

# Annual Report: 2009



*Population Services and Training Center (PSTC) is a non government and non-profitable organization began its operation in 1978 and it works for the improve of life status of poor and socially disadvantaged people. PSTC is committed to long term sustainability through multiplying its sources of fund and charging fees for services consistent with its social commitment.*

*The vision of PSTC is to achieve an improved quality of life of disadvantaged peoples of Bangladesh*



## Population Services and Training Center (PSTC)

(Not for Profit, Non Political and Non Government Organization)

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## Contents

SL#	Particulars		Page NO
	Acronyms		4 - 6
	Speeches from Executive Director		7
	Evaluation of PSTC		8 - 9
	PSTC An Organization		10
	Project to Program Approach		11
	Geographical Coverage		12
SL	Program	Projects	Page NO
	Health Service Delivery Program		13
		Smiling Sun Franchise Project (SSFP)	13
		Urban Primary Health Care Project (UPHCP), DCC	14
		Urban Primary Health Care Project (UPHCP), RCC	15
		Urban Community Health Care Project (UCHCP)	15
		Brothel Based Services under HATI	16
		Reproductive Health Service Delivery Project	17
		TB Project under GFATM	17
	Environmental Health		19
		Poverty Reduction through Environmental Water Sanitation & Hygiene (PREWASH)	19
		Decentralized Urban Total Sanitation (DUTS) Project	21
		Second Small Scale Water Resources Development Sector Project	22
	Child and Adolescent Development		23
		Protection of Children At Risk (PCAR)	23
		Improving Development Opportunity for Street Children (IDOSCP)	24
		Eradication of Hazardous Child Labour in Bangladesh (EHCL-B)	25
		Early Child Hood Development (ECD)	25
		Strengthening Adolescent Reproductive Health in Urban Areas	26
	Governance and Rights		27
		Increase responsiveness of the health service delivery institutions/ Providers to establish primary and reproductive rights of the community –Health Rights	27
		Promoting Corporate Social Responsibility on Occupational Health Rights	29

## Contents

SL	Program	Projects	Page NO
	HIV/AIDS Prevention		31
		HIV/AIDS Targeted Intervention (HATI)	31
	Poverty Reduction		32
		Health Enterprise	32
	Education		32
		Adult Literacy through REFLECT Approach	32
		NFE Activities of PCAR , IDOSCP, ECHL,B	32
	Training and Communication		33
		Disaster Preparedness & Management Program	34
		Need based response	34
		Mobilizing Communities for Disaster Risk Reduction Project (MCDRRP)	35
		Post Disaster Response Project	36
	Corporate Alliance & Networking		37
	Financial Summary		38
	PSTC Governance		39
	Looking Ahead		40

## 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	Behavior Change Communication
BCC/M	Behavior Change Communication and Marketing
BWHC	Bangladesh Women Health Coalition
CCC	Chittagong City Corporation
CCCD	Child Centered Community Development
CD	Communicable Diseases
CDC	Children Development Center
CDD	Chronic Diarrhoeal Disease
CHER	Center for Health, Education and Rehabilitation
CIDA	Canadian International Development Agency
CRHCC	Comprehensive Reproductive Health Care Center
CUP	Coalition for Urban Poor
CWFD	Concern Women for Family Development
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
EHCL,B	Eradication of Hazardous Child Labor in Bangladesh
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
FST	Field Supervisor's Training
GB	Governing Body
GO	Government Organization
GoB	Government of Bangladesh
HATI	HIV/AIDS Targeted Intervention

## Acronyms

HEP	Health Enterprise Project
HIV	Human Immunodeficiency Virus
HPSP	Health and Population Sector Program
HQ	Head Quarters
HRD	Human Resource Development
HRM	Human Resource Management
HSD	Health Service Delivery
IA	Internal Affairs
ICDDR,B	International Centre for Diarrheal Diseases Research, Bangladesh
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
MATE	Marketing Team
MCH	Maternal & Child Health
MDA	Management Development Assessment
MDG	Millennium Development Goal
MIS	Management Information System
MJ	Manusher Jonno
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

## Acronyms

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 Friesian Literacy through Empowering Community Technique
PHC	Primary Health Clinic
PI	Pathfinder International
STI	Sexually Transmitted Infection
T & C	Training and Communication
TBA	Traditional Birth Attendants
TOT	Training of Trainers
TTD	Total Training Days
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
WB	World Bank
RTI	Reproductive Health Service Delivery Project
SCDP	Reproductive Tract Infection
SBK	Street Children Development Program
SSFP	Shishu Bikash Kendra



## Speeches from Executive Director

Inherited from a quasi - government body, PSTC has already spent a decade as an NGO (Non Government Organization) and is running with multi-dimensional programs. PSTC has established to work in the area of health intervention, i.e. Family Planning-Mother and Child Health in 1978, but now working on environmental health, sexual and reproductive health, child and adolescent development, governance and rights, HIV/AIDS prevention, economic development, as well as education and disaster management. The organization faced a number of challenges to establish as an NGO from a single focused to multi-dimensional.



Despite its challenges, PSTC became larger in terms of number of staff, 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 whereas in the year 2009, the number of staff has increased to 1930 (Male 691 & Female 1239) and the intervention area expanded to 6 divisions, 30 districts and 70 branches throughout the country.

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 and a service delivery mode that realizes the changing needs of the people. In view of reaching this target, PSTC has implemented different projects in different part of the country during this reporting period.

In addition to that, PSTC has also expanded its partnership with Plan Bangladesh for strengthening adolescent reproductive health, ORBIS for Eye-Care support for poor people, Pathfinder International for mobilizing religious leader for improving maternal health, child health and reproductive health,

PSTC has continued to be an active participant in many key development networks, initiating and supporting both collaboration and cooperation between NGOs, government and private enterprise.

Emerging from a uni-focal strategy, PSTC is moving towards multi-faceted activities with new dimensions focused on the project to program approach. To facilitate its 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, donors, ministries and govt. offices, is the driving force behind PSTC's moving forward. PSTC was awarded as best organization for EPI performance known as GAVI award from DCC & RCC.

We acknowledge that this recognition is the outcome of a splendid synthesis of the painstaking effort of staff, the diversification of the programs and community participation.



**Milon Bikash Paul**  
Executive Director

## Evolution of PSTC

- 1978 Family Planning Services & Training Center (FPSTC) formed to act as bridge between the government, donors and local level NGOs working in the field of FP-MCH.
- 1994 PSTC inherits from FPSTC and starts its journey as an NGO.
- 1995 Registered with Department of Social Services, Registration No. Dha 03276
- 1996 Registered with NGO Affairs Bureau, Registration No. 1102
- 1997 Affiliated with Directorate of Family Planning Vide No. A-99/77
- PSTC started functioning as NGO visibly as Management Partner of UFHP under NIPHP
- Initiated strategic plan of PSTC
- 1998 PSTC moved towards program diversification and was awarded with Water Supply, Sanitation and Hygiene Promotion Program with the financial and technical support of WAB.
- 1999 PSTC disseminated ESP service delivery and One Stop approach in 84 Municipalities as UFHP partner
- 2000 PSTC initiated ARISE program at ward 1 & 4 of DCC funded by UNDP through the Ministry of Social Welfare and Department of Social Services
- PSTC won a ADB funded project, to implement Urban Primary Health Care Project, through a competitive bidding process.
- UNDP awarded PSTC with School-based HIV/AIDS program.
- 2002 Focused attention was given to literacy program and PSTC forged its partnership with ActionAid Bangladesh through IPDPD.
- 2003 To eliminate the worst forms of child labour in Bangladesh, PSTC attempts to implement 'Eradication of Hazardous Child Labour in Bangladesh' under Ministry of Labour & Employment.
- 2004 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 PSTC.
- PSTC expands its program intervention through right-based approach and was awarded with Increase Responsiveness of the Health



Service Delivery Institutions /Providers to Establish Primary and Reproductive Health Rights of the Community.

PSTC also provided emergency relief support during the devastating flood through 'Emergency Support Activities and Rehabilitation Program.

- 2005 PSTC was awarded with 'Sanitation For All' by MoLGRD&C for the recognition of its achievement in the sanitation sector. Disaster Preparedness and management Program was added as one of the regular program of PSTC.
- 2006 Partnership developed with Action Aid Bangladesh as DA at Gazipur. Accounting System was centralized and Accounting Software "TALLY" introduced.
- 2007 PSTC constructed own 3-storied building in Aftabnagar at DCC. HRM Policy reviewed, modified and updated.
- 2008 PSTC was awarded as best organization for EPI performance known as GAVI award from DCC & RCC
- 2009 Successfully Completion of PREWASH project. As a result PSTC awarded another Water and Sanitation Project, named ECHO Project.

## PSTC an Organization

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, Mother & 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 is now a large family that includes over 1930 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.

At the center of this family are the 30 General Members who generously volunteer their time and expertise, and in particular the seven Members that are elected to hold seats on the decision making Governing Body.

### **Vision**

Improved quality of life of disadvantaged peoples of Bangladesh.

### **Mission**

PSTC aims to improve the health, social security and physical living condition of the poor and socially disadvantaged. It is a not-for-profit organization but is committed to long-term sustainability through multiplying its sources of funding and charging fees for services consistent with its social commitment.

### **Values**

PSTC values are guided by the principles of commitment to its Mission, Vision, target people and the community as a whole. It adheres to the systems, inculcates the culture of integrity, modesty and team spirit.

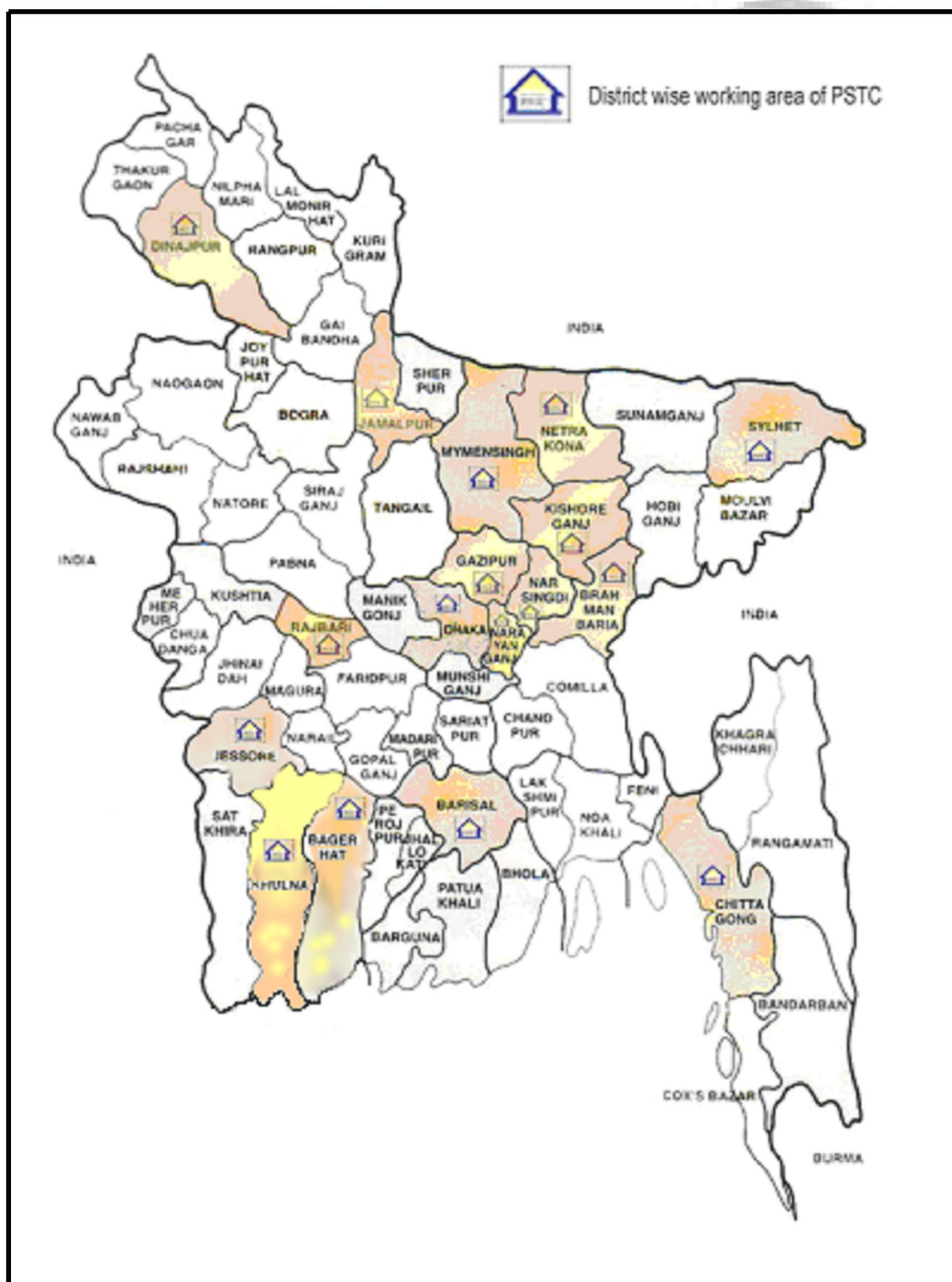
## Project to Program Approach

Since its inception, PSTC has considered the needs of the underserved & unserved in its service delivery approach. More recently it has incorporated a Rights Based Approach and responded to the changing needs of its clients at the grassroots level. While sustainability debates have been firmly anchored around development in line with MDG targets, PSTC has utilized a **Project to Program Approach** in its implementation. A good number of projects under the umbrella of nine programs, which are directly or indirectly linked with eight-point MDG targets, are implemented in 14 districts of the country.

In 2009, PSTC has implemented the following projects under the umbrella of its nine programs:

Sl. No.	Programs	Projects
1.	Health Services Delivery	<ul style="list-style-type: none"> <li>- Smiling Sun Franchise Project (SSFP)</li> <li>- Urban Primary Health Care Project (UPHCP-II)</li> <li>- DCC-PA-4 &amp; RCC-PA-2</li> <li>- Brothel based clinics under HATI</li> <li>- Urban Community Health Project (UCHCP)</li> <li>- Reproductive Health Service Delivery Project</li> <li>- TB Program - GFATM</li> </ul>
2.	Environmental Health	<ul style="list-style-type: none"> <li>- Poverty Reduction through Environmental Water Sanitation and Hygiene Project (PREWASH)</li> <li>- Second Small Scale Water Resources Development Sector Project (SSWRDSP-II)</li> <li>- Decentralized Urban Total Sanitation Project (DUTS)</li> </ul>
3.	Child and Adolescent Development	<ul style="list-style-type: none"> <li>- Protection of Children At Risk (PCAR)</li> <li>- Improving Development Opportunity for Street Children (IDOSC)</li> <li>- Eradication of Hazardous Child Labour Bangladesh (EHCL,B)</li> <li>- Sponsorship Program</li> <li>- Early Child Hood Development (ECD)</li> <li>- Strengthening Adolescent Reproductive Health in Urban Areas</li> </ul>
4	Governance and Rights	<ul style="list-style-type: none"> <li>- Increase Responsiveness of the health service delivery institutions/ Providers to establish primary and reproductive rights of the Community (Health Rights)</li> <li>- Promoting Corporate Social Responsibility on Occupational Health Rights</li> </ul>
5	HIV/AIDS Prevention	<ul style="list-style-type: none"> <li>- HIV/AIDS Targeted Intervention (HATI)</li> <li>- HIV/AIDS program under UPHCP</li> </ul>
6	Economic Development Program	<ul style="list-style-type: none"> <li>- Health Enterprise</li> <li>- Development Finance</li> </ul>
7	Education	<ul style="list-style-type: none"> <li>- Adult Literacy Through REFLECT Approach</li> <li>- Eradication Hazardous Child Labour Bangladesh (EHCL-B)</li> <li>- NFE activities implemented as component of other programs like PCAR, UCHCP, IDOSCP, ECHL,B and Occupational Health.</li> </ul>
8	Training and Communication	<ul style="list-style-type: none"> <li>- Training Program</li> <li>- Material development</li> <li>- PROJANMO publication</li> <li>- Training on Active Management of Third Stage of Labor (AMTSL)</li> </ul>
9	Disaster Preparedness and Management Program	<ul style="list-style-type: none"> <li>- Mobilizing Communities for Disaster Risk Reduction Project (MCDRRP)</li> <li>- Extension Post Disaster</li> <li>- Need based response.</li> </ul>

## Geographical Coverage



## Health Service Delivery Program:

Under the Health Service Delivery Program, PSTC provides ESP services to the community via 34 static clinics, 2 comprehensive clinics, 461 satellite spots and 7 Drop-in-Centers throughout the country. These clinics/DICs are run by different projects:

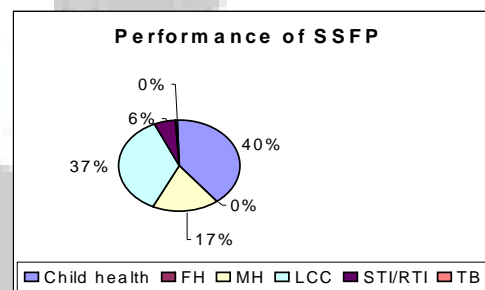
- Smiling Sun Franchise Project
- Urban Primary Health Care Project
- Reproductive Health Service Delivery Project
- Urban Community Health Care Project
- Brothel Based Clinic under HATI Project

## Smiling Sun Franchise Program (SSFP)

PSTC initially started its health service delivery program with the financial and technical support from Urban Family Health Partnership/USAID in 1997. In 2002, PSTC was contracted by NGO Service Delivery Program (NSDP) to delivery its Family Health Project, and in 2007 by Smiling Sun Franchise Program (SSFP) respectively to provide Essential Service Package (ESP) services to the people including under-served & poor.

In the year 2009, PSTC had 978656 contacts with clients through its SSFP, among which 281430 contacts were for child health, 130,352 were for Maternal Health, 270587 in FP services, 296287 were for other Health Services including 30,058 in STI/RTI and 259891 in LCC & 1,148 in TB. In total, 807559 customers (clients) received services during 2009 which included 265328 poor and 9579 poorest of the poor customer.

Catchment Area	13 wards of Zone-1 (Ward 30,75,84,85), 4 (Ward 22,23,27,36), 5 (Ward 50,51,53 and 8 (Ward 4,5) under Dhaka City Corporation (DCC) and 4 Municipalities at Bhairab, Kishoregonj, Narsingdi, Brahmanbaria, Belaboo, Raypura, Monohordi upazila of Narsingdi district and Shiddhirganj upazila of Narayanganj district.
Catchment population	15,66,325
No. of static clinic	21 clinics
Evening shift	4
Comprehensive clinic	1
Total staff	323 and Depot holder 166, CW=22
# of satellite team	38
No. of Satellite spot	302



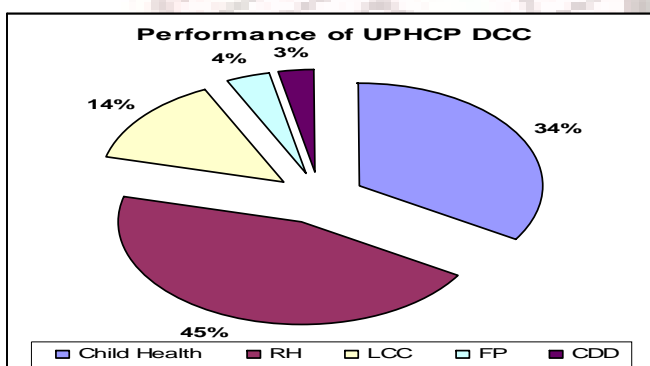


## Urban Primary Health Care Project (UPHCP-II)-DCC-PA-4

UPHCP- DCC at a Glance	
Catchment Area	6 Wards (28,29, 31, 32, 33 & 34) of Zone 4 in DCC
Catchment Population	370,211
Number of Static Clinic	6
Comprehensive Clinic	1
Total staff	173
# of Satellite Teams	20
# of Satellite Spots	72

PSTC has been implementing UPHCP in Dhaka City Corporation, in collaboration with the Government of Bangladesh since June 2000. This private-multi-sector partnership came about through the initiative and support of the ADB.

The objective of UPHCP is to improve the health of the urban poor and reduce preventable mortality and morbidity especially among women and children in the project area. To achieve this objective, 6 Primary Health Care Centers (PHCC) and a Comprehensive Reproductive Health Care Center (CRHCC) were established, in Zone -4 of DCC covering 6 wards. Each PHCC serves a population of around 50,000 and the CRHCC provides reproductive and Emergency Obstetric Care (EOC) services. Under this project, all primary health care components of Essential Services Package (ESP) have been incorporated.



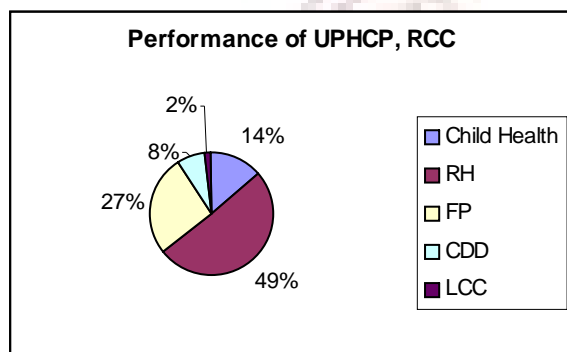
In 2009, PSTC had 518,325 service contacts through its UPHCP, among which 115,125 contacts were for child health, 43850 for Reproductive Health, 15,924 in FP services, 12,005 in CDD, 152862 in LCC and . In total, 219,495 customers received services during the reporting period. The total contacts included 1, 490, 84 poor services.





## Urban Primary Health Care Project (UPHCP)-RCC-PA-2

PSTC started UPHCP, Phase-II in Rajshahi City Corporation from June 2006 with the Government of Bangladesh. This private-multi-sector partnership came about through the initiative and support of the ADB.



UPHCP-RCC-PA-2 at a Glance	
Catchment Area	Ward 10 ( 21, 22, 23, 24, 25, 26, 27, 28, 29, 30) of RCC
Catchment Population	273,468
# of static clinic	5
Comprehensive Clinic	1
Total staff	141
# of satellite spots	72
# of satellite Spots	51

The objective of UPHCP is to improve the health of the urban poor and reduce preventable mortality and morbidity especially among women and children in the project area. To achieve this objective, 5 Primary Health Care Centers (PHCC) and a Comprehensive Reproductive Health Care Center (CRHCC) covering 10 wards, were established in Rajshahi City Corporation (RCC). Each PHCC serves a population of 50,000 and the CRHCC provides Reproductive and Emergency Obstetric Care (EOC) services. Under this project, all primary health care components of Essential Services Package (ESP) have been incorporated.

In 2009, PSTC had 119,104 contacts with clients through its UPHCP in Rajshahi City Corporation, among which 36,080 for Reproductive Health, 21,064 in FP services, and 5420 in CDD, 8588 for ANC and 1564 in LCC. In total, 95,575 customer received services during the reporting period. The total contacts included 28,862 poor services.

## Urban Community Health Care Project (UCHCP) for City Polli

In March 2004, PSTC initiated an ongoing partnership between UCHCP & Plan Bangladesh with a view to improving the health status of children, adolescents, women and slum dwellers at City Polli. The project area is zone 1 and 4 of Dhaka City Corporation.

### The objectives:

- To reduce morbidity and mortality of under five children due to communicable diseases and malnutrition.
- To reduce maternal mortality and morbidity by reducing incidence of high-risk pregnancies, complication and illness of women of reproductive age.
- To develop the adolescents capacity for their holistic development.
- To increase participation of the community, especially children, women and the poor, to mitigate their own health problem.
- To provide health services through supplementing and complementing GO services.

### Project Activities:

- Conduct health education sessions
- Provide a health service that includes children, women and community people as a whole.
- Develop capacity of CBOs
- Develop Susthaya Unnayan Shohayok as a community change agent.
-

In 2009, PSTC provided health services to 8123 customers through its UCHCP clinic. The project covered approx. 25, 001 poor and marginalized population who were living in the slum and peri-urban areas in Dhaka.

### Performance of UCHCP

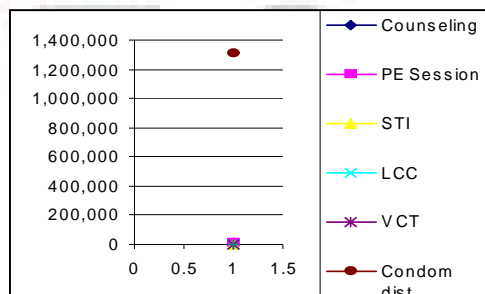


Activity	Achievement
No. of Customer received health services	8123
o. of children received immunization services	2603
o. of children provided CDD Services	189
No. of children provided ARI services	604
No of pregnant women received ANC services	752
No. of women received PNC services	144
No. of eligible couple received FP services	1733
No. of customers received LCC services	2732
No. of participants attended in the BCC session	16576
No. of students received de-worming tablets	5056
No. of community film show organized	3

### Brothel Based Clinics under HATI

PSTC implements a HIV/AIDS Targeted Initiative with the financial assistance of UNICEF and GoB. This project aims to limit the spread of HIV/AIDS in the general population. HATI works on altering the behavior pattern and extensive risk factors that facilitate the rapid spread of the infection, through clinical and community services. Through a consortium partnering with ICDDR, B and CHCP, PSTC targets brothel based commercial sex workers and their clients, identified as maintaining high risk behaviors and provides them with clinical services and community services. Seven clinics set up at Mymensingh, Rajbari, Jamalpur, Jessore, Khulna and Bagerhat provide STI treatment and general services. To promote the use of condoms & reduce high risk behavior, counseling on social stigma, peer education sessions and BCC sessions are provided as part of the Community Services. A total of 2339 sex workers are directly benefited through this project.

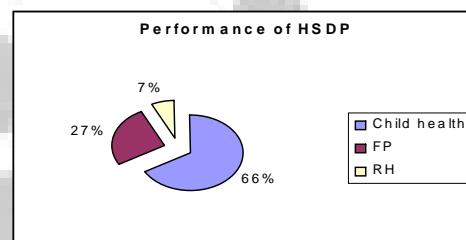
Of the total client contacts for this program, 8,412 were in counseling, 8,360 in Peer Education session, 3,146 in STI management services, 4,628 in LCC, 109 in VCT referral and 1,313,006 pieces condom distribution during this period. Besides, 284 health education session, 60 advocacy and coordination meeting, and birth registration of 477 brothel children were completed.



### Reproductive Health Service Delivery Project

PSTC operates a Reproductive Health Service Delivery clinic in its own premises at Gazipur with its own fund. Acquiring 2 acres of land at Masterbari in Gazipur, PSTC established a three-storied building with the financial assistance of the Japanese Embassy, with a view to providing health services among the disadvantaged people at an affordable price. The services provided include Health education, Family planning, Maternal and Child Health and LCC.

Activities	Achievement
Child Health	24450
Reproductive Health (RH)	2685
Family Paining (FP)	10128
Others	3731



In 2009, PSTC had 40,994 contacts with clients among which 24,450 for Child Health, 2,685 for Reproductive Health, 10,128 in Family Paining services and others are 3731. In total, 12,347 customer received services during the reporting period.

### Global Fund to Fight AIDS, TB & Malaria in Bangladesh (GFTAM) Project

PSTC has been implementing the project since May 2006, with the financial and technical assistance of BRAC/NTB in 18 wards of DCC, to contribute to the performance of the TB program in Bangladesh.



**Project Goals:**

- To reduce TB morbidity and mortality and thus decrease transmission of TB infection.
- To prevent development of drug resistance.

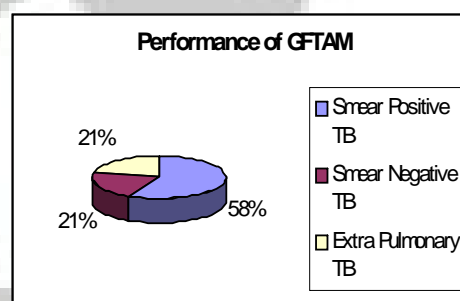
**Objectives:**

The objectives of the National Tuberculosis Control Program (NTP) of Bangladesh are to detect at least 70% of new smear positive patients and cure at least 85 of them by the end of 2015.

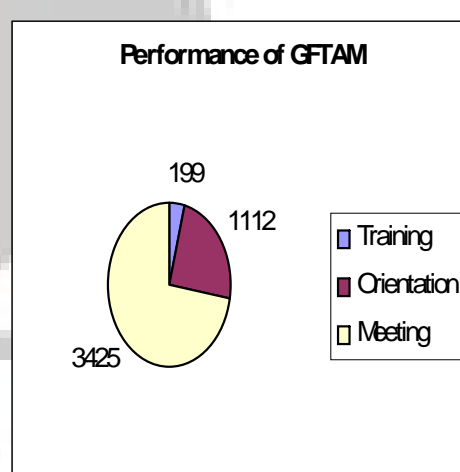
**Activities:**

- Promotion of early detection of sputum smear positive patients at all levels of the health facilities.
- Diagnosis of TB other than smear positive cases.
- Organization of treatment delivery through Directly Observed Treatment (DOT) at all levels through community participation.
- Implementation of standardized recording and reporting systems
- Implementation of nationwide quality assurance of smear microscopy
- Provision of regular training and refresher courses to all staff involved in the NTP
- Strengthening cooperation and collaboration between the Government of Bangladesh and non-government organizations involved in control of tuberculosis
- Involvement of academic medical institutes, hospitals and private practitioners in providing services for special groups like industries and other workplace in the NTP.

Performance of GFTAM	
Activities	Achievement
Smear Positive TB	1023
Smear Negative TB	291
Extra Pulmonary TB	247



Activities of GFTAM	
Activity	Achievement
# of Pharmacist received orientation on TB	324
# of Factory workers received orientation on TB	587
# of Religious leader/Teacher oriented on TB	213
# of cured TB patient received orientation	198
# of community leaders attended training on TB	213
# of participants attended group meeting/film show	3858





In addition, total 1875 people attended rallies, folk song show, drama show and discussion meeting as a part of world TB day observation.

In collaboration with Damien-Foundation, Urban Primary Health Care Project (UPHCP)-RCC-PA-2 -PSTC provided TB treatment from 1 PHC clinic covering one ward of RCC. In 2009, 34 cases identified as Smear Positive TB, 87 for Smear Negative TB and 14 for Extra Pulmonary TB.

## ENVIRONMENTAL HEALTH:

### Poverty Reduction through Environmental Water Sanitation & Hygiene (PREWASH)

PSTC implements PREWASH project in partnership with WaterAid Bangladesh to support the National Policy of GoB for Safe Water Supply and Sanitation. PREWASH was first implemented in October 2003. This project has implemented in 55 slums and 13 City Corporation's Wards with 1, 41,708 beneficiaries in Dhaka and Chittagong City corporations. PREWASH project is direct support oriented project and developed WatSan sector with new technology, policy, strategic paper, new promotional approach and contributing to nation to achieve government objectives.

The project aims to:

- 1) Ensure safe water for people living in the slum communities whose health is at risk due to inadequate safe water supply.
- 2) Improve sanitation systems as unhealthy sanitation systems may in result in water-borne diseases and consequently reduces economic well being.
- 3) Develop a sustainable water supply and sanitation system managed and owned by the community people themselves

The major interventions of PREWASH are hardware installations for safe water, promotion of household latrines, environmental sanitation improvement, hygiene promotion, rooted advocacy and capacity building of the community and local government.



### **Performance of PSTC-PREWASH Project**

Sanitation service to 10,828 beneficiaries through constructing 92 communal latrine, 03 sanitation block and 32 individual latrines.

Water services to 11,080 beneficiaries directly by installing 24 WASA connection, 58 Tube-wells, 01 submergible pump and 29 water option renovation.

Hygiene awareness to 73,022 slum beneficiaries on hand washing at critical times, latrine use, food hygiene and personal hygiene during menstruation.

Provide solid waste management device and support directly to 18133 people with 08 systems and constructed 6190 feet drain.

Hygiene practice development to 5442 school students, teacher by installing 03 school sanitation and organizing 157 sessions.

Community Based Organization (CBO) at slum level strengthened with participation of 27,266 members in 3876 meetings.

Capacity developed by 90 training and orientation to 2208 community leaders.

Developed IEC/BCC materials and distributed different type of posters, stickers, leaflets and flyer to the stakeholders.

Strengthen 1336 LGI's member through 85 meeting and workshop.

Ward, Zone, City Citizen Action Committee formed in Dhaka and Chittagong City Corporation and organized 112 meetings and workshops where 1024 leaders attended and committed to their improvement.

One video documentation titled "One drop of water" prepared and distributed both at national and international level.

A Benchmarking study conducted with WASA and City Corporation for measuring their performance by slum dwellers and disclosed the result to the sector actors.

An MOU signed with DWASA to continue providing water supply to slum dwellers.

A Vacu-tug purchased and processing for sustainable sanitation in slum areas.

75 water points handed over to the slum dwellers and facilitated WASA to allot 05 water connections in the name of CBO.

Opened 29 CBO Bank account and transferred the cost sharing money to CBO and nursing them for sustainable development.



## Decentralized Urban Total Sanitation Project (DUTS)

To attain the Millennium Development Goal Bangladesh Government has declared to achieve 100% sanitation by 2013. For supplementing and complementing Government Agenda Decentralized Urban Total Sanitation Project (DUTSP) has been implementing water and environmental sanitation program under Population Services and Training Center (PSTC) with the support from Plan Bangladesh from July-2005 to till now at 12 wards, under zone-01, 02 and 04, Dhaka City Corporation.



### Project Goal:

To improve peoples' life through improving environmental sanitation, safe water supply facilities and services with increased access to those by the poor

### Project Purpose

To demonstrate a model of total sanitation through the leadership of local government and people's participation.

### Objectives:

- Raise awareness of target communities on hygiene practices, safe water and adequate environmental sanitation
- Strengthen knowledge and skills of target community for local level planning, resource mobilization, implementation and monitoring of sanitation activities
- Involve LGs, Strengthen knowledge and skills for local level planning, resource mobilization, implementation and monitoring of sanitation activities
- Achieve Total Sanitation in target areas through increased access and use of WATSAN facilities

### Project Approach

- Involve community throughout the process from planning to implementation, monitoring and evaluation applying Child Centered Community Development approach (CCCD)
- Support formation of sanitation committees
- Activate existing Task Force Committees
- Mobilization of community resources, cost sharing
- The children play an important part in monitoring the progress and keeping vigilance against any back side of practices.

**Performance of DUTSP**

<b>Activity</b>	<b>Achievement</b>	<b>Participants/Beneficiaries Covered</b>
<b>Soft Ware ( Capacity Building)</b>		
Orientation of local food caterer & hotel owners	10	142
Orientation/ training for Task Force Members, Teachers, SMC on Watsan issue & SSHHE	25	542
Orientation of religious leaders on DUTS	2	43
Capacity development training for CBO members & child group	6	176
Orientation of Community on WSP	2	54
Training on operation maintenance of water sources and toilets for the community	3	62
Observation of national/international days (Sanitation , World Water Day, World Toilet Day, World Hand Washing Day, World Environmental Day)	5	1760
Mobilization & Strengthening cultural groups, street drama	12	175
Satellite hygiene campaign	3	4,500
Community movement for clean environment	11	5,500
Community hygiene session	996	11,955
Parents-Teachers meeting on SSHHE	40	1405
Latrine construction/repair at school	5 Schools	3350
Published Nagar Sanitation Barta	1	5000 copies
Child participated Art Exhibition, discussion & cultural program	1	1500
Zone & Ward sanitation task force coordination Meeting	38	940
Advocacy workshop at zone level	4	135
<b>Hardware Support (Sanitation Water and Waste Management )</b>		
Drain construction & repair	200 rft	380
Community cluster latrine construction & repair	5	510
Solid waste disposal (Van, Trolley)	9	3,150
Distribution of waste box	67	7,035
Distribution of water filter	30	1250
Upgrading of water point	10	760

**Second Small Scale Water Resources Development Sector Project**

PSTC is assigned to implement the project of Institutional Support for Water Resources Management Cooperatives in Kishoreganj, Rajbari, Naogaon, Dhaka and Netrokona district under LGED, ministry of LGRD since October 2003. The main purpose of the project is to form cooperative associations with landless peoples in rural areas to manage the water resources. These cooperatives work to address water management issues such as arsenic & scarcity that are common throughout Bangladesh.

## Child and Adolescent Development

### Protection of Children at Risk (PCAR)

PSTC has been implementing ARISE since April 2000 with the financial assistance from UNDP through Department of Social Services. ARISE supports street children with both material and information's services by providing schooling, psychological counseling, non-formal education, vocational training, health services, legal aid protection and income generating activities. In addition, Shelter is provided for the most vulnerable so that the opportunity to work and progress beyond the street can be realized. There are two DICs, two night shelters and eight open air schools operating under this project.

#### Performance of PCAR

Activity	Achieved
No. of children provided Non-formal Education	685
No. of children referred to Formal School	42
No. of children provided Health Services	744
No. of children provided Psychological Counseling	519
Drop-in Center Service	657
No. of children provided Legal Support	5
No. of children received Vocational Training	140
No. of children received De-worming	475
No. of children placed in job	94
No. of children getting support for self-employment	45
No. of children completed birth registration	525







### Improving Development Opportunity for Street Children (IDOSCP)

Improving Development Opportunity for Street Children (IDOSCP) project started operation in July 2004 with financial technical assistance from Plan Bangladesh. The project area is zone 1, 2 & zone 4 of Dhaka City Corporation (DCC). The goal of the project is to develop street children of Dhaka City, through providing education, counseling, protection, skill and capacity development, to reintegrate them with their families and to mainstream them into society. There are five Drop-In-Centers, six Night Shelters and 50 location centers under IDOSCP.

#### The Overall Objective:

The project will aim to provide basic services and facilities for the street children and to develop their capacity and access to income earning opportunities through providing training and vocational skills. The project will address the multiple needs of street children of Dhaka city with primary focus on children who work and live on the street day and night with or without their families.

#### Specific objectives:

- To increase awareness among the targeted street children with at least 50% girls and their parents and guardians on child rights issues in general and the risks and challenges of street life and on how to change their behavioral patterns.
- To reduce the incidences of sexual and other abuses to Street Children ensuring their access to basic needs and services through providing Day Care and Night Shelter facilities.
- To develop capacity and skill of Street Children to earn income from self employment and other formal employment sectors through providing training on income generating activities and vocational training.
- To develop a national level network with organizations working on Street Children issues through policy advocacy and mainstreaming of street children.



Performance of IODSC	
Activity	Achievement
No. of children provided Non-formal Education	420
No. of children provided Health Services	647
No. of children provided Psychological Counseling	856
Drop-in Center Service (day services)	61553
Drop-in Center Service (night shelter services)	145
No. of children received Vocational Training	54
No. of children received De-warming	145
No. of children placed in job	40
No. of children completed birth registration	9500



### Eradication of Hazardous Child Labour in Bangladesh

PSTC is implementing the project 'Eradication of Hazardous Child Labour in Bangladesh' which aims to eliminate the worst form of child labour in Bangladesh under ministry of labour and Employment. Through this project, PSTC runs 14 multi purpose centers covering 420 children who are involved in hazardous forms of child labour at Khilgaon in Dhaka. One of the important components of the project is the 24-month non-formal education activity following the primer of Chatona-1, Chatona-2 and Chatona-3 published by Directorate of Non-formal Education. The main aim of the NFE is to provide basic primary literacy and also basic knowledge on a variety of relevant skills. The other component of the project is the 6-month long skill training. Through this project PSTC provides block, batique, embroidery and tailoring training to 420 children and to motivate the learners to apply their skills at individual family and group levels. In addition, the project is also aware the children about their rights and responsibilities. The parents and the employers are also oriented about the terrible consequences of hazardous child labor and the long term effect on their future productivity as well.

### Early Childhood Care and Development (ECD) Program

PSTC is facilitating 15 ECD Centers at two Unions in Gazipur Sadar Upazila, Gazipur. Generally, 25-30 children of age around 5-6 years are enrolled in each of the centers. They spend 2 hours every morning with different colorful and entertaining materials through which they enjoy pre-school education. After 1 year they became ready for primary school and are admitted in different schools. The children are supposed to gather in the afternoon session for holding different cultural activities, games and other entertainment opportunities. A total of 545 children were enrolled which include 242 girls and 303 boys in those centers during the year 2009. 323 of them were to different schools at the end of the year.

**Objectives:**

- 1) Build capacity of the community children, especially, of the sponsorship children through Early Childhood Development (ECD) activities, cultural and sports activities.
- 2) Build awareness among the community children including the sponsorship children regarding personal hygiene and nutrition.
- 3) Reduce the rate of school drop out children aged 5-6 years through the ECD centers.

**Strengthening Adolescents Reproductive Health in Urban Areas**

UPHCP has implemented Adolescent Activities within Dhaka project areas since 2000 with financial assistance from UNFPA. The main objective of the activity is to enhance the knowledge of reproductive health of Adolescents.

With the technical and financial support from Plan-Bangladesh, PSTC has initiated a project targeting 20,000 adolescents in zone 1, 2, 3, 4 & 5 of Dhaka City Corporation.

**Project goal**

To improve the health status of vulnerable and underserved adolescents in the project areas of Dhaka urban community with emphasis on underserved groups.

**Project purpose**

To create an enabling environment to meet the reproductive health needs of adolescents in project area by establishing networks with Government, NGOs and other stakeholders to implement the ARH strategy within the HNPSP framework.

**Expected impact**

Vulnerable and underserved adolescents in the project area enjoy an improved RH.

**Project objectives**

- Have access the adolescent to basic information about adolescent reproductive health, growth, potential risks to their health, opportunities and available services related to their health, etc..
- Increase capacity of adolescent on practical self-care skills such as ensuring good personal hygiene, skills for dealing with risky situations, such as the ability to say 'No' while under peer pressure to use drugs, unsafe sex, unplanned pregnancy etc.
- Develop a positive close relationship with families and other adults, social norms etc.
- Widen opportunities to get appropriate adolescent reproductive health information through trained personnel.



### Performance of SARHP

Activity	Achievement
No. of parents and local leaders attended in the stakeholders workshop	419
No. of adolescent group formed	265
No. of adolescent accumulated/covered in ARH group	4966
No. of adolescent received training on Life Skill	1923
No of adolescent trained on Leadership and Management	4234
No. of adolescent participated in BCC session	785
No. of News letter published (quarterly)	3
No. of participants attended in Yearly Workshop on ARH issues	205
No. of adolescent provided counseling on ARH	2670
No. of parents participated in parents meeting	1525
No. of Theater For Development (TFD) show arranged	2



### Governance and Rights

#### Increase responsiveness of health service delivery institutions and providers to establish Health Rights of the Community.

PSTC began its work in establishing community health rights in August 2004 with assistance from Manusher Jonno Foundation. PSTC successfully completed the first phase activities and consequently extended to the second phase activities during April 2008. Accessibility to health service is not always treated as a right for the under-served or unprivileged people in our country although the constitution of the country agrees to ensure health care for all citizens. Addressing this problem, Health Rights project, which is implemented in 6 divisions, aims to assist people to realize their health rights.

Snapshot  
Implementation Area:  
Division-5  
City Corporation -5  
Districts-20  
Upazila- 25  
Union-100  
Primary target: 2,500,000 (Service Recipients)  
Secondary Target: 1000 (Service Providers)

#### Project goal:

To establish Health Rights in the project area of Bangladesh Society.

#### Project Purpose:

To extent capacity of community people, especially the poor, women and children in the area of health rights.

**Project Outputs:**

- i) Existence of a strong national platform of NGOs, networks and civil society organizations to coordinate and advance advocacy issues in health sectors.
- ii) Increased awareness on Clients' Charter of Rights and Providers' Charter of Rights.
- iii) Increase access to the information especially reproductive health care available to the people.
- iv) Presence of active support groups to create a social movement in establishing health rights.
- v) Increased cooperation among service providers, support groups and community to expand health rights.
- vi) Increased collaboration among right based institutions/networks.
- vii) Increased responses to the demands of the clients by service delivery institutions and providers.
- viii) Increased consideration of Clients' Charter of Rights and Providers' Charter of Rights' in implementation process/projects in health sector by the policy planners.

The project interventions include networking with local partner NGOs and civil society, dialogue, discussion and workshop with service providers and community leaders, advocacy with policy planners, training of service providers, social volunteers, and members of client associations, development of IEC materials, media campaign and formation of client association at local level for raising voices and to act as linkers.

**Performance of Health Rights Project**

Activity	Achievement
No. of media campaign launched	1
No. of district level orientation on health rights project completed	7
No. of union health committee meeting organized	190
No. of group/yard meeting held	2127
No. of information dissemination camp organized at union level	30
No. of health camp organized	125
No. of monthly magazine published	12

No. of service provider trained on health and human rights	30
No. of social volunteer trained on social responsibilities and voluntarism	21
No. of client association members trained on health and human rights	75
No. of district health rights movement committee formed	12
No of upazila level workshop organized	16
No of district level workshop organized with media personalities	6
No of national dissemination/workshop organized with GoB & other stakeholders	1
No of issue specific workshop organized at district level	12
Formed and activated the national committee on health rights movement	1
Formed and strengthened CA at union and ward level	182
Published issue specific feature in Newspaper	Regular basis
No of issue specific workshop organized at central level (round table meeting)	2
No of health rights movement committee organized	33

### Promoting Corporate Social Responsibility on Occupational Health Rights:

PSTC has been working with Action Aid Bangladesh (AAB) since 2001 under the REFLECT Program. In July 2005, it began working in the very new innovative and challenging area of Occupational Health Rights on pilot basis. PSTC became Development Partner (DA) of AAB in January 2006 and continued the projects titled, “Promoting Corporate Social Responsibility on Occupational Health Rights Project” at the Kaultia & Mirzapur unions of Gazipur Sadar Upazila. The primary targets of the project are the

#### General Objectives

To improve the work place environment in industries / factories through increasing Corporate Social Responsibility.

#### Specific Objectives

- Increase responsiveness of the owner and management of factories in establishing congenial working environments including provision of health services for the workers.
- Mobilize civil society, social institutions & media in support of occupational health issues and rights.

#### Activities

- Contact factory owners & seek permission for conducting survey in the industries on occupational health.
- Publish & disseminate the findings
- Prepare recommendations
- Motivate owners to provide health services to the workers
- Identify active members of civil society & social institutions
- Organize discussion meeting/ workshop for them.

- Seek opinion/ recommendations
- Form advocacy groups
- Organize advocacy meeting with the owner/management of the industries
- Motivate the workers to change their health service seeking behavior through REFLECT circle, group meeting, campaign, focus group discussion, interpersonal communication etc. to improve health, safety and environment in the work place.
- Develop BCC materials on occupational health rights issues & distribute it to the workers.



### Performance of PCSR on Occupational Health Rights

#	Activities	Achievement
<b>A</b>	<b>National level Advocacy, Linkage &amp; Networking</b>	
1	National seminar	1
2	Publication of articles on occupational health in National Dailies	6
3	Production of Video documentary on health hazard in occupational sectors	1
4	Preparation of TV spot on world day for safety and health at work	1
5	Presentation of Choreography on occupational health rights	1
6	Organize photographic exhibition on health hazard in different sectors	1
<b>B</b>	<b>Local level Advocacy &amp; Linkage</b>	
1	Day Observation	1
2	Art competition on occupational health & safety	1
3	Training on health & safety for garments workers	2
4	Meeting with school management committee on Adolescent Reproductive Health	1
5	Inclusion of ARH related sessions in the schools	6
6	Meeting with factory Mgt.	8

#	Activities	Achievement
<b>C</b>	<b>Community level Awareness Building &amp; Social Mobilization</b>	
1	Formation of Occupational Health Rights Forums	8
2	No. of Occupational Health Rights Forum members	208
3	REFLECT Circles	10
4	No. of REFLECT Circular Members	250
5	Early Childhood Development (ECD) Centers	15
6	No. of Sponsorship children	670
7	Adolescent Groups	15
8	No. of participants attained First Aid Training	50
9	No. of beneficiaries recruited in different industries after attaining literacy program	38
10	Spouse Forum meeting	93
11	Mothers Group meeting	43
12	Parents Meeting	160
13	Adolescent group meeting	55
14	Adolescent received orientation on ARH rights	6080



## HIV/AIDS Prevention

### School Based HIV/AIDS Program

In the year 2000, PSTC launched a special intervention, with the support of UNDP, for awareness raising regarding HIV/AIDS among the High School Teachers and students of 36 schools of DCC; and this was carried out till 2002. PSTC, with its own funds and available resources, has been continuing the project through orientation, workshop, advocacy meetings and providing BCC materials.

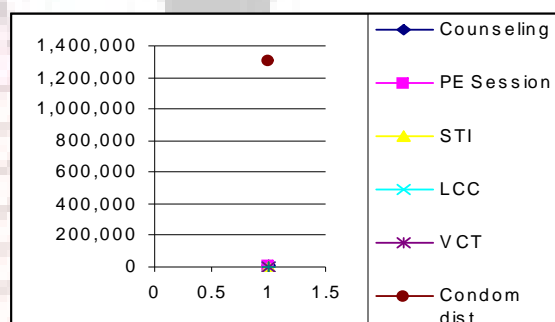
### HIV/AIDS Targeted Intervention (HATI)

The project is aimed to prevent HIV/AIDS implemented in 6 districts of the country; Jamalpur, Rajbari, Mymensingh, Jessore, Khulna and Baerhat through seven drop-in-centers and a number of peer educators.

PSTC implements the HIV/AIDS Targeted Initiative with the financial assistance of UNICEF and GoB. This project aims to limit the spread of HIV/AIDS in the general population. HATI works on altering the behavior pattern and extensive risk factors that facilitate the rapid spread of the infection, through clinical and community services. Through a consortium partnering with ICDDR, B and CHCP, PSTC targets brothel based commercial sex workers and their clients, identified as maintaining high risk behaviors and provides them with clinical services and community services. Seven clinics set up at Mymensingh, Rajbari, Jamalpur, Jessore, Khulna and Bagerhat provide STI treatment and general services. To promote the use of condoms & reduce high risk behavior, counseling on social stigma, peer education sessions and BCC sessions are provided as part of the Community Services.



Total client contacts for this program, 8,412 were in counseling, 8,360 in Peer Education session, distribution of 1,313,006 pieces condom, 3,146 in STI management services, 4,628 in LCC, 109 in VCT referral and holding 284 BCC sessions during this period.



#	Activities	Achievement
1.	STI/HIV Counseling for SWs & Babu	8412
2	Peer Education/BCC Session	8360
3	Condom distribution	1313006
4	STI Management Services	3146
5	Limited Curative Care Services	4628
6	Day observation	11
7	Health education session	284
8	Life skill training for adolescent SWs	351
9	Exposure visit in Nepal	11
10	Capacity building for staff	68
11	Advocacy and Coordination meeting	60
12	VCT	109

## Poverty Reduction

### Health Enterprise

PSTC provides health services to especially disadvantaged people, aimed at improving their living conditions. Through Health Enterprise, need- based specialized pathological investigation services are provided at CRHCC, Mugda and RHSDP in Gazipur Clinic at affordable prices. Health Enterprise project is designed to supplement the health services provided to people by allowing them to avail services at a subsidized rate.

## Education

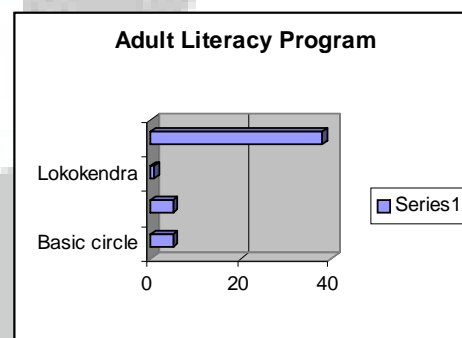
### Adult Literacy through REFLECT Approach

PSTC has been assigned to implement the adult literacy program following the ActionAid Bangladesh initiated approach REFLECT at Dhalpur, Dhaka during 2001. This innovative approach enables people to plan their development endeavors based on local reality. REFLECT approach also make possible for the people to get them involved in life oriented actions through attainment of empowerment skills. The approach offers visualization of a conceptualized reality to facilitate the participants to identify and solve the problem of their environment.

PSTC extend this program in two unions of Gazipur district with the technical and financial support from AAB since 2005. During 2008 PSTC developed 5 basic circles and 5 post circles comprising 25 members in each. Total member 250 (Female-225, Male- 25)

#### Performance of Adult Literacy Program

Activity	Achievement
No. of basic circle	5
No. of post circle	5
No. of Lokokendra	1
No of REFLECT participants became employed in different industries	38



## NFE activities of PCAR, IDOSCP & EHCL,B

PCAR & IDOSC intervene to enhance the capacity of street children through non-formal and functional education aimed to include them in mainstream processes. A 6-month curriculum for PCAR children and 12-month curriculum for IDOSC provide non-formal education through community based schools. During the reporting period PSTC ran 5 DICs under IDOSC and 17 education centers under PCAR.

Through EHCL, B education services are also provided to 420 children who are involved in hazardous forms of child labour at Khilgaon Thana in DCC.



## Training & Communication

Since inception, PSTC mandated to provide training to enhance the knowledge and skills of NGO leaders, managers and staff in an effective and efficient way. The Training and Communication unit provides training to Program Managers, Medical Officers, Paramedics, Accountants, Office Managers, Community Volunteers, NGO leaders, Field workers, Village Organizers, Counselors, Service Promoters and to the other segments of the community.

The training and communication program of PSTC intends to build the capacity of its partners, community allies and beneficiaries. PSTC has a team of experienced trainers who provide courses on a variety of development related issues. As the experience and the reputation of the training & communication unit have grown, so has its breadth of services. It currently provides custom courses tailored to the needs of its clients.

### Training Methodologies

The training methodologies used in sessions are highly participatory. These include group discussions, brain-storming, role play, case studies, simulation game, exercise, experience sharing, group and individual assignment film show, energizing activities, field visit, debate, lecture, demonstration and question-answer sessions. These methods greatly help to create friendly and effective learning environments for the trainees.

### Training Facilities

PSTC has three training rooms adequate for three groups of 75 trainees. The rooms are air conditioned, decorated and brightened up with interesting 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 is a dormitory for accommodating 20 participants. Transport facilities are also available for the trainees for field visits and site visits. There is also a resource library where reference books and publications are available.



**Performance of Training Activities  
January – December, 2009**

#	Name of Training	Duration	Total batch	Total participants	Subject	Type of participants
1	Training on FPCSC	12	3	36	Family Planning Clinical Services	Paramedic, Doctor
2	Training on Management	3	1	16	Management, problem solving, administration	Office staff
3	Training on HIV/AIDS, Counseling, Drug	5	1	25	HIV/AIDS, counseling, drug	Project staff
4	Training on Clinical Counseling	5	2	26	Counseling, FP, ANC, PNC, RTI, STI, RH	Counselor
5	Project Management Training	5	1	18	Project management	RC,FC,Train er,PO,AC
6	BCC Training	3	2	48	Inter personal communication	BCC worker
7	Gender, YES & VAW Training	5 & 6	12	170	Gender, Youth Friendly Services, Violence against Women	Doctor, Paramedic, Nurse, FWV, FWA
8	RTI, STI, HIV/AIDS Prevention	3	1	22	RTI, STI, HIV/AIDS	Doctor, Paramedic

### ROJANMO Publication

PSTC has been publishing a well-circulated monthly magazine Projanmo for 27 years. It covers diverse issues on topics including health, education, HIV/AIDS, governance and rights to inform people at the grass root level. It is also distributed to GoB and NGO service providers as an effective advocacy tool. Projanmo continuously provides its target group with updated information on relevant issues.

### Disaster Preparedness and Management Program

PSTC has been responding to the emergency need of the disaster affected people during flood, earthquake, fire, cyclone & winter etc. since 1991.

In 1991 with the financial assistance from ODA (DFID) & Local support of Community Leaders, Cox's Bazar Red Crescent as well as Cox's Bazar Deputy Commissioner, PSTC distributed foods, medicines & clothes to the cyclone affected people of Cox's Bazar Coastal belt.

In 1998, PSTC provided emergency health services especially distributed ORS, Water Purifying Tablets & medicines to the flood affected people of Ward # 26-30 of Dhaka City Corporation with the financial assistance from USAID.

PSTC responded emergency services for the devastating flood affected people in ward # 27, 28, 29, 30, 31, 32, 75, 84, 85 & 86 of Dhaka City Corporation in 2004. In this regards, with the financial assistance from Plan Bangladesh, Water Aid Bangladesh, MSF, ILO/ IPEC, UPHCP, CARE, NSDP & BATC, PSTC distributed foods (rice, dal, oil, biscuits, powder milk, chira, sugar & pure water), essential medicines, ORS, Water purification tablets, soaps, Match Boxes, Candles,

Mosquito nets, Gumboots, Bleaching powder. PSTC also undertook an emergency initiatives after the flood, such as provided emergency transport for the patients, removed disposal of wastage from the slums, distributed sanitary napkins, organized crush program for cleaning lane, drains & residential places, conducted hygiene sessions at community level, distributed leaflets on health messages & organized coordination and networking meetings.



### Mobilizing Communities for Disaster Risk Reduction Project (MCDRRP):

PSTC is implementing the project namely Mobilizing Communities for Disaster Risk Reduction Project with the financial assistance from Action Aid Bangladesh from October 2007 in Dhaka City Corporation. The objective of the project is to increase the awareness and response capacity of local communities, institutions and authorities (Hospitals, Garments Factories, Fire brigade, university, Boys Scout and Rover Scouts) flood, earthquake, Fire and cyclone.

#### Project goal

Reduce the effect of frequent disasters on the lives of vulnerable communities.

#### Project objective

Increase the awareness and response capacity of local communities, institutions and authorities to flood, earthquake and cyclone.

#### Performance of MCDRR

- Organized **Mass Casualty Training** for 30 doctors with the absence of DGHS.





- Formed **Hospital Disaster Committee** among the DMCH and NITOR.
- Organized **Mass Casualty Management and Triage Protocol** for 120 doctors and emergency staff of hospitals.
- Organized workshop on **Inclusion of Mass Casualty Management** in Medical curriculum with the assistance of DGHS & BMDC.
- Developed **Hospital Contingency Plan** for better preparedness during any disasters.



- Organized training on **Disaster Risk Reduction** for 50 Rover Scouts from University of Dhaka.
- Organized orientation on **Disaster Risk Reduction** for 300 scouts from the metropolitan area of Dhaka with the assistance of Bangladesh National Scouts Authority.
- Developed **Garments Contingency Plan**, formed **Garments Disaster Management Committee**.
- Organized **First Aid Training** for 80 floor managers and supervisors of selected garments.
- Completed orientation on **Earthquake preparedness** for 1200 workers.
- Organized mock/simulation on earthquake preparedness among the 4 selected garment factories with the assistance of BGMEA and Bangladesh Red Crescent Society.

### Post Disaster Response Project:

Population Services and Training Centre with the support of Plan Bangladesh has implemented successfully the “Post Disaster Response Project” in different wards under DCC Zone 1, 2 & 4. PSTC selected these zones as it is the most disaster prone area under DCC.

Disaster is a general phenomenon in Bangladesh. Decade back, several times natural disaster attacked in Bangladesh, people were worst sufferer especially children and woman are mainly victimized by flood as well as flood submerged in Dhaka city. Considering the situation, a project was made to implement school sanitation, safe water supply facilities, waste management, wall painting and training for capacity building of the school teachers, SMC, LGI, children and community. Here it may be mentioned that in urban area there is no disaster shelter center.

### Project Objectives:

- To raise awareness among school students and community people with a view to preventing water transmitted diseases during disaster period and improve hygiene practices.
- To improve water, sanitation and waste disposal systems through local level planning, resource mobilization and implementation.
- To strengthen capacity of target community people through different trainings and orientations.



**Performance of Post Disaster Response Project**

<b>Name of Activity</b>	<b>Achievement</b>	<b>Participants/Beneficiaries</b>
Training on operation, maintenance of water point and toilets for community people	5	97
Orientation for school teachers , SMC & task force members on disaster preparedness & WatSan issue	35	760
School based disaster preparedness & hygiene campaign	26	15600
Exchange visit	2	42
Awareness raising through wall painting on hygiene for school students	31	21300
Awareness raising through wall painting on hygiene for community	5	7400
Renovation./ repair of school latrine and water sources	23	14935
Repair of community cluster latrine	6	975
Repair of footpath and by-lane	3180	746
Drain Construction(Rft)	280	338
Distribution of waste box	102	20259
Distribution of water filter	90	20259
Repair of community resource center	02	2560

**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 forked partnerships at different levels on several issues. These include:

- GO-NGO Coordination Committee of Directorate of Family Planning
- 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 Taskforce on National Sanitation Campaign
- 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)
- White Ribbon Alliance- Bangladesh
- Peoples Health Movement (PHM)

### Financial Summary

PSTC derives its income mainly from project based donor contributions. It also generates revenue from service delivery projects by charging fees for services. In addition, a substantive amount of revenue also generated from collecting fees for conducting training, workshop and seminars at the PSTC premises. The total available fund for the year 2009 was Tk. =**301,261,000/-**

### Sources of Fund (Donor wise)

SL	Source	Amount
1	SSFP / Chemonics	69,225,705
2	ADB through Ministry of LGED	19,765,923
3	UNFPA	958,808
4	ADB through Ministry of LGED	18,113,143
5	UNFPA	768,400
6	Water Aid Bangladesh	29,444,178
7	DSS / UNICEF	6,563,316
8	Action Aid Bangladesh	9,473,280
9	Action Aid Bangladesh	3,000,000
10	LGED	1,200,000
11	Plan Bangladesh	9,085,802
12	Plan Bangladesh	6,002,339
13	Plan Bangladesh	3,457,504
14	Plan Bangladesh	4,516,684
15	Manusher Jonno Foundation	21,215,126
16	World Bank ? GOB	72,416,604
17	Ministry of Labor and Employment	1,260,000
18	BRAC	2,737,244
19	Pathfinder International	2,675,500
	Subtotal	281,879,556
20	Training and Communication of PSTC	3,664,364
21	PSTC Health Enterprise	1,091,850
22	PSTC Development Finance	4,333,476
23	PSTC Corporate Management	9,626,754
24	Health Service Delivery Clinic	665,000
	Sub Total	19,381,444
	Grand Total	301,261,000

## 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.

### Constitution

The main guiding principles for governing PSTC lie in the PSTC Constitution as approved by Directorate of Social Welfare, Ministry of Social Welfare and Government of the Peoples' Republic of Bangladesh.

### General Body

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.

### Program Management Team

Led by the Executive Director, the Project Management Team (PMT) 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 PMT 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.

## Marketing Team

To share the experiences and lessons learned from different interventions of PSTC and to promote PSTC in the development community as well as to stakeholders, PSTC does have a Marketing Team. The Marketing Team provides suggestions to the PMT and through PMT; Executive Director takes initiative for getting the new business and builds the image of PSTC properly to the outsiders.

## Staff & Officials' Services

Working around PSTC's mission and vision, would be impossible without the regular deployed staff & Officials' Services (SOS). To administer the routine activities of PSTC, it has 1810 staff working all over Bangladesh in authorized budgeted posts.

## Financial Guideline:

PSTC has its own financial rules and procedures to maintain its all accounts as laid down in its constitution. In addition, PSTC maintains different accounts for different project as required by the respective Donors.

## PSTC'S COMMUNITY DEVELOPMENT APPROACH:

PSTC implements the projects by following community-based approach:

- Project to program
- Community Capacity Building through 5R Approach:
  - Relation development with community
  - Root level organization development
  - Resource center development
  - Resource person development
  - Right based communication
- Child Centered Community Development Approach (CCDA)
- Participation of Community People in the project development and implementation process to be responsive to the community needs.
- Piloting, experience sharing- replicating
- Cost sharing/ community contribution
- Sustainability-Institutional and Program

## Looking Ahead

In the future 12 months we seek to intensify the multi-dimensional development program implementation and networking in program areas like Health, Environmental Health, Children and Adolescent Development, Governance & Rights, HIV/AIDS Prevention, Economic Development, Education, Training & Communication and Disaster Preparedness Management etc. We will also continue providing community services with the emphasis on health service delivery, training and skill development especially for the disadvantaged women and children. We, believe, PSTC's contribution will continue to make a profound impact on the lives of the socially disadvantaged in the coming years.