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**Existing Reproductive and Sexual Health Interventions to
Young People in South Asia**

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List of Abbreviations

AFS	Adolescent-Friendly Services
AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent Reproductive Health
ASRHR	Adolescent Sexual and Reproductive Health and Rights
BRAC	Building Resources Across Countries
BCC	Behavioural Change Communication
CEDPA	Center for Development and Population Activities
DFID	Department For International Development
DOHS	Department of Health Services
EIC	Education, Information and Communication
FPAB	Family Planning Association of Bangladesh
HASAB	HIV/AIDS and STD Alliance Bangladesh
HIV	Human Immune-deficiency Virus
HMG/N	His Majesty's Government of Nepal
ICDDR, B	International Center for Diarrhoeal Disease Research, Bangladesh
ICPD	International Conference for Population Development
ICRW	International Center for Research on Women
IDS	Institute for Development Studies
IPPF	International Planned Parenthood Federation
MCHW	Maternal Child Health Worker
NGO	Nongovernmental Organization
ODPUP	Organization of Development Programme for the Under-privileged
RH	Reproductive Health
RHIYA	Reproductive Health Interventions to Youth and Adolescent
RTI	Reproductive Tract Infections
RTI	Research Triangle Institute
SHR	Sexual Health and Rights
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TFR	Total Fertility Rate
UNAIDS	United Nations Programme on HIV/AIDs
UNESCO	United Nations Education, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
NIPORT	National Institute of Population Research and Training

1. Introduction

Adolescents¹ are the group of people that belong to the period between childhood and adulthood. They are the priority targets for ensuring subsequent growth and development of sound reproductive health for the adult males and females (WHO 2004, Nasreen, H. 2003, Sayed J. Haider *et al*, 1997). In a report on the Global AIDS Epidemic, UNAIDS (2004 cited in Advocates for Youth, 2005) has reported that adolescents (people aged under 25) represent nearly half of the world population at present and that adolescents are the most significant group of people in the world in terms of their powerful role in future challenges and millennium development. The definition of reproductive and sexual health indicates that people should be able to have a satisfying and safe sex life (ICPD, 1994); this is one of the most significant issues for adolescents. Furthermore, decisions about their sexual and reproductive health affect not only their lives but also the community and their society (Advocates for Youth, 2005). UNAIDS report on Young People and HIV/AIDS in 2002 indicated that about 6,000 youths aged 15 to 24 are infected with HIV/AIDS everyday worldwide, every year adolescents face over 100 new cases of STIs and throughout the globe about 15 million young women aged 15 to 19 end up with unintended pregnancies (UNAIDS 2002; Boyd et al 2000; Advocates for Youth, 2005). It is, therefore, essential to address the reproductive and sexual health needs of young people in order to improve their reproductive and sexual health.

Despite the significance of addressing adolescent reproductive and sexual health (ASRH), the reproductive and sexual health rights of young people are generally not well addressed² in South Asia, and they are often ignored. As they are the dependent population of the society³, the age group of adolescents varies even from report to report⁴. However, since ICPD, adolescent reproductive and sexual health needs have been recognized as one of the major health and developmental concern in the region (UNFPA, 1998). It is critical, therefore, to study the existing SRH interventions for young people in South Asia.

This report reviews literature and documents on existing reproductive and sexual health interventions for young people and examines the types of existing interventions, the number of interventions and the group of people that are reached through these interventions. The report also

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- 1 This report uses adolescents, youth, young women, male youth and young people interchangeably to refer to the group between 11-24 years of age.
 - 2 Beside some family planning programmes, no such programme that integrates the relationship between family planning and the larger issues of SRH were initiated in South Asia before ICPD. Since 1994, when ICPD pointed out the rational of the integral relationship between family planning and the SRH, education, status of woman and development, South Asian countries like India, Bangladesh and Pakistan started to address the SRH issues, eventually (cited in The South Asia Conference on ADOLESCENTS report, UNFPA, 1998).
 - 3 See Anthony Giddens, *Sociology* 4th edition, Polity press.
 - 4 UN defines adolescent age as 10-19 (Mitra et al, 1997); but some definition (YouthNet, 2005) comes across the youth ranging from adolescent 12-19, some ranges from 15 to 24 and some include 12 –24. See Nasreen, H. et al, 2003 for detail.

identifies the underlying factors of low persistence of addressing ASRH in South Asia i.e. the operational barriers and the laws and policies that pertain to ASRH especially, in India, Pakistan, Bangladesh, Nepal, Bhutan and Sri Lanka.

The report begins with a discussion on existing interventions in Bangladesh and follows a chronological order, depending upon the availability of well-articulated information. Because of the overwhelming number of interveners in India, it was difficult to discuss segregated activities of the organizations and, hence, the report is organized around the existing interventions in particular. It discusses these interventions, outlines the similarities and differences of the interventions from country to country and identifies the gaps and issues in the interventions.

Objectives of the study

This review looks at the types of interventions that already exist in South Asia and are specifically addressed to adolescents, so it can counter the silence about SRH rights to adolescents in South Asia. The review aims to:

- Find out the types and number of interventions
- Analyse the effectiveness of the existing interventions
- Investigate the target population, i.e. how many people have been reached so far
- Find out the gaps and issues in existing interventions
- Analyse the strategies taken in mobilization to meet the gaps and issues in interventions.

2. Methodology

The report primarily relies on literature review which includes : Journals, books and articles found in the filed of South Asian reproductive and sexual health. The resources that were consulted include country office of EngenderHealth, UNFPA, BCCP, BRAC, Marie Stopes Clinic Society, Bangladesh Population Council, FPAB, UNDP, WHO as well as relevant data available on the Internet. Engender Health was one of the important consulted resources as partner organization of the RPC which has provided valuable documents for the review. The review also includes information which has been gathered through interviewing the concerned persons, visiting organisations activities, attending workshops, seminar and symposium. Ninety percent of the literature and journals that have been reviewed were published between the periods of 1990 to 2005.

3. Findings

In South Asia around hundred and fifty organizations are operating particular programmes on adolescent sexual and reproductive health and rights (ASRHR) through school-based educational programmes, outreach programmes, clinical services, social marketing and mass media programmes. It has appeared throughout the review that Adolescent Family Life Education (AFLE)⁵ and clinical service, along with counseling and healing meditation⁶ are commonly used approaches in India, Bangladesh and Pakistan whilst community based participatory approach is found as the most effective intervention in Nepal. Below I outlined the existing interventions in the particular countries.

3.1 Bangladesh

In Bangladesh, adolescents represent almost one quarter of the total population (WHO, 2004; ICDDR,B 2005). Sexual and reproductive health knowledge of these people is generally poor and “what is known” is often incorrect as it is derived from unreliable sources e.g. from friends or peers who are equally uninformed (UNFPA 1998). Furthermore, it is articulated in several reports (e.g. ICDDR, B 2005, WHO 2003, UNFPA 1998, BRAC 2000, Population Council, Bangladesh 2003) that adolescents are generally discouraged to discuss their sexual and reproductive health and rights with their superiors i.e. parents and teachers, because traditional beliefs and religious norms restrict such discussion and the flow of accurate information on sexual and reproductive health. Therefore, this results in severe health concerns for Bangladeshi adolescents, i.e., early fertility and emergence of HIV/AIDS epidemic. A worksite study conducted by ICDDR,B outlined that the fertility rate among female adolescents aged 15-19 is 144 births per 1,000 and 35% of these women begin childbearing at a very early age (ICDDR,B 2005). Furthermore, a recent survey undertaken by Population Council Bangladesh has found that 55% of patients with sexually transmitted diseases are aged under 24 years (Population Council 2003 cited in ICDDR,B, 2005). The above survey report of Population Council, Bangladesh articulated that the social context in Bangladesh disregards premarital sex and sex outside marriage, which leaves an impression that sexual relationship before marriage is unlikely among adolescents. Nonetheless, 40% urban males and 20% of rural males are found to be having premarital sexual activity before the age of 19. Set in contrast, evidence about pre-marital sexual activity among female adolescents is little although a recent study by Health Providers indicated that garment workers seemed to have enforced sexual activity outside marriage and cases of pregnancy alongside irregular menstruation for single female worker is not at all rare (ICDDR,B

5 This is the type of education that provides knowledge on physical, mental, social, moral, behavioral changes and developments during adolescent age. It teaches adolescents about the role of boys and girls in family and society, responsibility and attitude toward one another within the given social context.

6 Meditation alongside counseling and clinical service is a widely applied intervention all over India.

working paper no. 65, 2005). Therefore, it is important to address adolescent sexual and reproductive health and rights issues in Bangladesh, regardless of gender.

3.1.1 ASRH interventions in Bangladesh

The report indicates that interventions addressing the adolescent group began in 1980 in Bangladesh. Family Planning Association of Bangladesh (FPAB) started to address adolescents initially to impart education, to them which further went to introduce sexual and reproductive health education in 1990. However, various NGOs such as BRAC (1995 preset), Marie Stopes Clinic Society (1998-2005), ICDDR,B as well as Care Bangladesh and NIPORT, EngenderHealth (2004-preset), Bangladesh Center for Communication Programmes (BCCP) (1998-to date), Population Council Bangladesh and UNFPA (2000-2003), UNICEF and several other organizations are operating specific interventions to address adolescent reproductive and sexual health (see annex 2 for more detail information) in Bangladesh.

3.1.2 Number of existing Interventions

In Bangladesh, nine different types of interventions, namely, Adolescent Family Life Education Programme (AFLE), clinical service, awareness programme and information, counseling and support activities, advocacy, mass media programmes, research and training services, are operated by various national and international NGOs as per our research.

The report outlines that there are more than twenty-five organizations currently working with specific interventions to address adolescent SRHR in Bangladesh. Among them, a total of ten organizations are providing educational services through a school based programme and AFLE, six are providing clinical services, eight are involved in counseling and support activities, about ten are actively engaged in awareness and information dissemination activities through youth friendly centers, peer networks, leaflets, handouts and posters. Information, education and awareness services are also offered through mass media and social marketing programmes as well as documentation through seminars, symposia, journals and various publications. There are six organizations conducting research and training programmes on ASRH whereas only a few are engaged in advocacy and capacity building activities. It is important to note that eighty percent of these interventions are supported by international donor organizations such as UNFPA, DFID, UNAIDS, USAID, FPAB, Marie Stopes Clinic, UNICEF, ICDDR,B, CARE Bangladesh, NIPORT and Johns Hopkins Bloomberg and Health Communications Partnership Organization, whilst only two national organizations fund ASRH interventions in Bangladesh⁷. These are namely South-South Centre, Bangladesh and Bangladesh Population and Health Consortium (BPHC).

3.1.3 Activities, type of intervention and area covered

A variety of school-based education and outreach programmes run by various national and international NGOs are directly addressed to school children, urban slum people, rural adolescents, homeless and high risk people, female garment workers, married female adolescents

⁷ See annex 2 for detail.

and young working males⁸. These interventions are reaching to two million adolescents (Population Council Report, 2003) who live in places such as rural areas in Nilphamari, urban slums in Dhaka, rural area in Sherpur⁹, Savar, Chittagong, Dinajpur, Cox's Bazar, Barishal, Tangail and Sylhet. A detailed discussion about the interventions is as follows:

3.1.4 Adolescent Family Life Education Programme (AFLE)

Adolescent Family Life Education (AFLE) is a type of education that provides both formal and non-formal education and knowledge to adolescents about their physical, mental, social, moral, behavioral changes and developments at different stages in adolescent life. AFLE service is provided through school education, peer networks, youth friendly centers and multi-lesson programmes involving family, parents and local superiors. The topics of Adolescent Family Life Education programmes include reproduction and menstruation, marriage and pregnancy, age of marriage, right age for pregnancy, information about STDs/AIDS, common RTIs, signs and symptoms of STDs.

At present a total of ten organizations, including BRAC, Marie Stopes Clinic Society, Bangladesh Center for Communication Programmes (BCCP), UNFPA, ICDDR,B, FPAB, UNICEF, and CARE Bangladesh, are providing the AFLE service. BRAC itself covers a large area in rural Bangladesh, through 175 Kishore-Kishoree (KK)¹⁰ Schools with 100 in Sherpur and 75 in Nilphamari, Dinajpur, 35 schools in Habiganj and 90 schools in Moulavibazar, and is reaching 1.1 million adolescents across the country. A total of 6313 kishori pathagars provide informal primary schooling and family life education to non-enrolled children of ages between 11-15 years coming from landless families. However, 70% of the students in this project are female.

Apart from its contribution to AFLE, UNFPA had set up a three-year project namely Adolescent Reproductive Health (ARH) addressing married female adolescents using the concept of Personal Social Education (PSE). It worked in association with family life education and life skill (AFLE) issues through the Peer Education Approach from 2001-2003. Reproductive Health Intervention to Youth and Adolescent (RHIYA) was another project of UNFPA that provided AFLE services to rural adolescents in Bangladesh. To improve work among lower income families adolescents living in urban slums and working children's SRH, Marie Stopes Clinic Society provide six months education through peer networks and youth friendly centers (Moni-Mukta Ashore) at urban slums in Savar, Dhaka (Dhaka High court Major) and Chittagong and some villages in Rajshahi, Barisal, Chittagong and Sylhet divisions. This service is provided with support from two other organizations namely as CARE Bangladesh and NIPORT. Moreover BCCP, a national NGO, funded by UNICEF and USAID provides a package programme to AFLE addressing adolescent reproductive and sexual health and rights which appeared as a popular programme to adolescents. The programme reaches at least one million adolescents living in rural and urban areas and the package is provided through a national television channel (Population Council,

8 BRAC, Marie Stopes Clinic Society, ICDDR,B, FPAB, BCC , population Council and other organizations as indicated in annex 2.

9 BRAC has an effective intervention in Sherpur, Nilphamari and Dhaka. See detail in table 2.

10 Kishore Kishoree School refers to a coeducational school which works to create peer networks and it is akin to youth friendly services.

2003). In addition, FPAB has valuable contributions to AFLE as it provides information on puberty, menstruation and related reproductive health information. The review also outlines that ICDDR,B, an international NGO, supported the peer education strategy through providing information materials and knowledge about ASRH, addressing issues of early marriage, early fertility and the emergence of HIV/AIDS epidemic in Bangladesh and improving the use of reproductive health services such as condoms and contraceptive pills to adolescents working in garments factories.

Involvement of teachers, school management committee, parents, providing education to adolescents, involvement of religious leaders, improving knowledge through teachers' training, access to health care and good communications are the main characteristics of AFLE programme.

3.1.5 Clinical Services

Several organizations, such as Marie Stopes Clinic Society, Engender Health, FPAB, and ODPUP, provide clinical services through clinics, nursing homes and volunteer teams in rural areas, garment factories and urban slums. Marie Stopes Clinic Society provides medical services to cure STIs/RTIs through 44 mini clinics located in slums and to women who work in garment factories Marie Stopes Volunteer teams are also there for homeless people. A Monthly service is provided to garments women, 24 clinics in the urban slums, 115 garment factories (including Savar, Dhaka and Chittagong) and some villages in Rajshahi, Barisal, Chittagong and Sylhet divisions. The Dhaka branches cover the High court Major and the 26 garments in Dhaka through package services (health card), which are especially designed for factory workers. FPAB provides MR Service in 20 districts and 11 rural unions across the country. However, Activities are mainly based in rural areas, therefore out of 20 clinics in different districts 11 clinics are located in rural area.

Subsequently, Engender Health has set up a project on Preventing and Protecting Fistula¹¹ in 2004 under which three rural hospitals are working on prevention and care for women's Fistula in Tangail, Dinajpur, and Cox's Bazar. It provides service to married young women aged between 15-44 in the aforementioned districts. Engender Health also provides Post-partum Hemorrhage service to married women. Furthermore, RHSTEPS, BAPSA, BIRPAB are operating clinical services which are not well-disseminated for review.

3.1.6 Awareness programme and Information services

BCCP, HASAB, Bandhu, ODPUP, Marie Stopes clinic, FPAB, Rotary Club and South South centre are primarily the organizations who provide information and awareness service to ASRH. Awareness programmes work through youth friendly centers, peer networks, leaflets, handouts and posters, mass-media and documentation i.e. seminar, symposia, publishing books and journals. BCCP provides a popular package programme to national television which reaches at least one million adolescents (Population Council report, 2003). It contains miscellaneous information about attitude and behavioral changes during adolescence period which includes self confidence and rights to decision making, the right age of marriage, the right age of pregnancy,

11 Fistula is a common disease for women in Bangladesh. At least one woman per 1000 suffer from Fistula (quoted from interview with Dr. Abu Faisal, country representative EngenderHealth, 2005)

problems of early marriage, problems of early fertility, safe sex methods and prevention and protection from HIV/AIDS. This package also provides information about social norms, religious beliefs and cultural taboos of ASRH education.

Marie stopes clinic provides information to female adolescents working in garments and urban slum children living in the Dhaka High Court Major area, Savar and rural areas in Barisal, Chittagong and Sylhet. It works through Moni Mukta Ashore, a youth friendly center and a peer network. Access to information is a cross cutting issue for FPAB as well. It provides information, as per requirement, on abortion and AIDS/HIV to married female adolescents in rural areas. Furthermore, a national NGO, named, Bandhu, works among urban slum children, high risk people and Men who have sex with men (MSMs) living in Dhaka city, and provides information depending upon the need for knowledge on ASRH. Rotary Club contribute an awareness programme through organizing seminars, publications and publicizing activities on HIV/AIDS and South-South Centre provide assistance to the needs assessment study of the HIV/AIDS programme. They also carry out documentation of STIs/HIV/AIDS Prevention Programme among MSMs in a slum in Dhaka.

3.1.7 Counseling and support programme

A national NGO, HASAB in partnership with two other NGOs i.e. Bandhu and ODPUP works with adolescents that includes sex workers, injecting drug users, men who have sex with men (MSMs), transport workers, industrial workers, the indigenous population and people living with HIV/AIDS in Dhaka. Apart from HASAB partnership, ODPUP and Bandhu also provide counseling services to MSM and injecting drug users following a participatory approach in Dhaka, Tongi, Rajshahi, Natore, Ishwardi, Pabna and Savar while ICDDR, B provides support and counseling services to female garment workers applying peer approach and improving the use of reproductive health services such as condoms and contraceptive pills by working adolescents in the garment factories. ICDDR, B provides support to peer education strategies through information materials, knowledge about ASRH. In addition, Rotary Club also works among urban slum children, high-risk people and MSM living in Dhaka city. It provides counseling services depending upon the need for knowledge on ASRH.

3.1.8 Mass media and social marketing

BCCP provides a package programme (Know Yourself, in its title) to national electronic media i.e. Bangladesh Television (BTV), which has gained huge popularity among adolescents. The package is based on comic book features and is about the adventures of adolescents, “Sajjad and his sister Shanu”, living in a semi-urban town that touches on reproductive health issues. Each comic book includes guidelines and questions for discussion.

3.1.9 Advocacy

UNFPA, FPAB, UNICEF provide advocacy services to improve reproductive and sexual health and rights for young people. Marie Stopes Clinic Society has created a tie for SRH `rights advocacy with Care Bangladesh, ODPUP, Bandhu, Apolo, and UNDP, while UNFPA provides guidelines to Marie Stopes Clinic and advocates on both local and national levels for

implementation of the interventions. FPAB also does advocacy on a local and central level, which influences policy formulation of SRH. However, detail information is not much available on advocacy in Bangladesh.

3.1.10 Training activities

FPAB offers the Training for Trainers' programme of youth leaders that enable them to conduct SRH education sessions by themselves in the project areas. It introduces SRH issues among adolescents through community level voluntary organizations, who have formed Youth Forums to strengthen awareness on SRHR and HIV/AIDS. At least one youth forum is working on the national level and five forums have been set up in each branch level office (FPAB Annual report, 2003). Also, the Marie Stopes Clinic Society provides six months training on ASRH to children belonging to families with lower income..

3.1.11 Research Programme

Population council conducts policy relevant research for the government and others where less experienced researchers gain experience through participating in a number of studies. This occurs under the guidance of experienced researchers and builds policy research capacity on the broader aspects of RH. The research studies' emphasis is on the opportunity to integrate RTI/STD Services with the FP-MCH Program, strengthening STD Services for Men in Urban Clinics, study on adolescents reproductive health care etc.

ICDDR, B an international organization has recently undertaken a study on adolescents working in garments factories which addressed issues of early marriage, early fertility and the emergence of HIV/AIDS epidemic in Bangladesh. The purpose of the study was to improve the health of the population in Bangladesh furthermore WHO, UNFPA, BCCP, BRAC conduct research programme on ASRH. A national NGO, South-South Center also provided assistance to the needs assessment study of HIV/AIDS programme to HASAB and ODPUP in 1998.

However, the review reveals that despite increasing initiatives to improve young people's SRH, the country is lagging behind to meet the actual need. The number of interventions is too few for meeting ASRH needs and the interventions are not effective enough to address the issue in the field¹².

3.2 India

It is estimated¹³ that adolescents of age group 10-19 represent one fifth of the Indian population and approximately 200 million adolescents fall in the 15-24 age range in India. A recent report by Policy Project revealed that an estimated 20.2 million pregnancies resulted in about 15 million births in 2000 while significant increases in adolescent pregnancy and births over the next years were projected. As Policy project's report articulated that despite adolescent being a huge group, policies and programmes have focused very little on improving ASRH in India (Gupta, 2003).

12 While 13, 000 local organizations operate to volunteer poverty alleviation in Bangladesh only 25 out of these have specific interventions to ASRH (Population Council report 2003, Nasreen et al, 2003).

13 Registrar General and Census Commissioner, 1999 (cited in Gupta, 2003)

However, between 1993 and 1999, unmet need among adolescents had declined to around 3% but this unmet needs are higher among younger teens. (A list of involved organizations and their particular activities are available in annex 1.)

3.2.1 The number of interventions

Findings identified eleven different interventions on reproductive and sexual health services for adolescents in India. These are, namely, clinical services, educational services, awareness and campaign programmes on ASRH, information provider, healing meditation and counseling service, Child Protection services, social marketing and mass media programmes, advocacy, research, training and mobilization services. Because of lack of access to articulated documentation, it was difficult to gather detailed information about these activities and the type of services provided in the contained area. However, below are some well-disseminated interventions the review came across.

3.2.2 Types of groups and areas/places covered

The interventions are particularly dieted at homeless people, urban slum children, working children, male young workers, those who are HIV/AIDS positive, married young women, migrant workers, commercial sex workers, unmarried female adolescent, tribal people,MSMs and high-risk people i.e. truck, bus drivers. Most of these people live in Mumbai, New Delhi, Ahemedabad, Andhra Pradesh, Goa, Bihar, Haryana, Chennai, Jabalpur in Madhay Pradesh, Lucknow, Tigri, Tamil Nadu, Himachal Pradesh, west Bengal, Gujarat, Rajasthan and Karnataka.

As noted earlier, due to a lack of well-articulated reports, it was difficult to gather more detail about the sites and places of intervention, the target group and detailed activities of the intervention. There was limitation in accessing detailed information through secondary data as the consulted documents only provided general information about the interventions, but not much details about the policies in particular.

3.2.3 Type of intervention and activities

The review came across over sixty organizations, including International Centre for Research on Women (ICRW), MAMTA Health Institute for Mother and Child, Apnalaya, Dipalaya, Care India, The UN's development fund for women UNIFEM, AIDS Awareness Group (AAG), Sahara Women and Children's Home, UNAIDS, UNFPA, UN Office on Drugs and Crime (UNODC), UNDP, CHETNA and Population Council India. These organizations are working to improve adolescent reproductive and sexual health and rights through specific interventions. Findings indicate that an estimated fifteen organizations are involved in providing clinical services. Twenty organizations work through AFLE, using similar approaches like Bangladesh, i.e. peer education, youth friendly centers and involving parents and teachers. Unlike Bangladesh, research, advocacy, training and healing meditation along with counseling are largely applied interventions in India (see detail in annex 1). Throughout the search it appears that most of these interventions are funded by international donors like UNESCO, UNFPA, UNICEF, WHO,

DANIDA and some of the interventions are operated by national and international NGOs¹⁴. Some interventions are outlined below:

Clinical Services are provided through rural clinics, volunteer teams, and health centres. It includes all types of services for safe motherhood and child survival with a focus on increased access to contraceptives, safe management of unwanted pregnancies, enhanced nutrition, prevention and management of RTIs and STIs. A total of fifteen organizations provide clinical services. These include MAMTA Health Institute for Mother and Child, which is a national level NGO, Agency for Community Care and Development (ACCAD) which is a clinic for people living with HIV/AIDs. The National Reproductive and Child Health programme (RCH), a maternal and child health service provider, NAZ Foundation (India) Trust, a provider of clinical service addressing reproductive health of young women (who live in Mumbai, New Delhi, Ahmedabad, Andhra Pradesh, Goa, Bihar, Haryana, Chennai, Jabalpur in Madhaya Pradesh, Lucknow, Tigris, Tamil Nadu, Himachal Pradesh, WEST Bengal, Gujarat, Rajasthan and Karnataka.)

Like Bangladesh, **educational services** imply to both formal and non-formal education. Non-formal education is provided through Adolescent Family Life Education Programme, which appears to be a very effective and well-accepted way to provide information and knowledge about ASRH e.g. puberty, menstruation, HIV/AIDS and STI. It involves the husbands of young married girls, their parents and family members, teachers and community leaders and provides information through youth friendly centres and peer networks.

Counseling and Healing Meditation appears to be one of the noteworthy intervention for Indian adolescents. Although it is not clearly articulated what type of meditation is provided exactly and in what context, overall findings indicate that it is aimed to improve adolescent sexual and reproductive health. Counseling is also provided, depending upon the young person's need for knowledge of ASRH, advice for particular services required to contact different problems such as prevention of RTIs, HIV/AIDS, safe motherhood, use of contraception, child care and safe management for unwanted pregnancy.

Information Services, Awareness and Campaign Programmes are provided through handout, and leaflets on the need for contraceptive methods, use of condoms, problems of early fertility and early marriage, HIV/AIDS symptoms and protection methods, child care and safe motherhood methods etc.

Throughout the review, it was found that the **Child Protection Service** for young married women and their children is also a noteworthy intervention which is operated by organizations such as Advocacy for Alternatives, Sexuality, Reproductive Health and AIDS (AASRA). However, detailed information on child protection service was not found in the search.

To improve ASRH **social marketing and mass media programmes** are widely used throughout the country to reach about sixty percent of the total adolescent population (Gupta, 2003). These services are provided through Package programme to national and private television channels,

14 Gupta 2003, Policy Project.

radio, Internet, websites and print media. Advertisements and poster publications on contraceptive methods, condoms, safe motherhood, enhanced nutrition and protection and prevention of HIV/AIDS are some of the topics covered through social marketing and mass media programmes. A number of organizations and youth forums including IFSHA, Advocates for Youth and Pathfinder are involved in such activities.

Research and training activities are conducted by UNICEF, WHO, UNFPA, Population Council, CARE India, UNIFEM, UNAIDS, USAID, Policy Project (supported by Futures Group International in collaboration with Centre for Population Activities (CEDPA) funded by U.S.), ICRW, Institute of Social Studies trust (ISST), and several other organizations. They conduct field studies and short and long-term research on two fronts, biomedical and social science and public health to help this swamp's change the way people think about problems related to reproductive health and population growth.

Advocacy is a significant intervention which was initiated to create a supportive environment for adolescent reproductive health among parents, community and religious leaders by ICRW, UNFPA, and UNIFEM. Several other organizations are also involved in advocacy for adolescent reproductive and sexual health¹⁵.

Moreover, NGOs, such as POP council supports other organizations activities e.g. Pop Council supports RUWSEC in Tamil Nadu, SUTRA in Himachal Pradesh, ADHITI in Bihar, CINI in WEST Bengal and CHETNA in Gujrat and Rajasthan. It also supports programme run by Mahila Samkhya in Karnataka, and Apni Beti Apna Dhan in Haryana. Nonetheless, ASRH interventions in India are still on a small scale and are insufficient to meet the demand of Indian adolescents (Gupta, 2003) or interventions are limited to “certain pockets of the country”. Furthermore, the range of activities that covers a small proportion of adolescents varies because of asserted capacities and experiences of various organisations to undertake adolescents issues and therefore, there is a need to scale up the programmes for a larger impact on ASRH (Gupta, 2003) in India.

3.3 Pakistan

The concept of adolescence as a distinct period of human development is still fairly new in Pakistan, scumse most beliefs and cultural practices of the society are premised upon an assumption that “ the transition from childhood to adulthood is brief and marked by the onset of marriage” (Khan and Pine, 2003). In addition the assumption about “onset of marriage” is particularly relevant to girls. However, the population aged 15-24¹⁶ was estimated as 27 million (approximately) in 2000 which is expected to increase reaching up to 44.6 million by 2020 and thus, this youth group represent almost one quarter of the total population of the country. However, small-scale innovative efforts are taking place around Pakistan to begin the process of imparting the RH information and services to adolescents. It is important to note that the interventions are generally known as ARH programmes rather than ASRH interventions and the efforts are not necessarily coordinated, with organisations and groups, to some extent working in isolation from one another as well as being unaware whether they replicate each others efforts or not (Khan and Pine, 2003).

15 See detail in annex 1.

16 This implies that 15-24 is considered as adolescent age in Pakistan.

The report outlines about fourteen organisations including Marie Stopes Clinic, Family Planning Association in Pakistan (FPAP), UNDP, UNFPA, WHO, Population Council, PAVHNA, SACHET, Family Health International (FHI) Sahil and Angan who provide ASRH services to adolescents. These services are provided through community based interventions as well as other interventions for example the lives in India and Bangladesh. Most of these interventions are based in Karachi, Islamabad and Lahore. AFLE services are provided through Youth Friendly Centers, school education as well as out-reach programmes. Some specific interventions are outlined below:

Community-based Interventions

Community based interventions are those intervention which are particularly addressed to the people of the community and directly involved with the community. Several NGOs, such as PAVHNA, Sahil, Angon, etc are engaged in community based interventions.

PAVHNA, a NGO, has completed a pilot project on adolescent reproductive health in four cities in Pakistan. It began to work in 1999 and provided ARH information and training to school attending female adolescents. The medical staff of a government-run maternity hospital has developed a questionnaire and teaching model to provide ARH information to school attending girls. The number of the trainees is eighty and they are aged between 13 to 16 years. The participants are the students of two schools based in Karachi i.e. one private (English medium) school and one public school (urban-medium). All girls were set to complete a pre-test following the questionnaire but before going to the training session they were confronted with basic questions about menstruation, AIDS and leucorrhoea. The result of this test shows that the private school girls (i.e. elite) have collected more incorrect information compare to their counterparts from public schools. The result was possibly secure to their greater exposure to media which often provide misconceptions about adolescent SRH. However, responses after the teaching session were seventy percent correct in both schools (Kahn and Pine, 2003).

Two Islamabad based organisations, namely, Sahil and Angan, are active in providing information and awareness programmes about child sexual abuse. Sahil is engaged in conducting small research studies”, organizing seminar and publishing information materials on sexual abuse. Sahil also provides immediate medical aid to the victim and psychological aid (i.e.counseling and support) referral services to those who needs long-term aid as well as free legal aids through a team of volunteer lawyers. Alongside Sahil, Angan operate awareness programmes through press seminars and counseling of victims and survivors. This programme has given the children self confidence and has drawn teachers and students attention through out the capital city. Angan worked with a community-based organisation, Bedari and is now working with Rozan.

Interventions of other non-governmental organization

Family Planning Association of Pakistan (FPAP), one of the largest NGOs in Pakistan has initiated a project with multiple components that includes establishing a baseline information on adolescents’ existing level of information about sexuality and reproduction, establishing a resource and information base on adolescent sexual health, developing modules on reproductive and sexual health for youth, sensitizing staff on youth issues and training counselors to work with the youth. The project was set up in 1995 and its aim is to improve SRH rights for adolescents.

UNFPA works in partnership with three partners : NGOs-SACHET, Marie Stopes Clinic Society, and PAVHNA. Activities include participatory needs assessment, increasing life skills through peer education and personal social education, sensitization of parents/teachers/community leaders, sensitization and training of service providers, links to existing training on skill development and micro-credit opportunities, advocacy activities and developing innovative IEC materials, research and documentation of lessons. UNFPA also undertook a programme named Reproductive Health Intervention for Youth and Adolescent between 2000-2003. This programme has achieved prompt feedback from rural female adolescents.

In addition, SACHET is an umbrella organisation, which works in collaboration with RHIYA and two other organizations, and has similar types of activities as RHIYA.

Family Health International (FHI) creates awareness about ARH through peer networks and education in schools and high-risk groups involving various organizations in these interventions.

Another organization, called Behavioural Change Center (BCC), provides service through AFLE. The BCC strategies have one component of IEC material to be used by these NGOs and in operation now. The BCC Material consists of a series of interactive games to be used by peer educators with high-risk youth males (homeless, Male Sexual Workers etc). The material is on HIV/AIDS; how it spreads, common rumors/misconceptions about HIV/AIDS patients, prevention measures and groups at high risk of contracting HIV/AIDS etc.

3.4 Nepal

One third of Nepal's population is aged 10 - 24¹⁷ and these people often face severe poverty, limited access to education, limited health services, restricted cultural and social norms and female adolescents in particular are the disadvantaged group with double the social norms and cultural restriction, poverty, and illiteracy (Mathur, 2004; Bott 2003, Ministry of Health, New Era and ORC Macro 2002). It appears in the review that very little sex education is provided in school whilst sex or reproductive health issues are not topics for open discussion in the families. Girls are in a relatively vulnerable position as they have less access to formal and institutional education and structures e.g. schools and health care systems. As a result of ineffective and inadequate services and information, young people often experience negative reproductive health consequences such as unplanned pregnancy, HIV/AIDS and other STIs. The report outlines that the number of existing interventions is poor and these interventions are unable to meet the demand for ASRH in Nepal.

Type of intervention and activities

Information, education and reproductive services are very limited. A number of interventions taken by the Government and NGOs, are found to be functional in Nepal. The interventions are discussed below:

17 Ministry of Health, New ERA, and ORC Macro 2002 cited in Mathur, 2004.

Government Sector

Since the 1994 ICPD-POA and the formulation of the *National Adolescent Health and Development Strategy* in 2000, programmes have begun to address ARH needs in particular (Pradhan and Strachan, 2003) and recently, the National Reproductive Health Programme Steering Committee has passed a policy for unmarried adolescents which will let them access family planning services. Moreover, the Family Health Division, Department of Health Services and MOH is in the process of forging a partnership with other sectoral ministries e.g. the Ministry of Education and Culture, the Ministry of Local Development, the MOPE, the Ministry of Labour and MOWCSW for advocacy and improving the status of women. What's more, the partnership is for all reproductive health services, including ARH. It is important to note that the MOH's ARH programme is aimed at parliamentarian's orientation on ARH issues, policy and legislative need to improve adolescent reproductive health. However, the three major interventions by government are outlined below:

- IEC Programme for Adolescents
- FM radio and television programme
- Population Education programme

In 1996, the MOH's NHEICC adopted the *National Reproductive Health/Family Planning IEC Strategy* for Nepal which includes a component for ARH. The strategy was launched in 55 districts of Nepal through its health post staff and it works among school students. Apart from IEC programme, brochures and posters focusing on adolescent are printed and distributed and a radio programme, that covers ARH issues titled *Jana Swasthya Karyakram*, in its title is also broadcasted four times a week.

The review outlined that three years ago, FM radio had aired a programme called "Teen Plus", which mainly covered the Kathmandu valley adolescent population and addressed ARH issues. However, the programme was stopped because of a lack of effectiveness. At present, FM radio airs another programme that is technically and financially supported by UNICEF which appears to be corresponding with adolescents. This programme responds to adolescents' questions regarding life skill development and it receives more than 2000 letters a month from adolescents living across the country.

The Population Education programme was initiated by HMG/N with support from Ministry of Education and Culture. This programme introduces population and health issues to lower and secondary level (class six through ten) through school curricula. The curricula includes topics such as family life education, quality of life, safe motherhood and community health. The programme is financed by UNFPA.

NGO sector

Set in contrast to government initiatives concerning ASRH, Nepali NGOs are mainly engaged in grassroots level activities. The major NGOs engaged in ARH interventions include Family Planning Association of Nepal (FPAN), EngenderHealth, The Ama Milan Kendra (AMK), International Planned Parenthood Federation (IPPF), the European Commission (EC), Vision 2000, World Neighbours and the Finish Government. The Family Planning Association of Nepal

(FPAN) is one of the largest NGOs amongst other ARH interveners' in the country. The FPAN is engaged in advocacy, IEC, and service activities for adolescents in 34 districts in Nepal (Pradhan and Strachan, 2003). The service of FPAN covers 472 VDCs (areas) and the services are provided through FPAN clinics integrating other reproductive health services. The FPAN activities are funded and supported by the IPPF, EC, Vision 2000, World Neighbours and the Finish Government.

Apart from their ASRH intervention, EngenderHealth undertook a community based-participatory approach intervention in 2000-2003 to improve ASRH in Nepal. The project directly involved adolescents and the community members central to their lives, i.e. their parents, the local leaders, community members, the peers of the adolescents, teachers and the organization staff. The intervention was initiated in collaboration with the International Centre for Research on Women (ICRW) and with Nepali partners - the BP Memorial Health Foundation and New ERA.

Furthermore, Adult Education, Youth Development Programme, Social Norms and Economic Livelihoods are some specific interventions that were undertaken in 1998 by Engender Health (Engender Health and ICRW Report, 2004). Adolescent-friendly services, peer education and counseling, teacher training, information, education and communication (IEC) are some clearly articulated methods that are used in the community based-participatory approach. Through involving the participants directly, the project has been able to define the key issues of ASRH, prioritizing service needs and gaps. Engender Health interventions which are to improve adolescent reproductive health are currently being implemented in five areas: information and education, counseling services, addressing social norms, economic and personal development. However, International Centre for Research on Women, and several US-based organizations¹⁸ and Nepal-based organizations assist EngenderHealth through financing and advocating their intervention.

Findings revealed that other NGOs, such as Ama Milan Kendra (AMK), PHECT- Nepal, Marie Stopes International and Sunaulo Pariwar are also active in ARH activities. While the Ama Milan Kendra works with Female Community Health Volunteers (FCHV), and mother's group focusing on issues such as male involvement and working female adolescent to inform them about social, economic and health rights and decisions; PHECT-Nepal provides safe motherhood, family planning and STI services to young people of one municipality. Another local NGO affiliated with Marie Stopes International namely Sunaulo Pariwar provides youth friendly-services through one of its clinics in the far western region of Nepal and it is now, in the process of extending its services in other parts of the country (Pradhan and Strachan, 2003).

3.5 Sri Lanka

In Sri Lanka, ASRH interventions began soon after ICPD. The Government of Sri Lanka initiated a collaborative effort to develop a national policy on adolescent reproductive health issues. A network of youth counseling centres, involving NGOs and vocational training centres were established in 1996. Pre-marital counseling on sexual and reproductive health issues including STD and HIV/AIDS are regularly provided in most NGO initiated education programmes. The

¹⁸ Name of the specific organization was not found in the search.

government formed a Task Force consisting officials, NGOs, CBOs and the private sector whilst UNFPA country programme supports government and NGO initiatives to address the reproductive health needs of adolescents. In addition, UNFPA is collaborating with the Family Planning Association of Sri Lanka to establish reproductive health centres for adolescents for in-school and out of school and youth. UNFPA also supports reproductive health clinics in the Free Trade Zone where many adolescents are employed.

Advocacy initiatives are being started by UNFPA to create a supportive environment for adolescent reproductive health among parents, the community and religious leaders. Some of the government counseling programmes also provides such education (search could not find out the covering area). Policy, a project which was implemented by Futures Group International in collaboration with Centre for Population Activities (CEDPA) funded by U.S. Agency for International Development designed to raise awareness for reproductive health. UNFPA conference on Adolescent 1998 reported that AFLE is to be included in the formal school curriculum in Sri Lanka.

3.6 Bhutan

In Bhutan, ASRH interventions are mainly provided by UNFPA, WHO, UNICEF and UNDP through clinical services, awareness generation programmes and educational services though, certain data were not found in the search due to a lack of dissemination of information. However, findings revealed that the UNFPA has proposed to support a population programme over the period 2002-2006, which includes a component on reproductive health to improve ASRH in Bhutan (UNFPA report, 2001).

4. Effective and Similar Interventions in the Region

The review outlines that the Adolescent Life Skills Education Programme, including peer education and youth friendly services are frequently used interventions in India, Pakistan, Bangladesh and Nepal. Similar interventions, which involves all concerned parties to adolescent health such as the Community Based Participatory Approach¹⁹ i.e. parents, peer partners, community members, teachers, and local leaders are used. Certain effective approaches as these could help facilitate the discussion of tabooed and sensitive issues i.e. gender and sex. Interventions through clinical services, counseling and healing meditation²⁰ have been largely applied in India, Pakistan, Bangladesh, Srilanka and Nepal. Below is a table to indicate the similarities of the interventions in the region:

Figure. 1.

Intervention	Type of Activities	Similar to	Applied in the countries
Education	Education for in - school and out-of -school children through peer networks, youth friendly centers	AFLE, Community based participatory approach	Bangladesh, India, Nepal, Pakistan
Clinical service	MR service	Abortion	India, Bangladesh, Nepal, Pakistan, Srilanka and Bhutan
Counseling and support programme	Provide advice on ASRH issues		India, Pakistan, Bangladesh, Nepal
Information access	Information sharing through peer educators, youth friendly centers, mass media programme	IEC programme	India, Bangladesh, Pakistan, Nepal
Awareness and campaign programme	Through mass media, social marketing, website interventions, peer networks, publishing information materials on sexual abuse and sexual reproductive health;		Nepal, Bangladesh, Pakistan, India

19 That is applied in Nepal by EngenderHealth

20 Although it was not clear what exactly healing mediation refers, it appears those one of the most common interventions throughout India.

	documentation (e.g. seminar, press, workshop)		
Mass media programmes	“Nijeke Gori” television programme	FMI Radio service, Jana Swastha Karakaryakram	Bangladesh, Pakistan Nepal, India,
Advocacy	Policy and strategy in both local and central level		India, Bangladesh, Pakistan, Nepal, Bhutan and Srilanka
Research and training programme	Research on HIV/AIDS, STIs, Family Planning methods. Training provided to teachers to teach in Kishore-Kishoree School.	Training for volunteers and community members	Pakistan, India, Bangladesh, Nepal and Srilanka

5. Differences and Exceptions

Despite the similar cultural norms and social condition of ASRH, the interventions vary from country to country. For example, healing meditation, social marketing, campaign programmes through website intervention are widely operated interventions in India and Nepal whereas common interventions in Bangladesh include AFLE and clinical services. On the other hand, research and training activities are major interventions in Pakistan while in Sri Lanka and Nepal, interventions are more focused on advocacy for policy formulation as well as on new strategies to improve ASRH.

6. Challenges and Issues Related to Existing Interventions

The study articulates the prioritised socio-cultural, religious and political factors that impact on the reproductive rights and health of young people within their respective countries. However, in some countries, e.g. Bangladesh, Maldives and Sri Lanka, the ability to address the underlying factors in a strategic Manner is constrained by limited financial resources, an absence of data for planning and strategy development, a lack of capacity within government implementing agencies and a lack of organisations staff expertise as well as experience in young people’s reproductive health and rights programming (UNFPA Synthesis report, 2004; Pradhan and Strachan 2003;Gupta, 2003, Nasreen et 2003). Some general issues and gaps are discussed below.

Lack of funds: The review outlines that meeting the SRHR needs of the Nepalese youth is still a challenge because of a shortage of funding that remains a major barrier to the implementation of ARH programmes (Pradhan & Strachan, 2003) while NGOs work in India is still on a small scale as a result of limited funding available to support ASRH. In reality, fund scarcity appears to be general problem all over South Asia, including countries such as Bangladesh, Srilanka and Pakistan.

Limited initiatives to meet unmet needs: The research findings also indicate that the number of interventions is too few to meet the unmet demand for SRH services for young people (Gupta 2003) and, so, the region is lagging in terms of its goal.

Operational barriers: Because sexuality and sex education is discouraged by the religiously biased culture, it was evident throughout the review that providing ASRH services in rural areas remained a challenge. Furthermore, there was a strong son preference in most of the countries and girls tended to be discriminated against by their families and by the culture itself. Thus, reaching girls with ARH service irrespective of clinical and education service seems to be difficult in almost all the countries including Bangladesh, Pakistan, Srilanka and Bhutan.

Traditional Laws and strategies: Among other gaps one major challenge for ASRH rights is to ensure gender and age equality. Although it is claimed by organizations that clinical interventions are provided to both female and male, irrespective of their marital status, it is still articulated throughout the review, reproductive clinical services i.e. abortion, MR services were only provided to married young women²¹ because the traditional policies and strategies do not allow access to clinical services for unmarried women. Furthermore, abortion and MR services remained officially illegal in India and Bangladesh.

21 Spouse signature is a prerequisite for abortion in India and Bangladesh. See table 1 and 2 in the annex.

Lack of participation: Findings from the research indicate that young people's participation in policy and programmes is highly ignored since it does not let adolescents participate in policymaking level. Several programmes such as AFLE, peer education, community based participatory approaches involve adolescent in programme although, there is hardly any scope for adolescents to participate in policy making, policy about access to health care, education, awareness that are still unable to meet the gap between the demand and service provision (Nasreen et al, 2003, UNFPA report 1998, Synthesis report 2004, Nahar et al 1999, NSC workshop report 2005). However, a lack of participation from the grassroots level in policy making is one of the issues for SRHR in South Asia.

7. Conclusion

From the above findings and analysis we can say that it has now been widely recognized and accepted that adolescents must be given a high priority in terms of reproductive and sexual health policy and programmes in countries such as India and Bangladesh. Nepal, Srilanka and Pakistan are also on the way to expand programmes and develop policies to improve ASRH. However, the major issues in this phase that remain as barriers in operation include enforcing laws regarding SRH, traditional policies and institutional strategies, gender sensitization and the religious and cultural notions about sexuality and reproductivity. Furthermore, a lack of implementation of access to services, access to information combined with a gap in the need for interventions and the taken initiatives and a lack of communication between the target group and the policy makers, are clearly articulated issues that came across in the review.

As the findings of this report clearly demonstrate, there are many loopholes in the policy, service, mobilization, and there is much lacking in capacity building. The gaps and issues need serious attention while government initiatives are highly encouraged. State Government could play an important role to remove the tabooed social norms and misconceptions around young people's sexual and reproductive health. In this regard, mobilization programme for youth and community members to change norms, attitudes, and social systems are strongly recommended.

The review reveals that participatory approaches are useful to ensure participation from the grassroots level i.e. people to whom the work has been addressed and at whom the service is directed, to the decision making level.

Because of the lower value society places on women, ASRH interventions should have a broader policy for female adolescents that provide reproductive services e.g. abortion, MR services to the married and unmarried, and discarding the need for spouse signature for abortion and other services. In an additional note, this report suggests for an intervention that improves the provision of information and services to young people, an intervention that develops human and/or social capital among youth as well as an intervention that mobilizes the youth and community members to change norms, attitudes, and social systems.

However, there was a limitation concerning access to information about some countries (e.g. Bhutan and Maldives) and some of the findings have been extracted from more general research (e.g. the documents which were found on countries such as India, Pakistan and Sri Lanka did not always adequately help to discuss all interventions in detail) as part of an effort to give a brief overview on ASRH interventions in South Asia. As such the reader might note gaps in information and findings of the report. This emphasizes the need for more research work in the area of ASRH, SHR particularly.

Furthermore, the overview of the work, essays and bibliography suggest that the review could have been more realistically approximate within the framework of timing, as it was expected to complete the whole study in three months, there was a rush in making it to a final draft in urgency. A second limitation of the study is the researchers skewed familiarity with (and/or access to) research available in English and Bengali medium only. This implies an unevenness of depth biased in the direction of material obtainable in English, to the detriment of that solely in Hindi, Urdu, or Nepali, for example. While all attempts have been made to address this weakness, it is evident, nonetheless, to a final essay.

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- UNFPA RH programme, http://www.rhiya.org/pakistan_LL04.html, this website includes information about RHIYA, an effective intervention in South Asia
- UNICEF's Voices of Youth, www.unicef.org/voy.

Annex 1. Below is a table that shows the major interventions in India

SI No.	Name of Organization	Type of Organization	Year	Intervention	Target group and area covered
1.	The National Reproductive and Child Health programme (RCH), is a maternal and child health service provider.	National	1996 –up to date	Maternal and child health care Services	The RCH programme supports special projects for adolescents from urban slums, tribal and disadvantage groups. The programme includes improved family health care services.
2.	UNFPA/India	International	1997-todate	Country Programme on Reproductive and Sexual Health. Specific initiatives for adolescents supported by UNFPA include the <i>Harayana Integrated Women's Empowerment and Development Project</i> ; the <i>Lok Jumbish Project</i> and the <i>Gujrat Bicycle project</i> . UNFPA Population Education (1980) project contribute to the <i>Family Life Education for Adolescent out-of-school porgramme</i> - has been introduced recently in response to the needs of adolescents in India	UNFPA has accorded special attention to information and counseling about reproductive health services in all its country programme components and initiatives. <i>Harayana Integrated Women's Empowerment and Development Project</i> ; the <i>Lok Jumbish Project</i> in Rajasthan to enhance access to education to all children up to 14 years of age; and the <i>Gujrat Bicycle Scheme</i> for 16-and 17-year old girls.
3.	APNALAYA	National			
4.	DIPALAYA	National			

SI No.	Name of Organization	Type of Organization	Year	Intervention	Target group and area covered
5.	Advocacy for Alternatives, Sexuality, Reproductive Health and AIDS (AASRA), established in 1999, it works in collaboration with other NGOs	International	1999-to date	Child Abuse (working with UNICEF support), Child Protection (slum and other communities since 1999)	Slum children, Working children and youth get Child protection services, AASRA do campaign for Child rights issues in schools and communities, provide counseling to young people including sex education / STI / HIV-AIDS management, counseling on sexuality , gender crisis and gender related distress, pre-post HIV is also one of the important issue in counseling
6.	MAMTA Health Institute for Mother and Child, is a national level NGO committed to integrated health and development issues in the context of poverty, gender and rights	National	1990- to date	Provide clinical services to women and children following “Life cycle approach’ with an aim to enhance their health status and improve pregnancy outcomes	Started work in urban slum, Tigri (Delhi), in a span of fourteen years, the organization has evolved to expand its operations into newer areas including adolescent health, education, entrepreneurship development and empowerment of the young people with a thrust on community participation for better health outcomes. It is not only knowledge base in terms of working with adolescents/ young people belonging to diverse socio-cultural background but also positioned itself to undertake the multi-pronged functional strategies to address their health and development issues at different levels in the country and globally.
7.	AIDS Control and Community Education Programme Trust (ACCEPT)	National	1992-to date	Clinical service, funding, awareness create, healing mediatation	HIV/AIDS positive male and female youth in South and North India
8.	OLAKH, a Space For Women. A Feminist			Research, documentation through publication and seminar, workshop, counseling and	Target group include female adolescent with particular care to sexually abused women

SI No.	Name of Organization	Type of Organization	Year	Intervention	Target group and area covered
	Documentation Resource & Counseling Centre			healing meditation programme	
9.	Tarshi				
10.	Prerana-Associate CEDPA	National	1987- to date	Education service provider	Reaching over 5,000 girls and 1,800 adolescent boys through direct field programmes it works in six villages along the periphery of Delhi. The programme is targeted to individuals and their peer groups, families and communities and provide learning modules that includes information, education and service in the area of personality development, reproductive health and economic participation.
11.	Internatinal Centre for Research on Women (ICRW)	International	1996-2005	Coordinate Multi-site intervention study Informative Research Advocacy, awareness programme	Target group is female adolescent in particular. Drawing on informative research conducted in five community based groups in urban and rural India. Implementing interventions to address young girl's lack of decision making power and self-confidence, test multiple strategies reproductive health services and information to youth.
12.	Pathfinder International	International	2003-to date	Partnership activities with Indian NGOs with initial provision with reproductive health information, education, counseling and services to adolescents	Not mentioned particularly.
13.	Arogyavaram Medical Centre (AMC)			Clinical service provider, counseling and healing meditation	HIV/AIDS positive male and female, women with RTI's , STD
14.	Action India	International	2000- to date		

SI No.	Name of Organization	Type of Organization	Year	Intervention	Target group and area covered
15.	Agency for Community Care and Development (ACCAD), A clinic for people living with HIV/AIDS.			Clinical service provider. Provides medication, counseling and support to HIV/AIDS people.	Target group are people living with HIV/AIDS.
16.	AIDS Awareness Group			Activities include counseling, awareness generation, support services and legal aid	HIV/AIDS positive male and female
17.	Alarippu			Works on awareness generation, education and training, health and nutrition among women and youth.	Women and youth are main target.
18.	Breakthrough, a cultural organisation			Raises awareness about social justice through popular culture, media and the internet	Target group is out school adolescent
19.	Center For Advocacy and Research (CFAR)			Advocacy and research in, and on, the media, in order to strengthen the gender and development perspective of the mass media	Reaching out-of school adolescent through monitors print, radio, and television.
20.	Delhi AIDS Niyamtran Smiti, Government AIDS programme implementation agency at the state level.	Govt organization, national	2000- to date	AIDS prevention service provider	HIV/AIDS positive male and female, STD
21	Human Rights Law Network	A national network		Providing free legal aid service and working to protect human rights	To young women, sexually abused adolescents
22	Institute of Social Sciences (ISS)			Works on socially relevant research on governance, local democracy, urban studies, women's studies, globalisation and human rights	
23	Institute of Social Studies trust (ISST),			Conduct research and action programmes to promote social justice and equity	For the underprivileged with a focus on women

SI No.	Name of Organization	Type of Organization	Year	Intervention	Target group and area covered
24.	Jagori, a resource center focusing on women's issue		2000-to date	Resource provider on violence against women, alternative health systems, sexual violence, communication, trafficking of women and children.	Reaching female adolescents through out reach programme
25.	MARG		2000-to date	Legal literacy, research, documentation, and dissemination of information	Work is targeted to both the affected and the policy makers.
26.	National AIDS Control Organisation (NACO)	The central government's nodal organisation		Policy formulation and implementation of programmes for prevention and control of HIV/AIDS in India	HIV/AIDS people
27.	NAZ Foundation (India) Trust		1995- to date	Clinical intervener. Programmes on women's sexual health, clinical intervention to control STD and bring about behaviour change to check the spread of HIV, research and care home.	Women with HIV/AIDS, STD
28.	North East Network				
29.	Population Council, an international, non-profit organisation	International		Conducts research on three fronts a) biomedical b) social science and c) Public health -to help change the way people think about problems related to reproductive health and population growth .	
30.	Positive Life, a network for HIV/ and people		2000-2005	Provides legal and social support and guidance to HIV and persons and their families	Reaching out of school adolescents through internet
31.	CHETNA				Based in Ahemedabad in the state of Rajasthan and Gujarat, it works directly and indirectly with adolescent girls to build local capacity to meet their needs.

SI No.	Name of Organization	Type of Organization	Year	Intervention	Target group and area covered
32.	Sahara Women and Children's Home, A shelter home for HIV positive women			Clinical service provider runs a care home for women and their children. Runs a care home for HIV/women	HIV positive women and their children
33.	The Hunger Project (THP)	International		Funding, awareness programme	Provide financial support to NGOs and campaign for ASRH rights.
34.	UN Office on Drugs and Crime (UNODC),	International		Consists of the drug programme and the Crime Programme	Fights against illicit drugs and international crime through providing legal support, counseling and healing meditation to adolescents
35.	UNAIDS	International	1998-2005	leads strengthen and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reduce the vulnerability of individuals and communities to HIV/AIDS and alleviation the impact of the epidemic.	
36.	UNDP	International	1995-to date	Reach Beyond Borders, HIV& Development Programme, funding, advocacy for policy build up	The UN global network programme, reaches millions of adolescent regardless male and female throughout India, advocating for change connecting countries to knowledge, experience and resources to help youth to build a better life.
37.	UNIFEM, The UN's development fund for women	International	1998-2005	Provides financial and technical assistance to innovative programmes and strategies that promote women's human rights including reproductive and sexual rights, political participation and economic security.	Female adolescent, young women who had sexual abuse and married young woman
38.	AIDS Awareness Group (AAG)	International	2000- up to date	Awareness create, counseling, healing mediation	People living with HIV/AIDS, High risk people,
39.	Rajiv Gandhi	National	2000-to date	Financial assistance provider	

SI No.	Name of Organization	Type of Organization	Year	Intervention	Target group and area covered
	Foundation				
40.	Centre for Community Medicine			Clinical service provider	Provide medicine and clinical services to HIV/AIDS positive people, high-risk people
41.	Dristikon	National			
42.	TORCH			Awareness creating programme	Reaches out-of-school children through outreach programme
43.	Salaam Baalak Trust			Trusty, funding programme	
45.	SHARAN	National			
46.	Society for Promotion of Youth and Masses (SPYM)			Provide financial assistance to ASRH interventions	
47.	Positive Life			Awareness creating programme	Male and female adolescent in general
48.	Joint Women's Programme		2000-2005	Counseling, awareness programme	Female adolescent in Mumbai
49.	Population Service International India	International			
50.	Disha	National			
51.	AANCHAL, India Centre for Human Rights and Law			Legal aids	Youth who are abused regardless male and female
52.	SNS Foundation	International			
53.	IFSHA (Intervention for support healing and awareness)	International	2000-to date	Involved in counselling, healing meditation	Out-of school children, people with HIV/AIDS, female adolescent regardless married and unmarried
54.	Care India	International	2000-to date	Funding programme, advocacy for policy making, awareness programme	It reaches urban slum adolescents, HIV/AIDS positive male, in Delhi through awareness, advocacy for better policy.
55.	UNICEF	International	2000- to date	Funding, awareness, Outreach programme	Reaches out of school adolescent living in urban slum in Mumbai, Delhi and rural women in the North through outreach

SI No.	Name of Organization	Type of Organization	Year	Intervention	Target group and area covered
					programme
56.	UNFPA	International	1998- to date	Funding, advocacy, awareness creating programme, education service to RHIYA	It works among both rural and urban adolescent through in school and out reach programme. Reproductive health information for youth and adolescent (RHIYA) is a programme provide counseling, and education services through peer network, youth centers
57.	ICDS	National	1996- up to date	Outreach education service	Adolescents, particularly girls, form an important segment of targeted beneficiaries with an emphasize on counseling and reproductive health services. . Integrated child development schemes (ICDS) have been designed for out-of-school girls. Other health activities indirectly promote girls education
58.	Population Council India	International	1999-to date	Supports initiatives on adolescent transition in different state in collaboration with several NGOs	The NGOs POP council supports are namely RUWSEC in Tamil Nadu, SUTRA in Himachal Pradesh, ADHITI in Bihar, CINI in WEST Bengal and CHETNA in Gujrat and Rajasthan. It also supports programme run by Mahila Samkhya in Karnataka, and Apni Beti Apna Dhan in Haryana
59.	International Center for Research on Women (ICRW)	International	1996-2005	Initiated a multi-site intervention and research programme	The research provided urban and rural community-based data on adolescent lives,

Annex 2. Existing SRH Interventions to Young people in Bangladesh

SI No.	Name of Organisation	Type of Organisation	Programme	Year	Area covered & Type of activities
1.	BRAC, established in 1972, as a relief organisation, emerged over the year as one of the largest non-governmental development organisation in the world.	National	Adolescent Family life Education (AFLE) through school education, peer network , multi-lesson programme (involving family, parents, local superiors). Topic includes adolescent's reproduction and menstruation, marriage and pregnancy, age of marriage, right age for pregnancy etc. information about STDs/AIDS, common RTIs, signs and symptoms of STDs.	1995-todate	Covers rural area in Bangladesh through 175 kishore-kishoree schools with 100 in sherpur and 75 in Nilphamari, Dinajpur, 35 schools in Habiganj and 90 schools in Moulavibazar, reaching 1.1 million adolescents. A total of 6313 kishori pathagars provide informal primary schooling and family life education to non-enrolled children age 11-15 years from landless families. Each KK school enrolls 30 students, A female teacher recruited from the village site and trained by BRAC to teach. Whereas 70% of the students are female. The school curriculum runs twelve months a year and after 3 years students can graduate to grade 5 in the formal school system. Involvement of teachers, involving school management committee, involving parents and providing education to adolescents, involvement of religious leaders, improve knowledge through teachers training, access of health care and good communications are the main characteristics of the programme.

SI No.	Name of Organisation	Type of Organisation	Programme	Year	Area covered & Type of activities
2.	EngenderHealth, established in	International	Project on Preventing and protecting Fistula, Post-partum Hemorrhage.	Oct-2004 -to date	Tangail, Dinajpur, and Cox's Bazar. 3 rural hospitals are working on prevention and care to women's Fistula. It reaches women age 15- 44. so married young women in the above mentioned districts.
3.	Marie Stopes Clinic Society, established in 1998, a Bangladeshi NGO funded by Marie Stopes Clinic, USA.	International	MR service provides to married women (as it requires a spouse signature), provide AFLE services through Peer Network, HIV/AIDS- VCT programme in collaboration with ICDDRDB as well as work with Care Bangladesh, NIPORT,	1998-to date	Clinical service provider. Target group is lower income people and homeless people. Provide medical services to cure STI/RTI through 44 mini clinics located in the slum and Marie Stopes Volunteer team for homeless people. Monthly service is provided to garments women. 24 clinics are working covering urban slum, 115 garments factory (including Savar, Dhaka and Chittagong) and some villages in Rajshahi, Barisal, Chittagong and Sylhet divisions. Dhaka branches cover High court Major and 26 garments in Dhaka through package service (health card) specially designed for factory workers. Intervention also includes awareness program through providing services to AFLE, Voluntary counseling to the victim and 6 months training given through friendly center (Moni-Mukta ashore) to the lower income family adolescent. Created a tie for SRH rights advocacy with Care Bangladesh, ODPUP, Bandhu, Apolo, and UNDP.
4.	Family Planning	International	Menstrual	1990-to date	MR Service provider, access to information is

SI No.	Name of Organisation	Type of Organisation	Programme	Year	Area covered & Type of activities
	Association of Bangladesh (FPAB), established in 1983, funded by IPAFB.		Regulations (for married adolescents), provide information as required on abortion, AIDS/HIV.		cross cutting issue, Work in 20 districts and 11 rural unions. Activities are rural based, having 20 clinics in different districts 11 clinics are located in rural area. It does have advocacy in both local and central level which influences policy formulation of SRH.
5.	Bangladesh Centre for Communication Programs (BCCP)	National, funded by UNICEF, USAID, John Hopkins Bloomberg and Health Communications Partnership	Package program provider to electronic media	1998- to date	Education service provider-provide a package programme (Know Yourself, in its title) to national electronic media i.e. BTV which has gained huge popularity among adolescents. Create awareness among adolescents through electronic media; comic books feature the adventures of adolescents Sajjad and his sister Shanu in a semi-urban town that touch on reproductive health issues. Each comic book includes guidelines and questions for discussion. The programme reaches approx 20 million adolescents throughout Bangladesh
6.	Population Council,	International	Education programme to AFLE through providing texts on SRH rights for adolescent, facilitates Integrated Non-formal Education Expansion Programme (INFPE), Voluntary Health Services (VHS) as well as research activities on adolescent SRH, provide opportunity to a group of less experienced researchers to gain experience, provide training for data collection, data analysis, presentation techniques and other aspects of research.	1995-to date	Education service provider. Encourage AFLE programme through publishing reports and provide research training on ASRH. the country has a number of research institutions with well trained researchers capable of conducting policy relevant research for the Government and others. Less experienced researchers gain experiences through participating in a number of studies under the guidance of experienced researchers that builds policy research capacity on the broader aspects of RH. The research

SI No.	Name of Organisation	Type of Organisation	Programme	Year	Area covered & Type of activities
					studies emphasis on opportunity for Integration of RTI/STD Services into the FP-MCH Program, strengthen STD Services for Men in Urban Clinics, study on adolescents reproductive health care etc.
7.	UNFPA	International	ARH project - Interventions for married adolescents using the concept of Personal Social Education (PSE), in association with family life education and life skill issues through Peer Education Approach. Reproductive Health Intervention to Youth and Adolescent (RHIYA).	2001-2004-	The ARH project is a three year project. It provided education through peer approach to provide reproductive and sexual health related education, information, and counseling services for the married adolescent girls and their husbands. Study areas are the four districts including Chittagong, Sherpur, Chapai Nawabganj, and Narayanganj reaching 2547 adolescents.
	DFID	International	Funding SRH program for Adolescent		BRAC, EngenderHealth, other South Asian countries
8.	UNICEF	International	Funding ASRH interventions to BCCP	2000-to date	Assistance to UNFPA and BCCP. Create awareness about ASRH
9.	Organisation of Development Programme for the Under-privileged (ODPUP)	International, NGO for young men, founded in 1998, work as an umbrella organization	STI/HIV/AIDS Prevention Programme. Implementing HIV/AIDS/STI Intervention to young men who are having sex with men (MSM), assisting programme development, implementation, evaluation and monitoring STD/HIV/AIDS interventions.	1998-to date	Work in urban slum people among men who have sex with men, industrial workers, injecting drug users, transport workers, female sex workers and HIV/AIDS victim following participatory approach and need based approach. Considering the sensitivity of the issue advocacy and networking, community participation, regular supply of safe sex materials, comprehensive care and support are some important aspects of this programme. Major activities include community mobilization, peer education, clinical services,

SI No.	Name of Organisation	Type of Organisation	Programme	Year	Area covered & Type of activities
					condom and lubricant promotion and distribution, advocacy and networking. Activities are not limited in Dhaka but also covers areas like Tongi, Rajshahi, Natore, Ishwardi, Pabna and Savar.
10.	Bandhu	National NGO	Implementing HIV/AIDS		Through information dissemination and counseling services depending upon the need for knowledge on ASRH. Work among urban slum children, high risk people and MSM living in Dhaka city.
11.	HIV/AIDS and STD Alliance Bangladesh (HASAB)	International, an umbrella organisation	Involved in assisting NGOs and CBOs for needs assessment, programme development, programme implementation, programme monitoring and evaluation in the area of HIV/AIDS .	1994-upto date	Through partnership with NGOs and CBOs it works among population that includes sex workers, injecting drug users, men who have sex with men, transport workers, industrial workers, indigenous population and people with HIV/AIDS in Dhaka.
12.	South-South Centre, Bangladesh	National, Government of Bangladesh funded organisation	Funding and assistance to ODPUP	1998-to date	Assistance to the needs assessment study of HIV/AIDS programme. Documentation of STI/HIV/AIDS Prevention Programme among MSM in a slum in Dhaka.
13.	WHO Department of Reproductive Health and Research	International	SRH and health program	2000-2003	Both rural and urban Adolescent
14.	Bangladesh Population and Health Consortium (BPHC)		Grants and technical assistance provider to small NGOs. Financial assistance given to AFLE	1988-to date 1989-1993	

SI No.	Name of Organisation	Type of Organisation	Programme	Year	Area covered & Type of activities
15.	RHSTEPS, BAPSA, BIRPAB.	International, National, National	Medical service provider	Not found in the search	
16.	NIPORT, CARE Bangladesh, UHEP, FPSTC, FDSR, CMES	National, International	AFLE service	1998-to date	Assistance, advocacy and funding to Marie Stopes Clinic Society, BCC and other local NGOs (specific name is not found)
17.	Center for Health and Population Research (ICDDR,B), an international organization to improve health and population in Bangladesh	International	Information provider, awareness programme, counseling Provides support to peer education strategy	2000-2002	undertook a worksite study on adolescents working in garments factories addressing issues of early marriage, early fertility and the emergence of HIV/AIDS epidemic in Bangladesh. strategy through providing information materials, knowledge about ASRH and improve use of reproductive health services such as condoms and contraceptive pills by working adolescent in the garment factories.
18.	Rotary Club of Ramna, Dhaka	International	Awareness create programme on HIV/AIDS		Contribute in awareness create programme through organizing seminar, publication and publicizing activities on HIV/AIDS

Table 3. Existing interventions in Pakistan

Name of Organisation	Intervention	Year	Target group	Area covered& type of activities
UNFPA	RHIYA	20001-present	Adolescent-married girls and their husbands	(Search could not find out the specific places yet), works in partnership with three partner NGOs-SACHET, Marrie Stopes Clinic Society, and PAVHNA. Activities include participatory needs assessment, increasing life skills through peer education and personal social education, sensitization of parents/teachers/community leaders, sensitization and training of service providers, links to existing training on skill development and micro-credit opportunities, advocacy activities and development of innovative IEC materials, research and documentation of lesson
SACHET, an umbrella organization	Opening up Youth Friendly Centers to provide sexual and reproductive health education to AFLE	2000-present	Young boys and among married adolescent girls	Work in collaboration with RHIYA and two other organizations having more or less the same type of activities like RHIYA,
Marie Stopes Clinic Society	Education to AFLE	2000-present	Adoelscent boys and girls regardless married and unmarried	Intended to reach adolescent across the country through documentation of lesson. Developed a booklet on RH issues related to youth the booklet is available throughout the country
PAVHNA, a NGO in		2001	Adoelscent in Karachi	

Karachi				
FHI	Awareness creating programme on HIV/AIDS		Poor and vulnerable young people	Create awareness through peer networks and education in school and high risk groups involving various organizations in this interventions.
BCC	Develop Strategies to prevent HIV/AIDS		Low income adolescent and high risk male youth (homeless, male sex workers)	They design material on RH consisting of series of interactive games to be used by peer educations with high risk male .The material is on HIV/AIDS, how it is spread out, common rumours/misconceptions about HIV/AIDS patients, preventing measures and people a high risk of contracting HIV/AIDS etc.
Population Council	Research work in collaboration with Planning Association of Pakistan (PAP), documentation, publication, etc.	2001-present	The target group was the reproductive health age people, both in-school and out of school children	Research work, awareness programme, peer promotion programme. A research work was done on reproductive health which has also explored the rights of adolescent SRH in Pakistan
Family Health International, established in 1971, FHI is a leader among nonprofit international public health organizations	Research and field activities to HIV/AIDS people	1995-to date	Female adolescent, particularly to married young women and HIV/AIDS positive people	It works in urban slum in Karachi and among women with a range of technical services. This includes assuring contraceptive safety, preventing the spread of HIV and other sexually transmitted diseases, improving maternal care, and facilitating access to quality reproductive health services. FHI also works to close gaps in service delivery and bring the best evidence to bear on health programs and policies.

Table 4. List of People who were contacted for data collection

SI No.	Focal person	Name of Organization	Documents/ Assistance received
1.	Parveen Akhter Program officer, Reproductive and Sexual Health	BRAC	BRAC AFLE text, two soft copies of the curriculum
2.	Dr. Abu Jamil Faisal Country Representative, Bangladesh	EngenderHealth, Dhaka	Two reports on EngenderHealth interventions to reproductive health
3.	Dr. Nadira Sultana Director	Family Planning Association of Bangladesh (FPAB)	Text, reports, on SRH including HIV/Aids interventions and some family planning interventions to women
4.	Dr. Halida Hanum Akhter Director General	FPAB	No report, but reference for data collection
5.	Mrs. Momena Begum Documentation officer	FPAB	A good number of texts, journals and reports on adolescent SRH in Bangladesh
6.	Dr. Hashima-e- Nasrin Director	HASAB	HASAB and ODPUP interventions to ASRH (two publications)
7.	Mr. Tauhid-ul-Alam National Program officer, Strategic Development	UNFPA	Reports and review on South ASIAN interventions
8.	Ms. Ruh Afjah, Program Officer, MDG	UNFPA	No documents received, references for data collection
9.	Mrs. Rahela Anam Documentation officer	Population Council, Dhaka	Population Council publication on ASRH and a review on intervention in India
10.	Marcia Mayfiled	EngenderHealth, New York	Three reports on ASRH including EngenderHealth intervention in Nepal

	Country Director		
11.	Ms Shushila	DFID, UK	No document received
12.	Laksmi Durgay MPH Fellow, BRAC	Hyderabad, India	Web site information on Indian ASRH intervention
13.	Manjula Singh MPH fellow, BRAC	Delhi, India	List of leading organizations initiating interventions to youth sexuality and reproductively in India, some journal and assistance for internet search
14.	Najia Rafiq MPH Fellow	Pakistan	List of interventions along with the name of the organizations involved in ASRH in Pakistan, report of PAVHNA and FHI intervention
15.	Mr. Faiz Kawsar Program officer, Elephant Road	Marie Stopes Clinic Soceity,	Brochures that contains ASRH intervention by Marie Stopes Clinic in Bangladesh
16.	Ms. Khadija Bilkis Senior research Officer, reproductive and sexual health	Bangladesh Centre for Communication Program (BCCP)	No documents received, but face to face interview
17.	Mr. Mohammad Shajahan	BCCP	Reference and focal person assigned for assistance to RPC
18.	Dr. Shahida Haque Program manager, Health	BCCP	Reference for ASRH information
19.	Shireen Huq Senior Program Officer	DANIDA, PSU, Dhaka	References for information
20.	Mahbub-e Alam Senior research officer	Engenderhealth	References for information
21.	Mizanur Rahman Field co-ordinator	Marie Stopes Clinic, Elephant Road	Information received on Marie Stopes Clinic services to ASRH