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**PSTC Corporate Office**

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Children are an asset

## Acronyms

AAB	:	Action Aid Bangladesh
ADB	:	Asian Development bank
AIDS	:	Acquired Immune Deficiency Syndrome
ARH	:	Adolescent Reproductive Health
ARHP	:	Adolescent Reproductive Health Program
ARI	:	Acute Respiratory Infection
ARISE	:	Appropriate Resources for Improving Street Children's Environment
ASEH	:	Advancing Sustainable Environmental Health
BCC/M	:	Behavior Change Communication and Marketing
CCCD	:	Child Centered Community Development
CD	:	Communicable Diseases
CDC	:	Children Development Center
CDD	:	Chronic Diarrheal Disease
CHER	:	Center for Health, Education and Rehabilitation
CIDA	:	Canadian International Development Agency
CRHCC	:	Comprehensive Reproductive Health Care Center
DCC	:	Dhaka City Corporation
DFID	:	Department For International Development
DPHE	:	Department of Public Health Engineering
ECG	:	Expert Consulting Group
ECCD	:	Early Childhood Care & Development
EDP	:	Enterprise Development Program
EOC	:	Emergency Obstetric Care
ESP	:	Essential Service Package
FHP	:	Family Health Project
FLE	:	Family Life Education
FPCVO	:	Family Planning Council for Voluntary Organization
FPIA	:	Family Planning International Assistance
FP-MCH	:	Family Planning, Mother and Child Health
FPSTC	:	Family Planning Services and Training Center
GB	:	Governing Body
HATI	:	HIV/AIDS Targeted Intervention
HPSP	:	Health and Population Sector Program
HQ	:	Head Quarters
HRD	:	Human Resource Development
HRM	:	Human Resource Management
HSD	:	Health Service Delivery

IA	:	Internal Affairs
ICPD	:	International Conference on Population Development
ILP	:	Innovative Literacy Program
IPC	:	Inter Personal Communication
IPD	:	Innovative Program Development
IPDPD	:	Innovative Program for Disadvantaged People's Development
JSI	:	John Snow Incorporated
LCC	:	Limited Curative Care
LGED	:	Local Government Engineering Department
MCH	:	Maternal & Child Health
MDA	:	Management Development Assessment
MDG	:	Millennium Development Goal
MIS	:	Management Information System
MJF	:	Manusher Jonno Foundation
MNT	:	Measles and Neo-natal Tetanus
MOHFW	:	Ministry of Health and Family Welfare
MOLE	:	Ministry of Labor & Employment
MOLGRD&C	:	Ministry of Local Government, Rural Development & Cooperatives
MOSW	:	Ministry of Social Welfare
MOYS	:	Ministry of Youth & Sports
NFE	:	Non-Formal Education
NGO	:	Non-Governmental Organization
NHQ	:	National Headquarters
NID	:	National Immunization Day
NIPHP	:	National Integrated Population and Health Program
NEARS	:	Network for Ensuring Adolescent Reproductive Health Rights & Services
NND	:	NGO Network for National Development
NSDP	:	NGO Service Delivery Program
ORH	:	Other Reproductive Health
PC	:	Population Council
PD	:	Program Development
PHC	:	Primary Health Clinic
PI	:	Pathfinder International
PLCEHD	:	Post Literacy and Continuing Education for Human Development
PMT	:	Program Management Team
PPD	:	Partners in Population and Development

PREWASH	:	Poverty Reduction through Environmental Water Sanitation and Hygiene
PSTC	:	Population Services and Training Center
REFLECT	:	Regenerated Freirian Literacy through Empowering Community Technique
PHC	:	Primary Health Clinic
T & C	:	Training and Communication
TBA	:	Traditional Birth Attendants
TOT	:	Training of Trainers
UCEP	:	Underprivileged Children's Educational Program
UCHCP	:	Urban Community Health Care Project
UFHP	:	Urban Family Health Partnership
UNDP	:	United Nations Development Program
UNFPA	:	United Nations Population Fund
UNICEF	:	United Nations Children Fund
UPHCP	:	Urban Primary Health Care Project
USAID	:	United States Agency for International Development
WAB	:	Water Aid Bangladesh
WATSAN	:	Water and Sanitation

## Founder and Advisors of 'PSTC'

- 01. Commander (Rtd.) Abdur Rouf**  
Policy Advisor & Founder of PSTC



- 02. Dr. Md. Sadiqur Rahman**  
Advisor



## Governing Body of 'PSTC'

SL	Name and Position
----	-------------------

- 01. Dr. A. K. Ruhul Amin**  
Chairperson



- 02. Mosleh Uddin Ahmed**  
Vice Chairperson



- 03. Mrs. Lulu Bilkis Khanom**  
Treasurer



- 04. Mr. Md. Rezaul Karim**  
Member



- 05. Dr. Professor Golam Rahman**  
Member



- 06. Dr. Noor Mohammad**  
Member



- 07. Dr. Akhter Banu**  
Member



- \* F. M. Mostaque**  
Non Member Secretary



## **Message from Chairperson**

It is with much pleasure and our gratification to publish this annual report for the period of January to December, 2013. This report presents the activities of the Population Services and Training Center (PSTC) carrying out the mentioned period. PSTC is passing its glorious 35 years of its intervention in facing so many success as well as challenges. The organization is committed to serve the disadvantage people of Bangladesh in urban and rural areas by providing different services with special focus on health, family planning, sanitation, sexual and reproductive service and education and child development.



The period spanning very critical situation in the country specially political instability but organization has tried to work an alternative approach to serve uninterrupted to the population. Organization leadership transition was done properly as per policy, few of the young professional has taken different responsibility to lead the organization.

An active involvement of the different level of stakeholder especially the community contributed lots to achieve the purpose of the different projects. The staff member of the PSTC were committed to the program participants which may help to achieve the ultimate goal. I appreciate the committed efforts of all the members of the general body and staff member to carry out their responsibilities to bring dynamism to the organization. I thank to all of our development partners who supported us to fulfill the community requirement as a supporting hand of government of Bangladesh.

A handwritten signature in black ink, appearing to be 'A. K. M. Ruhul Amin'.

**A. K. M. Ruhul Amin**  
**Chairperson**



## Message from Executive Director

It's my great pleasure to uncover the Annual Report – 2013 of PSTC.

Inherited from a quasi - government body, PSTC has already spent more than 17 years, as an NGO (Non Government Organization) and is running with multi-dimensional programs. As organization PSTC have faced number of challenges to establish as an NGO from a single focused to multi-dimensional.

Despite all challenges, PSTC became larger in terms of number of resources, multi-sectoral interventions and geographical expansion in new areas. In the year 1997, almost more than one decade before, PSTC had only 81 staff and intervened at 28 wards of Dhaka City Corporation where as in the year 2013, the total number of staff has increased to 2312 (Male 846 & Female 1146) and the intervention area expanded to 07 divisions, 31 districts and 114 branches throughout the country. Besides that, PSTC have its own land and Resource Center & SRH clinic at Masterbari, Gazipur and also have three storied building at Zohirul Islam City, Rampura, Dhaka.



With the long-term aim to improve the health, social security and physical living conditions of the poor and socially disadvantaged, PSTC has been moving forward with Right-Based Approach that realizes the changing needs of the people.

In addition to that, PSTC has also expanded its partnership with Rutgers WPF, SIMAVI and UNICEF for strengthening child and adolescent reproductive health and rights.

To facilitate smooth journey, PSTC rolls out its strategic plan every year to address the challenges encountered at different levels. During this reporting period, strategic planning has been rolled out, keeping conformity with the MDG targets for a greater degree of achievement towards the sustainable development of people.

Forming as an NGO, PSTC continues to grow, by and large with the continued support from grassroots people, members of the Governing Body and the General Body of PSTC. However, the high-level commitment on the part of our staff, intertwined with generous support from different development partners, ministries and govt. offices, is the driving force behind PSTC's moving forward.

A handwritten signature in black ink, appearing to read 'F. M. Mostaque'.

**F. M. Mostaque**  
Executive Director, PSTC

## Land Marks of PSTC

Year	Achievements
1978	<ul style="list-style-type: none"> <li>Family Planning Services &amp; Training Center (FPSTC) formed to act as bridge between the government, donors and local level NGO's working in the field of FP – MCH</li> </ul>
1994	<ul style="list-style-type: none"> <li>PSTC inherits from FPSTC and starts its journey as an NGO.</li> </ul>
1995	<ul style="list-style-type: none"> <li>Registered with Department of Social Services, Registration No. Dha-03276</li> </ul>
1996	<ul style="list-style-type: none"> <li>Registered with NGO Affairs Bureau, Registration No. 1102</li> </ul>
1997	<ul style="list-style-type: none"> <li>Affiliated with Directorate of Family Planning Vide No. A-99/77</li> <li>PSTC started functioning as NGO visibly as Management Partner of UFHP under NIPHP</li> <li>Initiated strategic plan of PSTC</li> </ul>
1998	<ul style="list-style-type: none"> <li>PSTC moved towards program diversification and was awarded with Water Supply, Sanitation and Hygiene Promotion Program with the financial and technical support of WAB.</li> </ul>
1999	<ul style="list-style-type: none"> <li>PSTC disseminated ESP service delivery and One Stop approach in 84 Municipalities as UFHP partner</li> </ul>
2000	<ul style="list-style-type: none"> <li>PSTC initiated ARISE program at ward 1 &amp; 4 of DCC funded by UNDP through the Ministry of Social Welfare and Department of Social Services</li> <li>PSTC won a ADB funded project, to implement Urban Primary Health Care Project, through a competitive bidding process.</li> <li>UNDP awarded PSTC with School-based HIV/AIDS program.</li> </ul>
2002	<ul style="list-style-type: none"> <li>Focused attention was given to literacy program and PSTC forged its partnership with Action Aid Bangladesh through IPDPD.</li> </ul>
2003	<ul style="list-style-type: none"> <li>To eliminate the worst forms of child labor in Bangladesh, PSTC attempts to implement 'Eradication of Hazardous Child Labor in Bangladesh' under Ministry of Labour &amp; Employment.</li> </ul>
2004	<ul style="list-style-type: none"> <li>Leadership transition took place within the organization; the Founder Executive Director Commander (Rtd.) Abdur Rouf handed over the organizational leadership to Milon Bikash Paul, Deputy Executive Director. Since then Milon Bikash Paul has held the position of Executive Director of</li> </ul>

	<p>PSTC.</p> <ul style="list-style-type: none"> <li>▪ PSTC expands its program intervention through right-based approach and was awarded with Increase Responsiveness of the</li> <li>▪ Health Service Delivery Institutions /Providers to Establish Primary and Reproductive Health Rights of the Community.</li> <li>▪ PSTC also provided emergency relief support during the devastating flood through 'Emergency Support Activities and Rehabilitation Program.</li> </ul>
2005	<ul style="list-style-type: none"> <li>▪ PSTC was awarded with 'Sanitation for All' by LGRD for the recognition of its achievement in the sanitation sector.</li> <li>▪ Disaster Preparedness and management Program was added as one of the regular program of PSTC.</li> </ul>
2006	<ul style="list-style-type: none"> <li>▪ Partnership developed with Action Aid Bangladesh as DA at Gazipur.</li> <li>▪ Accounting System was centralized and Accounting Software "TALLY" introduced.</li> </ul>
2007	<ul style="list-style-type: none"> <li>▪ PSTC constructed own 3-storied building in Aftabnagar at DCC.</li> <li>▪ HRM Policy reviewed, modified and updated.</li> </ul>
2008	<ul style="list-style-type: none"> <li>▪ PSTC was awarded as best organization for EPI performance known as GAVI award from DCC &amp; RCC</li> <li>▪ PSTC was awarded as best organization for EPI performance known as GAVI award from DCC &amp; RCC</li> </ul>
2009	<ul style="list-style-type: none"> <li>▪ Successfully Completion of PREWASH project. As a result PSTC awarded another Water and Sanitation Project, named EECHO Project.</li> </ul>
2010	<ul style="list-style-type: none"> <li>▪ Special focus on Child and Adolescent development. As a result, SRHR-RFSU and UBR project for sexual &amp; Reproductive health and Rights are initiated. Furthermore, Maternal, neonatal and child survival (MNCS) project with UNICEF also launched at the end of 2010.</li> </ul>
2011	<ul style="list-style-type: none"> <li>▪ In the year 2011, new project title on "Comprehensive Sexual and Reproductive Service for Working Girls (CHSWG)" has lunched to address the sexual and reproductive health services for working girls (specially Garment's workers) in Gazipur and Narayangonj. Another project named, Promoting Environmental Health for the Urban Poor (PEHUP) Project in Dhaka and Chittagong also lunched from November 2011 to ensure water and environmental sanitation facilities to the marginalized people.</li> <li>▪ Successfully completion of Urban Primary Health Care Project (UPHCP) phase – 2, in collaboration with DCC and RCC.</li> <li>▪ Initiated and 3 storied building construction has also started for Training</li> </ul>

	and Resource Center of PSTC at Masterbari, Gazipur. Already above 90% construction activities has completed successfully.
<b>2012</b>	<ul style="list-style-type: none"> <li>▪ Achieved Urban Primary Health Care Project, Partnership Area, 1, 2, 4 and 5 in mid of the year 2012, with competitive bidding process in collaboration with DCCS and RCC.</li> <li>▪ In the last quarter of the year - 2012, launched three(03) new projects title with Marketing Innovation for health (MIH) funded by USAID with the partnership of Social Marketing Company (SMC), BALIKA – Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents Project funded and supported by Embassy of Kingdom of Netherlands (EKN), partnership with Population Council and CARTA (Citizen Action for Result , Transparency and Accountability (CARTA) program), partnership with Transparency fund, Washington, USA</li> <li>▪ Executive Director of PSTC, has selected as National Coordinator of Water Supply Sanitation Collaborative Council- Bangladesh (WSSCC-B)</li> <li>▪ Successfully completed and launched Training and Resource Center of PSTC at Masterbari, Gazipur in the 4<sup>th</sup> quarter of 2012.</li> </ul>
<b>2013</b>	<ul style="list-style-type: none"> <li>▪ In April 2013, through bidding process PSTC owned a new project title with “Urban Primary Health Care Service Delivery Project (UPHCSDP) GASS – PA – 01 from ministry of LGRD which funded by ADB.</li> <li>▪ Another new project on Water and Sanitation funded by SIMAVI, The Netherlands has been started in south east part country of country (Khulna) since August 2013.</li> <li>▪ Most significant land marks is, in 2013 PSTC as organization have selected / awarded as direct grand receiver for “NGO Health Service Delivery Project (NHSDP)”</li> <li>▪ Awarded SANTE project in the Kishoregonj area</li> </ul>

## An Overview of PSTC

**PSTC** is the inheriting organization of Family Planning Services and Training Center (FPSTC), which was created in 1978 following a government order to act as bridge between the government, donors and local level NGOs working in the field of Family Planning, Maternal and Child Health. During the glorious period of erstwhile, FPSTC provided extensive support to 82 NGOs throughout the country from 1978 to 1994.

As a resource organization, FPSTC used to provide technical support to local level NGOs in the area of project management, staff development, management training, logistic procurement and management, community development and sustainability. As a result, PSTC developed a resourceful Professional Management Team, which now leads the organization as torchbearers.

**PSTC** currently implementing 30 projects under 07 following programs:

1. Health Services Delivery Program
2. Climate and Environmental Health Program
3. Child Adolescent and Youth Development Program
4. Governance and Rights Program
5. Poverty Reduction and livelihood Program
6. Training and Communication Program
7. Disaster Preparedness and Management Program



Population Services and Training Center (PSTC) feels pleasure for successfully completed one more year which is 2013. In April 2013, through bidding process PSTC won a new project titled with “Urban Primary Health Care Service Delivery Project (UPHCSDP)” from Ministry of LGRD which is funded by ADB. Another new project title on “Water and Sanitation (WASH)” project funded & supported by SIMAVI, The Netherlands has been started in south east part of country (Khulna) since August 2013.

Annual turnover in 2013 was BDT 535, 172, 002 (*Fifty Three Core Fifty One Lac Seventy Two Thousand & Two Taka*). PSTC’s contribution will continue to be profound in the coming years.

**PSTC** is now a large family that includes 2312 staff members who all contribute through, their day- to-day work, to PSTC’s goal to improve the quality of life of disadvantaged peoples of Bangladesh.

### PSTC Governance

PSTC governs its operations in a very unique way. Different levels of functionary bodies make PSTC effective as per its policies, guidelines, mandates and approved constitutions.

### General Body(GB)

All the general members of PSTC constitute the General Body of PSTC who has right to change/make amendments, declare dysfunction or 'moving forward' of the organization. There are 30 enlisted and approved general members at this moment. The zeal to work for the development of the community and having the good track record of professional history are the prerequisites of an individual for becoming a member of PSTC. To become a member of PSTC one must have a recommendation from one of its existing members and approval of the Governing Body, which is then solemnized in the AGM.



### **Governing Body**

A seven-member Governing Body (GB) elected by the general body works actively in setting up the standards and reviewing the overall policy guideline of the organization. The Chairperson, Vice Chairperson & Treasurer along with other GB members take initiatives in implementing the ongoing activities of the center. The Executive Director directly reports to the GB who remains responsible for overall implementation of the PSTC programs and activities. A Policy Adviser is appointed by the Governing Body (GB) to guide and advise Executive Director in ensuring the adherence of the systems and policies.

### **Senior Management Team (SMT)**

Led by the Executive Director, the Senior Management Team (SMT) of PSTC is constituted by the program/project chiefs of different programs/projects and some of the key professionals of PSTC. The prime objective of forming the SMT is to review regularly the progress of the program wise project activities of PSTC and suggest corrective measures, if necessary. It helps the organization to reach its set goals properly and accelerates the momentum of delivering the services with the highest level of quality.

### **Number of Staff**

Total: 2312 (Male 846 & Female 1466)

### **Operational Area**

114 branches under seven divisions (Dhaka, Chittagong, Sylhet, Rajshahi, Barishal, Khulna & Rangpur)

**PSTC** has utilized a Project to Program Approach in its implementation. 30 projects under the umbrella of seven programs, which are holistically linked with MDG targets, are implemented in 7 divisions across the country.



## **Guidance of the Governing Body and Staff Development**

A 07 member Governing Body elected at every two years interval, works actively for setting up the standards and reviewing the overall policy guidelines of the Organization. Involvement of General members in decision making process through AGM, special meeting, recruitment committee and other committees as and when required. Total number of 07 meeting of Governing Body were held during January to December, 2013. One annual general meeting was held during the reporting period to share the GB decision and taken approval.

PSTC Guided by its own vision, mission and values. Team management approach is functioning. Internal and external audit system are made. There are senior management team consisted by senior official of PSTC who seat 7 number of meeting in this tenure. Representative from GB attended in quarterly progress sharing meeting to make their comments in improving the performance.

### **Distinguished Persons visited:**

- His Excellencies Ambassador, Embassy of Kingdom of the Netherlands visited UBR Project in Gazipur, Chittagong and BALIKA Project in Narail to observe the ongoing programs and its regular activity. He expressed his satisfaction in this visits.

### **Staff Development :**

#### **Abroad:**

1. Treasurer Ms. Lulu Bilkis Khanom, Executive Director F. M. Mostaque, Deputy Executive Director Dr. Nitai Kanti Das and Project Coordinator Samur Kumar attended a three week training Program in the Netherlands during October-November 2013. The training program focused on Institutional Development and Organizational Strengthening (IDOS).
2. Ms. Mahabuba Hoque Kumkum, Program Manager attended Regional Learning Forum Workshop in Indonesia in October 2013 and Md. Nuruddin, Area Manager of UBR Project attended a training program on Sexual Reproductive Health Rights in Indonesia in October 2013.
3. Mr. Milon Bikash Paul, Executive Director attended national coordination meeting in Geneva in March again he participated in regional sanitation coordination meeting in Nepal in March, 2013.
4. Staff member of UBR project Dr. Parveen Akter attended in training course on Youth Friendly Services in Nepal in October, 2013
5. Ali Asgar Fakir, Area Manager, Irfan Mohammad, Monitoring and Documentation Officer and Dr. Parveen Akter, Program Officer of UBR Project attended a training Program on Youth Friendly Services in Nepal in September 2013.
6. Project Manager Kaniz Gufran Quraishi, Training Officer Shiropa Kulsom, Project Manager Angela Khan, Supervisor Md. Hasan, Finance Coordinator Md. Anayat Hossain attended a training program in Nepal in December 2013. The program was Sexual Reproductive Health. Total 11 staff member from different projects joined in the visit.

#### **New Project:**

- In April 2013, through bidding process PSTC awarded “Urban Primary Health Care Service Delivery Project (UPHCSDP) GASS – PA – 01, Gazipur from ministry of LGRD which funded by ADB.
- Another new project on Water and Sanitation funded by SIMAVI, The Netherlands has been started in south east part country of country (Khulna) since August 2013.
- Most significant land marks is, in 2013 PSTC as organization have selected / awarded as direct grand receiver for “NGO Health Service Delivery Project (NHSDP)”
- Awarded Sanitation Techniques for Enterprise (SANTE) project in the Kishoregonj area, supported by Waste Netherland since November, 2013

**Chapter: 01**

**Health Service Delivery Program**

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NGO Health Service Delivery Project (NHSDP)	01.
Urban Primary Health Care Service Delivery Project (UPHCSDP)	02.
DSCC - PA - 1, 4 and RCC - PA - 2	03.
TB Control Program under NHSDP and UPHCSDP	03.
Urban Community Health Care Project (UCHCP) at City Polli, Dholpur	04.
Health Services to Employers of Participating Companies - GIZ	05.
Marketing Innovation for Health (MIH)	06.
HIV/AIDS prevention services (HAPS)	07.



## NGO Health Service Delivery Project (NHSDP)

NHSDP – PSTC aims to become self-sufficient in term of technical and management aspect in the provision of Essential health services with the support from NHSDP/ USAID sources of fund.” The project was started in August, 1997 which already passed 3 phases and currently this project inceptioned in January, 2013 and will ended in September, 2015. The project is funded by USAID through Pathfinder international.

13 wards of DCC and 6 municipalities outside Dhaka, (Bhairab, Kishoreganj, Narsingdi, B. Baria, Siddirgonj under Narayanganj Sadar upzila of Narayanganj District and Madhobdi and 3 upzila (Belabo, Monohordi and Raipura) under Narsingdi district.

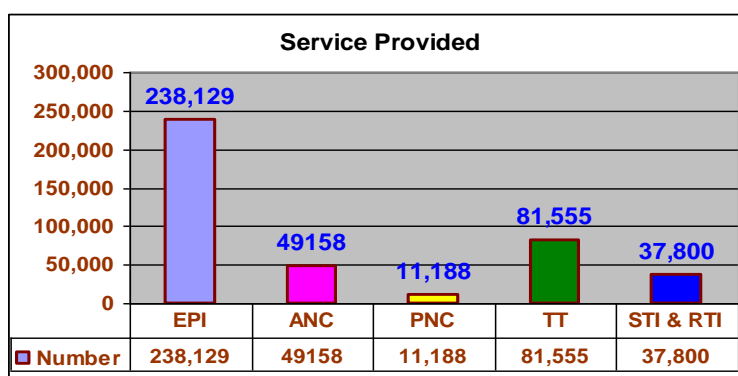
Total catchment population is 1,729,803 where eligible couple is 372,515, ANC mother 18,657, under 1 year child 34,331 and 1 to 5 years child 178,842 & Adolescents 450,267.



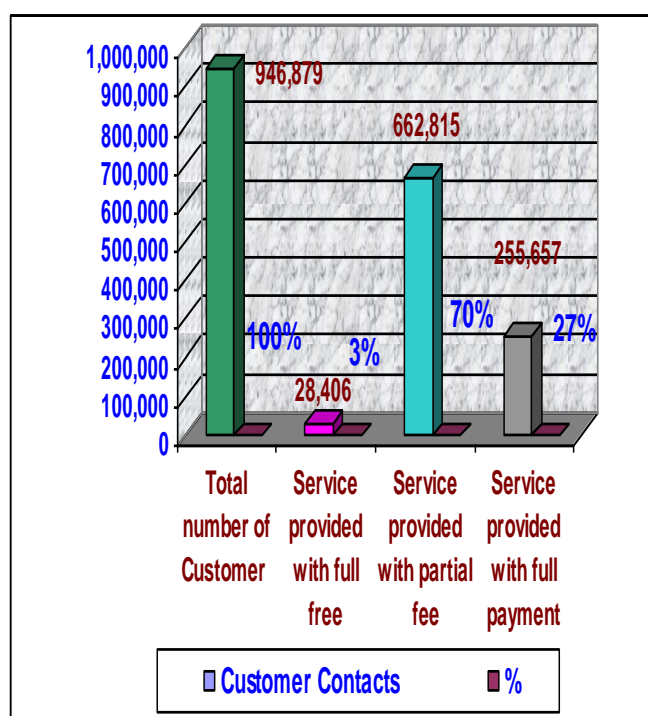
### Project Activities/ Services and Achievement:

Type of services	January – December, 12	January – December, 2013
Child Health Contacts	292,155	324,214
Maternal Health Contacts	141,645	152,002
Family Planning Contacts	335,424	360,777
Other Disease Contacts	35,497	38,953
Limited curative Care	271,811	350,743
Total Service Contacts	1,112,132	1,226,709
Total Customers	880,702	946,879

During the period from January 2013 to December 2013 # of Deliveries 1058 (C/S 455, NVD 529 & Home Delivery 74), # of USG Service 9,751, # of New Born Care 2,646, Total Poor Customer Served 307,787 & # of TB new Case finding 1,153. Organized total 5,324 community meeting where 93,534 participants attended. Poor Customer served 33% of the total customer and 1,307 referred during the Year 2013.



SL	Family Planning	Service Contacts
1.	Pill	217,608
2.	Condom	86,709
3.	Injectable	55,725
4.	IUD	530
5.	Norplant	174
6.	Vasectomy	0
7.	Tubectomy	25



### Lessons Learned

#### ▪ Quality Comes First:

It is not only a slogan; it has a great implication in promoting and expanding the coverage of target population for ESP services. Total quality which includes everything i.e. Appropriate diagnosis/treatment, friendly services, good dealings with customer, less waiting time, proper MIS, follow-up, reduce missed opportunity gap, through routing visit using quality checklist. Our experience suggests that assurance and maintenance of total quality will definitely enhance the customers flow.

#### ▪ Sustainability

Previously, all services were provided at free and staffs were also services oriented. During the project period minds of all staff have changed from purely service orientation to business orientation. For every service we have to calculate the cost and for every cost we have to calculate how much we have to generate to contribute as share of the total cost. Our learning is that we have to earn by selling ESP services to achieve sustainability and it has no alternative.

## Urban Primary Health Care Service Delivery Project (UPHCSDP)

The Government of the Peoples Republic of Bangladesh has been implementing Urban Primary Health Care Project (UPHCP) since 1998. From July - 2012 the name of the project has been changed to URBAN PRIMARY HEALTH CARE SERVICES DELIVERY PROJECT (UPHCSDP). Since July-2006 PSTC has been implementing this project. After successful completion of the 2<sup>nd</sup> phases mention PSTC achieved the project for next 5 years from 1<sup>st</sup> January 2013 to 31<sup>st</sup> December 2017 through a competitive bidding process. . The aim of this project is to reduce the maternal and child mortality by ensuring essential health services to the poor people of urban area. This project is financially supported by ADB, GoB, UNFPA and SIDA through city corporation.



PSTC has taken over the Partnership Area - 04 on January 2013 from Dhaka South City Corporation (DSCC) and Partnership Area - 02 on January 2013 from Rajshahi City Corporation (RCC) which will continue up to December, 2017.

Partnership area 1 is located under Dhaka (south) city corporation in Dhalpur area where there are 6 PHCC and 1 CRHCC. PA 4 and 5 also under same city corporation, PA 4 has 6 PHCC and 1 CRHCC located in north Mughda para and PA 5 is based in Bashaboo

where there are 4 PHCC and 1 CRHCC. Another partnership area is Rajshahi city corporation (RCC PA-2) located in Naodapa and university area, there are 5 PHCC and 1 CRHCC. Urban poor (particularly poor women and children) and slum dwellers to meet those priority needs are the target population of this project.

#### Major Activities/ Services and Achievement

Male	Female	Children (<5 age)	Total
99,098	3,92,515	87,186	5,78,799

#### Service Components:

SL	Service Provided	Total
01.	ANC	60,836
02.	PNC	23,327
03.	MR	1,556
04.	Delivery Care (NVD)	1,727
05.	Delivery Care (CS)	1,448
06.	FP	45,774
07.	Diagnostic	34,856

#### Service provided round the year:

SL	Category	Total
01.	Total number of service provided	1050921
02.	Service provided with full free	770569
03.	Service provided with partial service charge /fee	83245
04.	Service provided with full payment	197107



- A popular Logo has been introduced which gives popularity of the nagare shaystho kendro & matree sadon.
- It's a successful implementation as PPP model.

- At least 30% poor people getting primary health care service with free of cost.
- Increased institutional delivery which downing the maternal & Child Mortality.
- Positive impact of the people about health service organized by the GoB.
- City Corporation's positive image developed among the community people.
- Awareness has increased about HIV & AIDS in the catchments area.

#### Lessons Learned:

- Organize different workshops, stakeholder meeting; capacity building activities in catchments areas by the support from community could change the health seeking behavior of the Urban Poor.
- Community involvement may help to increase the client flow in different PHCC as well as CRHCC.

### TB Program Under NHSDP and UPHCSDP

TB Control program initially started in 2000 under Urban Primary Health Care Project, supported by National Tuberculosis Program (NTP), Since 2006 the program is supported by GFATM through its principle recipient BRAC. The current phase started in January, 2013 which will continue up to 2017 under NGO health service delivery program and Urban Primary Health Services Delivery Program (UPHCSDP) under its 4 partnership areas of Bangladesh especially in Dhaka (North) and Rajshahi city corporation.

#### Major activities/ Service and Achievement:

Performance during the reporting period from January- December, 2013

SL	Activity	Achievement				
		NHSDP, Dhaka	UPHCSDP- Rajshahi	UPHCSDP- Dhalpur, Dhaka	UPHCSDP- Mughdapara, Dhaka	UPHCSDP- Khilgaon, Dhaka
1	Total Suspect case/ number of people tested	3193	560	2068	2683	1265
2	Smear Positive new case	446	51	256	251	130
3	Smear Negative case	255	38	176	57	116
4	New EP case	338	45	192	138	121
5	Re treatment	78	7	03	36	15

Beside the above different PAs and DOT center organized several meetings and orientation with the community, teachers, factory workers, religious leaders in the working area. Organized film show, folk media presentation, day celebration for increasing awareness among mass people to prevent TB.

## Urban Community Health Care Project (UCHCP)

Government of Bangladesh (GOB) is committed to reduce infant mortality two third and maternal mortality three forth by 2015 as per MDG. To meet the MDG PSTC with other agencies has been implementing Urban Community Health Care Project from March, 2004 to June 2012 as first phase, funded and supported by Plan Bangladesh at Dhaka City Corporation Dholpur area. The second phase of UCHCP project intervention has also started on July 2012 and continuing till date. The goal of this project is to improve the health status of children as well as the community of the selected areas of DCC (south) through creating enabling environment, community participation, ownership and to enjoy a preventive and curative health care service in a life cycle approach.

PSTC is working in Dhalpur, Khilgaon, Wari, IG Gate, Jurain slum of Dhaka (south) City Corporation, where about 28,205 population of low income group is targeted.

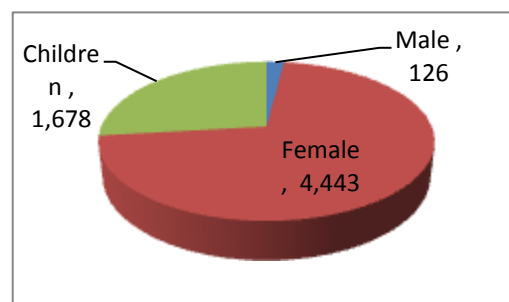


Celebrating Safe Motherhood Day 2013 at Community

### Major activities/ Service and Achievement:

SL	Service Provided	Number
1.	ANC	849
2.	PNC	61
3.	MR	0
4.	EPI	1350
5.	TT vaccine	730
	Family planning service given	1323

### Male female ratio



### Special initiative taken by the project:

- A new group has formed for early childhood care (ECC) sessions. In this group mothers those who have under 3years child are the member

### Lessons learned:

- Through proper motivation community people agreed to celebrate world health day observation in the month of Ramadan.

## Health Services to Employees of Participating Companies

It is aiming to improve the health status and change of hygiene behavior of the selected industrial workers thereby increases their productivity, this project was launched in August 2012 with the financial assistance of GIZ which continued up to May 2014 as per current contract. GIZ and PSTC jointly



providing the health services for the garments workers, major role of PSTC is to arrange the service provision in the factory while GIZ ensuring the medical team. This project has been implementing in 8 selected garments of Narayanganj, Savar, Tongi and Tangail area of Dhaka division.

#### Major activities of the Project:

- Provide “Reproductive Health Care Services”.
- Provide Limited Curative Care (LCC)
- Services provided for “Communicable diseases”.
- Provide “Health Education and Counseling”.
- To provide ESP services, which includes, Reproductive Health Care, Communicable disease control, Limited Curative Care
- Ante-Natal Care services.
- Education / Awareness development program.
- To provide tetanus (TT) vaccine of garments factories.
- Special health camps of RBS.
- Blood grouping of garments factories.
- Nutrition supplementation on pregnant mother.
- ORS distribution of the garments worker

#### Number of patients:

Male	Female	Children	Total
2158	2971	0	5129

#### Major Service Component:

Service Provide	Number
ANC	567

#### Lessons Learned

- It is very difficult to success institutional delivery among the pregnant garments worker as because, their parents live far away from their working place and they love to stay with their parents in the country residence during delivery time.
- Health services for the factory workers is a basic need and this need should be fulfilled otherwise, factory workers remain sick, unhappy and unhealthy, Lose their wages due to sickness and ultimately they will contribute less quality of production.

### Marketing Innovation for Health (MIH)

In July 2012, launched this project title with “Marketing Innovation for Health (MIH)” funded by USAID with the partnership of Social Marketing Company (SMC) which will be ended in June, 2016. The goal of MIH is to contribute to sustained improvements in the health status of women and children in Bangladesh by increasing access to and demand for essential health products and services, through the private sector.

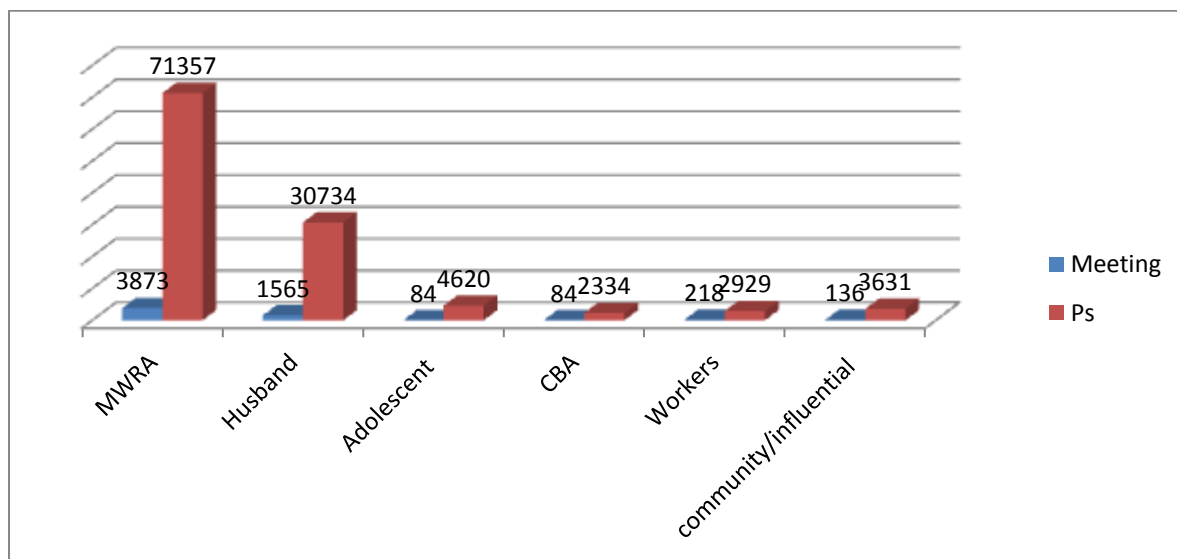
This project is implementing in the different Upazila of Dhaka division including Kotiadi of Kishoregonj, Monohardi of Narsingdi, Sreenagar of



Munshugonj and Rajoir of Madaripur district. The primary target populations of the project are married women of reproductive age; Care Givers of under 5 aged children, School attending Adolescents, Workplace Workers and secondary population are community influential persons, community Birth Attendants.

#### Major Activities/ Services and Achievement:

MIH project of PSTC is responsible for conducting different community based interventions focusing on social mobilization and BCC aiming at achieving the certain setting goals and objectives of the activity/ achievement shown in the following graph:



#### Lessons Learned

A group of supportive workforces are gradually increasing through CBAs, LSAs and CSAs orientation

- Positive Impression of Community Influential by networking & motivation

#### HIV/AIDS prevention services (HAPS)

The female sex workers (FSWs), especially in brothel setting are identified as one of the Most At Risk Populations under National Strategic Plan for HIV and AIDS response 2011-2015. The Government of Bangladesh is under taking different prevention programs for the MARP's under sector program. PSTC consortium awarded service package (SP) 01 to implement HIV and STI prevention services across the country in 12 brothels setting. The duration of the project is 3 years with effect from 18 November, 2012 to November, 2015. This is a one of the major



component of Health Population Nutrition Sector Development Program (HPNSDP) which is funded by World Bank and Ministry of Health and Family Welfare (MoHFW) and managed by national AIDS/ STD Program (NASP). This programs is related to the Government commitments to MDG 6. PSTC and its associate Community Health Care Project (CHCP) implementing the project to serve brothel sex workers through establishment of 12 drop in center (DIC) under 10 district of Bangladesh. There are 12 brothels in 10 district in Bangladesh, among them 7 brothels are covered by PSTC directly including Jamalpur, Mymensingh, Doulatdia, Jessore, Phultala, Bagerhat and Monglaport. Remaining 5 brothels are managed by partner NGO: CHCP like Rathkhola and CNB ghat, Faridpur, Tangail, Madaripur, Potuakhali. PSTC consortium serving about 4101 brothel sex workers through community based peer education approaches.

#### Major activities/ services and Achievement:

Project is providing HIV prevention services to the sex workers and their clients since its inception. In this reporting period one of the brothel Madaripur has been evicted, project providing services to the Madaripur brothel sex workers in satellite approach as they have spread out in the city. Total achievement has shown in the following table;

SL	Activity	Achievement
1.	one-to-one education session on HIV, AIDS	66675
2.	Group session	6565
3.	participants in the group session	31212
4.	STI cases managed	5966
5.	Partner (Babu) STI managed	298
6.	General Health Cases	5514
7.	VCT case received through referral	80
8.	Total number of condom (male) demonstrated and distributed	21,21,951
9.	lubricant distributed	13838
10.	STI and HIV Counseling	14879

#### Lessons Learned

- Without sensitization of the madams/ sardarni it is difficult to ensure condom utilization among bonded sex workers. It should keep the option of different colour and branded condom for the customer rather than single brand





**Chapter: 02**

**Climate and Environmental Health**

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Promoting Environmental Health for the Urban Poor (PEHUP) – Dhaka City	01.
Promoting Environmental Health for the Urban Poor (PEHUP) – Chittagong City	02.
Enhancing Environmental Health and Women Empowerment (EEHWE) Project in Chanpara	03.
Improving Livelihood and Environmental Health for Excluded Population in Tangail	04.
Integrated Water, Sanitation and Hygiene (IWASH/ UNICEF)	05.
Climate Variability, Societal Changes and Dengue Disease in Bangladesh	06.

## Promoting Environmental Health for the Urban Poor (PEHUP)

The project was began to contribute to the National goal and MDG related to Environmental Health and Improve Human Well Being and dignity of the Urban Poor through ensuring access to safe drinking water, improved sanitation and adoption of desired hygiene practices. The project was started on April, 2012 and continues till October, 2016 with the financial support of Water Aid.

To achieve the national goal of environmental health PSTC determined the following objectives;



- To create and enhance the access and rights on safe and adequate water and improved sanitation for the low income community and slum dwellers.
- To demonstrate and improve technologies in community based management mechanism on water supply and sanitation facilities including waste disposal.
- To change in sector capacity to achieve WaSH for the low income community and slum dwellers.
- To promote of environmental hygiene

and sanitation education to achieve behavioral change among the low income community and slum dwellers.

- To Change in Policy for WaSH development

The intervention is implementing in two separate city corporation including Dhaka (South) and Chittagong. 18 ward of Dhaka (south) City Corporation are covering this intervention where about 68,000 people are planed to cover. The project also serving to 44500 population of Chittagong City Corporation under 12 wards in two separate contract agreement with Water Aid.

### Major activities/ services and Achievement:

There are two major activities implementing in the assigned location including software and hardware focus on water, sanitation and hygiene. The detail achievement has shown in the following table;

SL	Name of Activities	Achievement	
		Dhaka	Chittagonj
Water Service delivery			
1	Water Facilities Installation and Renovation	20 Nos,	10 Nos.
Sanitation Service delivery			
2	Sanitation Facilities construction and Renovation	23 Nos,	20 Nos.
3	Drain	1080 rft	
4	Drain with Footpath	730 rft	
	Solid waste management van		2
	Meeting		
5	CBO meetings	273 Nos,	23 Nos.
6	Meeting with adolescent on menstrual hygiene	2607 participants	119 Participants

SL	Name of Activities	Achievement	
		Dhaka	Chittagonj
	management		

Beside the above project organized and conducted training, workshop for water and sanitation option user, promoting hygiene education project arranged street drama, video session, student session, care taker training, skill development training for operation and maintenance committee.

#### significant achievements

- Installed and introduced successfully of Rain Water Harvesting System at University of Information Technology and Science (UITS), Dhaka.



Previous Status of this School:

After Intervention of PEHUP Project:

#### Lessons Learned

- Integrated approach (Water, Sanitation & Hygiene) is suitable to ensure environmental health
- It is more challengeable work in the City sweeper community in comparison with other community.
- Status of girl's attendance in school due to improved sanitation facilities ensured to attend or move towards school made a hassle free arena as well as especially better feelings regarding MHM.

### Enhancing Environmental Health and Women Empowerment (EEHWE)

The aim of the EEHWE is to Improve of Primary Health Care, Environmental Health (Safe water, Sanitation) and livelihood opportunities for Women and Marginalized Community in Chanpara, Rupgonj, Narayangonj. The project is supported by Action Aid Bangladesh; the duration of the project was from March, 2011 to February, 2014. Women and adolescent were the primary beneficiaries of the project, about 35,000 populations have served by the different service component of project.



**Major activities/ services and Achievement:**

SL	Activities	Achievement	Benefited Beneficiary
1	Installation of Bathrooms, Latrines	20	432
2	Installation of Submergible Pump in block # 9 & 3	4	4490
3	Drainage construction	925 rft	5000
4	Solid Waste System Development	4	3452
5	Established Clinic	1	45000
6	REFLECT Circle Session	3885	40512
7	Violence against Women Committee meeting	12	159
8	Health, Hygiene and Nutrition Training	1	18
9	School Gathering for Adolescent	2	152
10	Adolescent Club Meeting	12	414
12	Leadership Training on Skill development	2	64
13	CBOs & Umbrella Committee meeting	15	855
14	Legal Aid Workshop	1	75
15	City Fair	1	5000

**Achievements:**

- Project established a Health Center with the community support which has handed over to the Community Clinic under Rupganj Upazla Health Complex.
- Women are involving in IGA and Circles members formed Chanpara Nari Unnayan Sommittee with 200 members. They submit papers to get registration from women affairs Office. The NUS deposited significant amount of money in the bank.

**Improving Livelihood and Environmental Health for Excluded Population (ILEHEP)**

Objectives of the project is to improve health and poverty status of sex workers of Tangail Brothel through enhancing access to safe and adequate water, improved sanitation and hygiene promotion supports. Water Aid provided support to execute the program from June, 2010 to March, 2014. Sex workers are depriving from different government services especially in WASH facility since long. There are 1500 population lived in 300 decimal area. Horizon polli also covered by the software and hardware activities.

**Major activities/ services and Achievement:**

Most of the hardware activities has been completed in last year, basically in the following year maintenance and operation related activities were planed.

Name of Activities	# of Activities
One to one session	8939
Tea Stall Session	49
Courtyard session	44
Menstrual session	20
CBO committee meeting/workshop	06
Orientation for Sardarnies (Sex workers)	02

National Sanitation Month observation	01
Meeting with Solid waste management	04
CBO training	01
Hygiene campaign	03
Capacity building Training for Nari Mukti Sangha (Brothel based)	01

### Lessons Learned

- Peer Educator selection from sex workers is one of the important initiatives that can be taken to make the persons more active.
- Sex worker and sweepers traditionally most neglected by the common society peoples. That why most of the common peoples attitude are negative about the development of brothel and horizon communities.



## Integrated Water Sanitation and Hygiene (IWASH)

PSTC is implementing diversified programs with different population of Bangladesh. WASH project is one of them which serves to the culturally minority group of Mirpur, Dhaka. The purpose of the project is to reduce WASH related risks to health and improve the quality of life of the most affected adult and adolescent, women, children, men and people with disability (PWD) through improved basic WaSH assistance services. UNICEF Bangladesh provides financial support to implement the project, duration of the project is from September 2012 to December 2014. Project serves to 40128 slum and camp population of Rahmat camp, muslim camp and Balurmat of Mirpur, Dhaka through water, sanitation and hygiene related activity as well as service.

### Major activities/ services and Achievement:

Disabled people were especially considered in constructing different options of WaSH under this project which was innovation of the intervention. The achievement of the project has shown in the following table;

No	Activities	Achievement
<b>A</b>	<b>Water Supply</b>	
1	Water Point (3000 Ltr.)	13
2	Water Point (2200 Ltr.)	14
3	Stand Post	9
4	Water Quality Test	128
5	Tools for Water Option Caretaker	36
7	Water point management committee meeti	36
<b>B</b>	<b>Environmental Sanitation</b>	
1	Community Latrine (CL- 2, 3, 4, 5 Chamber)	41 20
6	Community Latrine Renovation / Up gradation	8
7	Bathing Place renovation	9
8	Bathing Place	10





9	Drain (Brick)	1466m
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### Lessons Learned

- A strong and sustained effort engaging multiple stakeholders is needed for water and sanitation improvement in urban areas
- Infrastructure design needs to be reviewed to meet the current demand
- Capacity building and motivation of Community Development Committees (CDC) as well as DWASA is essential for improving the support to Communities.

## Climatic Variability Societal Changes and “Dengue” Disease in Bangladesh

North South university of Bangladesh has been implementing a study on better understanding of the role and interaction between climatic, ecological, biological, social and human behavioral determination of dengue diseases transmission in Dhaka city . As part of the study PSTC is involved as one of the implementation partner to enhance knowledge in a multi-scale, intersectoral social-ecological system management intervention for dengue disease prevention and control. The program is implementing in the 3 ward of Dhaka (south) city corporation with especially reaching to the low income group and education institute since March, 2010.



### Major activities/ services and Achievement

As implantation partner of the North South University, PSTC completed the following activities during the period.

- KAP study
- Multi- stakeholders focus group meetings
- Fresher and refresher community training on participation in community decision-making
- Community Development Program
- Community capacity assessment- focus group meetings

**Chapter: 03**

**Child Adolescent and Youth Development**

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Creating Opportunity For Adolescents And Young People Rights To Information On Sexual Reproductive Health And Care (SRHC) Project	01.
Unite for Body Rights (UBR) Project	02.
Comprehensive Health Service for Working Girls (CHSWG) Project	03.
Helping Children working and Living in the Street (HCWLSP)	04.
BALIKA – Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents Project	05.



## Creating Opportunity for Adolescents and Young People Rights to Information on Sexual Reproductive Health and Care (SRHC)

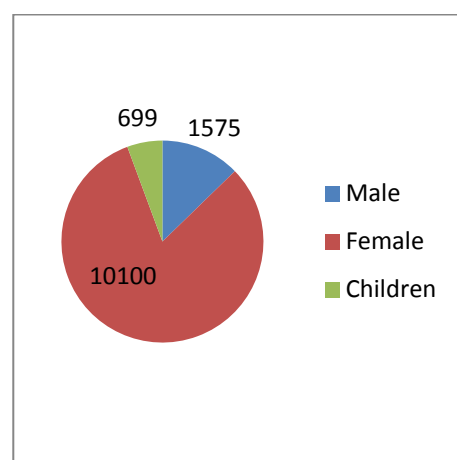
Sexual and reproductive health is the major concern for the adolescent in Bangladesh. It is prevail both in institution and in the community level. Different reports and record show that many of the health and mental sufferings are happening due to lack of information, un-availability of services. Considering the fact related to Sexual and reproductive health and adolescent PSTC launched the program from March 2010 to serve 1500 garments workers and 1500 community adolescent/ young aged up to 24 years with the financial assistance of RFSU/ SIDA. The intervention has implemented in Badda union area under Dhaka district. The purpose of the project is to increase capacity of garment workers and community based adolescents and young people on the rights to SRH related information and cares and provides service through clinical facility and satellite approach.

PSTC worked with owner/authority of factories, community elites, parents, health care providers of service delivery points both Government and NGOs and other gatekeepers to ensure the services.

### Major activities/ services and Achievement

#### Subgroups of the service recipient

SL #	Service Provided	Number
05	RTI/STI	369
06	ANC	890
07	PNC	95
08	NVD	05
09	MR	142
10	ADO – HEALTH	544
11	FP	1457
12	LCC	2852
13	Counseling	9067
14	Other	2652



Beside the above activities PSTC conducted training, workshop to build the capacity of the organization and also community.

SL	Name of Activities	Achieved
01	Built capacity of 3000 adolescent and young people on ARH and SRH care, rights and services.	12 Sessions
02	peers have got knowledge and skill in SRH and ARH issues. Their leading skills have developed and improved their accesses in ARH and SRH service	14
03	Orientation on ARH and gender for Adolescent support group	01
04	Awareness session on SRH rights	456

SL	Name of Activities	Achieved
05	National Advocacy Workshop on “ SRHR in Garments sector” Challenge & Opportunity	01
06	Management training by MDF for Senior Staff	01

### Lessons Learned

- SRH education helped young people to take rights decisions regarding SRHR in their life.
- Factory owners and association of garments sector involvement is very much essential to implement any project/ services for the workers.

## Unite for Body Rights (UBR)

**UBR** Project is committed to ensure SRHR services and education for young people and strengthen collaboration with other partners of SRHR Bangladesh alliance with the support of SRHR Dutch alliance and EKN.

**Unite** for Body Rights (UBR) was initiated by Dutch SRHR alliance. Government of Netherlands has funded the program to implement in Bangladesh with experienced non government organizations (NGOs). As part of this, an alliance has formed at Bangladesh comprising Population Services and Training Center (PSTC), Family Planning Association of Bangladesh (FPAB), Reproductive Health Sexual Training and Education Program (RHSTEP), Dustho Syatha Kendra (DSK) and Christian Hospital of Chittagong (CHC) to carry out the program successfully. The Unite for Body Rights Program was launched formally on 29<sup>th</sup> November 2010. The project objectives are Increase utilization of comprehensive Sexual and Reproductive Health Services, Increase and delivery of Comprehensive Sexuality Education and Reduction of Sexual and gender-based violence. As an alliance member PSTC is implementing the project in Gazipur City Corporation and Chittagong city in 10 wards for the 10-24 years adolescent and young with special focus school and community.



**Networking Workshop with Civil Surgeon & other Govt. Professionals in Gazipur**

### **Major Interventions:**

SL	Interventions
01.	Utilization of Comprehensive SRHR Service
02.	Delivery of Comprehensive Sexual Education through Clinics/ Youth Corner/ Institution

### Major activities/ services and Achievement

SL	Services Provided	Number
01.	STI/RTI	2864
02.	MR	43
03.	Delivery	10
04.	Counseling	33069
05.	ANC	4293
06.	PNC	294
07.	Contraceptives distributed	137550



### Lessons Learned

- It's time to share the issues widely at national level and also increase the intervention area, as government also included this topics in national curriculum and often TV media are talking about it also by different talk show and youth oriented program.
- Comparatively School and madrasa students are more curious to know about various aspects of SRHR rather than college students, many thing and so many questions they asked me regarding SRHR. But what they asked me, students from colleges did not have asked me like that". Her opinion is "I do not know why they more curious but may be the college students scope and opportunities are vast rather than school and madrasa students, it's my assumption but I am not sure"
- Academic Institutional YP can be easily addressed rather than the community.
- Young people wanted to receive services in a confidential way. In some instance young people are very much curious, they directly ask about standard size of penis, vagina, breast, longevity of intercourse, safe period of sexual intercourse, how become pregnant and different type of condom and pills. But gradually our councillors become mature and scaling up by experience from UBR and by participating indifferent capacity building activities to deal it. Counselling training for counsellors increased their knowledge and makes them more confident to provide counselling services in right way.



### Comprehensive Health Services for Working Girls (CHSWG)

Working girls/women (14-26 years) have less access to comprehensive services and information on SRH cares and as well as primary health care in a caring, respectful, culturally acceptable manner in urban and peri-Urban areas of Bangladesh. In this context PSTC implemented this project for providing SRH services and education to the garment workers in Boardbazer, Gazipur and Borpa, Narayanganj since October 2011 with the support from RFSU/ SIDA. The objectives of the project is to ensure quality SRH status of target group through comprehensive health services, to increase stakeholders support for SRH

care in the interest of target group and to institutionalize youth friendly services at service delivery points (SDPs). About 20,000 girls are targeted to serve under this project.

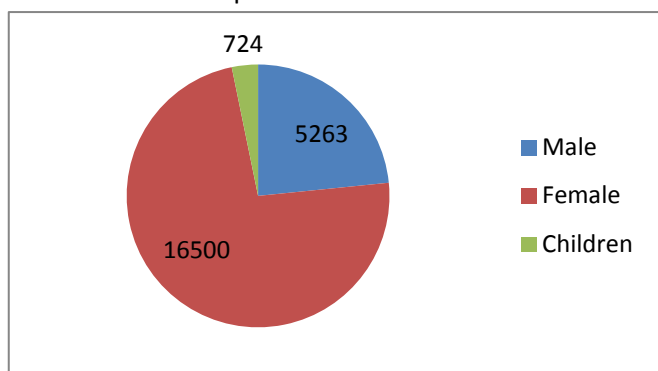
#### Major activities/ services and Achievement

Service Provided	Number
Clients for Laboratory test :	2150
MR	43
ANC	1835
PNC	344
RTI & STI	2126
FP clients	948
LCC	16378
VAW	61
Adolescent Reproductive Health	1532
Delivery	6



Providing services in Health Camp

Male and Female ratio of service recipient



#### Learning's:

Mass campaign meeting need to organize with the community people, it will helps to remove constrains and barriers to implement the program.

A national convention was organized at national level to share the experience of PSTC and recommendation for the stakeholder, about 300 participants attended in the meeting from different organization.

### Helping Children Working and Living on the Street (HCWLSP)

Plan Bangladesh supported to implement the project since July, 2010 to achieve the goal to create a protective environment for the children living on the streets of Dhaka City by providing Day Care and Night Shelter facilities. Duration of the project is July, 2010 to December, 2013. Through 12 drop in center (DIC) street children is serving.

#### Major Interventions of project:

- Running 13 Day and Night Center (DNC)
- Provide Functional Education
- Emergency Health Service
- Provide nutrition support
- Provide Vocational/entrepreneurship development training



- Psycho-Social Counseling
- Life Skill Training
- Orientation on Child Rights
- Savings accumulation
- Family and Community reintegration
- Art, Music, Drama ,Training & Competition
- Annual Sports and Cricket Tournament prize distribution with cultural program, Day Celebration, Job placement and Self Employment
- Advocacy and Networking
- Exposure Visit

### Program Highlights

#### **National Convention on the Rights of Street Children**

Helping Children Working and Living on the Street (HCWLS), a project run under the Population Services Training Centre (PSTC), arranged the national convention titled 'Protection of Street Children and their Rights' in cooperation with Plan Bangladesh from 5th to 6th June 2013.

Information Minister Hasanul Haq Inu has said necessary steps would be taken to make additional



budgetary allocation for the disadvantaged street children for their mainstreaming. He added that "Street children are no longer burden of our society. I will request the Finance Minister to make additional budgetary allocation for the disadvantaged street children," Inu told the concluding session of a two-day convention at BIAM auditorium here on Thursday.

PSTC executive director Professor Milon Bikash Paul chaired the function while project manager Shanti Ranjan Sarkar gave the welcome speech. Head of Advocacy of Stimulating Household Improvements Resulting In Economic Empowerment (SHIREE) Sajia Ahmed, lawmaker Advocate Sanjida Khanom, Country director of Plan Bangladesh Ming Ming Remeta Evora, programme manager of Dhaka Programme Unit Abdul Mannanand and actress Afsana Mimi addressed the function.

The concluding session was followed by adoption of a 13-point recommendation for the development of street children. The recommendations include increased budgetary allocation, keeping street children out of political activities including hartal, increased awareness against all sorts of repression against street children and better education for them.

### **BALIKA: Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents**

The overall goal is to provide better life opportunities through package of services in literacy, life skills, livelihoods and community mobilization for rural in school and out-of-school girls aged 12-15 to delay the age of marriage . In November, 2012 this project has started in three district of southern area



including Khulna, Satkhira and Narail. This is a research project managing by Population Council, while PSTC's role is field level intervention. About 8640 girls are targeted under the study.

### Major activities/ services and Achievement

#### ▪ Staff Capacity Building

ToT on Basic Life Skills, ToT on Gender awareness training and staff orientation is the major activity to enrich the capacity of different level of staff. Facilitator is the key force of the project, so most of the training workshop design and develop for this group.

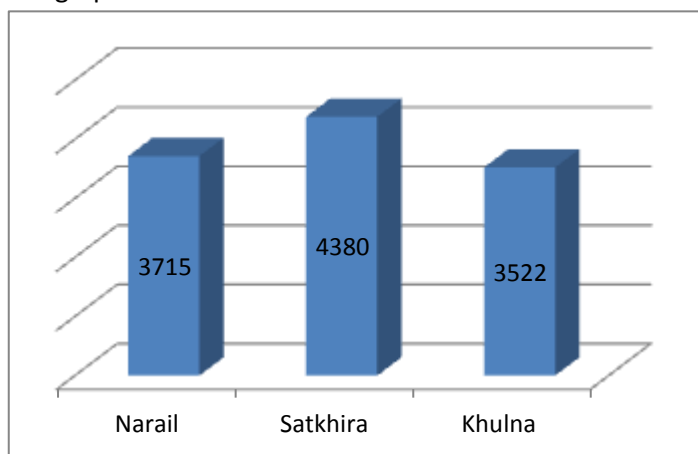
Course title	Batch	Total Participants
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ToT on Basic Life Skills	6 batches	144
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ToT on Gender and Rights	2 batches	48
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- **Draft Finalize the Module:** PSTC has been finalize two modules for the project interventions one is the Basic Life Skills for all Arms and another one is Gender based module for Gender Arm.
- **Orientation workshop on Enumeration Form:** A day long orientation workshop on Enumeration Form for H.H listing was held in Jessore RRF, TARC Center. All upazilla mangers, SRO's, M&D, PM-PSTC, TO-PSTC, PM-PC were present in the meeting and shared their views.
- **Orientation for Out School Facilitator on Enumeration Form:** In Narail, Khulna and Sathkhira district there were nine (9) orientation workshops on H.H Listing was held in nine (9) different upazilla project office for the out school facilitators. There it was discussed how to conduct H.H listing and how to find out adolescents for BALIKA Project.
- **H.H listing:** A total 72 union of Narail, Khulna and Sathkhira districts out school facilitators has done the H.H listing and find out the adolescents for BALIKA centers sessions. In that time daily updated information was collected and monitoring the process by the UM, AUM, M&D and PM regularly. A different leaflet for different Arm was produced for the adolescent's parents about and why BALIKA Center and also consent of adolescent's parents were taken for adolescent enrollment. Here is the numerical data of H.H listing are given in the below graph:



- **Support Group Formation:** To raise awareness among community members (parents, adolescent boys & girls and others) regarding the positive impacts of delay marriage 72 support group committee was formed for the 72 BALIKA centers.
- **Advocacy Meeting:** In order to change of attitudes towards early marriage through increased awareness of community members and increased awareness on education, life skills and livelihood education of girls the advocacy meetings have been conducted in project's area. During the reporting period 77 advocacy meetings of 72 unions have done in project's area where 2774 persons were attended.

Chapter: 04

Governance and Rights

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Increase Responsiveness of Health Delivery Institutions and Providers to Established Health Rights of the community	01.
Promoting Corporate Social Responsibility on Occupational Health Rights (OHR) Project	02.
Empowering Women RMG Workers Project Bangladesh	03.
<i>Mukomukhi – Mps and Constituents Working Face to Face in Eradicating Poverty and Strengthening Primary Education</i>	04.
<i>RERED subproject under Citizen Action for Result , Transparency and Accountability (CARTA) program</i>	05.



## **Increase Responsiveness of the Health Service Delivery Institutions and Providers to Establish Health Rights of the Community**

The overall goal of the project is to contribute in creating a social movement to establish rights of the people of Bangladesh by improving supply side i.e. health and family planning (FP) service delivery and improve demand side. i.e. raise voice of the community in favor of ensuring health rights. The project was initially started in 2004, currently it is passing second phase of the intervention which continued July, 2013 in Chittagong, Sylhet, Rangpur, Rajshahi, Barisal, Kishoregonj and Narsingdi district, about 100 union and 25 Upazila was covered by the intervention. The project is supported by Manusher Jonno Foundation. Again the project has extended from August, 2013 to December, 2016 as third phase in the name of “Demand for Improvement of Services through Accountable and Responsive Institutions” (DISARI). Third phase intervention reduced the working area and few activities has been added with focus the education, agriculture and social safety net. Currently PSTC is working in 3 district including Kishoregonj, Narsingdi and Gazipur.



Community members are setup solar panel at health complex of Kaharol Upazila

The primary target audience of the project is the community and the service providers to improve their awareness about the health rights, especially rights of the people as well as the rights of service providers. The community people will be sensitized to raise voice which will strength demand side and service providers will be sensitized to improve health seeking behavior utilization of services including quality of care. The specific target groups for intervention include.

### **Major activities/ services and Achievement**

- 90% PHC & RHC service providers are known to their rights and their responsibilities as well as the rights of service receiver.
- Maximum PHC & RHC centers deliver services timely.
- 95% Union health standing committee & health advisory committee follow a meeting minutes with special agenda of PHC & RHC.
- 66% community people in working area are known about the PHC & RHC services nearby their areas
- 100% PHC & RHC centers have their own citizen charter.
- 2 issues like 1. Government health service providers and services at grass root level, 2 Health service systems in Private sector, were identified, discussed and few recommendations voiced.

### **Lessons Learned**

The community people become motivated and mobilized gradually and they become interest in getting health services from local service centers.

- Client Association cooperate the service providers to discharge their duties.

## Promoting Corporate Social Responsibility on Occupational Health Rights (OHR)

In aiming to improve of work place safety and security through mobilizing workers, factory owners & policymakers, this program is implementing in Gazipur area with the financial support from Action Aid since 2006.

The target people of the program is factory workers preferably women garment workers, community people, youth, community leaders, local administration and policymakers.



### Major activities/ services and Achievement

Training on fire and its control, reproductive health issues and earthquake: Under this program, a total of 420 workers and management body have been trained on first aid, 300 workers and management body on fire fighting & 300 workers and management body trained on earthquake management. In addition to that, a total of 1700 workers and sponsorship children received treatment through health camp organized at Panache Knitted Creations Limited.

Advocacy on policy and law on occupational safety & health: This activity reached to 96 policy maker ( male– 64, Female- 31) of owner, government staff, local leader received information on occupational health issues. On the other hand, journalists ( numbering 35) working at district level under different national dailies attend meeting on their role responsibility.

Labor Resource Center: Under this program- There are two LRC in our working area. These works by adopting community approach. Workers come at the center and informed about their rights, issue of occupational health and safety. Every day average 30 persons attend, round the year 24 meetings were held.

Fair wage and job insecurity of workers at the work place: Number of 302 (Male-72, Female- 230) have been informed about fair wage, their due payment, overtime calculation etc. On the other hand, two meetings were held where 117 participants attended covering workers, local administration & management body to discuss about fair wage & job security of workers.

Child centre/ Poor literacy hinders to occupational safety & health- A number of programs have been implemented mentioning conduction of Early Childhood Development Center (ECD) involving 300 ( Male child- 130, Female child- 170), drawing orientation to 400 sponsorship children, annual sports and gathering involving sponsorship and community children, stipend to 100 children, child rights week observance and others.

Reformed Labor Law is not complying: Workers gathering was arranged involving 221 workers ( M- 31, Female- 190) where discussion was made centering problems facing by workers at the work place.

Land grabbing- Two meetings were held at two union of Mirzapur Union Parishad & Bhawal Ghor Union Parishad with the presence of 101 participants were male 76 & female 25.

Women are deprived of their parental property- Three meetings were held regarding land rights to women involving 101 female and 35 male.

### Special initiative by the project:

Project has initiated a labor movement platform bearing the name Labor Resource Center (LRC). A large number of workers preferably women garment workers are living in the project area. The center has a committee ranging from workers, factory managers/supervisors & local leaders. Problems facing at the work place discussed at the center and make initiatives with the help of local leaders. LRC committee & leaders approach to the respective factories and discussed the issues e.g weekend, leave, salary, overtime, maltreatment etc that are facing workers. It is proven that the settlement approach is working good. We have termed it as Local Citizenry Settlement Approach.

## Empowering Women RMG Workers

To increase the knowledge on the Bangladesh labour law for the women RMG workers this program has taken lot of initiatives. Project was supported by Action Aid Bangladesh since May, 2012 and continued April, 2013 in Mirpur, Dhaka.

### Major activities/ services and Achievement

- Formed Peer Education Group in the factory level and conducted training on the law for 575 workers in the factory of Mirpur area, Dhaka
- Member training in the factory level has been completed for 5350 workers on the law and rights of the labor
- Formed 20 committee in the factory level to participate in the different meeting organized by factory owner, network, national association of the RMG sector, this committee is sitting regularly basis.



### Lessons Learned

- Garments workers are now demanding their basic right to factory owners and their voice is raising
- Garments worker are sensitized about core elements of Bangladesh labor law

## ‘Muko-Mukhi: MPs and Constituents Working Face-to-Face in Eradicating Poverty and Strengthening Primary Education’

The purpose of the initiative is to strengthen the relationship between MPs and civil society to conduct effective advocacy on national policy issues and create opportunities (DPPFs, Public hearings, and other public consultations) to bring law-makers and constituents together to identify deficiencies in existing policies, law, rules and procedures, and promote policy agendas for eradicating poverty and ensuring primary education for all the region's children. PSTC implementing this activity in 2 upazila of Kishoregonj district with the financial support of Institute for Environment and Development (IED).

### Major activities/ services and Achievement

- Five youth ambassadors received capacity building training
- Organized dialogue for development of poverty and primary education situation with MP, local govt. representative, govt. official, civil society member's, media etc at district level
- Organized Muko-Mukhi (Face to Face Dialogue) of district level engaging MPs, govt. official rep., civil society member's, media etc at district level.
- Organized Muko-Mukhi (Face to Face Dialogue ) of district level engaging MPs, govt officials & elected representatives to help them to be responsive in addressing national policy issues and identify hindrances to eradicate poverty & ensure primary education.
- Organized monthly staff co-ordination meeting at district office.



### RERED subproject under Citizen Action for Result , Transparency and Accountability (CARTA) program

As third party monitoring agency PSTC is trying to ensure accountability in the Solar Home System Program supported by World Bank and collecting the feedback of the system user by increasing their knowledge and skill. This assignment is implementing in Rajshahi, Kishoregonj, Chittagong, Sylhet, Narsingdi, Dinajpur and Barisal district, about 345504 population are covering by different activity and services, this program is supported by World Bank through Manusher Jonno Foundation.

### Major activities/ services and Achievement

- Forty key informant interview conducted for collecting basic information about Solar Home System, cost, agreement process, credit process etc.
- As a part of project implementation Rural Solar Energy Committee is a strategy for receive feedback from community about Solar Home System. CARTA program organized 14 committees at 14 Unions.
- In 14 villages held 14 focus group discussions with VGD card holders.
- The focus group was conducted as part of the Baseline Survey. Participants provided information in group discussion.
- Twenty eight key informant interview conducted for collecting basic information about Solar Home System, cost, agreement process, credit process et.



- As a part of project implementation Rural Solar Energy Committee is a strategy for receive feedback from community about Solar Home System. CARTA program organized 14 ccommittees at 14 Unions.
- Consultation with community stakeholder is activity where project staff try to involve the staff of participatory organization with CARTA program.

#### **Lessons Learned**

- Direct involvement of community members with monitoring will be made batter result and build up own

**Chapter: 05**

**Poverty reduction & Livelihood**

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Bringing Economic Empowerment to Street Children (BEES) Project

01.



## Bringing Economic Empowerment to Street Children (BEES) Project

Expand the income generating capacity, and generate assets to sustainability lifts to the street children in Dhaka City, PSTC implanting the program for 2500 children, financed by Plan Bangladesh. Project duration is February, 2011 to December, 2013 which implemented in Dhaka city in establishing 13 service center/ drop in center.

The project specifically aims to achieve 3 outputs:



### Major activities/ services and Achievement

SI	Interventions	Achievements
1.	DIC Student ID Card	2500
2.	Training on Vocational Trade-children	350
3.	Consultation with street kids to establish skills based modules	561
4.	Equipment support for self-Employment	1752
5.	Develop and provide ID Cards for DIC enrolled children	2500
6.	Training for Savings management committee members'-children	Each Committee include 7 members
7.	Training on Financial and life planning Education	2390
8.	Training on collective craftsmanship-children	200
9.	Revising Savings Product Materials & establish Savings Booth (passbook, savings booth, promotional materials)	1
10.	Training for Graduation Forum Members	Each Committee include 7 members
11.	Basic literacy and numeracy skills development	2595
12.	Implement Child Safeguarding Standards through mobile campaign	15
13.	Mass campaign to promote access to services	2

Following are the interventions implemented for providing direct support to targeted beneficiaries for skill development:

### Direct support to Street children of BEES Project

SI	Name of Interventions	Total Beneficiaries
01.	Internship Training	353
02.	Skill Transfer Training	1901
03.	Training on Collective Craftsmanship	550



04.	Training on Vocational Skill Development	350
05.	Formation of 13 Savings Management Committee and meeting with them	13
06.	Training for Graduation Forum Members	13
07.	Establish direct functional linkages for ensuring access to basic services	41
08.	Basic literacy and numeracy skills development course	2595 Children

### Lessons Learned

- Attraction on present interest/benefit, comparatively less trust on long term benefit
- Mass campaign helped the employers fast realization of children's vulnerability and their responsibility.
- Awareness messages comes from Government body carry much value to the audience to comply with.
- Working on root causes of street involvement to be addressed



**Chapter: 06**

**Training and Communication (T & C)**

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Community Paramedic Course	01.
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Need Based Training Program/ Course	02.
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Projonma: Publication	03.
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## Community Paramedic Training Institute

CPTI aim is to develop health professional to ensure skill paramedic so that they can serve people who are poor and socially disadvantaged in the rural area of Bangladesh. PSTC is imparting this course for 2 years duration with the affiliation of Bangladesh Nursing council. The student who completed secondary school certificate (SSC) is eligible for the course. There is limited scope of course weaver for the poor student.

### Project activities/achievement



This year 21 students were enrolled out of them 2 students received scholarship from Swiss contract, besides this 26 students class were continued who were admitted in 2012. Two separate batches were run in the reporting period.

## PSTC Training Program

Training Program is being facilitated by the resources of PSTC Training Unit for inside the organization as well as out side the organization.

### Training Methodologies

The training methodologies used in the sessions are highly participatory. This includes group discussion, brain storming, role-play, case study, simulation game, exercise, experience sharing, group and individual assignment, film show, talk show, energizing activities, field visit, debate, lecture, demonstration, experiential exercise, question-answer, clinical practice etc. The methods help to create a friendly and effective learning environment for the trainees.



### Training facilities at PSTC

PSTC has five training rooms adequate for Five groups of trainees. The rooms are air-conditioned, decorated and brightened up with interested posters and educational charts. Film Projector, Overhead Projector, Slide projector, Opaque Projector, Video Projector, Video camera, and Multiple Easel Boards are available in the classrooms. There are two dormitory for accommodating 20 persons & Gazipur Campus 60 persons. Transport facilities are also available for the trainees for field and site visit. There is a resourceful library where reference books and publications are available.



In this reporting year training unit conducted the following training / orientation;

SL	Course Name	# of participants	Client
1	Training on MNCH and CHW	70	CARE Bangladesh
2	Gender Development	80	SRHC/ PSTC
3	Life skill	20	SRHC/ PSTC
4	Technical training on clinical service	12	SRHC/ PSTC
5	Basic on Counseling	20	SRHC and UPHCSDP
6	RTI/ STI	20	SRHC/CHSWG, PSTC
7	Training on service provider	20	SRHC/ PSTC
8	Peer education	40	SRHC/ PSTC
9	Management training	19	CHSWG/ PSTC
10	Financial management training	13	CHSWG/ PSTC
11	SRH/ ARH	122	SRHC/ PSTC
12	FP contraceptive management	6	SRHC/ PSTC
13	Health hygiene and sanitation	15	EEHWE/ PSTC
14	Safe motherhood training	40	UBR, SRHC/ PSTC

#### Training Complex of Gazipur:



PSTC training complex was established in 2010 on the 02 acres of land. The aim was to establish a management Development institution which will contribute to enhance the management capability of PSTC different Level staff and offer similar services to others organization working in the development sector.

During this report period PSTC different project and few national and international development organization conducted training in this venue by renting the facility, among them BCCP, CARE

Bangladesh, UBR Alliance, Action AID, Practical Action, NHSDP/ Pathfinder used this facility for their own program.

#### Projonma

PSTC published monthly news letter to cover the current development activities of the country as well as PSTC's activities since inception of the organization, also develop some new ideas on the development issue for publishing. In this reporting year total 12 numbers of copies were published for every month. PSTC staff and external development practitioners wrote those article and news. After printing copy send to all the field office of PSTC, development partners, other NGOs and individual.



**Chapter: 07**  
**Disaster Preparedness and Management Program**

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Disaster Resilient Future: Mobilizing Communities and Institutions for  
Effective Risk Reduction. DIPECHO VII

01.

## Disaster Resilient Future: Mobilizing Communities and Institutions for Effective Risk Reduction. DIPECHO VII

An urban CBDRR model is demonstrated and replicated where key urban stakeholders develop capacity to carry out coordinated response and mainstream DRR into development. PSTC is imparting the assignment from May, 2013 with the technical and financial support of Action Aid. As program partner PSTC working with Dhaka South City Corporation, 12 ward and 3 school. A total 12,305 population are targeted for the capacity development initiative of the assignment.



School Level Inception Workshop. Date : 04 September, 2013

### Major Activities or Interventions

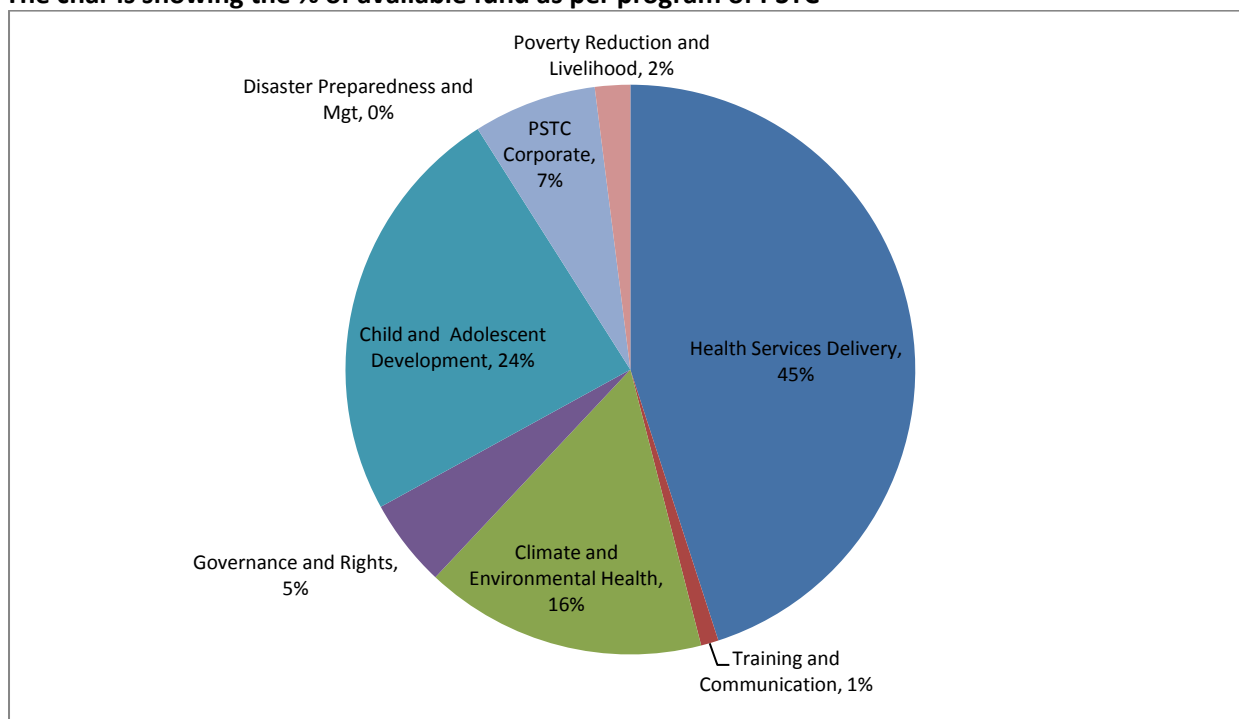
- Project Inception and handover workshops (local level)
- Urban risk assessment in 3 wards under DSCC
- Development master trainer pools in DSCC for Urban Risk Assessment
- Development urban volunteer group and building their capacity for first responder in the urban community
- Formation of Ward Disaster Management Committee (WDMC) in the 3 wards under DSCC on ad-hoc basis
- Conduction household level session in terms of fire safety and earthquake preparedness
- Conduction teachers training on fire safety , evacuation and earthquake preparedness in association with Fire Service Civil Defence
- Establish 3 volunteer operation centres
- Capacity building of DEO, AEO, SMC members on School Safety Process and support school safety planning
- Support implementation of School Disaster Management Plans
- Mass awareness and community mobilization

**Financial Information:**

It was the glorious financial years of the PSTC as the height level of fund available during this reporting period. The summary of fund available information is below as per program;

Sl.No.	Programs	Donor	Fund Available
<b>A</b>	Health Services Delivery	Pathfinder-USAID, ADB through Ministry of LGED & UNFPA, Plan Bangladesh, BRAC, GIZ, USAID/SMC, World Bank	243,301,722
<b>B</b>	Climate and Environmental Health	Water aid, PKSF, Actionaid Bangladesh, Unicef, DWASA, SIMAVI	83,099,140
<b>C</b>	Child and Adolescent Development	Plan Bangladesh, Netherland Govt., RFSU – SIDA,	130,442,529
<b>D</b>	Governance and Rights	Manusher Janno Found., Actionaid Bangladesh, IED, UNDP	24,238,255
<b>E</b>	Training and Communication	NSU, MJF	5,796,528
<b>F</b>	Disaster Preparedness and Management Program	Actionaid Bangladesh	2,109,415
<b>G</b>	Poverty Reduction and Livelihood	Plan Bangladesh	10,238,275
<b>H</b>	PSTC Corporate	PSTC	35,946,138
	<b>Total</b>		<b>535,172,002</b>

The chart is showing the % of available fund as per program of PSTC





## **PSTC Corporate Alliances**

Partnerships and networking, be it with government or with other private organizations, have always been at the heart of PSTC's development strategy. Since its time as FPSTC, when it had in-built relationships, PSTC has maintained strong relationships in different Government Ministries & offices, especially in relation to health issues. Over the recent years, PSTC, with its multi-faceted programs, has formed partnerships at different levels on several issues. These include as follows:

- GO-NGO Coordination Committee of Directorate of Family Planning
- Health Rights Movement National Committee
- Steering Committee of the South South Center of Ministry of Health & Family Welfare
- Sub Committee on Patient's and the provider Charter of Rights, MOH&FW
- Project Coordination Committee, Department of Social Services.
- Sub Committee constituted to implement recommendation of ICPD+5
- Sub Committee constituted to implement recommendation of ICPD+ 10
- National Sanitation Taskforce
- District Technical Committee for Clinical Approval (Dhaka)
- STI/AIDS Network of Bangladesh
- Voluntary Health Services Society (VHSS)
- Network for Ensuring Adolescent Reproductive Health Rights & Services (NEARS)
- Society for Participatory Education and Development (SPED)
- Coalition for the Urban Poor (CUP)
- Bangladesh Shishu Adhikar Forum
- Urban Sanitation Network
- Water Supply & Sanitation Collaborative Council Bangladesh (WSSCCB)
- Peoples Health Movement (PHM)