## Annual Report: 2010





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

## Population Services and Training Center (PSTC)

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#### **Contents**

SL#		Particulars	Page NO
	Acronyms Speeches from Executive Director Achievements of PSTC PSTC An Organization Project to Program Approach Geographical Coverage		04 - 06 07 08 - 09 10 - 11 12 13
	Health Service Delivery Program		14
	riculti service belivery rrogram	Smiling Sun Franchise Project (SSFP) Urban Primary Health Care Project(UPHCP-II), DCC- PA - 4	15 16
		Urban Primary Health Care Project (UPHCP),DCC – PA - 1	17
		Urban Primary Health Care Project (UPHCP),RCC- PA - 2	18
		Urban Community Health Care Project (UCHCP) for City Polli	19
		Reproductive Health Service Delivery Project Global Fund to Fight AIDS, TB & Malaria in Bangladesh (GFTAM) Project	20 20 - 21
	Environmental Health		22
		Decentralized Urban Total Sanitation (DUTS) Project	23 - 24
		Second Small Scale Water Resources Development Sector Project Enhancing Environmental Health by Community Organizations	25 25-26
	Child and Adolescent Development		27
		Protection of Children At Risk (PCAR) Helping Children Living in the Street Project (HCLSP)	28 29
	Eradication of Hazardous Child Labour in Bangladesh (EHCL-B)		29
		Early Child Hood Development (ECD) Strengthening Adolescent Reproductive	30 30-31
		Health in Urban Areas Creating Opportunity for Adolescents and Young People's Rights to Information on Sexual and Reproductive Health and Care Project	31-32
		Unite for Body Rights (UBR) Project Maternal, Neonatal and Child Survival (MNCS) Project	32 - 34 34 - 35





### **Contents**

SL#		Particulars	Page NO
	Governance and Rights		36
		Increase responsiveness of the health service delivery institutions and Providers to establish health rights of the community	37
		Promoting Corporate Social Responsibility Occupational Health Rights	39 - 40
	Health Enterprise		41
		Health Enterprise	41
	Education		42
		Adult Literacy through REFLECT Approach	43
		NFE Activities of PCAR, IDOSCP, ECHL,B, UCHCP and Occupational Health	43
	Training and Communication		44 - 46
	Disaster Preparedness and Management Program		47 - 49
		Mobilizing Communities for Disaster Risk Reduction Project (MCDRRP)	49
		Post Disaster Response Project	50
	Corporate Alliance & Networking		51
	Financial Summary		52
	PSTC Governance		53
	Looking Ahead		54





# Acronyms 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 Diarrheal 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

## Acronyms

	A CONTRACTOR OF THE PROPERTY O
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 Diarrhoeal 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 Labour & 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

## 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 Freirian 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	WaterAid Bangladesh
WATSAN	Water and Sanitation
WB	World Bank
RTI	Reproductive Tract Infection
SCDP	Street Children Development Program
SBK	Shishu Bikash Kendra
SSFP	Smiling Sun Franchise Project





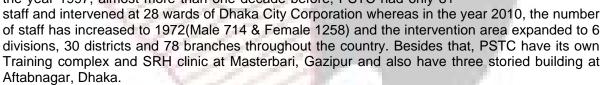
### Speeches from Edecutive Director

### Speeches from Edecutive Director

Inherited from a quasi - government body, PSTC has already spent more than 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, Training & communication, 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



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 addition to that, PSTC has also expanded its partnership with RFSU-SIDA, EKN & Dutch SRHR alliance, UNICEF for strengthening child and adolescent reproductive health and rights.

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.

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, ministries and govt. offices, is the driving force behind PSTC's moving forward.

Milon Bikash Paul Executive Director



## Achievements of PSTC

## Achievements of PSTC

Year (Chronologically)	Achievements
1978	<ul> <li>Family Planning Services &amp; Training Center (FPSTC) formed to act as bridge between the government, donors and local level NGO's workinh in the field of FP - MCH</li> </ul>
1.0	
1994	<ul> <li>PSTC inherits from FPSTC and starts its journey as an NGO.</li> </ul>
1995	<ul> <li>Registered with Department of Social Services, Registration No. Dha-03276</li> </ul>
1996	<ul> <li>Registered with NGO Affairs Bureau, Registration No. 1102</li> </ul>
1997	<ul> <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>
	Timuted strategic plan of 1 510
1998	<ul> <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> <li>PSTC disseminated ESP service delivery and One Stop approach in 84 Municipalities as UFHP partner</li> </ul>
2000	<ul> <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>
	and the second second
2002	<ul> <li>Focused attention was given to literacy program and PSTC forged Its partnership with Action Aid Bangladesh through IPDPD.</li> </ul>
2003	<ul> <li>To eliminate the worst forms of child labour in Bangladesh, PSTC attemps to implement 'Eradication of Hazardous Child Labour in Bangladesh' under Ministry of Labour &amp; Employment.</li> </ul>
2004	<ul> <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 PSTC.</li> <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</li> </ul>
	Reproductive Health Rights of the Community.  PSTC also provided emergency relief support during the devastating flood through 'Emergency Support Activities and Rehabilitation Program.

## Achievements of PSTC

## **Achievements of PSTC**

Year (Chronologically)	Achievements
2005	<ul> <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> <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> <li>PSTC constructed own 3-storied building in Aftabnagar at DCC.</li> <li>HRM Policy reviewed, modified and updated.</li> </ul>
2008	<ul> <li>PSTC was awarded as best organization for EPI performance known as GAVI award from DCC &amp; RCC</li> </ul>
2009	<ul> <li>Successfully Completion of PREWASH project. As a result PSTC awarded another Water and Sanitation Project, named EECHO Project.</li> </ul>
2010	<ul> <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>





## PSTC AN ORGANIZATION 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 1972 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.

#### Members

30 General members and 7 governing body members

#### Number of Staff

Total: 1972 (Male 714 & Female 1258) Update

#### **Operational Area**

78 branches in 31 districts under six divisions (Dhaka, Chittagong, Sylhet, Rajshahi, Barishal & Khulna.)

#### PSTC currently implementing 33 projects under 09 following programs:

- Health Services Delivery
- Environmental Health
- Child and Adolescent Development
- Governance and Rights
- HIV/AIDS Prevention
- Economic Development



- Education
- Training and Communication
- Disaster Preparedness and Management Program

#### Followings Projects are being implemented by PSTC under SRHR Program

- 1. Smiling Sun Franchise Program (SSFP)
- 2. Urban Primary Health Care Project (UPHCP II) DCC, PA 1
- 3. Urban Primary Health Care Project (UPHCP II) DCC, PA 4
- 4. Urban Primary Health Care Project (UPHCP II) RCC, PA 2
- 5. Urban Community Health Care Project (UCHCP)
- 6. Creating Opportunity for Adolescents and Young People's Rights to Information on Sexual Reproductive Health and Care Project
- 7. Unite for Body Rights (UBR) Project
- 8. Strengthening Adolescent Reproductive Health in Urban Areas (ARH)
- 9. Maternal, Neonatal and Child Survival (MNCS) project
- 10. ToT and training to staff in MNCS and other related projects.

#### Governing Body's (GB) Members:

Dr. Md. Sadiqur Rahman – Chairperson
 Mohammad Abdur Rashid Bhuiyan – Vice Chairperson

Md. Rejaul Karim – Treasurer
 Muslahuddin Ahmed – Member
 Ms. Lulu Bilkis Khanam – Member
 Ms. Manju Rani Debi – Member

7. Milon Bikash Paul – Non Member Secretary

Policy Advisor : Commander (rtd) Abdur Rouf

Advisor : A.K.M. Ruhul Amin

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#### Milon Bikash Paul Executive Director

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## PROJECT TO PROGRAM APPROACH

### 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 to Rights Based Approach and responded to the changing needs of its clients at grassroots level. While sustainability debates have been firmly anchored around development in line with MDG targets.

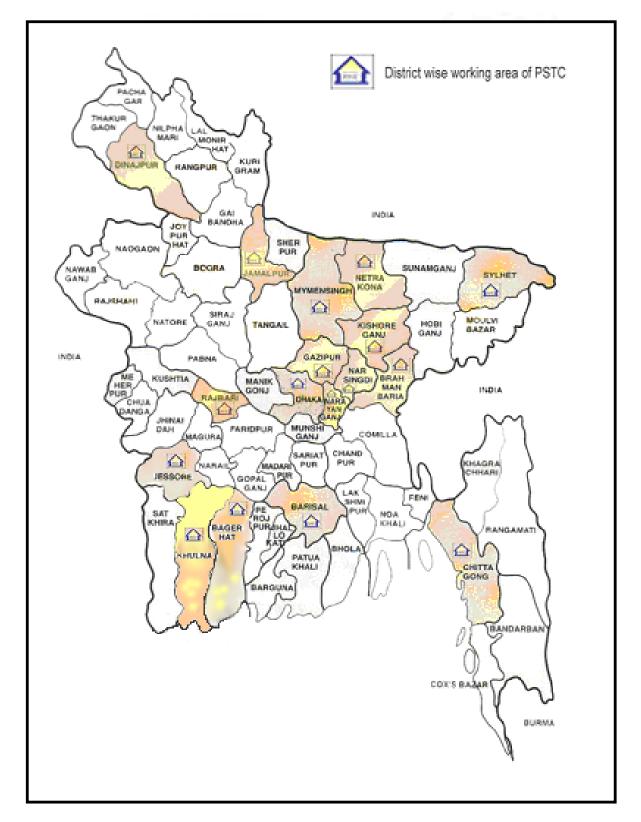
PSTC has utilized a **Project to Program Approach** in its implementation. A good number of projects under the umbrella of nine programs, which are holistically linked with MDG targets, are implemented in 30 districts of the country.

In 2010, PSTC has implemented the following projects under the umbrella of its programs:

Programs	Projects
Health Service Delivery Program	
, , , , , , , , , , , , , , , , , , ,	Smiling Sun Franchise Project (SSFP)
	Urban Primary Health Care Project(UPHCP-II), DCC- PA - 4
	Urban Primary Health Care Project (UPHCP), DCC – PA - 1
	Urban Primary Health Care Project (UPHCP),RCC- PA - 2
	Urban Community Health Care Project (UCHCP) for City Polli
	Reproductive Health Service Delivery Project
	Global Fund to Fight AIDS, TB & Malaria in Bangladesh (GFTAM) Project
Environmental Health	, , , , , , , , , , , , , , , , , , ,
	Decentralized Urban Total Sanitation (DUTS) Project
	Second Small Scale Water Resources Development Sector Project
	Enhancing Environmental Health by Community Organizations
Child and Adolescent	
Development	
	Protection of Children At Risk (PCAR)
	Helping Children Living in the Street Project (HCLSP)
	Eradication of Hazardous Child Labour in Bangladesh (EHCL-B)
	Early Child Hood Development (ECD)
	Strengthening Adolescent Reproductive Health in Urban Areas
	Creating Opportunity for Adolescents and Young People's Rights to Information on Sexual and
	Reproductive Health and Care Project
	Unite for Body Rights (UBR) Project
	Maternal, Neonatal and Child Survival (MNCS) Project
Governance and Rights	
-	Increase responsiveness of the health service delivery institutions and Providers to establish
	health rights of the community
	Promoting Corporate Social Responsibility on Occupational Health Rights
Health Enterprise	
	Health Enterprise
Education	
	Adult Literacy through REFLECT Approach
	NFE Activities of PCAR , IDOSCP, ECHL,B, UCHCP and Occupational Health
Training and Communication	
Disaster Preparedness and	
Management Program	
	Mobilizing Communities for Disaster Risk Reduction Project (MCDRRP)
	Post Disaster Response Project
Corporate Alliance &	
Networking	
Financial Summary	
PSTC Governance	
Looking Ahead	



#### **Geographical Coverage**









#### **Health Service Delivery Program**

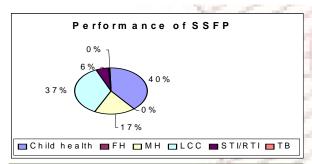
Under the Health Service Delivery Program, PSTC provides ESP services to the community via 34 static clinics, 2 comprehensive clinics, 461 satellite spots and 7 Drop-in-Centers throughout the country. These clinics/DICs are run by different projects:

- Smiling Sun Franchise Project
- Urban Primary Health Care Project
- Reproductive Health Service Delivery Project
- Urban Community Health Care Project

#### 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 2010, PSTC had 1,031,201 contacts with clients through its SSFP, among which 308,775 contacts were for child health, 149,837 were for Maternal Health, 276,207 in FP services, 34,666 were for other Health Services including 30,058 in STI/RTI and 261,716 in LCC & 1,148 in TB. In total, 866,197 customers (clients) received services during 2010 which included 285403 poor and 9775 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 Narayangonj 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	302

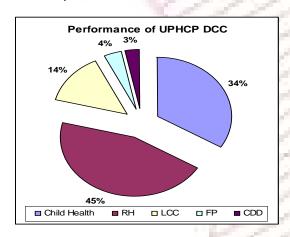


#### Urban Primary Health Care Project (UPHCP-II)-DCC-PA-4

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 2010, PSTC had 530,654 service contacts through its UPHCP, among which 135,178 contacts were for child health, 39780 for Reproductive Health, 14,657 in FP services, 12,786 in CDD, 176,892 in LCC and . In total, 276,348 customers received services during the reporting period. The total contacts included 1, 458, 84 poor services.



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	





#### Urban Primary Health Care Project (UPHCP)-DCC-PA-1

PSTC started UPHCP, Phase-II in Dhaka City Corporation (DCC) from August 2010 with the Government of Bangladesh. This project is implementing under PPP model through City Corporation with financial assistance of ADB and others.

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, 7 Primary Health Care Centers (PHCC) and a Comprehensive Reproductive Health Care Center (CRHCC) were established, in Zone –1 of DCC covering 7 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.

#### Starting Date and Duration of Project:

The project UPHCP – DCC –PA – 1 has started on 01 August 2010 and the duration of the project is up to December 2011.

#### Working Area:

This project focus on its service in Jatrabari area of Dhaka city, includinh the ward no : 77, 78, 82, 86, 88, 83 and 90

#### **Target Audience:**

Marginalized poor people those are living in the slum and floating people are the main targeted group of this project.

#### **Project Staff:**

Total 180 staffs are dedicating their service in this project, including professional and support staff, where female staffs are 144 and male are 36.

#### **Project Performance:**

In 2010, UPHCP – DCC – PA – 1, PSTC had 95,109 contacts among which 5780 for Reproductive Health, 21,064 in FP services, and



3,620 in CDD, 4280 for ANC and 944 in LCC. In total, 62,575 customer received services during the reporting period. The total contacts included 29,862 poor services.

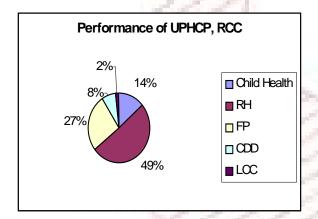




#### Urban Primary Health Care Project (UPHCP)-RCC-PA-2

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.

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



UPHCP-RCC-PA-2 at a Glance			
Ward 10 (21, 22,			
23, 24, 25, 26, 27,			
28, 29, 30) of RCC			
273,468			
5			
1			
141			
72			
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 2010, PSTC had 154,109 contacts with clients through its **UPHCP** in Rajshahi City Corporation, among which 35780 for Reproductive Health, 27,064 in FP services, and 6120 in CDD, 8823 for ANC and 1344 in LCC. In total, 102,575 customer services during the received The reporting period. total contacts included 31,862 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 2010, PSTC provided health services to 8123 customers through its UCHCP clinic. The project covered aprox. 25, 001 poor and marginalized population who were living in the slum and periurban areas in Dhaka.



#### Performance of UCHCP

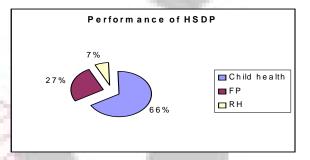
Activity	Achievement
No. of Customer received health services	8564
of children received immunization services	2745
o. of children provided CDD Services	213
No. of children provided ARI services	734
No of pregnant women received ANC services	867
No. of women received PNC services	174
No. of eligible couple received FP services	1879
No. of customers received LCC services	3035
No. of participants attended in the BCC session	18769
No. of students received de-worming tablets	5435
No. of community film show organized	2



#### 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	25458
Reproductive Health (RH)	2795
Family Paining (FP)	11128
Others	3858



In 2010, PSTC had 43,654 contacts with clients among which 25,458 for Child Health, 2,795 for Reproductive Health, 11,128 in Family Paining services and others are 3858. In total, 14,213 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.

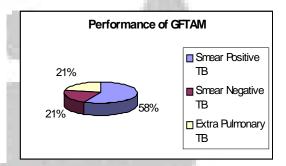
#### **Activities:**

- Promotion of early detection of sputum smear positive patients at all levels of the health facilities.
- Diagnosis of TB other than smear positive cases.

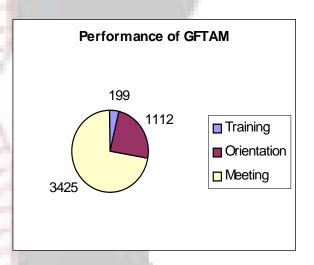


- Organization of treatment delivery through Directly Observed Treatment (DOT) at all levels through community participation.
- Implementation of standardized recording and reporting systems
- Implementation of nationwide quality assurance of smear microscopy
- Provision of regular training and refresher 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	1208		
Smear Negative TB	339		
Extra Pulmonary TB	298		



Activities of GFTAM			
Activity	Achievement		
# of Pharmacist received orientation on TB	369		
# of Factory workers received orientation on TB	602		
# of Religious leader/Teacher oriented on TB	218		
# of cured TB patient received orientation	190		
# of community leaders attended training on TB	198		
# of participants attended group meeting/film show	3892		



In addition, total 2223 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 2010, 42 cases identified as Smear Positive TB, 92 for Smear Negative TB and 21 for Extra Pulmonary TB.



# Chapter: 02 Environmental Health Program





#### **Environmental Health Program:**

#### **Decentralized Urban Total Sanitation Project (DUTS)**

To attain the Millennium Development Goal Bangladesh Government has declared to achieve 100% sanitation by 2010. 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 LGIs, 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

Activity	Achievement	Participants/ Beneficiaries Covered	
Soft Ware ( Capacity Building)			
Orientation of local food caterer & hotel owners	10	150	
Orientation/ training for Task Force Members, Teachers, SMC on Watsan issue & SSHHE	25	434	
Orientation of religious leaders on DUTS	2	52	
Capacity development training for CBO members & child group	6	169	
Orientation of Community on WSP	2	48	
Training on operation maintenance of water sources and toilets for the community	3	78	
Observation of national/international days (Sanitation, World Water Day, World Toilet Day, World Hand Washing Day, World Environmental Day)	5	1654	
Mobilization & Strengthening cultural groups, street drama	12	144	
Satellite hygiene campaign	3	4,534	
Community movement for clean environment	11	5,340	
Community hygiene session	996	11,843	
Parents-Teachers meeting on SSHHE	40	1305	
Latrine construction/repair at school	5 Schools	3150	
Published Nagar Sanitation Barta	1	4300 copies	
Child participated Art Exhibition, discussion & cultural program	1/	1200	
Zone & Ward sanitation task force coordination Meeting	38	740	
Advocacy workshop at zone level	4	138	
Hardware Support (Sanitation Water and Waste Management )			
Drain construction & repair	205 rft	580	
Community cluster latrine construction & repair	8	911	
Solid waste disposal (Van, Trolley)	10	4,150	
Distribution of waste box	67	7,305	
Distribution of water filter	30	1244	
Upgrading of water point	10	770	





#### 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.

#### **Enhancing Environmental Health by Community Organizations**

Enhancing Environmental Health by Community Organizations (EEHCO) project of PSTC is working both in Dhaka City and Chittagong.

#### Purpose of the project:

To improve Community Organizations capacity through Water and Sanitation access and Hygiene Promotion in slum dwellers with sector capacity development in Dhaka City.

#### **Project Starting Date and Duration:**

01 April, 2010-September, 2011

The project is running funded by WaterAid Bangladesh (WAB)

#### Working Area of the Project and Target population/Group:

20 slums of 6 wards in Dhaka City. (Ward 24,28,31,85,87,90) Slum dwellers and low income community.

#### **Total employ of the Project:**

Total number of staffs are 28 (Female – 15, Male- 13, Professional staff – 8 and Supportive staff – 20)

#### Major activities of the project:

- Water supply facilities; Community, Institution and Bazar,
- Sanitation facilities: Community, Institution and Bazar
- Capacity building for Staff and Community,
- Awareness building,
- WSP Piloting( Water Safety Plan) and
- Advocacy with LGI.

#### Major achievement/Success:

- CBO committee formation and leadership develop through training, meeting and participation.
- Hygiene promotion to bring behavioral change.
- Gender and Equity Focus,
- Work with excluded group ( sweeper),
- Sanitation service delivery to protect environmental Health,
- Water services delivery to ensure sustainable, safe, and adequate water for target beneficiaries,
- Operation and maintenance by beneficiaries,
- Joint workshop on Sewerage system with PSDI and Civil Society,



- Workshop to incorporate bench mark study findings and hygiene issue in DCC mandate,
- To Sign MoU between Dhaka WASA, PSTC & Community for WSP piloting,
- To establish Solid waste management system in WSP piloting area,
- Two parties Memorandum of understanding was signed between Dhaka Cotton Mil and PSTC.

#### Major learning:

- Integrated approach to ensuring environmental health,
- More challenge working with sweeper community,
- Ensuring Cost shearing or component shearing is more difficult for sweeper community,
- Software based hardware,
- Community participation and ownership,
- Advocacy to shift the level of understanding and
- Cost sharing for sustainability.











#### **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	768
No. of children referred to Formal School	44
No. of children provided Health Services	650
No. of children provided Psychological Counseling	423
Drop-in Center Service	820
No. of children provided Legal Support	4
No. of children received Vocational Training	150
No. of children received De-warming	493
No. of children placed in job	91
No. of children getting support for self- employment	44





#### **Helping Children Living in the Street Project (HCLSP)**

Helping Children Living in the Street (HCLSP) 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, and 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 52 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.

#### **Eradication of Hazardous Child Labor in Bangladesh**

PSTC is implementing the project 'Eradication of Hazardous Child Labour in Bangladesh which aimes 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 preschool 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 555 children were enrolled which include 270 girls and 285 boys in those centers during the year 2010.

#### 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	434
No. of adolescent group formed	270
No. of adolescent accumulated/covered in ARH group	4850
No. of adolescent received training on Life Skill	1872
No of adolescent trained on Leadership and Management	4100
No. of adolescent participated in BCC session	721
No. of News letter published (quarterly)	2
No. of participants attended in Yearly Workshop on ARH issues	198
No. of adolescent provided counseling on ARH	1423
No. of parents participated in parents meeting	1420
No. of Theater For Development (TFD) show arranged	3



## Creating Opportunity for Adolescents and Young People's Rights to Information on Sexual and Reproductive Health and Care Project

This project has been implementing since March 2010 with the financial & technical support of RFSU-Sweden.

**Purpose of the project:** To develop capacity 1000 community-based adolescent & young people and 1000 garments worker rights on ARH and SRH issues and aware probable opportunities for access to health services, those who are living in the

same community.

#### **Objectives:**

- Capacity development of adolescent and young people (up to 24 years) on rights to SRH related information and care.
- Improve knowledge and information on ARH &SRHR
- 3. Increase access to SRH services to adolescent and young people
- Positive change in behaviors and attitude of gatekeepers and service providers

#### **Project Area:**

Ananda Nagar and madina Nagar under badda union parishad

#### **Major Achievements:**

- Conduct base line survey in local community
- Form 100 groups of adolescent & young people (among them 90% are female)
- Each group consist of 20 people





- Regular group sessions on selected ARH & SRHR issues
- Develop peer from local community
- Organize different training for service providers
- Training on peer education
- TOT on life skill
- Meeting with local stakeholders
- Formed local ARH support group
- Organize annual sharing meeting with target group and other stakeholder.

#### Unite for Body Rights (UBR) Project

Unite for Body Rights (UBR) Project, implementing by PSTC, 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 Christan Hospital of Chittagong (CHC) to carry out the program successfully. Initially the agreement has signed for five years from 2010 to 2015 between Bangladesh alliance & with donor. Based on performance and fulfilled the objectives, possibility have for further extensions. The Unite for Body Rights Program was launched formally on 29<sup>th</sup> November 2010.



#### **Objectives**

- Increased utilization of comprehensive Sexual and Reproductive Health Services
- Increased and delivery of Comprehensive Sexuality Education
- Reduction of Sexual and gender-based violence
- Increased acceptance of sexual diversity and gender identity.

#### **Outputs**

- Increased capacity of service providers on SRHR issues.
- Increased capacity of health management
- Improved quality CSE methods and materials
- Improved capacity of CSE providers
- Increased community participation in CSE

#### Interventions Area

Districts	Locations
Gazipur	Gazipur & Tongi Municipalities
Chittagong	10 Wards under Chittagong City Corporation





#### Beneficiaries

- Youth from 10 to 24 years of age (married & unmarried)
- Students of school, college and Madrasha
- Out of school adolescents
- Poor and marginalized youth
- Special attention for unmarried youth
- Women of reproductive age (age 15-49)

#### **Networking & Collaboration**

During the reporting period and with specific objectives, strong networking and collaboration has developed with local government body like district & upazila level, family planning offices, civil surgeon office, union health complex, union office, local club, school, college, madrasha, non-government organizations, autonomous and some apex body etc both in Gazipur and Chittagong.

#### Activities in Details of UBR Project:

#### Inception and Orientation to the newly recruited staffs about Project & Organizations:

The feature of the project, activity, all kind of project related information and duty was discussed to the newly recruited staffs in brief. The Coordination meeting was held at Project Office of PSTC both in Gazipur and Chittagong.

#### Communication/Rapport Building with Different Stakes:

To inform about the program, activity and to step in we have to good rapport with the local different stakeholders. So, we have communicated with

the different stakeholders of the different areas at Gazipur and Chittagong and inform them about the program and took feedback from them regarding the need and importance of the program.

We have communicated with local Counselor, Female counselor, Panchayet leaders, School/College/Madrasha teacher, local doctor, advocate, and club-society leaders etc. as stakeholders. Side by side we have made a relationship with them which will help us to implement the program.



#### Office Setup, Establish store and Counselors Corner

PSTC have owned a 3 storied building in Gazipur where Health Services Clinics are serving to the community since 2000. After signing of MoU PSTC has chosen this building as Area Office of Gazipur and Clinic set up for UBR team. To make renovation of the building & to set up a new training center at PSTC complex the program contributed generously. Renovation made wide scope for staffs for running their regular activities like Doctors room, Paramedics Room, Counselors room and others staff rooms. A number of new furniture was purchased in this regards.



## Information collection (demographic/institutions/School College and madrasha, local communities and Club etc):

The project is focusing mainly on youth friendly Sexual and Reproductive Health & Rights. To find out the potential stakeholders at the field level, extensive information have been collected from the field.

#### **Formation of Adolescent Groups:**

Adolescent groups have been formed in different areas of project arena in Gazipur and Chittagong. Following formation of the team, all the members have been oriented on many issues in line with the project objective emphasizing on:

- Project objectives & goals.
- CSE & SRHR
- Available facilities at PSTC.

#### Maternal, Neonatal and Child Survival (MNCS) Project

PSTC also has been implementing "Maternal, Neonatal and Child Survival (MNCS) project" at Pakundia, Katiadi and Karimgonj Upazila under Kishoreganj District from 15 November, 2010. 31 union's are under MNCS project.

#### Manpower list of the project:

SI	Name of	No of	No. Of	No. Of	No. Of UHF	No. Of	Remark
	Upazila	Union	House	Union	(Community/	Volunteer	S
			hold	Facilitator	Union Health	(Community	
			100	100	Facilitator)	Health	
			100			Promoter)	
01	Pakundia	10	46346	10	15	136	
02	Katiadi	10	46188	10	15	136	
03	Karimgonj	11	47103	11	15	136	
Total	3 Uupazila	31 Union	139637	31	45	408	

Total targeted population of MNCS Project is 698185

There are 408 Community Health Promoters (CHP) are involved with this project. They are working to sensitize the community regarding the maternal and child health related issues. All of them come from local community. They are responsible for more or less 250 households. All under 5 children and all pregnant women are the beneficiary of this project. 45 Community Health Facilitators (CHF) are looking after the all CHPs regular activities. 31 Union Facilitators (UF) are coordinating with CHPs through CHFs. 1 MIS Officer and 3 Upazila MIS is supervising the 3 field activities. The Upazila Manager is responsible for all Admin, Finance and Field level activities.

#### Programme output:

According to plan for 1<sup>st</sup> quarter in 2010, MNCS Project has successfully completed the staff recruitment. Including 408 Community health Promoters, 45 Community Health Facilitators 30 Union Facilitators and regular staff recruited by this time.



Already MNCS Project has organized 2 days basic orientation on organization and project introduction/ roles and responsibilities for our regular staffs at Upazila level. Participants received orientation about basic MNCS. They also oriented about organizational roles and responsibilities, the Goal and Objective of organization and project. Through all of these, project staff' supdated about their responsibilities and duties.

Recently launched the District ceremony of MNCS held at Kishoreganj Sadar Hospital auditorium on. The Launching ceremony was chaired by CS, Kishoreganj. The chief guest was the DC of Kishoreganj. DDFP's representative and deputy Civil Surgeon was also present the ceremony. The UH&FPO, UFPO of 3 Upazila participated the meeting. The ED of PSTC and Director CS also present there. Dr. Deen Mohammed, CS, Kishoreganj welcomed all and appreciated PSTC's activities. Consultant of UNICEF, Dr. Md. Yunus was also present the meeting.





Pakundia, Karimgonj and Katiadi Upazila launching ceremony of MNCS held at Pakundia, Karimgonj and Katiadi Health Complex.

MNCS Project has organized opinion leaders meeting at 31 Unions in 3 Upazillas and some courtyard meeting.

Project organized Upazila and Union level MIS and Upazila Manager Staff meeting with to collect the field level basic data and information. Staffs introduced to all and seek support from them. MoHFW staffs received them cordially and provided all types of support and information. During the day of NID and other National events MoHFW and PSTC performed together and tried to achieve the goal.

#### MIS data:

Meanwhile, project received TOT on KABPA on 6-9 February and C-IMCI on 14-17 February from PHD organizations. But till to day we are trying to work with UHC MIS section. By this time we collected and updated data of UHC and sent to UNICEF consultant. We collected the Health, Family Planning, IMCI and other Maternal and Child Health related reports of last 3 years for smooth planning of IMCI activities. We distributed the beneficiaries and HH among the CHPs according to MNCS protocol.











# **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.

# 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 og Rights.
- iii) Increase access to the information especially reproductive health care available to the people.
- iv) Presence of active support groups to create s 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 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 the policy planners.

# Snapshot

Implementation Area: Division-5 City Corporation -5 Districts-20 Upazila- 25 Union-100 Primary target: 2,500,000 (Service Recipients

Primary target: 2,500,000 (Service Recipients Secondary Target: 1000 (Service Providers)



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	180
No. of group/yard meeting held	2210
No of information dissemination camp organized at union level	32
No. of health camp organized	130
No. of monthly magazine published	11
No. of service provider trained on health and human rights	35
No. of social volunteer trained on social responsibilities and voluntarism	19
No. of client association members trained on health and human rights	82
No. of district health rights movement committee formed	14
No of upazila level workshop organized	15
No of district level workshop organized with media personalities	4
No of national dissemination/workshop organized with GoB & other stakeholders	2
No of issue specific workshop organized at district level	14
Formed and activated the national committee on health rights movement	2
Formed and strengthened CA at union and ward level	183
Published issue specific feature in Newspaper	Regular basis
No of issue specific workshop organized at central level (round table meeting)	1
No of health rights movement committee organized	30



# 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			
Α	National level Advocacy, Linkage &				
	Networking				
1	National seminar	1			
2	Publication of articles on	4			
	occupational health in				
	National Dailies				
З	Production of Video	2			
	documentary on health				
	hazard in occupational				
	sectors				
4	Preparation of TV spot on	3			
	world day for safety and				
	health at work				
5	Presentation of	1			
	Choreography on				
	occupational health rights				
6	Organize photographic	2			
	exhibition on health hazard in				
	different sectors				
В	Local level Advocacy & Linkage				
1	Day Observation	1			
2	Art competition on	2			
	occupational health & safety				
3	Training on health & safety	4			
	for garments workers				
4	Meeting with school	3			
	management committee on				
	Adolescent Reproductive				
	Health				
5	Inclusion of ARH related	4			
	sessions in the schools				
6	Meeting with factory Mgt.	10			

#	Activities	Achievement			
С	Community level Awareness Building &				
	Social Mobilization				
1	Formation of	8			
	Occupational Health				
	Rights Forums				
2	No. of Occupational	220			
	Health Rights Forum				
	members REFLECT Circles	0			
3		9			
4	No. of REFLECT Circular	272			
5	Members	12			
5	Early Childhood	12			
	Development (ECD) Centers				
6	No. of Sponsorship	850			
U	children	030			
7	Adolescent Groups	22			
8	No. of participants	62			
	attained First Aid Training	40			
9	No. of beneficiaries	40			
	recruited in different industries after attaining				
	literacy program				
10	Spouse Forum meeting	81			
11	Mothers Group meeting	39			
12	Parents Meeting	113			
13	Adolescent group	41			
'	meeting	7'			
14	Adolescent received	6100			
	orientation on ARH rights				
	9				
1		1			





# Chapter: 05

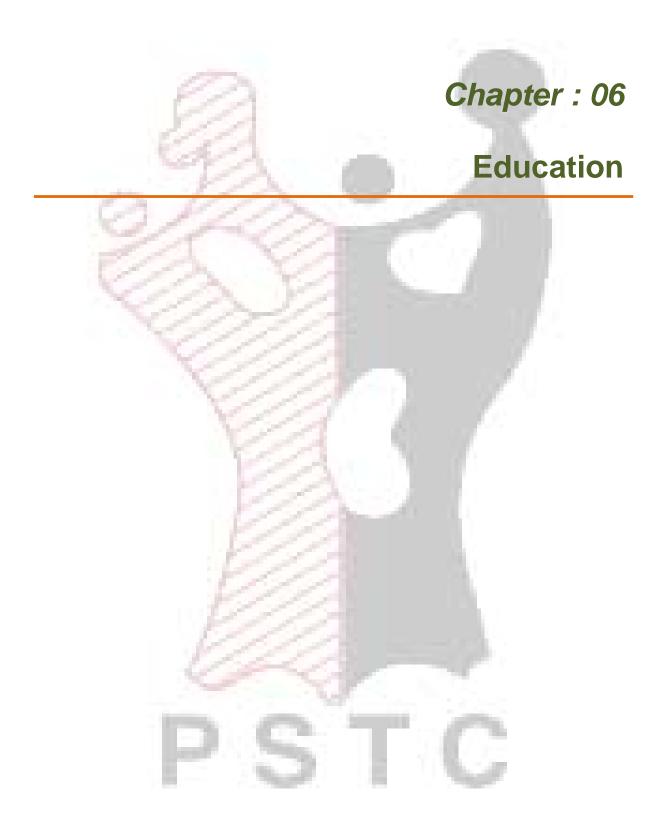
# **Health Enterprise**

# **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**

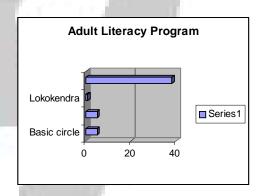
# **Adult Literacy through REFLECT Approach**

PSTC has been assigned to implement the adult literacy program following the Action Aid 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 2010 PSTC developed 7 basic circles and 7 post circles comprising 32 members in each. Total member 280 (Female-265, Male- 15)

# 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, HCLSP & EHCL B

PCAR & HCLSP 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.





Chapter: 07

# **Training and Communication**



# **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 Mangers, 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, 2010

#	Name of Training	Duration	Total batch	Total participants	Subject	Type of participants
1	Training on FPCSC	12	4	40	Family Planning Clinical Services	Paramedic, Doctor
2	Training on Management	3	1	15	Management, problem solving, administration	Office staff
3	Training on HIV/AIDS, Counseling, Drug	6	2	32	HIV/AIDS, counseling, drug	Project staff
4	Training on Clinical Counseling	5	1	14	Counseling, FP, ANC, PNC, RTI, STI, RH	Counselor
5	Project Management Training	5	2	29	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	9	121	Gender, Youth Friendly Services, Violence against Women	Doctor, Paramedic, Nurse, FWV, FWA
8	RTI, STI, HIV/AIDS Prevention	3	1	19	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

Name of Activity	Achievement	Participants/Beneficiaries
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 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)





# **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 2010 was Tk. 259,386,500/-

# Sources of Fund (Donor wise)

SL	Source	Amount
1	SSFP / Chemonics	65,000,000
2	ADB through Ministry of LGED	22,409,867
3	UNFPA	850,000
4	ADB through Ministry of LGED	21,710,522
5	UNFPA	901,120
6	ADB through Ministry of LGED	15,302,466
7	DCC - ILO	10,599,600
8	Water Aid Bangladesh	15,871,296
9	Water Aid Bangladesh	5,298,059
10	DSS / UNICEF	10,031,924
11	Action Aid Bangladesh	4,244,689
12	Action Aid Bangladesh	4,917,135
13	LGED	1,299,000
14	Plan Bangladesh	8,886,499
15	Plan Bangladesh	4,235,635
16	Plan Bangladesh	2,991,933
17	Plan Bangladesh	4,763,635
18	Manusher Jonno Foundation	18,431,764
19	World Bank / GOB	14,568,253
20	BRAC	3,696,856
21	Pathfinder International	891,833
22	GTZ	3,000,000
	Subtotal	239,803,086
23	Training and Communication of PSTC	4,190,979
24	PSTC Health Enterprise	1,147,500
25	PSTC Development Finance	4,762,746
26	PSTC Corporate Management	8,294,500
27	Health Service Delivery Clinic, Gazipur	887,689
28	Vacu Tug Project	300,000
	Sub Total	19,583,414
	11-14-1	
	Grand Total	259,386,500





#### **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 1972 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 (CCCDA)
- 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.

