

# Resume of Dr. Selina Ferdous

Flat # C – 5, House # 173/D, Road # 4  
Mohammadia Housing Ltd.  
Mohammadpur, Dhaka  
Cell no.: 01712 292 277  
E-mail: [ferdous8selina@gmail.com](mailto:ferdous8selina@gmail.com)



## SECTION A: SUMMERY EXPERIENCE

Working for more than twenty-five years in development field with a focus to community based overall health and nutrition of the socio-economic and geographically vulnerable and marginalized groups aiming to improve the quality of life. Community mobilization to ensure their active participation along with central and local level advocacy towards creating enabling environment has been adopted to support for the excluded community in mainstreaming thus enjoying the basic and civil rights and living a rather empowered and dignified healthy life. The approach facilitated in the transformation of life of the marginalized groups overcoming/reducing their vulnerability and allowed them in contributing towards a sustainable development of the society.

A significant

In last almost twenty years managed and lead different credible and diversified projects effectively and efficiently meeting all the compliances of the donors like USAID, DFID, WB, WHO BMGF and few more with clear understanding and management of the program and finance in different national and international agencies as Project Lead. Mentored and guided quite a skill mix team that allowed learning effective and efficient management of human resources and trouble shooting, ultimately gaining trust and confidence of the team members which put a progressive impact on the project outcomes and team cohesion.

Quality Control of the projects had been efficiently ensured through developing and applying different practical tools and techniques, planned supportive supervision in the area of work, captured program learning through different assessment and surveys those had been applied in activity and strategy alignment contributed in achieving the set targets and indicators – both qualitative and quantitative, in a timely manner.

Always maintained a healthy professional relationship with all the relevant and wide range of stakeholders those include donors, implementing and strategic partners, relevant govt. sectors and target community through proper communication. Networking and collaboration with the other players accelerated the accomplishments and external relationship use to done through formal and informal communication like sharing sessions/meetings, regular updates through reports and documents - as and where applicable. Strategic professional networking and external relationship always added value to project management, with desired outcomes and portraying the employing agency a much prestigious one at all tiers..

## SECTION B: PROFESSIONAL ACCOUNT

### 1) Senior Specialist – Gender and Social Inclusion: Practical Action

3 May 2018 – Till date

**Job summary:** Practical Action works in four thematic areas – Farming that works, Resilience that protects, Energy that transforms and Cities fit for people. The core position of Gender & Social Inclusion is responsible for mainstreaming gender issues into all areas of the Practical Action's work in Bangladesh in a befitting manner; understanding and internalizing the project concept, design, major tasks and indicators in consultation and collaboration with respective Project Lead and MEL Head. The key areas of work:

**Program support:** Identify areas that require further development of additional tools/materials on Gender issues to support the effective design and delivery of Practical Action's programmes and projects in collaboration with respective Project team, MEAL team and Communication team. Support the BDQA (Business Development and Quality Assurance) Unit in project designing by encouraging gender mainstreaming. and adopting Social and gender

equitable approaches. Strategic support is provided through reviewing all the documents – ToR for BLS, ELS/Evaluation, SoW, SoP including modules and materials developed by other units by ensuring Social and gender equitable approaches, Women Empowerment and Gender Transformative Approach (GTA) in a context and project specific manner.

As part and parcel of program support/design/align/review and revisit, the accomplishments are: 1) “Assessing the Menstrual Hygiene Management (MHM) practice of the Adolescent girls in camp set-up at Ukhiya Rohingya camp”; 2) “Assessment of the challenges and barriers of women and PWDs’ participation in vocational training” at four TTCs (Technical Training Centers) of Rangpur, Gaibandha, Kurigram and Lalmonirhat and effectiveness in job placement under EC-PRISM project. 2) “Gender Analysis” of BREB (Bangladesh Rural Electrification Board) project under ‘Practical Action Consultancy’ at five PBS (Polli Biddyt Samity) level of Bhola, Thakurgaon, Gopalganj, Kishoreganj and Sunamganj PBS and at respective community/consumers’ level; 3) “Assessing the information and service needs of the Rohingya adolescent girls for MHM at Leda camp/Teknaf”; 4) Support the Communication team in designing and developing context specific personal hygiene and MHM IEC/BCC materials; 5) “Assessing the overall hygiene practice and environmental sanitation of the Teknaf and Ukhiya camp”; 6) Presently leading the study on “Gender Analysis in Urban Sanitation” at Meherpur and Faridpur in collaboration with the respective Municipality with a future plan to support designing safer citywide social and gender equitable sanitation system.

**Capacity Building:** Review the existing training curricula, modules and materials and design those in an inclusive manner with the support of Communications unit; Facilitate training periodically including training schedule and material development for Practical Action staff and partners on Gender issues and Safeguarding based on the Practical Action Global Policies as “Focal Point of Gender” and Focal Point of Safeguarding” Practical Action Country office. Support the P&C unit to review and revisit the Organizational Policy Procedures on the light of Gender Equality and Safeguarding issues at Organizational level.

**Networking:** Participate in external events to represent Practical Action Bangladesh; Plan and lead Gender and Social Inclusion related campaigns at project intervention areas and at central level. Represent Practical Action in Global Gender Group (GGG) as nominated member, Lead and Coordinate Practical Action in Bangladesh Gender Working Group (GWG), Member of Bangladesh National Gender Working Group (BNGWG), Member of Menstrual Hygiene Platform (MH Platform) in addition to other forum/platform.

**Special Assignment:** Recently completed developing “National MHM Strategy” for the govt. of Bangladesh sponsored by UNICEF as Lead Consultant on behalf of Practical Action; Gender issue has been mainstreamed in the strategy.

## 2) Deputy Chief of Party cum Nutrition Team Lead: ACDI/VOCA

22 February 2017 – 30 April 2018

**Job summary:** The Nutrition Sensitive “FtF Bangladesh Livestock Production for Improved Nutrition Project/ USAID” project in collaboration with BLRI and DLS works to impact rural household nutrition where women are actively engaged to improve the utilization of livestock products in 12 upazilas of 3 South-western districts with the aims to 1) increase livestock productivity by increasing rural women’s participation 2) access to hygienic, diverse and quality food mainly, animal proteins and 3) enhanced nutrition and health status mostly, of the women and children.

**Management:** Lead the Project team based at Khulna; support, guide and supervise the Team Leads 1) Livestock 2) Food science 3) Gender Advisor and 4) Head of MEL in achieving the targets and indicators in accordance to MEL and financial plan and strategy. Overseeing administration of the project; Support and guide the Admin, Finance and Procurement units for required support and assistance to the Team Leads so as to help them accomplishing the assignments in a timely manner maintain quality and compliances.

**Technical leadership:** 1) Supported Livestock Lead to adopt strategies to increase the women farmers’ participation in livestock rearing and management following improved technologies and facilitated women entrepreneur development to grow improved fodder commercially. 2) Guided and supported Food Science Lead to facilitate the women milk collectors’ initiating/expanding dairy business more independently in addition to capacitate them in decision making in HH consumption of dairy products and meat also to introduce the interested ones with the market system and help them grow/expand their entrepreneurship 3) As Nutrition Lead, supported the HQ actively in conducting the formative research “Barriers analysis” on milk, dairy and animal protein consumption in the intervention areas; Based on the research findings SBCC Strategy was developed to promote animal protein uptake 4) The Gender Advisor had been supported to develop the GAP; explore and facilitate capacity building of the potential females as entrepreneurs with required support and follow-up 5) Support the MEL team in developing MEL Plan and preparing periodic reports, documents, case studies and sharing those with HQ and AOR/USAID..

**Networking:** Coordination and networking with different stakeholders like private sector stakeholders to link the small level entrepreneurs specially, the women fodder growers; milk collectors with chilling centers or sweetmeat shops. Networking established with the livestock feed and medicine sellers, Local representatives of DLS for receiving support/capacity building for better feeding, breeding, rearing and fattening specially for the rural women. Regular and effective communication chain was maintained with the CoP – based at Dhaka, ACDI/VOCA HQ and USAID mission office, mainly the AoR through sharing different reports, data, information.

**Special assignment:** Within one month of my joining, the Chief of Party (CoP) resigned which was pre-decided. Addition to my own desk, I have to serve as Acting CoP for five months; HQ highly appreciated my managing all the responsibilities efficiently.

## Self-employment

### July 2016 – January 2017

The works done as short-term consultant for the mentioned period are:

Developed Keynote Paper: Keynote paper on “Menstrual Hygiene Management of the differently able women in Bangladesh” for a national event for a national NGO, Bangladesh Society for the Change and Advocacy Nexus (B-SCAN) developed.

Module Development and Training: Contracted with James P. Grant School of Public Health for: 1) A day long training Planned, Organized, Facilitated and Documented on “SRHR and Communications” for the I/NGO Managers and Communication Personnel 2) A four-day long training Planned, Organized, Facilitated, Coordinated with other Facilitators and Documentation for Lawyers –Members of BLAST on “SRHR, Sexuality and policy issues”. 3) ToT Module Developed followed by conducting a four day long TOT for Terre Des Homes’ partner NGO Managers on “SRHR, Gender and GBV”.

Supported study design and documentation: Support provided to with a Consultancy firm, “Center for Social Program for Research (CSPR)” in designing, conduction and documentation of a cross-sectional study on the “Socio-demographic situation of differently able women in Bangladesh” for “Women with Disabilities Development Foundation (WDDF)” – a national NGO for and run by physically and mentally challenged women.

## 3) Project Coordinator – WASHplus: WaterAid Bangladesh

### 26<sup>th</sup> March 2013 – 31<sup>st</sup> March 2016

**Job summary:** Efficiently Coordinated, Managed and Lead the USAID funded Bangladesh chapter of the global project WASHplus - “Addressing WASH in four upazilas of South-western Bangladesh; executed in the field level by four esteem national NGOs like Dhaka Ahsania Mission (DAM), South-Asia Partnership (SAP) AVAS and Development Organisation of the Rural Poor (DORP), each for one upazila. The project aims to improving health and nutritional status of the under-five children though promoting health and hygiene behavior of the community on statistical evidence based higher ratio of stunted children in the coastal belt with episodic attacks of diarrheal disorder

**Management:** Lead the entire Zonal Team based at Barisal. Supported and guided the team members and the IPs key staff in effective communication with the relevant LGIs and making joint Implementation Plan including budget for WASH engaging DPHE and community representatives. Overall supervision the Finance, Admin and Procurement issues by meeting the USAID compliances. Support the M&E team in designing and conducting BLS and the USAID hired third party for project evaluation.

**Technical leadership:** To promote healthy and hygienic behavior, the “Hygiene Behavior Strategy” rolled out at the field level among the under five-year old age children’s “Mothers’ Group” beforehand, all the field level staff had been trained on the HB Strategy – that was developed with the support of HQ considering the rural set-up at the coastal belt context of Bangladesh. The Gender sensitive project promoted Gender and PWD inclusive sanitation system both in school and hh level with MHM facilities. Different sanitation technology was adopted considering the different hydrogeology of the coastal belt. Promoted CLTS+ improved sanitation system. Hygiene Campaigns at school and community level specially hand washing hygiene for improving the overall health status through better nutrition uptake had been promoted; promotion of sanitation marketing through PPP had to ensure for sustained supply of hardware to complement the improved WASH behavior of the community.

**Networking:** Maintained regular coordination and communication with WaterAid UK and USA, USAID mission and DPHE; Regular communication and coordination with FtF nutrition partner SHIKHA and SPRING for field level nutrition status monitoring; Active member of the “Working Group of Five Yearlong National Nutrition Strategy” and member of SUN. Rolling out the Central Level Partnership with RFL at local level for sustained supply of sanitation materials at subsidized rate in addition to local other SaniMart companies and also utilized them to promote the community SMEs including the female ones. Partnership with World Bank supported in procuring “Entrepreneurship Training” from a third party at a subsidized rate for the interested and screened small scale sanitation material producers of the community..

#### 4) Consultant, Program Quality Improvement – MNCH: CIPRB

31st May – 19th October 2012

**Job Summary:** Centre for Injury Prevention and Research, Bangladesh (CIPRB) piloted a WHO funded project to review and revise the GoB Program Quality of Maternal, Neonatal and Child Health in 12 health service delivery outlets in Takurgaon and Jamalpur districts including the District Sadar Hospital, MCWC and Upazila Health Complexes to assist the Health Sector of Bangladesh for PQI in collaboration with the Line Director of Maternal and Neonatal Health/DGHS and DGFP under MoH&FW. A dedicated “National Technical Team” of nationally reputed Gynecologist, Pediatrician and Anesthetist Chaired by the Program Manager/MNCH facilitated the project outcomes. The ongoing MNH program was analyzed followed by development of different materials and modules to enhance the capacity of the maternal and child health care providers of the mentioned health facilities. The key tasks were

**Review and revise Modules and Materials:** All the relevant documents/material had been revised and with the guidance of the National Technical Team those were updated and adapted those included training manuals/modules, IEC/BCC materials, Job aids and SoPs, Tools and Checklists.

**Capacity Building:** Training of the relevant personnel at all the 12 outlets on the revised module of PQA along with the tools to be applied on services for Emergency Obstetric Care including Neonatal, Ante-natal, Post-natal, Pre-natal care, Pre-and Post-Partum Hemorrhage and Pre-Eclampsia

#### 5) Technical Specialist – High Risk Intervention (HRI): Save the Children

1st January – 31st December 2011

**Job Summary:** Save the Children USA recruited the designated one and seconded at the National AIDS/STD Program (NASP)/DGHS with the objective to support the National AIDS/STD Program (NASP to Design Cultural and Gender Responsive Sexual Health Program in accordance to then National Strategy to help different socially excluded groups particularly the Female Sex Workers at different set-ups and locations practicing Safer Behavior thus reducing the vulnerability towards STI, HIV and AIDS. Major accomplishments were:

- Technical inputs in i) NGO procurement under Global Fund RCC (Round 6) and ii) NGO procurement under HPNSDP
- Assigned by the Line Director/NASP to coordinate the five year plan for NASP under the Health Population Nutrition Sector Development Program (HPNSDP) 2011 – 2016
- Developed technical papers for NASP on HRI and other programmatic issues on STI, HIV and AIDS in Bangladesh for national and international conference and meetings
- Reviewed and provided technical inputs in different research and national documents on STI, HIV and AIDS developed by UN bodies (UNICEF and UNAIDS), WB, FHI/USAID and NASP/DGHS itself like 3<sup>rd</sup> five year National Strategic Plan, National Monitoring Plan, National MIS for DICs of HRI, National ARV guideline and Syndromic Management of STI

#### 6) Team Leader; CARE - Bangladesh

1st February 2008- 30th June 2009

**Job Summary:** Overall management and lead the HATI (HIV/AIDS Targeted Intervention for the I/DUs under the Sector Program (HNSP) coordinated by NASP with and Technical support of UNICEF as Management Agency. The project had been implemented in four divisions through partnership with eight National NGOs as consortium members lead by CARE- B.

The significant accomplishments were:

- Adopted strategy to finding out the overlapping circle of female drug users those who were engaged in sex trade, form a Self-Help-Group (SHG) of those and organized special sessions with them including one-to-one counseling about safer sex and safer injecting.
- After a series of set criteria, special Detoxification of the SHG members were organized with accommodation facilities with regular health check up and counseling by a Psychiatrist and medical Doctor.
- Tracking the scenario as surfaced by annual surveillance that any drug user can switch to injectable form, hence, all categories of drug users brought under programmatic coverage reasoning the terminology used as I/DUs.
- Strengthened the piloting of OST in collaboration with UNODC, UNAIDS, icddr and DNC.
- Several meeting was organized with key personnel of MoH&FW to extend the duration of the intervention that winded up at March 2009 as change of policy of World Bank to sector program on this issue.



## 7) Team Leader; HIV/AIDS & STD Alliance in Bangladesh (HASAB)

August 2006 - Jan. 2008

**Job Summary:** “Provision of HIV/AIDS Orientation, Training and Services to Young People through scale up of Youth Friendly Health Services and Life Skill Education (LSE) including Support to Access to Condom” project with GFATM fund had been implemented in all the six divisions in partnership with three esteem national NGOs with the technical guidance of NASP and Save the Children as Management Agency.. The major tasks were:

**Management:** Overall management of the project for timely accomplishment of the planned activities with set targets and indicators; Support and guide the three Component Leads and IPs; Financial management meeting compliances of the Global Fund. Oversee the Project and financial reports

**Technical leadership:** Supporting the 3 component leads for YFHS, LSE and Condom Promotion for setting strategies with time to time sharing with MA and NASP; Support the component leads in developing Modules and Materials for Capacity Building/Training of the 1) govt. and NGO Health Professionals, 2) Youth Clubs on LSE in consultation with NASP and Save the Children. Encouraged the health delivery points to establish Adolescent Friendly Corner; adopted strategies for more adolescent girls to receive health support from the YFHS. Overseen the trainings programs for quality assurance purpose; the modules had been adopted, aligned and updated based on constructive feedback of the trainees - both for the health professionals and adolescents boys and girls..

**Networking:** Regular coordination and communication with the stakeholders through sharing formal reports and structured sharing meetings.

## 8) Project Manager: HIV/AIDS & STD Alliance in Bangladesh (HASAB)

October 2004 - July 2006

**Job Summary:** Aiming to improve the overall health and social status of the socio-culturally marginalized and stigmatized communities, the project was designed to promote rights of seven socially excluded groups those were vulnerable towards STI, HIV and AIDS through the project “Promoting Rights of the Extreme Socially Excluded People”. The project worked to promote rights of the excluded groups those were vulnerable towards STI, HIV and AIDS such as Female Sex workers at Brothel, Hotel and Floating set ups; Ex-DUs, hijra, MSM and People Living with HIV/AIDS. Major objective of the project was to capacitating the excluded groups for mainstreaming.

**Management:** Overall management of the project and team; develop SoW and SoPs to facilitate the formation of seven SHGs with respective communities. Capacity building training organized followed by training module development on different issues like Organization Operation, Leadership and Advocacy, Technical issues like - Safer Behavior – injecting and sexual; Food-Nutrition and lifestyle of the HIV positives, Spouse Counseling, Family Counseling, Guideline for local advocacy with the social gatekeepers contributed a strong impact to accept the excluded community locally – that made the target community extremely helpful in getting access to civil and basic services for them and their family members..

**Technical leadership:** Design strategies to mainstream the excluded groups and local and central level advocacy plan with the support of team members and MJF; Support the locally based staff for executing local advocacy plan. Guided and supported the team in addressing the context specific issues in the training modules and conduction of trainings accordingly.

**Networking:** Prepare and sharing reports to the funding agency; Dialogue with MJF and lawyers for promoting rights of the excluded communities including the voting and land rights of the hijras; Law enforcing agencies regarding harassment of the MSM and I/DUs

## 9) Coordinator; CARE - Bangladesh

Dec. 2003 - Oct. 2004

**Job Summary:** Managed and coordinated scaling-up of the ‘Harm Reduction approach for the Injecting/Drug Users (I/DU) intervention” beyond Dhaka and Rajshahi city considering the concentrate epidemic among the IDUs. The project was an ongoing but extended activity of DFID with an addition fund from USAID for qualitative and quantitative expansion at few more districts, susceptible for the pandemic. The accomplishments were:.

- Strengthened the intervention in Dhaka and Rajshahi city: by intensifying the intervention through adopting drug user responsive and cultural context specific strategies in consultation with the team as of 1) Enhancement of the Peer Outreach Work specially deploying the ex-users as Counselor in the Drop-In-Centers; 2) Female outreach workers were appointed to reaching out the female drug users who were out of reach beforehand; 3) To ensure in-time supply of Needle and Syringe to the IDUs, 24/7 service provision adopted to eliminate sharing of Needle and Syringe; 4) Upgraded the Drop-In-Centers, making them more drug users friendly including bathing facilities; 5) established Drop-In-Centers (DICs) in the hot-spots
- Special strategy to minimize the spreading: Special attention had been paid and different strategies were adopted for the HIV+ IDUs in old Dhaka by regular sessions using different Tools and Techniques towards safer injecting and safer sexual behavior; Couple counseling; regular blood screening for associated STIs;

Regular health check-ups for any opportunistic infections. Regular blood test for measuring the viral load and CD4 counting; Session on healthy lifestyle with a focus to food and nutrition and personal hygiene; facilitate formation of Self-Help Group (SHG) of HIV+ IDUs so as to create a sharing platform for them. Tracking: In collaboration with icddr, a cohort study had been initiated for the HIV+ IDUs' DIC to track the changes

- Enhanced coverage: similar approaches of Harm Reduction and Detoxification were installed in four more districts - Ishwardi, Pabna, Narayanganj and Chandpur as those areas were found "High Risk Areas" by mapping exercise lead by the Govt. however, RSA (Rapid Situation Assessment) had been conducted in each areas before intervention so as to contextualize the designing approach.
- Strengthening the workforce: the previous five members IDU intervention team was fully equipped with capacitated 35 members excluding the field (Drop-In-Center) staff to cope the expanded program need
- Formal partnership and Collaboration:
  - # Formal partnership done with reputed Drug Detoxification and Rehabilitation Agencies in Dhaka (APON and DAM) and Rajshahi (APOSH) done.
  - # Formal partnership with Marie Stopes Bangladesh for STI management through their satellite clinic was done to reduce vulnerability of the STI infected towards HIV.
- Enhanced Collaboration and Coordination:
  - # Partnership with law-enforcing agency and DNC had been strengthened to support and acceleration of Harm Reduction activity; a national level dialogue was arranged with Ministry of Home Affairs that was chaired by the then Minister – Home Affairs on 2005. The DIG –Prison and DG DNC were supported to attend the International Harm Reduction Conference in Melbourne on 2005 where a visit to OST center was organized for them to support initiating such program activity in Bangladesh.
  - # Organized meetings with all relevant stakeholders like NASP, UNAIDS, UNODC, CRTC, DNC, APON and icddr, regarding initiating OST in Bangladesh, the policy concerns and relevant issues, strategies suitable for Bangladesh and possible impact.
- Community Engagement: initiated Community Based Detoxification in collaboration and support of Central Treatment Center (CTC) under DNC started to organized by engaging the family members.
- Training and Capacity Building: Regular fresher/refresher training organized for the program staff/CARE, partner NGO staff and the field based/DIC staff on different updated approaches of Harm Reduction/Needle-Syringe Programme and arresting spread of HIV epidemic among the PWIDs.
- Special assignment: a Regional Needle-Syringe Exchange Protocol (NSEP) was developed through collaboration among esteem agencies working o harm reduction through needle – syringe program with thePWIDs in India, Pakistan, Sri Lanka, Nepal and Bangladesh; the task was supported by Regional Office of UNODC, I had been selected/nominated by UNODC Regional office to make presentation of the NSEP at Sri Lanka on 2005.

## **10) Program Coordination Officer; Christian Commission for Development in Bangladesh**

**April 2002 - Dec 2003**

**Job Summary:** The designated person had to manage the overall program titled "Community based HIV/AIDS Prevention, Care and Advocacy Program" that was designed to be implemented for awareness creation of mass community through integrated approach with the core programs of CCDB at different geographical locations. The major initiatives taken were:

Media advocacy for the HIV infected and affected for "positive reporting" to eliminate social stigma.

Provision of health care services to the HIV positive people along with counseling session through formal partnership with listed professionals..

Livelihood support to the HIV infected and affected ones was introduced on different income generating activities and small entrepreneurship by arranging vocational training in partnership with MoY&S.

Established "Peer Counseling Corner" in the office premises for the HIV positive people in collaboration with the govt. institution/BSMMU; the virology dept. used to refer the newly identified positive cases for counseling service however, the new cases were introduced with old ones in quarterly sharing sessions and encouraged to for a group.

Facilitated formation of the ever first Self-Help Group of HIV positive people "Ashar Alo Society"; headed by a female HIV positive that added value to the organization for being a gender sensitive organization in a just way in the field of HIV/AIDS both nationally and abroad.

## **11) Program Officer; HIV/AIDS and STD Alliance in Bangladesh (HASAB)**

**July 1997 - March 2002**

**Job Summary:** HASAB came into operation back in 1997 as one of the Linking Organizations of 'International HIV/AIDS Alliance - UK' to extend Technical and Financial support to the CBOs, local and national NGOs through formal partnership approach through developing, operating and managing culturally sensitive and responsive HIV prevention and control program all over Bangladesh. HASAB had partnership with 35 agencies working with High Risk and Bridging populations. The basic approach it followed were.

- Identify and prioritize populations with highest vulnerability towards STI, HIV and AIDS like the Male and Female Sex Workers, *Hijra* and Transgender and Injecting Drug Users including the bridging Population as of Migrant Workers, Slum Dwellers, Garment Industry Workers, Transport Workers – mainly long distance.,
- Entering into partnership with the agencies those had intervention with the mentioned category of population through a series of selection process and procedures. Provide Technical and Financial support to the organizations in designing culturally sensitive and responsive STI and HIV prevention intervention in a structures and planned manner.
- Capacity building of the partners was one of the major activities of HASAB that includes Organizational and Technical areas. With the support of Alliance UK office, Training module and tools were developed; while developing the Technical modules, the cultural sensitivity always carefully considered; the Technical areas trainings provided were: Gender, Sexual Health and Sexuality, Safer Sexual Behavior, Women Empowerment and Negotiation Skill for safer sex, etc. The tools and materials were mainly focused on games, pictorials, flip-chart, flash-cards video and audio clips, folk songs and interactive street/community open space drama or cultural events.
- Among my assigned partners, the programming approaches of "SHEASS" had been supported for combined approach of Harm Reduction and Demand Reduction through detoxification that worked with Injecting Drug Users in Rajshahi city was shared in International Conference at Chiang Mai/Bangkok on November, 2000 as "Good Practice"; another partner SHISHUK had been supported for their target population of outgoing International Migrant Workers those who very often exposed to unsafe sexual behavioral practices in different stages was shared at Durban, South Africa on 2000 International HIV/AIDS Conference as another good practice.

## **12) Assistant Director – Medical; Bangladesh Women's Health Coalition (BWHC)**

**Nov. 1993 - June 1997**

**Job Summary:** BWHC as a National NGO works for Women's Reproductive Health and Rights since 1980 had number of project offices in different geographical locations served the women, neonates and children of rural, urban and semi-urban set ups through health service delivery and health education promotion programming approaches for overall improvements of the health of community. The major assignments for the position were:

- Supervision and monitoring of the Reproductive Health services including MCH & FP services such as Ante and Post natal care of the women, Immunization for women and children, Counseling on FP including MR and RTI/STD, Management of RTIs/STDs through planned and frequent field visits.
- Planned Capacity development of the Health Service Providers on the services they had to offer
- Overall quality assurance of the services by developing Protocols, SoPs, Guideline, Modules, Tools, Materials, etc. for Training, Health Education Promotion sessions and Monitoring purposes in consultation with the relevant staff/units.
- Support MIS and Community Development Units for developing forms-formats to ensure systematic and smooth two-way flow of information and integrating health information – consecutively
- Accompany the donors/external visitors to introduce the program modality, quality and strategies.
- Sexual health Education program initiated in "Taan Bazar brothel" along with Reproductive Health Services and Information; later on HIV Prevention activities were integrated for the brothel residents/sex workers

## **13) On Duty Medical Officer– Mahfuz Welfare General Hospital**

**January 1989 – October 1993**

**Job Summary:** Mahfuz Welfare General Hospital Clinic was a private community-based hospital that at Mirpur -10 offered General Health Care services with the emphasis on the management of Maternal and Child Health. Being the only Lady Medical Officer, the overall responsibilities were management of following service with the assistance of duty nurses:

- Ante and Post natal care of the women including perinatal care for the admitted clientele
- Immunization for women and children

- Counseling on FP clientele including MR and RTI/STD including service delivery
- Management of gynecological and obstetric cases including RTIs and STIs
- Assisted the Chief Surgeon Gynecologist as first Assistant in the Operation Theatre.
- Follow-up of post-operative and admitted Gynae and Obs cases

### SECTION C: LANGUAGE PROFICIENCY

Language	Proficiency	
	Spoken	Written
<b>Bangla</b>	Excellent	Excellent
<b>English</b>	Excellent	Excellent

### SECTION D: COMPUTER SKILLS

Excellent in MS WORD, PowerPoint, Excel and Avra

### SECTION E: TRAVEL EXPERIENCE

Visited different Districts, Upazilas./Sub-districts, Unions, remote villages of all the eight Divisions of Bangladesh including few hard-to-reach zones like *Chor*, *Haor* and Camp set-ups of the Rohingya community at Ukiya and Teknaf – all for official purposes..

### SECTION F: ACADEMIC QUALIFICATION

Qualification	Name of Institution	Passing Year	Division
S.S.C.	Jhenaidah Govt. Girls' High School	1978	First division
H.S.C.	Jhenaidah Govt. K.C. College	1980	Second division
MBBS	Rangpur Medical College	1987	Passed
Internship	Rangpur Medical College Hospital	1988	Completed
MPH	State University of Bangladesh	2015	3.77/4 CGPA

### SECTION G: PERSONAL INFORMATION

Mother's name: Mrs. Rabeya Khanam

Father's name: Prof. Moslem Uddin Mondal

Nationality: Bangladeshi by birth

Signature: \_\_\_\_\_  
[ Selina Ferdous]