



ANNUAL REPORT 2025

Who we are

RHSTEP is a national non-governmental organization committed to advancing Sexual and Reproductive Health and Rights (SRHR) in Bangladesh. Through service delivery, health systems strengthening, capacity development, youth engagement, research and evidence generation, advocacy, and strategic partnerships, RHSTEP works to improve the health, wellbeing, and rights of women, adolescents, young people, and underserved communities.

RHSTEP Focus Areas

- Strengthening Health Systems for Quality and Equitable SRHR Services
- Expanding Access to Comprehensive Sexual and Reproductive Health and Rights (SRHR) Services
- Generating Demand for Informed and Voluntary SRHR Service Utilization
- Empowering Adolescents and Young People as Agents of Positive Change
- Promoting Public Awareness and Community Engagement on SRHR Issues
- Advancing Evidence Generation and Knowledge Development
- Strengthening Advocacy, Networking, and Strategic Partnerships
- Promoting Inclusion, Gender Equality, Disability Rights, Environmental Sustainability, and Climate Resilience



VISION

A HEALTHY WEALTHY
SELF-RELIANT BANGLADESH
WHERE EVERY CITIZEN IS
RESPECTFUL TO HUMAN RIGHTS
AND PRACTICING THOSE RIGHTS
IRRESPECTIVE OF THEIR AGE,
SEX, RACE OR SOCIO-ECONOMIC
AND CULTURAL STRATA



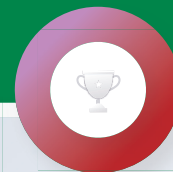
MISSION

EMPOWER THE PEOPLE
ESPECIALLY POOR,
VULNERABLE AND
MARGINALIZED THROUGH
DIFFERENT HEALTH AND
SOCIAL INTERVENTION TO
UPHOLD THEIR RIGHTS



GOAL

RHSTEP GOAL IS TO
CONTRIBUTE TOWARDS
IMPROVING SRH OF WOMEN
AND ADOLESCENTS AND THUS
COMPLEMENT THE GOB'S
NATIONAL HEALTH PROGRAM
TARGETS OF REDUCING MMR
AND OTHER SRH HAZARDS IN
BANGLADESH.



CORE VALUES

RIGHTS
JUSTICE
DIVERSITY
COMMUNITY PARTICIPATION
ACCOUNTABILITY



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Development and Strategic Partnerships



RHSTEP works in collaboration with government institutions, development partners, academic and research bodies, and service delivery platforms to strengthen access to quality Sexual and Reproductive Health and Rights (SRHR) services.

Government Partners

- Ministry of Health and Family Welfare (MoHFW)
- Directorate General of Health Services (DGHS)
- Directorate General of Family Planning (DGFP)
- Directorate General of Nursing and Midwifery (DGNM)
- National Institute of Population Research and Training (NIPORT)
- Ministry of Local Government, Rural Development and Co-operatives (MoLGRD&C); Dhaka North & South City Corporations (Health Departments); Narayanganj City Corporation;
- Urban Primary Health Care Services Delivery Project (UPHCSDP);
- Directorate of Secondary and Higher Education (DSHE)

Development Partners

Embassy of Sweden/Sida, Ipas Bangladesh, Global Affairs Canada through Health Bridge Foundation of Canada, Ministry of Foreign Affairs of the Netherlands through Rutgers.

Academic and Research Partners / Funding Bodies

Florida International University, MOMODa Foundation, University of Leicester, ESRC.

Consortium / Coalition Partners

BAPSA; RHRN2 coalition members.

Service Delivery and Programme Platforms

Public and private health facilities, UPHCSDP clinics, RMGs, BGMEA, BKMEA

RHSTEP gratefully acknowledges the support of its partners and stakeholders, whose collaboration has strengthened access to quality SRHR services and contributed to improved health outcomes across Bangladesh.

Acknowledgement of the Governing Body:

RHSTEP gratefully acknowledges the valuable guidance, leadership, and commitment of its Governing Body. Through their strategic direction, governance oversight, and unwavering support, the organization has continued to strengthen its institutional capacity and advance its mission of promoting equitable access to Sexual and Reproductive Health and Rights (SRHR) services for women, adolescents, young people, and underserved communities across Bangladesh.

Governance / Executive Committee

RHSTEP is governed by an Executive Committee that provides strategic direction and oversight. The Committee supports policy guidance, organizational management, and ensures accountability in programme implementation.



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Obstetrician & Gynaecologist



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Message from the President

RHSTEP's work in 2025 reflects its sustained commitment to improving access to quality Sexual and Reproductive Health and Rights (SRHR) services.

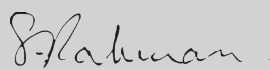
Through a combination of service delivery, capacity development, and community engagement, RHSTEP has contributed to expanding access to menstrual regulation, post-abortion care, family planning, and maternal health services. These efforts have strengthened both service availability and quality.

The organization has also placed strong emphasis on engaging Adolescents and Young People (AYP), supporting their participation, awareness, and leadership in addressing SRHR issues.

RHSTEP's continued focus on research and evidence generation, particularly in maternal health and adolescent and

youth health, further supports programme improvement and policy engagement.

On behalf of the Board, I express appreciation to all partners, stakeholders, and the RHSTEP team for their continued commitment and contribution.



Dr. Sabera Rahman
President
RHSTEP

“

Partnership remain central to building a stronger, more equitable and resilient health system in Bangladesh

”



Foreword by Executive Director

The year **2025** marked another important year of progress for RHSTEP in advancing quality, inclusive and rights-based **Sexual and Reproductive Health and Rights (SRHR)** services in Bangladesh. Through its integrated programme interventions, RHSTEP contributed to broader national efforts toward Universal Health Coverage (UHC) by expanding access to essential reproductive health services, strengthening provider capacity and skills, and deepening engagement with communities, particularly Adolescents and Young People (AYP) as key change makers.

During the year, RHSTEP delivered comprehensive SRHR services, including **menstrual regulation (MR), post-abortion care (PAC), family planning, maternal health, RTI/STI management, cancer screening, and adolescent-friendly health services**. Continuous provider training, mentoring, supportive supervision, and quality improvement initiatives further strengthened service standards and client-centered care across programme areas.

RHSTEP also strengthened community outreach, youth engagement, advocacy, and evidence generation through initiatives such as **Alor Dhara Pathshala and Aparajeyo Tarunno (Unlocking Youth Potential - UYP)**. In addition, the organization continued its commitment to operational and implementation research, including studies on the **contribution of safe menstrual regulation in saving women's lives, delaying early pregnancy, emergency reproductive health kit preparedness, and periodic client exit interviews** to assess service quality, client satisfaction, and programme effectiveness.

RHSTEP's effort during the year contributed to improving health and well being, advancing gender equality, reducing barriers faced by vulnerable population, and strengthening partnerships for sustainable development. These partnerships remain central to building a stronger, more equitable, and resilient health system in Bangladesh.

As RHSTEP moves forward, we remain committed to strengthening equitable,

inclusive, and sustainable SRHR programmes that respond to the evolving needs of women, adolescents, young people, and communities across Bangladesh. Through continued innovation, evidence-informed approaches, and meaningful partnerships, we will strive to expand opportunities for individuals to exercise their health and rights with dignity and confidence.

I extend my sincere appreciation to the Government of Bangladesh, our development and strategic partners, consortium members, community stakeholders, healthcare providers, and the RHSTEP team for their continued trust, collaboration, and dedication. Their collective support remains fundamental to advancing our shared vision of improved health, wellbeing, and rights for all.



Quazi Suraiya Sultana
Executive Director
RHSTEP

“

Together, we remain committed to advancing equitable, rights-based, and sustainable SRHR services for all.

”





At a Glance (2025)

874,279

Total SRHR
Services
Delivered

37 centres

* Service Delivery
Platforms

455,584

Total Clients
/ Service
Recipients

**20 districts in
8 divisions**

* Geographical
Coverage

40,000

Adolescents and
Young People (AYP)
(AYP) Engaged

** Note: Figures represent RHSTEP direct implementation.
Consortium-wide coverage including BAPSA reached 42 across 22 districts.*

Impact Area Blocks



Impact Summary

RHSTEP strengthened access to and quality of Sexual and Reproductive Health and Rights (SRHR) services through integrated service delivery, provider capacity development, youth engagement, community outreach, advocacy, research, and system strengthening. These efforts contributed to improved reproductive health outcomes, strengthened prevention and management of complications related to unsafe abortion, increased access to family planning and GBV-related support, and enhanced inclusion of adolescents, women, and underserved populations.

RHSTEP 2025 – Impact Dashboard

Service Delivery Reach

874,279

SRHR services delivered

455,584

Clients received services

Women, Adolescents and Community Reach

500,000+

people reached through outreach, awareness and community engagement

40,000+

adolescents and youth directly engaged

Health System Strengthening

135

Skill of Healthcare service providers strengthened on MR, MRM and PAC

2,700+

Stakeholders engaged through dialogue, coordination and partnership initiatives

300+

Advocacy & Networking Events conducted to strengthen SRHR advocacy, collaboration and accountability

Gender-Based Violence (GBV) Response

4,378

GBV-related services and support interventions provided

Executive Summary

In **2025**, RHSTEP continued to advance equitable access to **Sexual and Reproductive Health and Rights (SRHR)** services across Bangladesh through integrated service delivery, capacity development, youth engagement, advocacy, research, and strategic partnerships. Working through service delivery platforms, community-based interventions, youth-led initiatives, and collaboration with government and development partners, RHSTEP contributed to improving access to quality SRHR information and services for women, adolescents, young people, and underserved populations.

2025 Highlights

- * **874,279** total SRHR services delivered
- * **455,584** clients reached
- * **40,000+** Adolescents and Young People (AYP) engaged through youth-focused initiatives
- * **135** healthcare providers and service personnel trained and mentored
- * **4,378** GBV-related services and supports provided

Through the SRHR Consortium project, RHSTEP and consortium partners strengthened access to menstrual regulation (MR), post-abortion care (PAC), family planning, maternal health, and counselling services. Service quality was enhanced through provider training, mentoring, supervision, quality assurance mechanisms, and strengthened referral systems. Community outreach and male involvement initiatives further contributed to improved awareness and utilization of SRHR services.

The ISRHR in Dhaka project expanded access to integrated SRHR services within urban primary healthcare settings, while strengthening provider capacity, referral

pathways, quality improvement processes, and rights-based approaches to service delivery. The project also contributed to GBV-related support services and strengthened linkages between healthcare facilities and referral networks.

RHSTEP's youth engagement initiatives, including Aparajeo Tarunyo - Unlocking Youth Potential (UYP), Alor Dhara Pathshala, and RHRN2, created opportunities for Adolescents and Young People (AYP) to engage in SRHR education, leadership development, social accountability, gender equality initiatives, disability inclusion, advocacy, and community action. These platforms strengthened youth participation while promoting informed decision-making and positive social change.

The organization continued to integrate gender equality, human rights-based approaches, disability inclusion, and safeguarding principles across programmes and services. Particular emphasis was placed on reaching marginalized and underserved populations, promoting dignity and informed choice, and strengthening respectful and non-discriminatory service provision.

RHSTEP also contributed to research, evidence generation, policy dialogue, and institutional capacity building. Through collaboration with government institutions, development partners, academic institutions, and civil society organizations, the organization supported knowledge generation and programme learning to inform future SRHR programming and policy development.

The achievements of 2025 reflect RHSTEP's continued commitment to strengthening access, quality, inclusion, accountability, and sustainability within SRHR programming. Through partnerships, innovation, evidence-based approaches, and community engagement, RHSTEP remains committed to advancing the health, rights, and wellbeing of women, adolescents, young people, and communities across Bangladesh.

About RHSTEP

The **Reproductive Health Services Training and Education Program (RHSTEP)** is a national organization in Bangladesh working to improve access to **Sexual and Reproductive Health and Rights (SRHR)** services of Women And Adolescents. Established in **1983** under a government initiative and later transformed into a non-government organization, RHSTEP has developed extensive experience in capacity development, service delivery, and programme implementation in reproductive health.

RHSTEP focuses on strengthening the capacity of healthcare providers and institutions, particularly in **Menstrual Regulation (MR), Post-Abortion Care (PAC), and Family Planning**. Over the years, the organization has contributed to national capacity development by training medical professionals and supporting the delivery of quality SRHR services through both facility-based and community-based approaches.

RHSTEP delivers a comprehensive range of SRHR services, including **MR, PAC, family planning, maternal health care, management of reproductive tract infections, and adolescent and youth health services**. The organization also places strong emphasis on engaging Adolescents and Young People (AYP) through structured platforms, awareness initiatives, leadership development, and community participation. These services and

interventions are delivered through

public health facilities, outreach platforms, and community-based engagement, with a focus on **women, adolescents, youth, and underserved populations**.

Across its programmes, RHSTEP applies a **rights-based, gender-responsive, and inclusive approach**, integrating **gender equality, Gender-Based Violence (GBV) prevention and response, a Human Rights-Based Approach (HRBA), disability inclusion, and social equity considerations** to address barriers to access and promote equitable service delivery.

In addition, RHSTEP engages in **advocacy, community outreach, research, and evidence generation** to strengthen programme quality and inform policy dialogue. Through collaboration with **government institutions, development partners, academic institutions, and civil society organizations**, RHSTEP contributes to national efforts to improve reproductive health outcomes, strengthen health systems, and advance gender equality in Bangladesh.



1. Programme Overview

RHSTEP implements an integrated **Sexual and Reproductive Health and Rights (SRHR)** programme aimed at improving access to, quality of, and utilization of reproductive health services across Bangladesh. The programme addresses both **supply-side and demand-side barriers** and focuses on ensuring equitable access for **women, adolescents, young people, and underserved populations**.

RHSTEP applies a **rights-based, gender-responsive, and inclusive approach** across all interventions, integrating **gender equality, Gender-Based Violence (GBV) prevention and response, a Human Rights-Based Approach (HRBA), disability inclusion, and social equity considerations** to reduce barriers to access and promote quality, client-centred care.

In 2025, RHSTEP advanced its mission through a portfolio of six major programme and research streams, including the SRHR Consortium / Safe MR Project, Improving Sexual and Reproductive Health and Rights in Dhaka (ISRHR), Unlocking Youth Potential (UYP), Right Here Right Now Phase II (RHRN2), Delaying Early Pregnancy in Gaibandha District, and Piloting Facility and Mobile Reproductive Health Kits for Disaster Response. These initiatives were implemented with support from development, technical, consortium, coalition, academic, and research partners, including the Embassy of Sweden/Sida, Global Affairs Canada through HealthBridge Foundation of Canada, the Ministry of Foreign Affairs of the Netherlands through Rutgers, Ipas Bangladesh, Florida International University, MOMODa Foundation, University of Leicester, ESRC, BAPSA, and RHRN2 coalition members.

The programme is implemented through the following strategic components:

- **Capacity Development:** Strengthening the skills and competencies of healthcare providers through training, mentoring, supportive supervision, and technical

assistance, with emphasis on **Menstrual Regulation (MR), Post-Abortion Care (PAC), and Family Planning** services.

- **Service Delivery:** Provision of essential SRHR services through facility-based, outreach, and referral mechanisms, including **MR, PAC, family planning, maternal health care, management of reproductive health conditions, and other clinical services**.

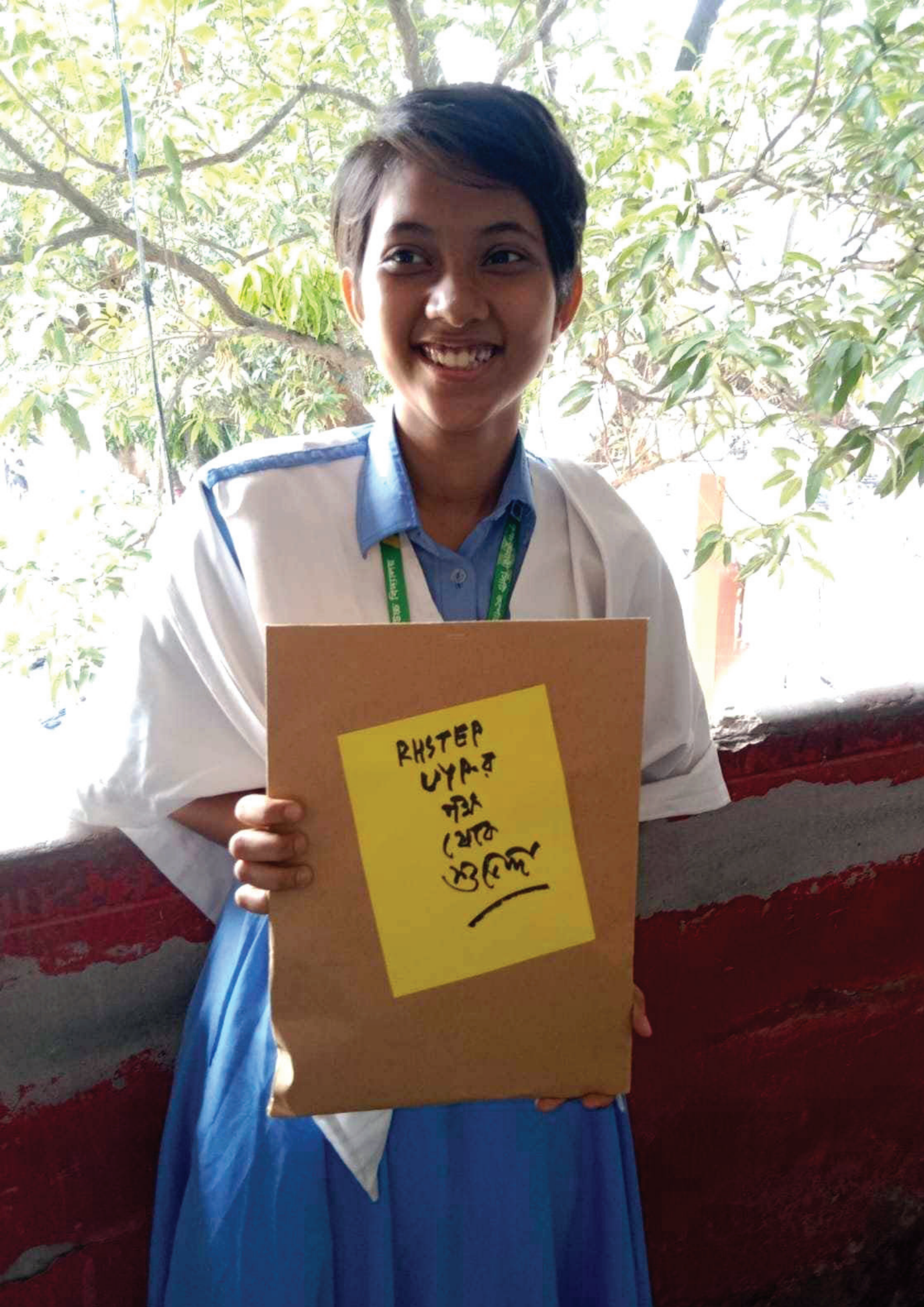
- **Youth Engagement:** Creating platforms for Adolescents and Young People (AYP) to access information, build awareness, develop leadership, and participate in **health, accountability, and social change initiatives**.

- **Community Engagement and Behaviour Change Communication:** Promoting awareness, informed decision-making, and positive health-seeking behaviour through **community outreach, communication campaigns, and social mobilization**.

- **Advocacy and Networking:** Engaging with government institutions, service providers, civil society, and other stakeholders to strengthen coordination, policy dialogue, accountability, and an enabling environment for SRHR.

- **Research and Evidence Generation:** Generating and utilizing programme evidence, operational research, and client feedback to inform programme design, improve service quality, and support evidence-based decision-making.

Through this integrated programme approach, RHSTEP contributes to **strengthening health systems, improving service quality, expanding access to rights-based SRHR services, and advancing gender equality and social inclusion in Bangladesh**.



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2. Programme Performance:



2.1 Capacity Building

RHSTEP prioritizes the capacity development of healthcare providers as a core strategy for improving the availability, safety, and quality of **Sexual and Reproductive Health and 135 medical professionals** were trained and supported on **Menstrual Regulation (MR), Menstrual Regulation with Medication (MRM), and Post-Abortion Care (PAC)** through basic training, refresher courses, mentoring, and follow-up technical support.



Beyond its own project interventions, RHSTEP also provided capacity-building support to SRHR service-providing organizations, including Marie Stopes Bangladesh and PSTC, further strengthening provider competencies, counselling capacity, and service readiness.

These interventions contributed to improved adherence to national clinical standards and strengthened provider confidence in delivering quality services. Trained providers are actively delivering services across **government facilities, UPHCSDP clinics, referral facilities, consortium centres, and private service points**, expanding access to safe and quality SRHR services across programme areas.

2.2 Service Delivery

In 2025, a total of 874,279 services were delivered, reaching 455,584 clients across programme interventions.

Key Service Outputs, 2025

Service Area	Services Delivered
Menstrual Regulation (MR)	22,823
Post-Abortion Care (PAC)	14,933
Family Planning Services	184,371
Safe Motherhood Services	28,798
RTI/STI and Obs/Gyn Services	23,278
Cancer Screening and Diagnostic Services	28,742
GBV-related Services / Support	4,378

Service quality was strengthened through improved clinical practices, enhanced counselling, infection prevention measures, and follow-up care.



2.2.1 Contribution to National SRHR Priorities

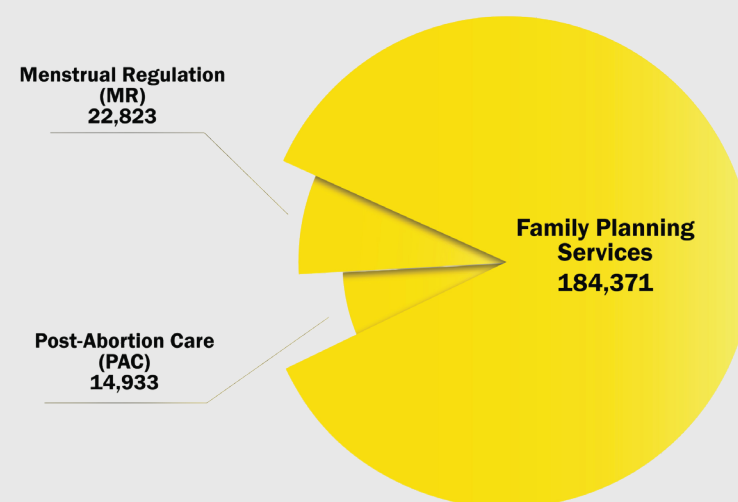
In 2025, RHSTEP contributed to national efforts to expand access to essential reproductive health services, particularly among women, adolescents, urban poor, underserved communities, and vulnerable populations. Through its programme interventions, including the SRHR Consortium and ISRHR in Dhaka project, RHSTEP supported access to safe Menstrual Regulation (MR), Post-Abortion Care (PAC), Family Planning, GBV-related support, and other SRHR services.

RHSTEP's key contribution to essential reproductive health service delivery included: Menstrual Regulation (MR) 22,823, Post-Abortion Care (PAC) 14,933, Family Planning Service 184,371.

These services complemented national health system efforts to reduce complications related to unintended pregnancy and unsafe abortion, strengthen access to family planning and informed reproductive health choices, and improve reproductive health outcomes among poor, vulnerable, and underserved populations.

RHSTEP's contribution was particularly important in expanding access to safe MR and PAC services, strengthening provider capacity and clinical quality standards, supporting community-facility linkages, and promoting equitable access to quality SRHR services.

Distribution of Services (222,127)





“ Access to safe and respectful care enabled me to continue my education and make informed decisions about my future. ”

- Amina (pseudonym)

Story of Change

Safe and Respectful MR Service Helped Amina Continue Her Education

Amina (pseudonym), a 20-year-old woman from North Mugda, under Dhaka South City Corporation was married at an early age due to financial hardship. After her first pregnancy, she was unable to sit for her Higher Secondary Certificate (HSC) examination. When she became pregnant again just before her rescheduled examination, she faced the possibility of another interruption to her education.

After initially seeking advice from a local pharmacy, Amina was referred by a community service promoter to the UPHCSDP CRHCC PA-4 facility. At the facility, trained providers and a counsellor explained the available options, discussed possible concerns, and supported Amina and her husband to make an informed decision. This counselling process helped ensure that the service was not only clinically safe, but also respectful, confidential, and client-centred.

Amina chose to receive Menstrual Regulation through Manual Vacuum Aspiration (MVA). The procedure was conducted safely by a trained provider, with attention to privacy, dignity, infection prevention, and respectful care. Following the service, Amina recovered well and was able to resume her studies and prepare for her examination.

Amina later shared that access to safe, timely, and respectful care helped her protect her education and plan for her future. Her experience illustrates how quality MR services combine clinical safety, counselling, informed choice, confidentiality, and respectful treatment, enabling women and young people to receive care with dignity and confidence.

2.3 Youth Engagement

Engagement of Adolescents and Young People (AYP) remained a strategic priority for RHSTEP in **2025**. More than **40,000 Adolescents and Young People (AYP)** were engaged through structured and continuous platforms designed to strengthen awareness, leadership, accountability, innovation, and participation in **Sexual and Reproductive Health and Rights (SRHR)** and broader social development initiatives.

RHSTEP's youth interventions responded to critical challenges facing young people in Bangladesh, including limited access to youth-friendly health information, stigma around sexual and reproductive health, early marriage, mental health concerns, gender inequality, exclusion of young people with disabilities, and limited youth participation in community accountability and health governance.

Key initiatives included **Alor Dhara Pathshala**, **Aparajeyo Tarunno (Unlocking Youth Potential - UYP)**, **Right Here Right Now Phase II (RHRN2)**.

These platforms promoted peer learning, community awareness, leadership development, innovation, civic participation, health accountability, and youth-led advocacy.

Through school-based sessions, community

outreach, theatre, youth councils, watchdog groups, hackathons, digital engagement, and social campaigns, RHSTEP supported Adolescents and Young People (AYP) to become active contributors to healthier, more inclusive, and equitable communities.

These interventions contributed to increased awareness, strengthened youth leadership and participation in SRHR issues, improved mental wellbeing, and supported positive social and behavioural change among young people.

Integrating Emerging and Cross-Cutting Issues

120 adolescents and youth received training on gender, human rights, mental health and wellbeing, and climate change, while 7,965 youth were reached through 326 awareness sessions promoting social and environmental responsibility under **Alor Dhara Pathshala**.



Story of Change

Breaking Silence and Taking Care of Mental Health

Alif a 17-year-old young person from Korail, Dhaka, faced significant emotional and financial pressure after his father became seriously ill, leaving the family without a stable source of income. As the eldest son, he was expected to continue his education while also supporting his family.

Like many young boys, Alif believed that expressing emotions was a sign of weakness. He struggled silently with stress, anxiety, and sleep problems.

His situation began to change when he participated in a mental health and nutrition session under RHSTEP's Unlocking Youth Potential (UYP) programme.

Through the session, Alif learned the importance of emotional wellbeing, self-care, and seeking support during difficult times. He began sharing his concerns with trusted people, developed healthier daily routines, and became more confident in managing stress.

Today, Alif demonstrates greater emotional resilience and self-awareness. His journey reflects how youth-focused interventions can help adolescents build confidence, break stigma, and make informed decisions about their health and wellbeing.

"Sharing my struggles and seeking support helped me become stronger, more confident, and better prepared to face life's challenges."

- Alif



2.4 Equity, Inclusion and Diversity

RHSTEP integrates **equity, inclusion, and rights-based programming** across its interventions to ensure that **women, adolescents, young people, persons with disabilities, gender and sexual minorities, and other underserved populations** can access quality **Sexual and Reproductive Health and Rights (SRHR)** services without discrimination.

In **2025**, key interventions included engagement with **gender and sexual minorities** through **Alor Dhara Pathshala** under the Safe MR Project, disability-inclusive programming across **Safe MR, Aparajeyo Tarunno (Unlocking Youth Potential - UYP)**, and **RHRN2**, and the integration of **Gender-Based Violence (GBV) prevention, support, and services** across programme

through the **ISRHR** in Dhaka project.

RHSTEP also applied a **Human Rights-Based Approach (HRBA)** across its programmes while addressing broader health and social equity issues, including **midlife health, mental wellbeing, and climate-related vulnerabilities**.

These interventions contributed to reducing barriers to access, strengthening dignity and informed choice, and promoting more inclusive and equitable service delivery.



Story of Change

Access to Safe Care in a Crisis Situation

Marzan (pseudonym), a 21-year-old woman from Daulatpur Upazila, Khulna, faced severe emotional and physical abuse following the birth of her first child. When she experienced an unintended pregnancy while living in an unsafe environment, her vulnerability increased significantly.

Fearing for her safety and the wellbeing of her child, Marzan left her husband's home and sought support from her family. Facing emotional distress and financial uncertainty, she later visited RHSTEP Khulna Medical College Hospital for help.

At the facility, Marzan received confidential counselling, respectful care, and appropriate reproductive health services. Through timely support and access to information, she was able to make informed decisions about her health, safety, and future.

Today, Marzan's experience reflects how integrated, rights-based SRHR services can support women facing violence, vulnerability, and crisis to regain confidence, dignity, and control over their lives.

"The respectful care and guidance I received helped me make informed decisions about my health and future. For the first time in a long time, I felt heard, supported, and safe."
- Marzan

2.5 Advocacy and Networking

RHSTEP continued to strengthen advocacy, partnerships, and stakeholder engagement to promote **Sexual and Reproductive Health and Rights (SRHR)** and support an enabling environment for equitable service delivery. In **2025**, RHSTEP conducted **more than 300 advocacy, networking, coordination, and stakeholder engagement activities**, engaging **more than 2,700 stakeholders** across programme interventions.

These activities included **policy dialogue, technical consultations, coordination meetings, training workshops, community engagement sessions, youth-led advocacy initiatives, and multi-stakeholder platforms** involving **government institutions, healthcare providers, development partners, civil society organizations, educators, media representatives, and community leaders**.

These efforts contributed to strengthened collaboration, improved accountability, increased visibility of SRHR priorities, and stronger integration of reproductive health issues within public health systems and community structures.



2.6 Research and Evidence Generation

Research, learning, and evidence generation remain integral to RHSTEP's approach to programme quality improvement, innovation, and accountability. In **2025**, RHSTEP implemented several operational and implementation research initiatives to generate evidence, strengthen service delivery, and inform programme and policy decisions.

Key research initiatives included:

- **Contribution of Safe Menstrual Regulation (MR) in Saving Women's Lives**
- **Delaying Early Pregnancy in Gaibandha District (Phase II)**
- **Piloting Facility and Mobile Reproductive Health Kits for emergency, disaster-prone, and hard-to-reach settings**

In addition, **client exit interviews and service quality assessments** were conducted under the **Safe MR Project** to capture client experiences, satisfaction, and feedback on service quality.

Evidence generated through these initiatives contributed to improved programme design, strengthened service quality, enhanced emergency preparedness, and supported evidence-based decision-making across programme interventions.



3. Cross-Cutting Issues, Programme Learning and System Strengthening

3.1 Gender, GBV, and Human Rights-Based Approach (HRBA)

RHSTEP integrated **gender equality, Gender-Based Violence (GBV) prevention and response, and a Human Rights-Based Approach (HRBA)** across programme interventions to promote equitable, respectful, and client-centred care. Service delivery and provider training emphasized **privacy, confidentiality, informed choice, dignity, and non-discrimination**.

GBV considerations were incorporated through **counselling, referral support, awareness activities, and provider sensitization**, while programme interventions promoted equitable access for **women, adolescents, young people, persons with disabilities, gender and sexual minorities, and other underserved populations**.

3.2 Service Quality, Data Systems and Facility Readiness

RHSTEP continued to strengthen service quality, data systems, and facility readiness across programme interventions in 2025. Clinical quality, infection prevention practices, client-centred counselling, follow-up care, and continuity of support were strengthened across service delivery points.

The real-time virtual Management Information System (MIS) was further strengthened and updated under the Safe MR Project, supporting improved service data reporting, monitoring, quality assurance, and evidence-based decision-making. Facility readiness was also supported through regular monitoring, supportive supervision, mentoring, referral strengthening, and improved service organization.

This system-strengthening work contributed to better service continuity, improved programme accountability, and stronger use of data for programme management and service quality improvement.

3.3 Risk and Mitigation

Programme implementation faced a range of operational and contextual risks, including **supply-side constraints, changes in service-seeking behaviour, workforce limitations, and increasing competition from informal and private service providers**.

To address these risks, RHSTEP strengthened **coordination with government health systems, continuous programme monitoring, adaptive planning, supportive supervision, referral mechanisms, and community follow-up systems**. Ongoing provider capacity development and community engagement also contributed to maintaining service continuity and quality.

3.4 Challenges Experienced

Key challenges included **inconsistent availability of family planning commodities, increased access to MR medication outside regulated service settings, and lower utilization of some services due to client preferences and alternative provider choices.**

In addition, **social stigma, gender norms, limited male engagement, and resource constraints** influenced service uptake and programme implementation in certain locations. System-level limitations in infrastructure, human resources, and supply chain management also affected performance in selected programme components.

3.5 Lessons Learned

The programme reaffirmed that **integrated service delivery, combining clinical care with community engagement, youth participation, and behaviour change communication,** is essential for improving access and utilization of SRHR services.

Continuous **capacity development, supportive supervision, and quality assurance** remain critical for maintaining service standards. Stronger coordination with **government systems, consortium partners, and community stakeholders** supports sustainability and ownership. In addition, **data-driven programme adaptation and meaningful engagement of Adolescents and Young People (AYP)** contribute to stronger accountability, innovation, and long-term impact.



4. Conclusion

In **2025**, RHSTEP continued to strengthen access to **quality, inclusive, and rights-based Sexual and Reproductive Health and Rights (SRHR) services** across Bangladesh through integrated programme interventions. Through service delivery, capacity development, youth engagement, advocacy, research, and system strengthening, the organization contributed to improved access, quality, and utilization of essential reproductive health services, particularly for **women, adolescents, young people, and underserved populations**.

The year's achievements reaffirmed the importance of partnerships, evidence-based programming, and community engagement in advancing equitable health outcomes. RHSTEP remains committed to supporting national priorities, strengthening health systems, and promoting **equity, inclusion, gender equality, and sustainable access to SRHR services** for all.





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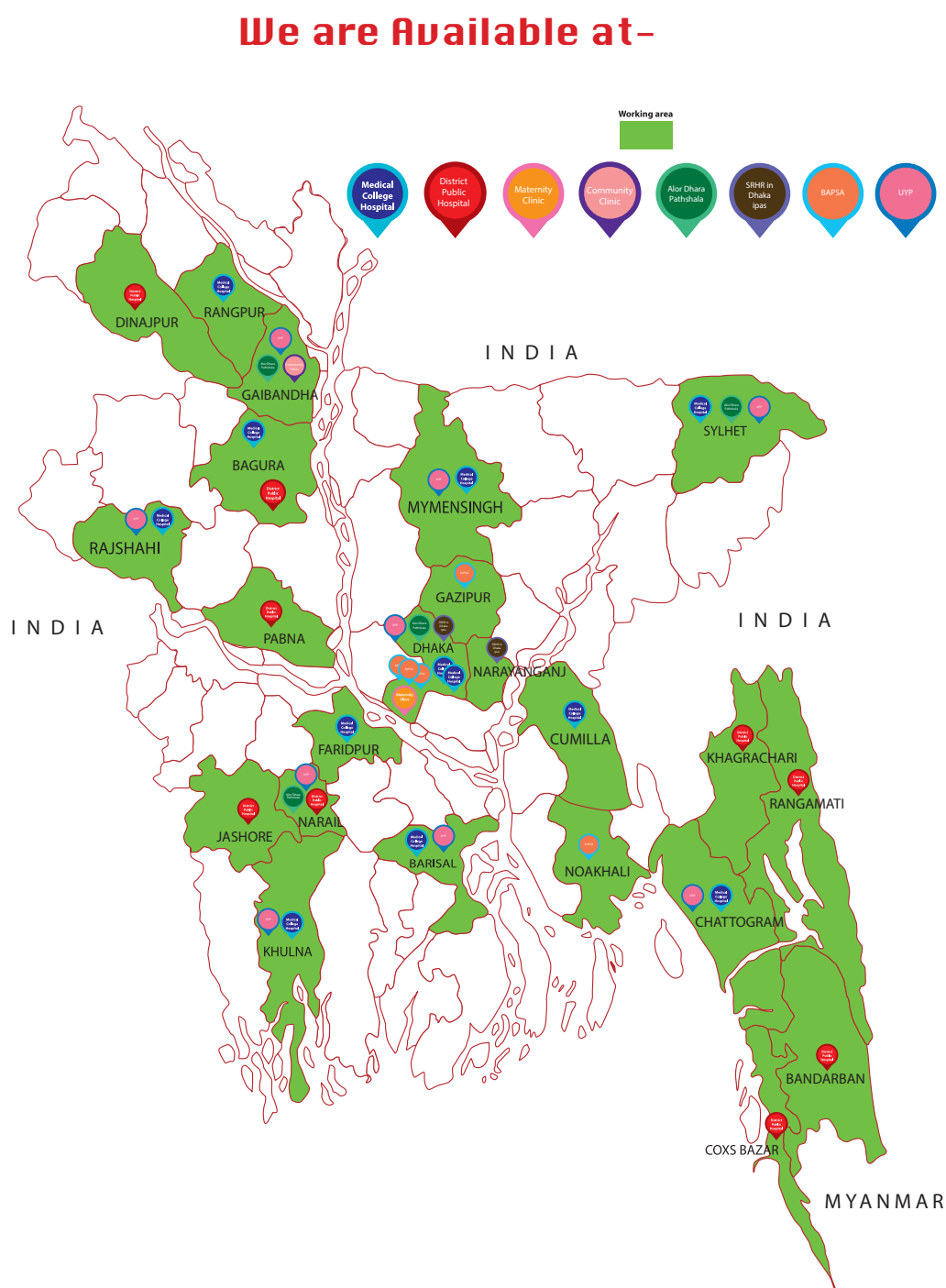
Annexes

Annex 1. RHSTEP Geographic coverage and Service Locations

This annex presents RHSTEP's geographic coverage and service locations for 2025. The map will show RHSTEP's programme presence, service centres, project locations, and outreach areas across Bangladesh.

In 2025, RHSTEP implemented SRHR interventions through facility-based services, outreach platforms, youth engagement initiatives, community awareness activities, and partner-supported service delivery points. Under the SRHR Consortium, RHSTEP and BAPSA operated through 42 centres across 22 districts, including RHSTEP-operated service centres: 37 centres in 20 districts and BAPSA's 5 centres in 3 districts, with overlap in implementation areas.

Additional programme coverage included the ISRHR in Dhaka and Narayanganj, UYP across 10 districts, and RHRN2 in selected districts including Savar, Narail, Sylhet and Gaibandha.



Annex 2. SRHR Consortium Performance Summary (RHSTEP & BAPSA)

This annex presents detailed performance information on the SRHR Consortium, implemented by RHSTEP as lead organization with BAPSA as consortium partner under the *Strengthening of Safe MR and Family Planning Services and Reduction of Unsafe Abortions for Improving SRHR Situation in Bangladesh (Phase II Extension)* project. It includes service outputs, provider capacity development, community awareness activities, youth engagement, research initiatives, and partner contributions.

Strengthening of Safe MR and Family Planning Services and Reduction of Unsafe Abortions for Improving SRHR Situation in Bangladesh (Phase II Extension)

Lead Organization: RHSTEP

Consortium Partner: BAPSA

Supported by: Embassy of Sweden, Dhaka

Reporting Period: January-December 2025

Overview of Performance

During January-December 2025, the SRHR Consortium contributed to expanding access to quality Sexual and Reproductive Health and Rights (SRHR) services through facility-based services, outreach, awareness activities, capacity development, youth engagement, advocacy, and evidence generation. Through RHSTEP and BAPSA service points, **269,147 clients received 662,437 services**. The consortium also provided **143,288 free or subsidized services**, improving access for poor and vulnerable clients.

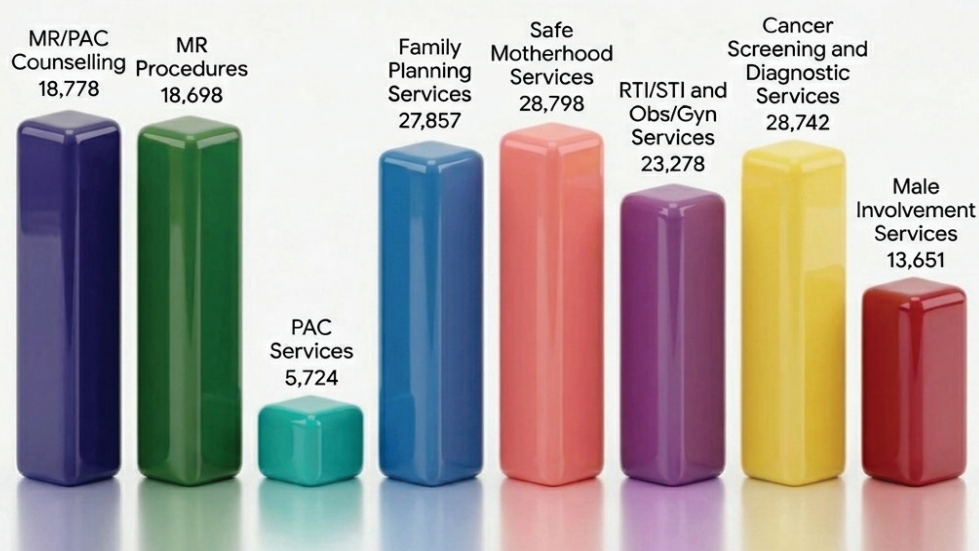
Provider Capacity Development

Provider capacity development was a core component of the SRHR Consortium. During January-December 2025, the consortium strengthened the capacity of 77 medical service providers on Menstrual Regulation (MR), Menstrual Regulation with Medication (MRM), and Post-Abortion Care (PAC). This includes 57 service providers supported through RHSTEP and 20 service providers supported through BAPSA under the consortium framework. These activities contributed to strengthening clinical skills, counselling capacity, adherence to service standards, and quality of care across consortium service points.

Service Delivery Achievements

The consortium delivered a comprehensive package of SRHR services, including MR, MRM, PAC, family planning, safe motherhood, RTI/STI and Obs/Gyn services, reproductive organ cancer screening and diagnostic support, limited curative care, diagnostic services, outreach services, telemedicine support, and male involvement.

HEALTHCARE SERVICE VOLUME KEY ACHIEVEMENTS



Community Awareness and Demand Creation

Community awareness and demand creation remained important components of the project. Awareness activities were conducted through schools, communities, garment factories, and youth platforms. These activities reached women, men, adolescents, and young people with information on SRHR, MR, family planning, menstrual health, gender equality, GBV, and environmental issues.

RHSTEP contributed through school, community, garment-based, and youth-focused awareness activities. BAPSA complemented this work through community outreach, adolescent reproductive health workshops, garment worker engagement, stakeholder meetings, and an adolescent and youth health fair.



Youth and Adolescent Engagement

Alor Dhara Pathshala served as a youth and adolescent engagement platform under the Safe MR Project. Through these youth-friendly centres, Adolescents and Young People (AYP) participated in school and community sessions, household visits, book reading, debates, knowledge games, orientation sessions, mental health and wellbeing activities, climate and gender sessions, and youth-focused events.

The initiative helped create safe spaces where young people could discuss SRHR, build confidence, strengthen awareness, and participate in community development activities.

Aparajeyo Tarunno (Unlocking Youth Potential - UYP)

Youth engagement was supported through Alor Dhara Pathshala and the UYP component. In 2025, UYP implemented 280 major activities across 10 districts, reaching 10,907 participants through school and community awareness, theatre, film hackathons, watchdog groups, youth health councils, gender equity activities, disability-inclusive initiatives and advocacy campaigns.

Advocacy and Stakeholder Engagement

The project strengthened advocacy, coordination, and stakeholder involvement at national and local levels. Activities included network meetings, policy dialogues, workshops with health and family planning authorities, workshops with MR service providers and frontline FP workers, discussions with garment authorities, adolescent reproductive health workshops, GBV-related workshops, pharmacy owner and medicine seller workshops on MRM, observance of national and international days, and participation in local coordination meetings.

These initiatives engaged government officials, service providers, media representatives, community leaders, teachers, garment sector actors, civil society stakeholders, and development partners. They contributed to stronger coordination, improved visibility of SRHR priorities, and increased engagement with the public health system.

Research and Evidence Generation

Research and evidence generation were included as part of the consortium's work. RHSTEP initiated the research titled “**Contribution of Safe Menstrual Regulation (MR) in Saving Women's Lives**” to generate evidence on the role of safe MR services in reducing maternal health risks and improving access to care.

In addition, two half-yearly client exit interviews were conducted to assess service quality, client satisfaction, provider attitude, and areas for improvement. These evidence-generation activities supported programme learning, quality improvement, and future planning.

BAPSA Partner Contribution

BAPSA contributed as consortium partner through its **5 centres in Dhaka, Gazipur, and Noakhali**. Its contribution included MR/PAC counselling, MR procedures, PAC services, family planning, safe motherhood, RTI/STI and Obs/Gyn services, cancer screening, LCC and diagnostic services, telemedicine/mobile phone services, male involvement, MR/provider workshops, GBV workshops, adolescent reproductive health workshops, garment authority/worker workshops, network meetings, and an adolescent and youth health fair.

SRHR Consortium Achievement at a Glance: January-December 2025

Area	RHSTEP Contribution	BAPSA Contribution	Combined Consortium Achievement
Operational Coverage	37 centres / 20 districts	5 centres / 3 districts	42 centres / 22 districts
Total Clients Served	236,032	33,115	269,147
Total Services Delivered	586,931	75,506	662,437
Free / Subsidized Services	117,386	25,902	143,288
Capacity Building of Medical Service Providers (MR/MRM/PAC)	57	20	77 participants
MR / PAC Counselling	15,717	3,061	18,778
MR Procedures (MVA/MRM)	15,696	3,002	18,698
PAC Services	5,298	426	5,724
MR / PAC Follow-up Services	6,160	953	7,113
Family Planning Services	19,423	8,434	27,857
Safe Motherhood Services	18,565	10,233	28,798
RTI/STI and Obs/Gyn Services	14,445	8,833	23,278
Cancer Screening / Diagnostic Services	27,821	921	28,742
LCC and Diagnostic Services	567,489	36,407	603,896
Male Involvement Services	12,539	1,112	13,651

Note: RHSTEP and BAPSA columns show partner-wise contributions under the SRHR Consortium. The combined district coverage is reported as 22 districts due to overlap between implementation areas.

In addition to the combined service indicators, BAPSA implemented several complementary activities, including telemedicine/ mobile services (2,042), provider workshops, GBV and adolescent health sessions, garment-sector engagement, network meetings, and an adolescent and youth health fair.



Conclusion

Overall, the SRHR Consortium contributed to improving access to quality MR, PAC, family planning, safe motherhood, and related SRHR services in 2025. The combined work of RHSTEP and BAPSA strengthened service availability, provider capacity, community awareness, youth engagement, advocacy, stakeholder coordination, evidence generation, and inclusive access for women, adolescents, men, and underserved groups across project areas.



Annex 3. Improving Sexual and Reproductive Health and Rights in Dhaka (ISRHR)

This annex summarizes key achievements, service delivery results, provider and facility strengthening initiatives, and cross-cutting interventions under the **Improving Sexual and Reproductive Health and Rights in Dhaka** project. It includes performance data from referral facilities, UPHCSDP clinics, GBV-related services, and key implementation learning.

Project Title: Improving Sexual and Reproductive Health and Rights in Dhaka

Implementation Period: August 2021-June 2026

Reporting Year: January-December 2025

Locations: Dhaka and Narayanganj

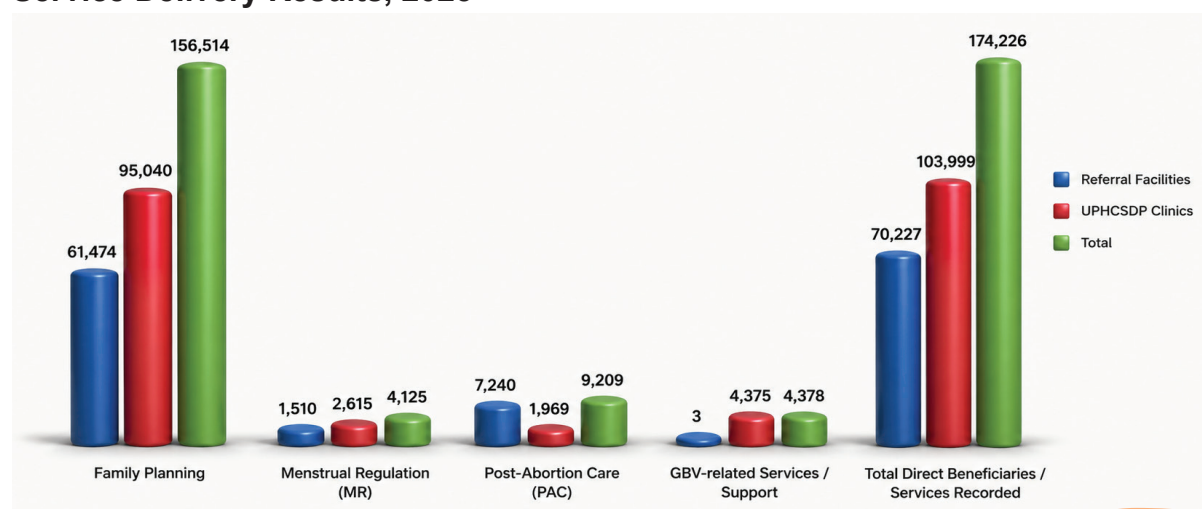
Funding: Global Affairs Canada through HealthBridge Foundation of Canada

Implementation Partners: Ipas Bangladesh, HealthBridge Foundation of Canada, OGSB, BAPSA, RHSTEP, and SERAC Bangladesh

Project Summary

The ISRHR in Dhaka project supported access to quality SRHR services in urban settings through referral facilities and UPHCSDP clinics. In 2025, the project reached **174,226 direct beneficiaries, all female**, and strengthened service delivery for family planning, MR, PAC, and GBV-related support.

Service Delivery Results, 2025



Provider and Facility Strengthening

In 2025, the project reached **43 providers**, including **doctors and mid-level providers in UPHCSDP clinics and referral facilities**.

Facility-level strengthening included improved MR, PAC and FP registers, expanded implant and IUD services, introduction of MRM services in **outpatient department settings**, strengthened infection prevention practices, and regular monitoring and supervision.



Coverage Growth

Service coverage increased in both implementation platforms. Referral facility service coverage increased from **52,859 in 2024** to **70,227 in 2025**, while UPHCSDP clinic coverage increased from **86,643 in 2024** to **103,999 in 2025**.

GBV Integration

GBV-related support was an important cross-cutting component of the project. In 2025, **4,378 GBV-related services and referrals** were recorded, mainly through UPHCSDP clinics. The project supported GBV integration through counselling, SBCC materials, provider orientation, referral support, and monitoring.

During implementation, gaps were observed in provider capacity to identify potential SGBV cases, especially during ANC visits. In response, the project emphasized targeted mentoring, training, and follow-up support to strengthen GBV identification, counselling, and referral practices.

Implementation Learning

The project showed that regular monitoring, commodity support, facility mentoring, and improved documentation can strengthen SRHR service coverage and quality in urban settings. Continued support is needed for GBV identification and referral, particularly through provider orientation and supervision.

Conclusion

In 2025, the ISRHR in Dhaka project contributed to improved access to SRHR services through referral facilities and UPHCSDP clinics. The project strengthened service delivery, facility readiness, documentation, infection prevention, GBV integration, and provider capacity. Its results highlight the importance of continued investment in urban SRHR services for women, girls, and underserved communities.

Annex 4. Right Here Right Now Phase II (RHRN2) - Bangladesh Coalition

The following annex presents the key achievements and progress of the Right Here Right Now Phase II (RHRN2) Bangladesh Coalition Project during 2025, highlighting efforts to advance Sexual and Reproductive Health and Rights (SRHR), strengthen youth engagement, and support evidence-based advocacy and policy dialogue.

1. Project Overview

Project Name: Right Here Right Now Phase 2 (RHRN2) – Bangladesh Coalition

Implementation Period: January – October 2025 (Phase 2 overall: 2021–2025)

Project Locations: Savar, Narail, Sylhet, Gaibandha

Funding Source: Ministry of Foreign Affairs of the Netherlands through Rutgers

Key Stakeholders and Partners: BRAC (Coalition Lead), Naripokkho, Nagorik Uddyog, Oboyob, Young Power in Social Action (YPSA), Wreetu, Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), Directorate of Secondary and Higher Education (DSHE), district and upazila level government authorities, Centre for Disability in Development (CDD), Youth Policy Forum (YPF), schools, youth groups, civil society organizations and national media outlets.

2. Key Achievements & Impact

Major Activities Implemented

Throughout 2025, RHSTEP and coalition partners implemented a wide range of programmatic activities across the four strategic pathways of the RHRN2 programme.

Key activities included:

- Residential SRHR and Life Skills Training for youth advocates
- Whole School Approach (WSA) activities in schools
- Teacher orientation and capacity building on Comprehensive Sexuality Education (CSE), SRHR, and the activation of Sexual Harassment Prevention Committees (SHRCs)
- Community Scorecard orientation and youth-led monitoring of SRHR services
- Community sessions using the Out-of-School CSE module
- International Youth Day campaign including a large-scale marathon run in Dhaka
- SRHR awareness campaigns and distribution of educational materials
- Advocacy meetings with government stakeholders including DGFP, DGHS and NIPORT
- Participation in regional and global forums such as the Asia-Pacific Forum on Sustainable Development (APFSD)
- Capacity-building programs for youth advocates, civil society members, and health service providers
- Closing ceremonies and youth engagement programs in project areas

Target Beneficiaries and Reach

- During the reporting period, the program directly and indirectly reached a significant number of beneficiaries.
- **Direct participants in SRHR information and education programs:** Approximately **3,590 adolescents and youth**
- **Participants in public campaigns and national events:** More than **1,050 individuals** directly participated in the International Youth Day event.

Indirect reach through SRHR materials and awareness campaigns:

Over **6,000 individuals** reached through printed materials and community outreach.

Beneficiary groups included:

- Adolescents and youth (in-school and out-of-school)
- Youth advocates and youth-led organizations
- Teachers and school management committees
- Government health providers
- Civil society organizations
- Community leaders and volunteers

Participants represented diverse identities including young women, marginalized youth, and persons with disabilities.

Outcomes and Impact

The program contributed to several significant outcomes in SRHR awareness, youth engagement, and policy dialogue.

- Youth demonstrated increased knowledge and confidence regarding SRHR issues. Schools involved in the Whole School Approach established active Sexual Harassment Prevention Committees (SHRCs).
- Teachers became more supportive of integrating SRHR and CSE discussions into school activities. Youth advocates actively collected and presented data on SRHR service quality through community scorecards.
- Government officials showed greater openness to engaging with youth-led evidence and feedback.
- Community dialogue sessions reduced misconceptions and stigma around SRHR issues.



- Overall, the program strengthened youth participation in civic engagement and advocacy while improving access to SRHR information for adolescents and young people.

Innovative Approaches and Success Stories

- One notable innovation was the **Community Scorecard approach**, where young people collected information on healthcare services, including medicine availability and service quality. The findings were later shared with government officials, including representatives from the Directorate General of Family Planning.
- Another significant achievement was the **Whole School Approach**, which helped create safer learning environments by establishing Sexual Harassment Prevention Committees and health clubs in participating schools.
- Additionally, the International Youth Day marathon event successfully combined public engagement with SRHR advocacy, reaching large audiences through both physical participation and social media engagement.

Major Activities Implemented

Throughout 2025, RHSTEP and coalition partners implemented a wide range of programmatic activities across the four strategic pathways of the RHRN2 programme.

Key activities included:

- Residential SRHR and Life Skills Training for youth advocates
- Whole School Approach (WSA) activities in schools
- Teacher orientation and capacity building on Comprehensive Sexuality Education (CSE)
- Community Scorecard orientation and youth-led monitoring of SRHR services
- Community sessions using the Out-of-School CSE module



- International Youth Day campaign including a large-scale marathon run in Dhaka
- SRHR awareness campaigns and distribution of educational materials
- Advocacy meetings with government stakeholders including DGFP and DGHS
- Participation in regional and global forums such as the Asia-Pacific Forum on Sustainable Development (APFSD)
- Capacity-building programs for youth advocates, civil society members, and health service providers
- Closing ceremonies and youth engagement programs in project areas

3. Challenges and Lessons Learned

Key Challenges

Several operational and contextual challenges were encountered during program implementation.

- Adverse weather conditions disrupted some outdoor events and program activities.
- Some schools initially showed reluctance to allow SRHR discussions due to cultural sensitivities.
- Procurement and design challenges affected the timely production of SRHR awareness materials.
- Visa and documentation issues complicated participation in international advocacy events.
- Limited training infrastructure and equipment constrained some capacity-building activities.

Lessons Learned

The program generated several important insights for future programming.

- Early engagement with school authorities and parents helps reduce resistance to SRHR programs.
- Participatory learning methods such as role-play and games significantly increase youth engagement.
- Youth-led monitoring tools such as community scorecards strengthen accountability mechanisms.
- Collaboration with government institutions enhances the credibility and sustainability of advocacy initiatives.

Mitigation Strategies

To address these challenges, several mitigation measures were adopted.

- Developing contingency plans for outdoor events.
- Strengthening communication with school authorities and community leaders.
- Initiating procurement processes earlier to avoid delays.
- Expanding partnerships with government agencies and civil society organizations.

4. Cross-Cutting Issues and Integration

Gender Equality and Women's Empowerment

Gender equality remained central to all program activities. The program actively addressed harmful gender norms and promoted gender-transformative approaches through training

sessions, youth dialogues, and community campaigns. Young women participated actively in leadership roles within youth advocacy groups.

Human Rights and Social Inclusion

The program adopted a human-rights-based approach to SRHR by emphasizing bodily autonomy, access to information, and equal rights to healthcare. Particular attention was given to marginalized groups including persons with disabilities and socially excluded youth. Inclusive materials and accessible communication methods were used whenever possible.

Climate Resilience and Sustainability Considerations

Although the program primarily focused on SRHR, it recognized the intersection between health, climate vulnerability, and social inequalities. Community engagement activities encouraged youth to address SRHR issues within broader development and resilience discussions.

5. Additional Remarks

The year 2025 marked the concluding phase of the RHRN2 program cycle. The collaboration between coalition partners, government institutions, and youth advocates played a vital role in achieving program outcomes. The experiences and lessons generated during this phase provide valuable insights for designing future initiatives aimed at strengthening youth leadership and advancing Sexual and Reproductive Health and Rights in Bangladesh.



Annex 5. Youth Engagement, Leadership and Social Accountability

This annex presents RHSTEP's youth-focused interventions implemented through **Unlocking Youth Potential (UYP)**, **Alor Dhara Pathshala**, and **Right Here Right Now Phase II (RHRN2)**. It highlights youth leadership, school and community engagement, innovation, accountability mechanisms, and advocacy initiatives led by Adolescents and Young People (AYP).

Youth Engagement Initiatives at a Glance, 2025

Initiative	2025 Reach / Coverage	Main Approaches	Key Contribution
Aparajeyo Tarunno (Unlocking Youth Potential - UYP)	280 activities across 10 districts, reaching 10,907 participants	Theatre, film hackathons, watchdog groups, youth health councils, advocacy campaigns, gender equity and disability-inclusive initiatives	Strengthened youth leadership, innovation, accountability, and participation in SRHR and health system reform
Alor Dhara Pathshala	509 sessions / activities, reaching 19,315 Adolescents and Young People (AYP)	School and community sessions, household visits, book reading, debates, knowledge games, mental health, climate and gender sessions	Created youth-friendly spaces for SRHR awareness, confidence-building, dialogue, and participation
RHRN2	Approximately 3,590 direct youth reached, 1,050+ event participants, and 6,000+ indirect reach	Whole School Approach, community scorecards, youth advocacy, CSE/ SRHR training, teacher engagement, and community dialogue	Strengthened youth-led accountability, rights-based SRHR engagement, and inclusive school and community participation

Note: The figures above represent programme-specific reach and engagement and should not be added together unless participant overlap is verified.



Innovative and Participatory Youth Engagement

Across **Aparajeyo Tarunno (Unlocking Youth Potential - UYP)**, **Alor Dhara Pathshala**, and **RHRN2**, RHSTEP used school, community, and youth-led platforms to engage adolescents, parents, teachers, community leaders, service providers, and local stakeholders. These activities addressed puberty, menstrual health, SRHR, early marriage, GBV, gender equality, mental wellbeing, disability inclusion, and access to youth-friendly services. By combining school-based activities with community outreach, RHSTEP helped strengthen support systems around Adolescents and Young People (AYP).

Alor Dhara Pathshala served as a youth-friendly and adolescent engagement platform under the Safe MR Project. It created safe spaces where Adolescents and Young People (AYP) could participate in school and community sessions, household visits, book reading, debates, knowledge games, orientation sessions, mental health and wellbeing activities, climate and gender sessions, and observance of national and international days. In 2025, Alor Dhara Pathshala reached **19,315 Adolescents and Young People (AYP) through 509 sessions and activities**, contributing to SRHR awareness, confidence-building, communication skills, and positive community engagement.

120 adolescents and youth received training on gender, human rights, mental health and wellbeing, and climate change, while 7,965 youth were reached through 326 awareness sessions promoting social and environmental responsibility.



Aparajeyo Tarunno (Unlocking Youth Potential - UYP) strengthened youth leadership and innovation through theatre, film hackathons, digital engagement, innovation labs, venture trainings, watchdog groups, youth health councils, gender equity programmes, disability-inclusive initiatives, and youth-led advocacy. These approaches enabled young people to communicate SRHR messages in creative and relatable ways, while encouraging youth-led problem-solving and participation in health system reform.

RHRN2 strengthened rights-based SRHR education, school-based engagement, and youth-led social accountability. Through the Whole School Approach, community scorecards, youth advocacy, CSE/SRHR training, teacher engagement, national campaigns, and dialogue with government stakeholders, RHRN2 helped young people participate in accountability processes and contribute to safer and more inclusive school and community environments.

Together, these platforms moved RHSTEP's youth work beyond awareness-raising. Youth health councils, watchdog groups, youth advocates, community scorecards, and alumni

platforms enabled young people to identify service gaps, raise community concerns, and engage with stakeholders. These mechanisms supported Adolescents and Young People (AYP) to act as peer educators, advocates, monitors, and community mobilizers.

RHSTEP also promoted inclusion by engaging girls, young women, youth with disabilities, marginalized communities, and adolescents in underserved areas. UYP included disability-inclusive health initiatives and empowerment programmes for young women and youth with disabilities, while RHRN2 engaged marginalized groups and persons with disabilities through youth-led and community-based activities. Alor Dhara Pathshala further supported inclusive participation by providing accessible and safe learning spaces for adolescents from vulnerable and marginalized backgrounds.

Key Results

RHSTEP's youth-focused interventions contributed to:

- increased SRHR awareness among Adolescents and Young People (AYP);
- improved confidence, communication, and leadership skills among youth participants;
- stronger youth-led accountability through watchdog groups, youth councils, and community scorecards;
- greater participation of girls, young women, youth with disabilities, and marginalized adolescents;
- improved school and community dialogue on SRHR, gender equality, inclusion, early marriage, GBV, and mental wellbeing;
- expanded use of creative platforms such as theatre, film, debates, campaigns, and youth-led advocacy;
- strengthened engagement with teachers, parents, service providers, community leaders, civil society, and government stakeholders.

Conclusion

In 2025, RHSTEP's youth engagement work through Aparajeyo Tarunno (**Unlocking Youth Potential - UYP**), Alor Dhara Pathshala, and RHRN2 demonstrated the value of placing Adolescents and Young People (AYP) at the centre of SRHR programming. These interventions strengthened youth awareness, leadership, innovation, inclusion, and accountability, while supporting broader community dialogue and youth participation in SRHR and social change.



Annex 6. Gender Equality, GBV and Rights-Based Programming

This annex highlights RHSTEP's integration of **gender equality, Gender-Based Violence (GBV) prevention and response, and Human Rights-Based Approaches (HRBA)** across SRHR interventions in 2025. These cross-cutting priorities were reflected in service delivery, provider training, counselling, community awareness, youth engagement, male involvement, and inclusion-focused programming.

Gender-Responsive and Rights-Based Approach

RHSTEP applied gender-responsive and rights-based principles across its SRHR programmes to promote safe, respectful, confidential and non-discriminatory services. Service delivery and provider capacity-building activities emphasized **privacy, confidentiality, informed choice, dignity, respectful counselling, non-judgmental communication and client-centred care**.

These principles were integrated across major programme areas, including the **SRHR Consortium, ISRHR in Dhaka, Alor Dhara Pathshala, Aparajeyo Tarunno (Unlocking Youth Potential - UYP)**, and **RHRN2**. The approach supported access to services and information for women, adolescents, young people, persons with disabilities, gender and sexual minorities, and other underserved groups. GBV was also integrated into SRHR service delivery, provider sensitivity, school and community awareness, youth platforms, and programme learning.

GBV Services and Support

Under the **ISRHR in Dhaka** project, GBV-related services and support were recorded through referral facilities and UPHCSDP clinics. In 2025, **4,378 GBV-related services/supports** were provided.

This figure should be presented as a **GBV-related service/support indicator** and should not be mixed with MR, PAC or family planning contribution figures.

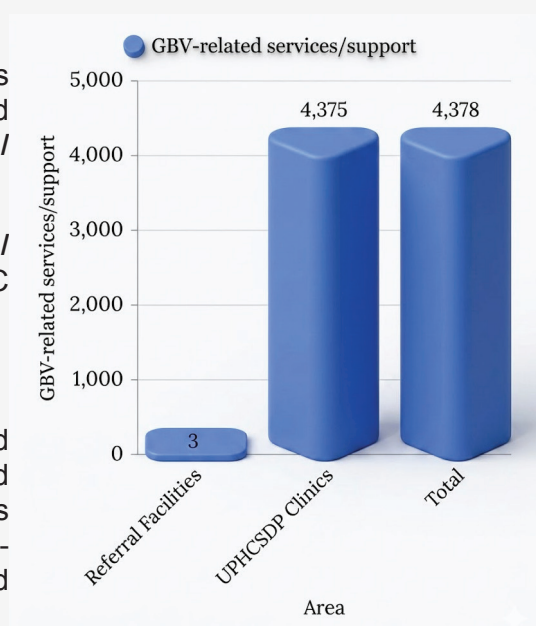
Provider Sensitization and Quality of Care

RHSTEP's training and mentoring activities promoted provider sensitivity on gender, GBV, client rights and respectful care. Training components across programmes emphasized counselling, confidentiality, informed decision-making, privacy, gender sensitivity, infection prevention and service quality.

Provider sensitization was important for improving the experience of women and adolescents seeking MR, PAC, family planning, GBV-related support and other SRHR services. The ISRHR project also identified the need to strengthen provider capacity in recognizing and responding to SGBV concerns, particularly during routine service contact, and emphasized mentoring and follow-up support.

Community Awareness and Youth Platforms

Gender equality and GBV issues were addressed through community and school-based awareness activities, youth platforms and outreach initiatives. These activities covered topics such as SRHR, menstrual health, early marriage, gender norms, GBV, mental wellbeing, and youth-friendly services.



Alor Dhara Pathshala created safe spaces for Adolescents and Young People (AYP) to discuss SRHR, gender, climate, mental health and life skills. Aparajeyo Tarunno (**Unlocking Youth Potential - UYP**) promoted youth leadership, gender equity, disability inclusion, watchdog groups, youth health councils and youth-led advocacy. **RHRN2** supported rights-based SRHR education, Whole School Approach activities, community scorecards, teacher engagement and youth-led monitoring. These platforms helped young people discuss sensitive issues, build confidence and participate in social accountability.

Male Involvement and Shared Responsibility

Male involvement was promoted as part of creating a more supportive environment for women's reproductive health and rights. Under the SRHR Consortium, **13,651 male involvement services** were recorded in 2025. These activities supported men's engagement in SRHR, family planning, counselling and shared responsibility for reproductive health.

Inclusion and Human Rights-Based Programming

RHSTEP's HRBA emphasized participation, informed choice, dignity, privacy, confidentiality, non-discrimination and accountability. Inclusion was addressed through engagement with adolescents, youth, persons with disabilities, gender and sexual minorities, and marginalized communities.

Disability inclusion was reflected across youth engagement, community awareness, adapted communication approaches and training with disability-focused stakeholders. These efforts supported more inclusive access to SRHR information and promoted respectful participation of persons with disabilities in programme activities.

Key Contributions

RHSTEP's gender, GBV and rights-based programming contributed to:

- integration of gender equality and HRBA across SRHR services, training and outreach;
- provision of **4,378 GBV-related services/supports** through ISRHR in Dhaka;
- strengthened provider sensitivity on privacy, confidentiality, respectful care and non-discrimination;
- safer spaces for Adolescents and Young People (AYP) (AYP) to discuss SRHR, gender norms, early marriage, GBV and mental wellbeing;
- promotion of male involvement and shared responsibility in reproductive health;
- inclusion of persons with disabilities, gender and sexual minorities, and marginalized groups in SRHR-related interventions;
- stronger community dialogue on dignity, rights, informed choice and access to services.

Conclusion

In 2025, RHSTEP strengthened gender-responsive, rights-based and inclusive SRHR programming through service delivery, provider sensitization, GBV-related support, youth platforms, community awareness and male involvement. These efforts helped promote safer, more respectful and more equitable access to SRHR services, while strengthening dialogue on gender equality, violence prevention, dignity and rights.

Annex 7. Disability Inclusion in SRHR Programmes

This annex documents RHSTEP's efforts to strengthen disability inclusion across youth engagement, service delivery, training and community outreach in 2025.

Area	Disability Inclusion Approach
Youth platforms	Adolescents and Young People (AYP) with disabilities participated in awareness, leadership and youth engagement activities under UYP and RHRN2
Alor Dhara Path-shala	Provided inclusive learning spaces through group discussion, reading sessions, debates and awareness activities
CDD-DiRL training	RHSTEP provided SRHR training support to SHG members, OPD representatives and project staff
Community engagement	Sessions promoted dignity, rights, inclusion and access to SRHR information
Service environment	Programmes promoted respectful and non-discriminatory care and referral linkages

RHSTEP's disability inclusion work contributed to increased participation of persons with disabilities in youth and community platforms, improved access to SRHR information, and strengthened awareness among facilitators and community actors on inclusive SRHR approaches.

Moving forward, RHSTEP will continue to strengthen disability inclusion through accessible communication, inclusive youth platforms, provider orientation and collaboration with disability-focused organizations.



Annex 8. Capacity Building Support to SRHR and Disability-Focused Organizations

This annex presents RHSTEP's capacity-building support provided in 2025 to external organizations working in Sexual and Reproductive Health and Rights (SRHR) and disability inclusion. It includes training support provided to Marie Stopes Bangladesh, PSTC, and Centre for Disability in Development (CDD). The annex focuses only on training provided outside RHSTEP's own project-based capacity-building activities. Capacity building under the SRHR Consortium and ISRHR in Dhaka project is described separately in Annex 2 and Annex 3.

A. Capacity Building Support to SRHR Organizations

1. Overview

Capacity building remained one of RHSTEP's core institutional strengths in 2025. With long-standing experience in Menstrual Regulation (MR), Menstrual Regulation with Medication (MRM), Post-Abortion Care (PAC), counselling, family planning, and SRHR service delivery, RHSTEP provided technical training support to organizations working in related fields.

The training initiatives aimed to strengthen the knowledge, technical skills, counselling capacity, gender sensitivity, client rights orientation, and service readiness of participants. These efforts contributed to wider availability of trained personnel and improved dissemination of accurate SRHR information through service providers, community actors, and disability-focused groups.

2. Capacity-Building Summary

Organization Receiving Training Support	Training Focus	Participants / Target Group
Marie Stopes Bangladesh	MR, MRM and PAC	10 service providers, including doctors, paramedics and midwives
PSTC	MR, MRM and PAC	5 service providers, including paramedics and midwives

Note: The total of 15 participants refers only to MR/MRM/PAC clinical training provided to Marie Stopes Bangladesh and PSTC. The CDD training is reported separately as SRHR information and communication capacity building; no participant number is included because it was not provided in the source document.

3. MR, MRM and PAC Training for SRHR Service-Providing Organizations

RHSTEP provided technical training on MR, MRM and PAC to service providers from Marie Stopes Bangladesh and PSTC. These organizations are SRHR service-providing NGOs and received RHSTEP's technical training support to strengthen the clinical and counselling capacity of their service providers.

A total of 15 service providers participated in the training: 10 from Marie Stopes Bangladesh and 5 from PSTC. Participants included doctors, paramedics and midwives. The training was designed to strengthen participants' technical knowledge, practical clinical skills, counselling capacity, infection prevention practices, and understanding of client-centred care.

4. Training Locations and Duration

The training for Marie Stopes Bangladesh was conducted through RHSTEP's designated training centres, including centres located at medical college hospitals in Dhaka, Chattogram, Sylhet, Rajshahi and Khulna. The PSTC training was conducted at Faridpur Medical College Hospital.

The duration varied by cadre: 7 days for doctors and 14 days for paramedics and midwives. The training combined theoretical learning with supervised clinical practice, allowing participants to strengthen both knowledge and practical service delivery skills.

5. Key Learning Areas

The MR, MRM and PAC training covered:

Clinical management of MR, MRM and PAC, Safe service delivery and approved clinical protocols, Infection prevention and control, Counselling and client communication, Client rights, privacy and confidentiality, Gender sensitivity and respectful care, Quality assurance and service standards, Women-centred and non-judgmental service delivery

These learning areas supported both technical competence and respectful client-centred care.

B. Capacity Building Support to Disability-Focused Organizations

1. SRHR Training for CDD / DiRL Project

RHSTEP also provided SRHR training support to Centre for Disability in Development (CDD) under the DiRL project. The training was designed for Self-Help Group (SHG) members, OPD representatives and project staff.

The training was conducted in three locations: Dhobaura in Mymensingh, Mehendiganj in Barisal, and Hope Foundation Training Centre in Savar, Dhaka. The purpose was to enhance participants' knowledge of SRHR and strengthen their ability to communicate accurate SRHR information within their communities.

The training used interactive and participatory methods, combining discussion and facilitation to help participants understand SRHR concepts and share information with adolescents, youth, young mothers and other community members. It focused on building participants' ability to disseminate correct messages on sexual and reproductive health and rights among right holders in the project areas.

2. Objectives of CDD SRHR Training

The CDD training aimed to:

- Enhance participants' knowledge and understanding of SRHR
- Strengthen their ability to share SRHR information with community stakeholders
- Support awareness among adolescents, youth and young mothers
- Promote informed, safe and rights-based understanding of sexual and reproductive health
- Build capacity of disability-focused community actors to communicate SRHR messages effectively

Organization Receiving Training Support	Training Focus	Participants / Target Group
Centre for Disability in Development (CDD) / DiRL Project	SRHR information and communication	SHG members, OPD representatives and project staff

Contribution to Service Quality and Inclusive SRHR Information

The training provided to Marie Stopes Bangladesh and PSTC contributed to strengthening clinical readiness and counselling quality among SRHR service providers. By improving knowledge on MR, MRM and PAC, the training supported safer and more respectful reproductive health services.

The training provided to CDD contributed to strengthening disability-inclusive SRHR information sharing. By working with SHG members, OPD representatives and project staff, RHSTEP supported wider access to SRHR knowledge among groups working directly with persons with disabilities and marginalized communities.

Together, these initiatives reinforced RHSTEP's role as a technical resource organization in SRHR training, capacity development and inclusive health education.

Lessons Learned

The 2025 capacity-building experience showed that training is most effective when it combines technical knowledge with counselling, client rights, gender sensitivity and participatory learning. For clinical service providers, supervised practice is essential for strengthening confidence and competence. For disability-focused groups, interactive and accessible learning approaches help participants communicate SRHR messages more effectively within communities.

The experience also confirmed that RHSTEP's technical training support can contribute beyond its own service centres by strengthening the capacity of other SRHR and disability-focused organizations.

Way Forward

RHSTEP will continue to provide technical capacity-building support to SRHR service-providing and disability-focused organizations based on need and relevance. Future training may continue to focus on MR, MRM, PAC, counselling, client rights, gender sensitivity, disability inclusion and community-based SRHR information sharing.

Conclusion

In 2025, RHSTEP provided capacity-building support to SRHR service-providing organizations and disability-focused groups, including Marie Stopes Bangladesh, PSTC and CDD. The training strengthened clinical knowledge, counselling capacity, client-centred service delivery and inclusive SRHR information sharing. These efforts contributed to improved service readiness and broader dissemination of accurate, rights-based SRHR information.

Annex 9. Research Project: Delaying Early Pregnancy (DEP) in Gaibandha District Bangladesh Project

The following annex presents an overview of the Delaying Early Pregnancy Project, including its objectives, implementation progress, key activities, and emerging findings. The project aims to generate evidence to better understand factors contributing to early pregnancy and to inform policies and programmes that support the health, wellbeing, and rights of adolescents and young people in Bangladesh.

Title of the Research Project: Delaying Early Pregnancy in Gaibandha District, Phase II

This project is supported by: Florida International University, USA and MOMODa

Time period: 01 September 2025 to 31 August 2026.

Project Locations: The initiative was implemented across three project areas: Gaibandha Sadar and Shaghata. A total of 60 villages were selected as case locations, with 20 villages per project area.

Project Beneficiaries: Unmarried adolescent girls aged 13–17 in Gaibandha Sadar and Shaghata.

Target Group: 835 unmarried girls were selected from the 60 villages to participate in the information-sharing sessions.

Project objectives: To raise awareness among unmarried adolescent girls about sexual and reproductive health (SRH) issues and rights, so that they have accurate information about their health, can prevent unwanted pregnancies, and are able to delay pregnancy in case of early marriage.

Project activities: Community-based sessions were conducted to enhance adolescent girls' understanding of basic health, sexual and reproductive health (SRH), and related rights. These sessions were designed to empower participants with accurate knowledge and practical guidance, enabling them to make informed decisions and take appropriate measures to protect their health and well-being. In support of this initiative, a comprehensive manual was developed, covering key topics on sexual and reproductive health, gender-based violence (GBV), and associated rights and protection issues, to ensure consistent and structured learning throughout the program.



Major Activities Implemented:

- I. Selection of **field motivators** to organize and to conduct the session in community with adolescent girls.
- II. Revised the adolescent-friendly **SRHR manual**, covering key reproductive health and rights issues, gender-based violence and drug abuse.
- III. Conducted two days **SRHR training** sessions for field motivators and MOMODa field staff.

- IV. Organized community **awareness sessions** for unmarried adolescent girls on SRHR in 60 villages by field motivators.
- V. Monitored **field activities** by RHSTEP staff and MOMODa staff.
- VI. Participated in Joint research finding on “Delay Adolescent pregnancy: The Role of Practical Reproductive Health Knowledge” organized by MOMODa foundation at Daliy Star.

· **Outcomes & Impact:**

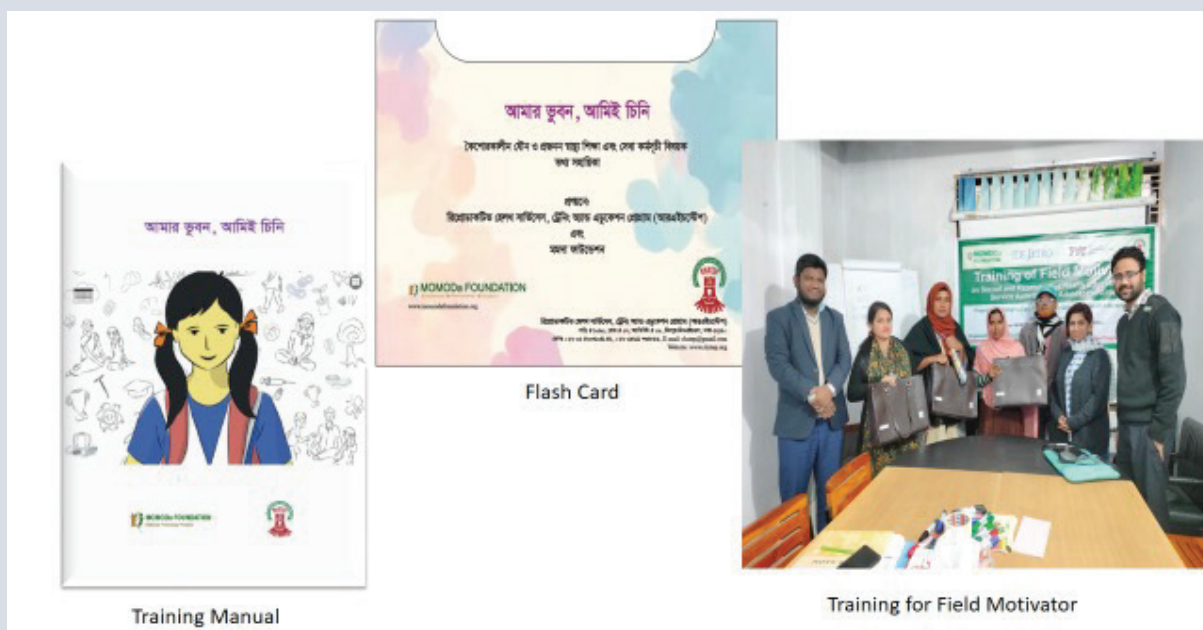
- ✓ Increased adolescent girls’ knowledge of sexual and reproductive health and rights (SRHR), including the risks associated with early pregnancy.
- ✓ Strengthened community dialogue and engagement around girls’ rights and reproductive autonomy.
- ✓ Fostered positive shifts in attitudes toward delaying marriage and first pregnancy.

· **Key Challenges:**

- ✓ Inconsistent attendance across sessions, sometimes affecting continuity and full participation.
- ✓ Dropout of some participants due to early marriage.
- ✓ In some cases, inadequate infrastructure to conduct courtyard/adolescent group sessions effectively.

· **Lessons Learned:**

- ✓ Using age-appropriate and culturally sensitive materials significantly enhances community acceptance and program impact.
- ✓ Engaging local adolescents as peer leaders strengthens trust, ownership, and legitimacy within the community.





Joint research finding dissemination on “Delay Adolescent pregnancy: The Role of Practical Reproductive Health Knowledge”

MOMODa FOUNDATION, IDE hold joint research findings

Business Desk

The critical importance of applied reproductive health literacy and family planning services in deferring adolescent pregnancy has been underscored by a study conducted in the Gaibandha district.

In collaboration with the Institute of Developing Economies (IDE-JETRO), Japan, and Florida International University (FIU), USA, the MOMODa FOUNDATION conducted the study involving 1,200 adolescent girls across 120 villages in the Gaibandha Sadar and Saghatia Upazilas.

The research findings reveal that pregnancy rates among adolescent girls who received regular reproductive health education, counseling, and family planning support were significantly lower than those of the control group.

These results were disseminated on Thursday, at a workshop organised at “The Daily Star Center” in the capital to present the midline survey findings of the study titled “Delaying Adolescent Pregnancy: The Role of Practical Reproductive Health Knowledge.” According to the study, the incidence of ever-pregnant adolescents within the intervention group stands at 8.5 per cent, whereas it reaches 18 per cent in the control group. Similarly, the prevalence of current pregnancies among adolescents in the intervention group is 6 per cent, in contrast to 16 per cent in the control group. Researchers assert that this disparity is statistically significant, underscoring the direct role of reproductive health literacy in deferring adolescent pregnancy.

Furthermore, the mid-line survey reveals that adolescents who received reproductive health education exhibit a markedly higher inclination toward delaying pregnancy. Specifically, 88 per cent of adolescents in the intervention group expressed a desire to postpone pregnancy, compared to 67 per cent in the control group.

Moreover, approximately 97 per cent of the intervention group possess an accurate understanding of the minimum legal age of marriage for girls—a finding that suggests a positive shift toward the prevention of child marriage.

“Delay Adolescent Pregnancy: The Role of Practical Reproductive Health Knowledge”

Date: 18 December 2025

Location:
The Daily Star Centre, 64-65 Kazi Nazrul Islam Ave, Dhaka 1215

Organized by:
MOMODa FOUNDATION

Co-sponsored by :
IDE-JETRO, Japan.

Annex 10. Research Project: Prototyping Facility and Crisis Reproductive Health Kits in Bangladesh

The following annex presents an overview of the Emergency Reproductive Health Kit Project, including its rationale, implementation progress, and key areas of investigation. The project seeks to generate evidence on the effectiveness and operational relevance of reproductive health kits in supporting SRHR service delivery, particularly in emergency and humanitarian settings.

Title of the Project: Piloting Facility and Mobile RH Kits for Disaster Response in Hard-to-Reach areas of Bangladesh

This project is supported by: UK Economic and Social Sciences Research Council, School of Business, University of Leicester, UK

Time period: January 2025 – December 2025

Brief description of activity and its objectives: Pilot the RHCC intervention, specifically the Facility and Mobile RH Kits within DFGP/DGHS health facilities in hard-to-reach areas of Bangladesh. These Kits are designed for service providers to treat post-abortion care complications during disasters and humanitarian crises. The protocol for the Facility RH Kit is designed to be positioned easily at flood or cyclone-prone primary/secondary health facilities, and the Crisis RH Kit is designed to be lightweight so that service providers can carry it to an emergency set-up (e.g., flood-cum-cyclone shelters, care. safe homes, refugee camps). These Kits are tailored and contain medicines, supplies and equipment that can be procured locally; thus, keeping the costs low without compromising the quality and efficiency.

RHCC has three components: i) pre-positioning of Reproductive Health (RH) kits; ii) Capacity building of health workers; iii) Community awareness (RHCC). It is a targeted intervention for girls and women of reproductive age (15-49 years) and for health workers at the primary and secondary levels to reduce maternal mortality and morbidities related to post-abortion complications (PAC) during disasters.

Activity:

- ✓ Permission to pilot the **RHCC** intervention, specifically the Facility and Mobile RH Kits within DFGP/DGHS health facilities in hard-to-reach areas of Bangladesh(In-person meeting).



GOB Permission letter to pilot RH Kit and Mobile kit

- ✓ RH Kits: Orientation Workshop at Moulovibazar, Sylhet

Participants: FWV and Midwives

Purpose: Orientation on Reproductive Health mobile kits and facility kits for **Kulaura Union** Health and Family Welfare Centers and Upazila Health Complex staff, including SRHR and MR service providers.



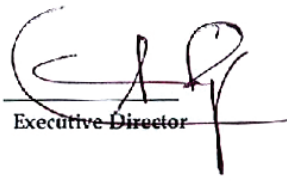
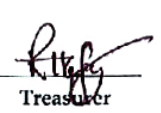
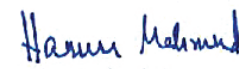
Government Officials and Team from RHSTEP, Bangladesh Medical University and Data Management Aid



Government Officials, Organizers and Participants

Annex 11. Audited Accounts and Financial Statement 2025

The following annex presents RHSTEP's audited financial statements for the year ended 31 December 2025. These statements provide an overview of the organization's financial position, income and expenditure, and fund utilization during the reporting period, reflecting RHSTEP's commitment to transparency, accountability, and sound financial management.

REPRODUCTIVE HEALTH SERVICES TRAINING & EDUCATION PROGRAM (RHSTEP) CONSOLIDATED ACCOUNT STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2025			
		Amount in Taka	
		30 June 2025	30 June 2024
PROPERTY AND ASSETS			
Fixed Assets	3.00	24,684,549	20,248,491
Investment in FDR	4.00	258,732,682	216,680,118
Advance, Deposit & Prepayments	5.00	47,805,740	1,190,100
Cash & Bank Balances	6.00	265,927,482	117,862,055
Assets for Current Tax	7.00	-	-
Loan	8.00	-	-
Total Property and Assets		597,150,453	355,980,764
FUND AND LIABILITIES			
Fund	9.00	569,628,606	352,507,897
Exchange Gain		21,330,362	
Accrued Expenses	10.00	3,231,439	1,455,962
Bank Interest	11.00	65,305	46,503
Liabilities for Current Tax	12.00	2,894,741	1,970,401
Total Fund & Liabilities		597,150,453	355,980,764
Note: The annexed notes form an integral part of these accounts			
 Executive Director  Treasurer  Deputy Director (F&A)			
Examined and found correct. Signed in terms of our report of even date.			
 M.J. Abedin & Co. Chartered Accountants DVC: 2603150850 AS 713403			
Dated, Dhaka 15 MAR 2026			

REPRODUCTIVE HEALTH SERVICES TRAINING & EDUCATION PROGRAM (RHSTEP)
CONSOLIDATED ACCOUNT
STATEMENT OF INCOME & EXPENDITURE
FOR THE YEAR ENDED 30 JUNE 2025

	Notes	Amount in Taka	
		30 June 2025	30 June 2024
A. INCOME			
SRHR Service Fee	13.00	230,653,090	214,669,153
Bank Interest	11.00	26,715,807	52,955
Other Income		4,000	-
Total		257,372,897	214,722,108
B. EXPENDITURE			
Direct Expenses	14.00	17,917,287	12,872,469
Salaries & Benefits	15.00	126,995,757	113,735,872
Consultant	16.00	1,012,493	878,460
Training	17.00	10,945,756	16,117,923
Research: Develop Research Team & Conduct Research	18.00	7,042	388,634
BCC Activities	19.00	4,052,513	3,067,048
Office Accommodation & Utilities	20.00	8,766,141	8,067,625
ICT Development & Maintenance	21.00	1,328,295	1,233,042
Ancillary Expenses/Administrative cost	22.00	16,463,310	14,843,314
Supervision & Monitoring	23.00	3,090,763	2,389,435
Meeting	24.00	918,146	1,150,509
Pap'smear Test Program	25.00	3,407,717	3,371,504
Adolescent Health Program	26.00	9,499,068	8,758,107
Overhead Cost	27.00	1,988,048	1,750,852
Others	28.00	16,392,390	13,672,950
Seminar/Dialogue/Workshop	29.00	1,345,805	187,606
Clinical Instrument	30.00	5,136	138,716
Implementing Action Plan		3,394,718	152,446
Unlocking Youth Potential Project (Total Expenses)		16,139,601	-
Project Capital Expenditure		3,059,418	3,184,833
Operating expenses		246,729,404	205,961,345
Depreciation	3.00	3,291,546	2,553,091
Tax Paid on the basis of return		-	867,260
Total Expenditure		250,020,950	209,381,696
Current Tax:			
For the year	12.01	7,347,947	5,340,412
Earlier year		-	-
Excess of Income over Expenditure Carried forward (after Income Tax)		257,368,897	214,722,108

Note: The annexed notes form an integral part of these accounts


Executive Director

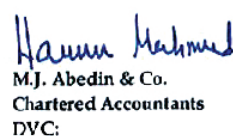

Treasurer


Deputy Director (F&A)

Examined and found correct. Signed in terms of our report of even date.

Dated, Dhaka

15 MAR 2026


M.J. Abedin & Co.
Chartered Accountants
DVC:

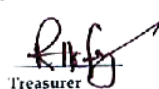
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REPRODUCTIVE HEALTH SERVICES TRAINING & EDUCATION PROGRAM (RHSTEP)
CONSOLIDATED ACCOUNT
STATEMENT OF RECEIPTS & PAYMENTS
FOR THE YEAR ENDED 30 JUNE 2025

	Notes	Amount in Taka	
		30 June 2025	30 June 2024
A. RECEIPT			
Opening Balance:		334,542,173	289,648,186
FDR (Long Term)		216,680,118	172,492,736
At Bank		117,454,306	115,535,128
In Hand		407,749	1,620,322
Receipts :		528,163,599	291,000,492
Received from Fixed assets sale		-	-
House Rent Advance Realize	5.00	-	-
Loan refund from SIDA Fund (Core Program)	8.00	-	-
SRHR Service Fee (Annexure-A)		128,826,250	119,473,466
Bank Interest	9.03	26,715,807	17,601,374
Grant/ Donation		351,268,378	153,685,315
Exchange Gain		21,330,362	-
Sales of Fixed Assets		4,000	-
Bank Interest-Project		18,802	40,337
		862,703,772	580,648,678
B. PAYMENTS			
Direct Expenses	14.00	14,940,848	11,542,469
Salaries & Benefits	15.00	126,995,757	113,609,910
Consultant	16.00	1,012,493	878,460
Training	17.00	10,945,756	16,117,923
Research: develop research Team & Conduct research	18.00	7,042	388,634
BCC Activities	19.00	4,052,513	3,067,048
Office Accommodation & Utilities	20.00	8,766,141	8,067,625
ICT development & Maintenance	21.00	1,328,295	1,233,042
Ancillary Expenses/Administrative cost	22.00	16,463,310	14,843,314
Supervision & monitoring	23.00	3,090,763	2,389,435
Meeting	24.00	918,146	1,150,509
Pap'smear Test Program	25.00	3,407,717	3,371,501
Adolescent Health Program	26.00	9,499,068	8,758,107
Overhead Cost	27.00	1,988,048	1,750,852
Others/Office Operational Cost	28.00	16,287,390	13,672,950
Seminar/ Dialogue/ Workshop	29.00	1,345,805	187,606
Clinical Instrument	30.00	5,136	138,716
Implementing Action Plan		3,244,718	152,446
Unlocking Youth Potential Project (Total Expenses)		16,139,601	-
Project Capital Expenditure		3,059,418	3,184,833
Payment for Operating Expenses		243,497,965	204,503,383
Payment for Fixed Assets	3.00	7,727,601	10,214,748
Advance	5.00	46,615,640	35,840
Advance Income Tax	7.00	4,453,206	3,370,011
Fund remit to BAPSA		32,765,242	21,681,112
Fund refund to Donor (Close of Project)		-	8,558
Loan Refund		-	-
Loan to SIDA Fund (Core Program)	8.00	-	-
Accrued Expenses	10.00	1,455,962	4,028,132
Tax on the basis of return		-	867,260
Current Tax:		-	-
For the year		-	-
Earlier year	12.00	1,529,989	1,375,161
Total Payment		338,045,608	246,106,505
Closing Balance		524,660,164	334,542,173
FDR (Long Term)	4.00	258,732,682	216,680,118
At Bank		263,695,797	117,454,306
In Hand		2,231,685	407,749
		862,705,772	580,648,678

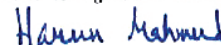
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Executive Director


Treasurer


Deputy Director (F&A)

Examined and found correct. Signed in terms of our report of even date.


M.J. Abedin & Co.
Chartered Accountants
DVC

Dated, Dhaka

15 MAR 2026

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Annex 12. Glossary and Abbreviations

This annex provides the full forms of key abbreviations used in the RHSTEP Annual Report 2025.

ANC	Antenatal Care
BAPSA	Bangladesh Association for Prevention of Septic Abortion
BCC	Behaviour Change Communication
BGMEA	Bangladesh Garment Manufacturers and Exporters Association
BKMEA	Bangladesh Knitwear Manufacturers and Exporters Association
CDD	Centre for Disability in Development
CSE	Comprehensive Sexuality Education
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DGNM	Directorate General of Nursing and Midwifery
DSHE	Directorate of Secondary and Higher Education
DiRL	Disability Inclusive Resilience Livelihood
ESRC	Economic and Social Research Council
FP	Family Planning
FWV	Family Welfare Visitor
GBV	Gender-Based Violence
GoB	Government of Bangladesh
HRBA	Human Rights-Based Approach
IEC	Information, Education and Communication
IUD	Intrauterine Device
ISRHR	Improving Sexual and Reproductive Health and Rights
LCC	Limited Curative Care
MHM	Menstrual Hygiene Management
MLP	Mid-Level Provider
MoHFW	Ministry of Health and Family Welfare
MoLGRD&C	Ministry of Local Government, Rural Development and Co-operatives
MR	Menstrual Regulation
MRM	Menstrual Regulation with Medication
NGO	Non-Government Organization
NIPORT	National Institute of Population Research and Training
Obs/Gyn	Obstetrics and Gynaecology
OGSB	Obstetrical and Gynaecological Society of Bangladesh
OPD	Organizations of Persons with Disabilities
PAC	Post-Abortion Care
PNC	Postnatal Care
PSTC	Population Services and Training Center
RHRN2	Right Here Right Now Phase 2
RH	Reproductive Health
RH Kit	Reproductive Health Kit

RHCC	Reproductive Health Crisis Care
RHSTEP	Reproductive Health Services Training and Education Program
RMG	Ready Made Garment
RTI	Reproductive Tract Infection
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SGBV	Sexual and Gender-Based Violence
SHG	Self-Help Group
Sida	Swedish International Development Cooperation Agency
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UHC	Universal Health Coverage
UPHCSDP	Urban Primary Health Care Services Delivery Project
UYP	Unlocking Youth Potential
VIA	Visual Inspection with Acetic Acid
MIS	Virtual Management Information System
WSA	Whole School Approach



RHSTEP

Reproductive Health Services
Training and Education Program

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