwara bibi	Member
12.	Kaniz fatema	Member
13.	Emran Hossain	Member
14.	MS. Mukti	Member
15.	Amena	Member
16.	Shahid Miah	Member
17.	Anwra Begum	Member

18.	Sobahan Fakir	Member
19.	Ansir Ali	Member
20.	Salimuzzaman	Member
21.	Md. Musa	Member

Current Projects:

Sl #	Project/Support	Major Focuses of the project	Donors/ Supported by	Working location
1.	Comprehensive care, support and treatment of PLHIV, Contract Package # SP-9&11, CST-2	HTC, Care and support, Counseling, Nutritional support, OIs support, ARV distribution, Home based care, Lab test, Advocacy, PMTCT and referral.	HPNSDP/ WB, NASP Control Program	Dhaka, Khulna and Barisal divisions
2.	HIV prevention program for people who inject drugs (PWID) and their partners	Providing HTC Service to PWID & their partners, needle-syringe distribution & collection, distribute male condoms, STI management services for the PWID & their partners, abscess and general health treatment, provide nutritional support among ILWHA, OIs management services, distribution of IEC/BCC materials and providing different types of trainings.	The Global Fund	Mymensingh, Gazipur, Jamalpur and Tangail
3.	Intervention for People Living with HIV/AIDS (PLHIV) for package # 04, Link up project	Referral linkage with MSCS and other services centres, capacity building of YKP, OIs medicine support and crating enabling environment	International HIV/AIDS Alliance	Dhaka Division (all upazillas)
4.	Community based Care and Protection for children of sex workers and children infected/ affected by HIV/AIDS in Bangladesh(CHETON A Project)	Establish family based care, counseling and protection mechanisms /system to prevent abuse, violence and exploitation, assist to resource mapping and prepared plan, policy of infected and affected children	Save the children International	Khulna division
5.	Intervention for Health and Social Wellbeing of the Children Infected and Affected by AIDS (CABA)	Capacity develop of the mother/caregiver of children infected & affected by AIDS, Create enabling environment through advocacy & networking, Improved social	UNICEF	Dhaka division, Khulna division

		support through direct service & referral linkage development.		
6.	Safe Migration for Bangladeshi Workers	Advocacy, awareness, film show related to migration, Pre-departure training /orientation	BRAC	Degholia Upazila in Khulna
7.	Treatment, care and support program for people living with HIV and AIDS (PLHIV)	HIV management training for support staff, on the job training, hospitalization support to PLHIV, home base care support, support to PLHIV for linkage and retention into HIV care, community sensitization meeting with Local leaders, Family and neighbor meeting (uthan boithok), arrange quarterly HIV clinician meeting	The Global Fund	Dhaka and Khulna division

Project wise achievement from January-December'2016:

- **Compressive Care Support and Treatment of PLHIV, SP # 09 & 11, CST-2 Supported by HPNSDP/WB, NASP Control Program:**

Mukto Akash Bangladesh had awarded the above project in May, 2015 to provide different services such as: treatment, care support, nutrition, OIs management services, home based care and palliative care, ARV distribution, lab investigation, health check up and provided HTC support to the high risk and general population as well as make advocacy with diffident stakeholders and different service through referral, PMTCT etc. The total direct beneficiaries



of this project was 350 as signed agreement but we provided support to the 550 or more PLHIV under this project and providing HTC services more than targeted number of clients.

Throughout the year 2016, MAB provided HIV testing and counseling (HTC) services to 1116 KAP/GP where 42 identified as HIV positive, most of services related to HIV positive people where we provided



272 episodes lab test, 42 episodes CD4 count, 159 episodes nutritional support for adult, 150 episodes nutrition to positive children, 282 PLHIVs received psychosocial support, 29 received peer counseling and 24 HBCS. In this year also provided 1050 episodes of health checked up and provided OIs medicine 752 episodes, 745 episodes of ART counseling, 355 PLHIV/ILWHAs receiving uninterrupted essential ARV drugs, provided 04 training to the caregivers of PLHIV on home based care and palliative care, conducted 02 advocacy meeting with medical college hospital, through the referral mechanism, MAB referred 35 members in IDH, Jagori, KMCH for better treatment and 386 for TB diagnosis, distributed 10000 of IEC/BCC materials. Moreover by the 05 HTC/CSTC in Dhaka, Khulna, Barisal and Satkhira, MAB completed HIV testing and counseling (HTC) of 1116 high risk and general population where 42 people identified as HIV positive and referred to care and support services for PLHIV, developed and print 3500 IEC/BCC materials, Observed three special events on (a) World AIDS Day, (b) Candle Light Memorial in a befitting manner, and (c) International Day against Drug Abuse and Illicit Trafficking, Provide peer educator support to follow-up PLHIV at community level 42, Organized 06 monthly educational session with 120 PLHIV, referred 386 PLHIV for TB screening.

- **HIV prevention program for people who inject drugs (PWID) and their partners:**

Mukto Akash Bangladesh has successfully completed both packages of GFATM-906 and GFATM-907 under RCC Phase-II by belonging with the CARE Bangladesh Consortium, by the support of Global Fund and Save the Children which was continued up to November 2015. Meanwhile, CARE Bangladesh consortium has participated in the bidding process and submitted proposal for GFPWID project. Due to long competitive bidding process, SCI arranged two months Sub-Award Agreement for interim management. In this connection, CARE Bangladesh received a two months Sub-Award Agreement for Dec'15-Jan'16 as the part of NFM, CARE B Consortium along with its 5 implementing partners (SSRs) named MAB, LH, APOSH, PROYAS, USS continued the intervention titled "HIV Prevention Program for PWID and Their Partners" through operating 22 DICs/Sub-DICs (14 DICs and 8 Sub-DICs) across the country. Later on CARE B consortium has been awarded as Sub-Recipient (SR) for implementing the 22 months PWID project with aiming to reduce HIV transmission among key populations in Bangladesh among Most At Risk Population (MARP) titled "HIV Prevention Program for People Who Inject Drugs (PWID) and Their Partners" and implementing the harm reduction program which is effective from 1st Feb'16. MAB, as a partner of CARE Bangladesh is providing services through 3 DICs and 2 Sub-DICs at Gazipur, Tangail, Jamalpur and Mymensingh Districts.

Through these DICs & Sub-DICs, MAB has provided a lot of services like: HTC Service to PWID & their partners, needle syringe distribution & collection, distribute male condoms, STI management services for the PWIDs & their partners, abscess and general health treatment, provide nutritional support among ILWHAs, distribution of IEC/BCC materials and providing different types of trainings.

In the year 2016 through the package GFPWID, 1686 PWIDs have contacted by Needle Syringe, 544645 Needle and Syringes have distributed among PWIDs and 83936 condoms have distributed & demonstrated, 516090 used Needle and Syringes have collected from PWIDs. 264 STI cases have managed, 57 STI service has been provided to the partners of PWIDs. General Health services provided among 1014 cases, abscess management cases were 402, 86759 health education sessions have provided, 696 participants were participated in group education sessions, total 3170 IEC/BCC materials have distributed, HTC services have provided at DICs among 648 mother listed PWIDs and 44 partners of the PWIDs, 95 TB tests have done through referral services. 06 MARA (Most At-Risk Adolescent) and GBV (Gender Based Violence) sessions have held in different DICs where participants were 34. 10 DIC Advisory Committee (DAC) meetings have held with 82 participants and 16 local level advocacy (LLA) meetings have held with 255 participants from local areas. 01 District level advocacy and sensitization meeting has held where participants were 35. In every quarter (average) 1787 PWIDs have visited in different DIC/Sub-DIC for about 3614 times and 980 episodes nutrition support was provided among listed ILWHAs.

- **Treatment, care and support program for people living with HIV and AIDS (PLHIV):**

After stopping the fund by the GFATM, UNICEF taken over the project and provided fund from January-April'2015 to implement few essential activities like ARV management, treatment, referral etc through existing AAS consortium. This fund was essential to bridge the interim period up to starting NPNSDP funded project.

Mukto Akash Bangladesh had implemented few activities under this project like management of Antiretroviral Therapy care treatment and referral etc. Through our cohesive effort it has been shown that PLHIV were taking ARV and other essential support without any interruption which helped them to keeping health stability.

As a care and support project, there were some gaps to provide support to the PLHIV. We were not able to provide support like nutrition, hospitalization, lab investigation, advocacy, OIs medicine etc by the temporary period.

01 training on HIV management for support staff with 08 participants, 01 on the job training for CSTC personal of Khulna GO setup with 08 participants, pre & post lab investigation-102, provided hospitalization support to 02 PLHIV clients, provide home base care support to 03 PLHIV clients, Provide support to 78 PLHIV clients for linkage and retention into HIV care, organized 02 community sensitization meeting with 42 local leaders, 02 family and neighbor meeting(Uthan boithok) with 40 participants, arranged 01 quarterly HIV clinician meeting with 22 participants.

In this period, MAB distributed ARV to 210 PLHIV enrolling new members, 05 lab tests. Moreover doctor conducted clinical session to provide health treatment twice in a week.

- **Intervention for People Living with HIV/AIDS (PLHIV) for package # 04, Link up project :**

Mukto Akash Bangladesh (MAB) has been implementing a project named: "Better sexual and reproductive health & rights (SRHR)" for young people affected and infected by HIV in selected divisions

in Dhaka & Khulna where service delivery gap in national response exists for the target group since January, 2014 funded by International HIV/AIDS Alliance. Goal of the project is to contribute to reduced unintended pregnancies, HIV transmission and HIV-related maternal mortality amongst young people affected by HIV aged between 10 to 24 and objectives are to increase health seeking behaviors, uptake of quality integrated maternal health, family planning and HIV information, services and commodities amongst young people affected by HIV and uphold their sexual and reproductive health rights at selected divisions in Bangladesh. The activities organized surrounding the three key components like access to and utilization of services through referrals, community mobilization, creating enabling environment. In this year 2015, MAB organized 03 meeting for YKP where 125 participants attended, ensure VCT for 34 YKP among them 03 were found HIV positive, moreover 30 ILWHAs received nutritional support and distributed huge number of IEC/BCC materials among the PLHIV, caregivers, YKP and general population. The prime achievement is to form a YKP platform with the Link Up Bangladesh to race their voice for ensuring reproductive health rights.

- **Community based Care and Protection for children of sex workers and children infected/ affected by HIV/AIDS in Bangladesh(CHETONA Project):**

MAB had been awarded the project named: **Comprehensive Care and Protection for children of sex workers and children infected/ affected by HIV/AIDS (CHATONA) in Bangladesh** to ensure family, community base care and protection of children. HIV infected and affected children are vulnerable and marginalized in the society also stigmatize, discriminated by their family members, neighbors, service providers and society. CABA could not enjoying all rights as other children through discloser their status like school enrollment, birth registration, immunization, participate in social gathering, mix with other children due to misconception .The aim of the project is to protect the rights of children infected and affected by HIV/AIDS .

In the year of 2016, this project conducted 02 meeting with CBCPC, service providers & multi institutional advisory group , 01 meeting with social service officials/social workers, 01 Advocacy meeting with local government officials, 02 capacity building workshops, Establish/strengthen 5 CBCPs following the GoB approved ToR, trained 5 persons on child protection resilience training for children, conducted 09 meetings with CBCPC members on child rights & protection issues, 11 sensitization sessions with adolescent's group members – MAB, trained up 04 target group children on child protection and rights. Organized 11 community level sensitization meetings with local influential people. Organized 22 courtyards based educational meeting with neighbors, relatives of CABA and chSW and organize 05 education institution based awareness meetings. MAB was facilitated 01 birth registration camp and observed 02 children right week to promote child rights & protection. Provided 25 referral support on basic services (health, education, immunization etc) to targeted children, 3 Awareness raising Meeting with service providers, 1 Case Management Training for project staff, 13 Identify cases for service accessibility, 7 Resilience Training with community children, 170 Capacity building of mothers/caregivers of Mothers Support Groups (MSGs)

- **Intervention for Health and social Wellbeing of the Children Infected and Affected by AIDS (CABA).**

Mukto Akash Bangladesh is implementing the project named: CABA for wellbeing of the children infected and affected by HIV/AIDS through up hold the human rights and legal aid support focused on children along with the family members supported by UNICEF Bangladesh. Major activities of the project are to sensitize the civil society on stigma; discrimination and human rights violation towards HIV

infected and affected children (CABA), capacity building of CABA and caregivers, improved social support and making referral linkage. Throughout the year 2016, MAB conducted 01 LLA meeting, arranged 01 batch psychosocial counseling trainings where participants were 20, arranged 02 batch care giver training with 40 participants, completed birth registration for 200 children, 120 psychosocial counseling, conducted ART adherence education healthy living counseling for positive mother of CABA 65, Home base care to CABA family 13, completed HTC of 150, TB screening of 200 CABA through referral, develop referral linkage with 04 organizations, observed WAD'16 and also 01 child right week.

- **Safe Migration for Bangladeshi Workers:**

This project has been implementing this project at Degolia upazila in Khulna distinct since 2014 directly funded by BRAC. The objective of this project is to aware the migrant people to ensure their safe migration for Bangladesh works through local level advocacy, awareness , film show and pre-departure training/orientation. In this reporting year, MAB conducted 20 migration forum meeting, 110 courtyards meeting, 03 pre-decision orientation, shown 04 times migrant related video film shows/tea stall meeting and do publicity on migrant process. This is the initial initiatives by MAB to implementing a project beyond the HIV/AIDS prevention issue.

- **Celebration of National & Important Days:**

Observe World AIDS Day:

World AIDS day, 2016 has been observed nationally by the leadership of National AIDS/ STD Program (NASP), Directorate General of Health Services, MoHFW at national and local level in coordination with civil surgeon and other related offices. Mukto Akash Bangladesh has participated at national level program in Dhaka, local level in Khulna, Barisal and Satkhira in associate with GoB and other



organizations as part of celebrate at that day. The program was implemented through three steps like colorful rally, discussion meeting, stall decoration & disseminate IEC and BCC materials. Md. Mohammad Nasim, MP, Honorable Health Minister, MoHFW attended in the discussion meeting as chief guest in Osmani Auditorium, Dhaka. MAB has participated rally, discussion meeting and arranged a stall and exhibited IEC/BCC, pamphlet, small care and leaflet also sharing the service modality. A total number of 200 more members, staffs participated in different WAD rallies came from diverse location. Also high official of GoB, NGOs, UN agencies have attended in the occasion.



In local level, MAB had participated WAD, 2016 events in Khulna, Barisal and Sham Nagar Upazila in Satkhira, Mymensingh, Gazipur, Jamalpur, Tangial in collaboration with the district and upazila administration like deputy commissioner, UNO, Civil surgeon and other GO/NGOs people and people from the civil society.

Stall decoration and disseminate IEC/BCC materials.

Mukto Akash Bangladesh Dhaka office has arranged a stall at Osmani Auditorium, Dhaka and decorated it with various IEC/BCC materials of HIV/AIDS related

information. From this stall all level of people got necessary information regarding prevention, treatment and care for PLHIV.

Outcomes:

- This rally also encourages the general masses to know about HIV/AIDS and PLHIV
- These types of rally create awareness among thousands of people at a time and make spiritual speed to people.
- Participation in the rally of world AIDS Day reduces the gaps between the PLHIV and other people towards a friendly environment for all.
- Help to achieve SDG indicators and make Bangladesh AIDS free county by 2030.
- Prevention, treatment and care & support related IEC/BCC materials have been distributed among the general people and other stakeholders, so that they can be informed on such issues.
- Through the discussion session, PLHIV members will responsive towards greater involvement in prevention, treatment, care and support programs.

WAD 2016 has given an opportunity to address the huge number of people about HIV/AIDS. Mukto Akash Bangladesh got opportunity to disseminate their program activities, relationship build up with the governments sectors, delivered the messages to the mass people and build enthusiastic working relationship with different stakeholders.

Candle Light Day:

MAB observed 33rd International AIDS Candlelight Memorial Day, 2016 in Dhaka and Khulna, In Dhaka, the programme was organized jointly by National AIDS/STD Programme (NASP) and Mukto Akash Bangladesh and in Khulna MAB's organized this event with other organizations. The theme of the day is "Supporting for the Future" which aims to memorize those friends who had died related to HIV/AIDS and raise awareness of HIV, promotes rights and respect for people living with HIV/AIDS. On the third Sunday in every May, thousands of people join to enlighten candles and observe the International Candle Light Memorial Day world and country wide. In Dhaka, 115 people joined in program at the meeting room of Mukto Akash Bangladesh.



Md. Tahazzad Hossain, Director-Program gave the welcome speech. Dr. A.T. M Farhad Hossain, Director & LD attended the candle light day'16 in MAB office

The participants were HIV infected people, their family member, Doctor, Nurse and other staffs from MAB. After the discussion part, the candles were lighted followed by 01 minute silence in remembrance of the departed souls who left us in last one year. M.S Mukti, Executive Director of MAB gave her concluding speech and gave thanks to everyone who attends the occasion.

In Khulna the program was held in Ava Centre, CSS, Notun Bazar, Rupsha, Khulna. About 60 people from HIV positive people, family members, NGO's staff and civil society representative attended the occasion.

Observed International Day against drug abuse and illicit trafficking:

Drug abuse and illicit trafficking is a global headache in human civilization. In between 15-64 age groups of people where more than 27 million people are addicted of total population across the world. Drug abuse and its illicit trafficking isn't a single problem. It is closely linked with health, economic, and development which is key pillar and assists a country as well as a nation towards success. To save from harm of drug and betterment of universal United Nation declare the day 26th June as an International Day Against Drug Abuse and Illicit Trafficking as a symbol of war and sensitization people regarding drug in 42nd convention session at 1987. Bangladesh isn't out of this circle. Geographically Bangladesh is situated in golden triangle point and use the land as trafficking root which is make us more vulnerable. It is assume that approximately half of million people are addicted in our country and among them 80% are young. In this prolongation to make awareness, sensitization about drug, a part of global action government of Bangladesh has also observed the day along with Depart of Narcotic Control under Ministry Home Affairs, relevant stakeholder, like minded organization, NGOs and SHGs.

MAB has observed the 26th June'16 through organizing some events as well as participate in the District & National level GoB/DNC initiated program like previous years. With this some activities were arranged also at DIC level to observe the 26th June'16. Before organizing this event preparatory meetings were held at MAB Head Office and as well as DIC/Sub DIC level. Detail description of that events helps to understand the gravity and volume of wok to make it meaningful, acceptable, and colorful with great involvement consortium members across the project implementation area. A total number of 78 participants were participated in different level of program and activities from MAB like: discussion session, Human Chain and Rally, special group sessions, game events etc.

Major accomplishment

- **HIV testing and counseling (HTC) services:**

HIV counseling and testing (HTC) is an important part of a continuum of HIV prevention and treatment services as new strategy that is HIV trace and treat. Without identifying we are unable to include anyone under care support program, without identified any do not know his/her status as a result he spread HIV virus with others due to unknown status. During HTC we assess individual risk through trained counselor, then ahead next courses like test and result provide. The entire process is being completed two or more

hours. HTC is also one of the primary entry points for providing HIV testing with maintaining confidentiality. Early diagnosis and treatment help to life and its prevalence to others. MAB is implementing this activity by its trained staffs with maintaining standard HTC protocol recognized by WHO. Under this service, each client come to MAB's 10 HTC centres awarded by the peer counselor, outreach workers, other referral and self. Initially client goes to help desk and waiting for going to counselor. After counseling if client assessed any risky behavior and found HIV transmission issue, at once he will be referred to the Lab Technologist to draw blood, then client back to peer counselor again to receive counseling till deliver result, after getting result, client again visit to HTC counselor for post counseling.

Through the year, MAB had provided HTC services to 1808 KP and GP through its **10** HTC/CSTC centres in Dhaka, Mymensingh, Gazipur, Jamalpur, Tangail Khulna, Satkhira, and Barisal among them 42 were identified as HIV positive and referred to care support service centre of MAB.

- **OIs management:**

People with advanced HIV infection are vulnerable to infections and malignancies that are called opportunistic infections because they take advantage of the opportunity offered by a weakened immune system. Opportunistic infections (OIs) are infections that occur more frequently and are more severe in individuals with weakened immune systems, including people with HIV. As PLHIV service base organization, MAB manages these services through doctor, nurse other program staffs with maintain standard protocol and guideline. Most of HIV infected people are poor and live unhygienic environment, so they need more OIs than general people. At first any one of HIV positive people visited the doctor, then nurse provide medicine as doctor suggestion with maintaining right documentation. In this reporting year, MAB provided **752** episodes OIs support to the PLHIV/ILWHAs through its HQ, Bokshbazar Dhaka and Khulna service centres.

- **Advocacy & Networking:**

Advocacy is the important tool to encourage thinking of anyone in a specific issue then other way. So now days, people chose advocacy to aware easily to the policy makers from local to national level. HIV/AIDS is highly discriminated in our society context. So that HIV positive do not have enjoy his/her right due to suffering discrimination by the society, family and service providers. So we need to make positive attitudes to our all levels policy makers, implementers, civil society as well community people. Considering the existing situation of HIV positive people, their children and PWID in our country, MAB feels to organize advocacy program in the different level of GoB, donors, service providers, local government representative and civil society. In the reporting years MAB's conducted 03 advocacy meeting with the GoB people including Director from different medical colleges, deputy commissioner, civil surgeon, UNO, UHFPO also doctors and nurses. The objectives of those programs are to sanitize the GOB people on HIV prevention program also familiar with existing care support and treatment services through GO/NGO initiatives.

- **District level Advocacy and Sensitization meeting at Madhupur, Tangail:**

The district level advocacy meeting is one of the vital as well as well accepted event of the GFPWID project that contributes to sensitize district level GoB, NGOs, law enforcing agencies and other stakeholders in favor of smooth implementation of different programs. In this connection MAB has organized a Two hours long meeting titled as "Advocacy and sensitization meeting at district level with relevant departments and stakeholders on drug issue" on 27 September, 2016 at the Officers Club of Upazila Parishod, Madhupur, Tangail. A total of 31 representatives from

GO, Law enforcers, educational institutions, religious leaders, NGOs, journalists and social workers attended in this meeting where the Chairperson of the meeting was U.N.O. of Madhupur, Tangail and Chief Guest was Upazila Chairman of Madhupur Upazila, Tangail. The guest of honor of this meeting were OC, Madhupur Model Thana, UH&FPO, Madhupur Upazila, President of SANAK, Madhupur Upazila. In this meeting, participants have gathered knowledge about Mukto Akash Bangladesh & its activities, the overall GFPWID project, current HIV/AIDS global and national scenario, challenges to implement the project activities, supports needed from other stakeholders etc.

- **Home visits & Family Counseling:**

Home visit is the essential activity under care, support and treatment services which was conducted by the counselor, peer counselor, outreach workers, volunteers and other related staffs. This is an exclusive opportunity to provide different services to the PLHIV like counseling on personal health & hygiene, ARV, positive living, referral and awareness to the family members on HIV/AIDS. Mukto Akash Bangladesh provided these services under all ongoing projects by the skilled and trained staffs. During this home visit, clients can share their personal feelings to the peer/counselor without hesitation in a congenial atmosphere, also client having opportunity to find out way to disclose his/her status to others. Based on the process, staffs are able to make recommendations to the caregivers and the clients. These recommendations may also include referrals to other service providers.

- **Referrals**

Mukto Akash Bangladesh works hard to maintain referral networks. Currently Mukto Akash Bangladesh is working closely with other stakeholders such as BSMMU, icddr, Ashar Alo Society, HASAB, CARE Bangladesh and the Volunteer service overseas Bangladesh. Also Mukto Akash also has great professional relationships with UNICEF and UNAIDS. The good reputation of MAB is helping to maintain a good referral network that is of great importance to it. In the year 2016, total 45 persons were referred to different organizations to get additional support, where male 25 and female 20.

- **Membership of HIV Positive People:**

It is known to all that MAB is a non government community –based registered self help organization formed by some HIV positive people in Bangladesh and working with them for their well being through extended care, treatment and support services to the PLHIV creating an enabling environment for promoting the rights of PLHIV. All services are being provided through peer approach with membership. MAB enrolls the HIV positive member who is identified through MAB's HTC, referral from different organizations, clinic, hospital and individual doctor. At first HIV infected member came to the receptionist of MAB's respective ART centers and introduced himself/herself. Then the receptionist refers the clients to the respective counselor to verify all related reports/documents by which he/she confirmed him HIV positive and filled up a membership form also gave him an organizational ID number with giving counseling and updating about the available services after that the counselor referred new enrollment member to the doctor for health check up and provided prescription with lab test if needed also gave the date of next visit. After that respective staffs give all related services. Through the entire process, client makes trust that his/her status not be disclosed without consent. In this year MAB's newly enrolled **128** HIV positive people as members for providing treatment care services. .

- **Antiretroviral Treatment**

ARV management is one of the important components under care, support and treatment services for the HIV infected people who are eligible. It is an essential service that allows PLHIV to take ARV drugs regularly with free of cost. Through taking ARV regularly a HIV positive person can keep his/her

immune system stable, as a result he/she has less opportunity to infect by OIs. But taking ARV irregularly any one loss his/her body immune system and make resistance of ARV in his/her body. Under this service, a PLHIV includes in the MAB's mother list then referred to doctor for physical assessment. After suggesting ARV, he/she collects the prescribed medicine from any ARV distribution centre of MAB with necessary pre and adherence counseling.

Antiretroviral therapy is only the medicine that can control to spread HIV virus in human body. Globally HIV treatment means antiretroviral therapy for PLHIV. This drug will be taken lifetime for extending the life span of the PLHV that has been opened greater hope of them as treatment has led to improved survival and decreased morbidity by suppressing HIV virus. GoB is providing this drug to the PLHV free of cost. These drugs are not a cure for HIV but it can help for stay well and healthier for longer time. When people take ART, they get healthier and feel better for longer. Eligibility of these drugs is depending on CD4, SGPT, SBC and other tests.

In the year of 2016, MAB provided ARV support to the **355** HIV infected adult and children through monthly basis.

- **Working with government:**

From the beginning of its inception MAB is working closely with NASP and other government bodies to prevent the spread of HIV and AIDS, child protection for CAB children and ensuring safe migration for Bangladeshi workers. Mukto Akash Bangladesh participants in many government occasions and programs to build up good relationship and strengthen cooperation. MAB celebrates international candlelight day, International Day against drug abuse and illicit trafficking and World AIDS DAY 2016 with government initiatives. Also MAB has organized different advocacy & sensitization meeting with GoB.

- **Needle syringe exchange program:**

A needle and syringe programme (NSPs) is the 1st component of comprehensive package for the prevention, treatment and care of HIV among PWIDs among nine interventions. A needle-syringe exchange program is a social service that allows People Who Inject Drugs (PWIDs) to obtain hypodermic needles and associated paraphernalia at no cost. It is based on the philosophy of harm reduction that attempts to reduce the risk factors for diseases such as HIV/AIDS and hepatitis. While NSEPs provide most or all equipment free of charge, exchange program require service users to return used syringes to receive an equal number of new syringes.

Under this service one PWID includes into the mother list of Drop-in-Center (DIC) and get needle-syringe from Outreach Worker based on drag taking frequency of the specific PWID. The PWIDs will return the used needle syringe to the Outreach Worker. Then the collected used needle syringe will be disposed in a regular basis by maintaining safety guidelines. In order to smoothly continuing needle exchange program, MAB is also very concern about uninterrupted supply of needle syringe, effectively facilitate and monitor outreach staffs so that they can be reached target PWID, conduct different level advocacy & sensitization program to create enabling environment.

A comprehensive 2004 study by the World Health Organization (WHO) found a "compelling case that NSEPs substantially and cost effectively reduce the spread of HIV among IDUs and do so without evidence of exacerbating injecting drug use at either the individual or societal level."

- **STI Management services:**

Management of Sexually Transmitted Infection (STI) is one of the most important components of Harm Reduction Program in Bangladesh. It is one of the major health problems of PWID that increase the risk of HIV transmission as because unsafe sexual act is very common among this high risk group. Transmission of both STIs and HIV occurs in same route and facilitates both infection of their existence in human body. Different studies showed that risk of HIV transmission increase up to 10% in presence of STIs. Therefore, STI management has become an important DIC based health service that reduces risk of HIV transmission from the beginning of MAB's HIV program. To prevent STI, STI Management services have provided from every Drop-in-Center (DIC) of MAB.

Program Monitoring:

Monitoring is act as heart of any implementing program. Quality intervention depends on the appropriate process monitoring and follows-up of implementing project activities. Monitoring provide feedback to management for implementing the project rightly. MAB has planned to establish a central monitoring and evaluation system for managing all of its programmes & projects and track progress. The M&E system adopts the logical approach of input, process, output, outcome and impact indicators, to ensure ongoing monitoring & evaluation of the goal, objectives of the plan. For implementing the M&E plan, staffs from different layers like community people, project team, central team visit field activities as monthly, quarterly basis or in light of maintaining quality issues and sharing meeting with the team of senior management. Moreover MAB conducted exposure visit in intra projects and outsides. In this reporting year, people from GoB, representative of donors, project team and MAB's monitoring team visited different activity of MAB under ongoing projects in various locations. They physically verified documents, talked with staffs, beneficiary and others. They shared their visit report and gave comments in the visitor's book.

MAB has been given emphasize on process monitoring and follow up of all implemented activities. The consortium believes that at follow up and monitoring visit of any event is very effective way for a short assessment of the program. For observing the changes attitude of ARV takers, Caregiver, Peer of PLHIVs & their family members, neighbors, GoB officials as well as local people, monitoring is very much essential. Visitors have shown their happiness to know need admirable service delivery by the MAB.

Key Administrative Staff

- ❑ Executive Director
- ❑ Director –Program
- ❑ Deputy Director-Program
- ❑ Project Manager
- ❑ Finance & Admin Coordinator
- ❑ Finance & Admin Officer

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- ❑ National STI/AIDS Program (NASP)
- ❑ Save the Children International
- ❑ SCI Australia and DFAT
- ❑ Link Up Bangladesh
- ❑ UNICEF
- ❑ BRAC

Without the financial and technical support of development partners, Mukto Akash Bangladesh would not be achieved its goal. MAB is grateful to all development partners, well wishers to work together in 2016 and MAB is looking forward to continue such kind of support and cooperation in the future to help to achieve organizational goal as well as contribution with national response in Bangladesh.

Key Challenges & Recommendation:

Major challenges:

By the implementation of all projects between January-December, 2016, Mukto Akash Bangladesh faces various challenges and overcome the major of its which will be shown as below:

- Reducing fund on HIV programming.
- Work with PLHIV through disclose their status .

- Limited community awareness and outreach activity program for sensitized.
- Continuation of HTC for general population specially migrant also cover all key population.
- Still, PLHIV are facing few misconception, stigmatize situation in family, society and health service providers.
- PWID and their family member are suffering malnutrition.
- There is no rehabilitation program for the key population.
- To reach 100% PWID under regular services also no rehabilitation opportunity.
- Difficult to ensuring require services due to most of PLHIV/PWID are poor also live in slam, street and remote areas.
- Support to PWID who HIV positive is great problem due to live in street, detached from family.
- Societal negative attitude regarding HIV positive and PWID.
- Insufficient OIs, lab test opportunity and other hospitalization cost.
- GoB service centers are create congenial atmosphere yet for PLHIV.
- Injecting drug using is associated stigma and discrimination, so some PWIDs keep them hidden also facing harassment, threat of or actual arrest due to

possession of drug paraphernalia for lack of protective laws for injecting drug using.

- There is limited job opportunity or social reintegration for PWIDs and PLHIVs.

Lessons learnt:

During the implementation of project activities in the year 2016 Mukto Akash Bangladesh has learnt following lessons;

- Psychosocial support and home base care is important for PLHIV.
- Self help group play important role to reduce stigma, discrimination and ensuring , treatment and care & support.
- Counseling can play a vital role in the livelihood for HIV infected and affected person
- Nutrition support is essential especially for ARV receivers.
- Home based counseling in essential to ensure home base care and overcome the social barrier.
- Continuation of HTC among key population and GP specially migrant workers.
- Nutrition, scholastic support need to continue for health stability. .

Recommendations:

- Coordination with different stakeholders especially law enforcement agencies is very needed to smooth implementation of project activities.
- Need to ready GoB set up for providing care support treatment of PLHIV.
- CD4, viral load and other testing facility to need to ensure in GoB hospital specially referral hospital such as IDH.
- Ensuring the continuation care support services to the PLHIV.
- Need to more sensitize to GoB people to ensure stigma free services.
- Scale up of HIV testing facility especially in border areas.
- Plan to more awareness program for the policy makers and service providers.
- Continuous capacity building initiative is most important for developing DIC level staff's knowledge to get quality work.
- To reach the hidden PWIDs peer outreach approach can be effective.
- To reduce HIV transmission among PWIDs community based services can be effective.

Future Plan

- ❑ Scale up its treatment, care & support in collaboration with GoB/donors.
- ❑ Women Empowerment and child rights specially CABA.
- ❑ Reduce harm for PWID.
- ❑ Continue of the Advocacy on treatment, stigma, discrimination as well as well being.
- ❑ Uphold the human rights of PLHAs.
- ❑ Protection of all rights of children.
- ❑ Support to ensuring safe migration.

- Scale up its geographical coverage.

Conclusion:

Bangladesh is implementing HIV and AIDS program for long period to keep up the country as low prevalence. It is really a great achievement that still Bangladesh is considering as a low prevalence country regarding HIV and AIDS comparison with the other countries in the world but there are high risk behaviors among people specially key population. The figures and facts shows that Bangladesh is implementing HIV prevention program very successfully among the different high risk groups as well as in general community. Considering the prevention program, the government of Bangladesh is providing emphasize on care and support activities for PLHIV.

In the year 2016, Mukto Akash Bangladesh has achieved all targets as planned with maintaining standard quality in all aspects such as HTC, counseling, OIs management, ART management, hospitalization, needle syringe exchange, STI management, capacity building to the CABA, referral, lab investigation, advocacy, community sensitization meeting, different training, psychosocial and nutrition support and IGA etc. It has learnt that if the HIV testing and counselling can provide at doorstep or catchments area it would be more effective to find out new cases as well to provide treatment, care and support which will lead to prevention of HIV as paramount. Through these provided services health and socio-economic status of PLHIV/ILWHAs are improving that already reflected in their life style. They are happy to get required services from MAB and hope they will get more supports in future.

Finally, MAB is committed to achieve the target plan by the continuous effort of dedicated staffs towards achieving the organizational goals.

Annuxure-01

Testimony by the member

HIV is not the end of life

Anwara is 40. She lives in the village Shenhati, upazila; Dhigalia, district; Khulna, married in 1996 with two children, one daughter and one son. Anwara was living with her husband and children happily. Her husband Habib was a daily labor. He earns sufficient money for their family. But suddenly her husband became a mental patient. Anwara visited many doctors with her husband, but the output was zero, her husband did not cure. One day he came out from the house and never came back again. Then Anwara fell in a danger. She became very helpless and had no way to earn money and alive with her children. Then she went to Mumbai, India and involved in sex trade. There she fell sick and visited doctors and took medicine. But she could not get cured, rather she became sick day by day. She again visited a doctor, and then the doctor advised her for HIV test. She tested HIV and found positive. She became more worried and cried always. Then she came back to Bangladesh. When her neighbor heard that she is HIV positive. They started to show discrimination and stigmata towards her. But some of her relatives and her children told her not to be worried. In 2004 she communicated with Mukto Akash Bangladesh. Then Mukto Akash Bangladesh enhanced his hand towards her and ensures all kinds of support such as treatment, medicine and nutrition for her. She became a member of Mukto Akash Bangladesh. Mukto Akash arranged three uthan baithk with the consent of Anwara at different areas in her village. There they discussed about HIV/AIDS, stigma and discrimination. Now the villagers became more aware about HIV/AIDS and reduced their misconception. They are now more positive to Anwara. Then she was working in the jute mill for survive her family. After that she has been working in MAB for last four years and her son also working in MAB for two years. She is taking medicine regularly from Mukto Akash. Her health is better than the previous time and she is happy with her children.