Annual Report | 2011

34 Years of Service
PSTC








PSTC

Improved Quality of Life for Disadvantage People of Bangladesh

PSTC

Contact with PSTC

Milon Bikash Paul
Executive Director

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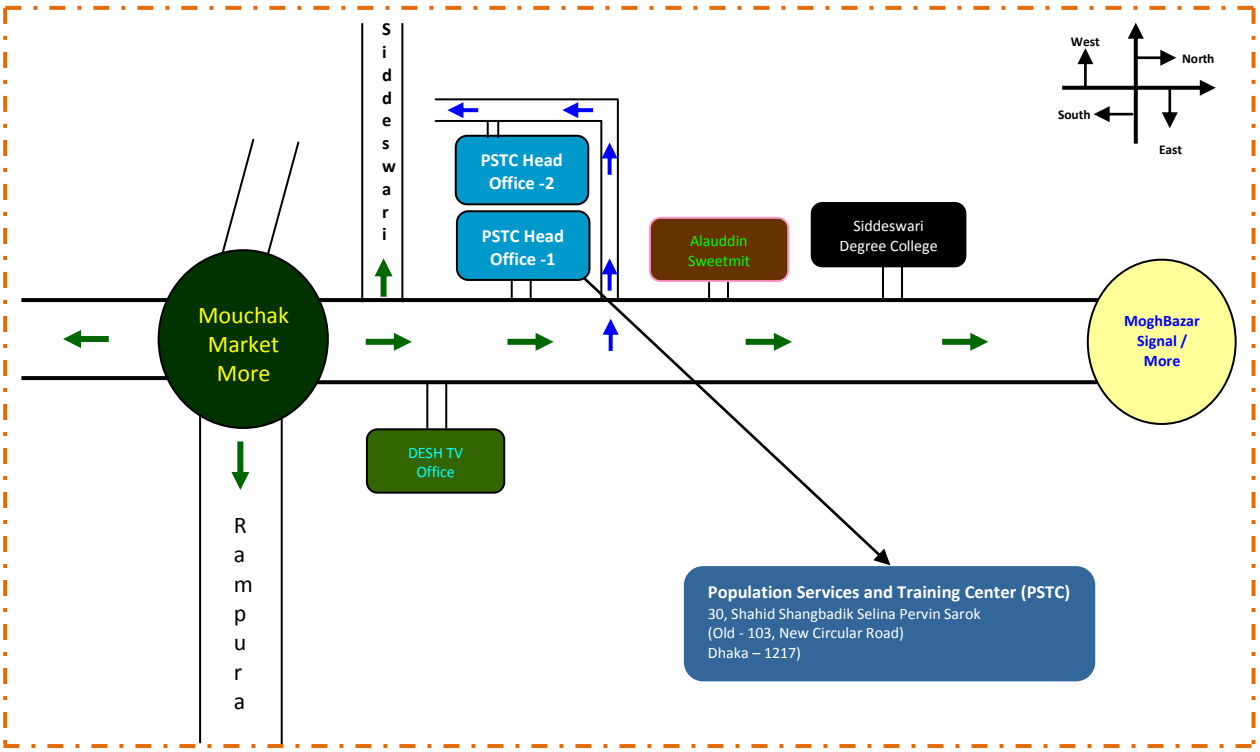
Road Map to Reach at PSTC



Infrastructure of PSTC

PSTC Corporate Office

New Circular Road
Dhaka

Smiling Sun Franchise Program

SSFP Clinic of PSTC

Aftabnagar
Dhaka

PSTC Complex

Training & Resource Center

Masterbari, Nanduyein
Gazipur

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.

PSTC - Governing Body (GB) Members

Dr. Md. Sadiqur Rahman
Chairperson

Mohammad Abdur Rashid Bhuiyan
Vice Chairperson

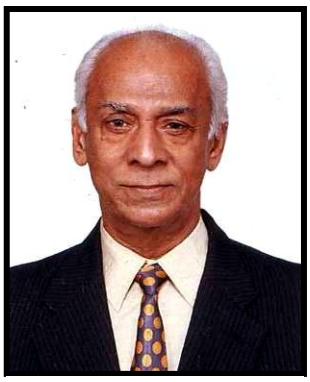
Md. Rejaul Karim
Treasurer

Muslahuddin Ahmed
Member

Ms. Manju Rani Debi
Member

Ms. Lulu Bilkis Khanam
Member

Milon Bikash Paul
Non Member Secretary



Commander (rtd) Abdur Rouf
Policy Advisor & Founder

A.K.M. Ruhul Amin
Advisor

PSTC – Program Directors

Md. F. M. Mostaq
Director
Community Services

Nitai Kanti Das (Ph.D)
Director
Training & Communication

Md. Habibur Rahman
Director. Health

Dr. Md. Shafiful Islam
Director
Program Support & Monitoring

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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

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 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	*Water Aid 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*

Message from Executive Director

Inherited from a quasi - government body, PSTC has already spent more than 15 years, 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 Health Service Delivery Program, Climate and Environment Health, Child Adolescent and Youth Development, Governance and Rights, Poverty Reduction and Livelihood, Training and Communication and Disaster Preparedness and Management Program. 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 where as in the year 2011, during the reporting period, the number of staff has increased to 1989 (Male 721 & Female 1268) and the intervention area expanded to 07 divisions, 31 districts and 81 branches throughout the country. Besides that, PSTC have its own land and Training complex and SRH clinic at Masterbari, Gazipur and also have three storied building at Aftabnagar, Dhaka.

With the long-term aim to improve the health, social security and physical living conditions of the poor and socially disadvantaged, PSTC has been moving forward with Right-Based Approach 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, both regional, national and international, initiating and supporting both collaboration and cooperation between grass root CSO's, 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

Landmarks Of PSTC

Year (Chronologically)	Achievements
1978	▪ Family Planning Services & Training Center (FPSTC) formed to act as bridge between the government, donors and local level NGO's workinh 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 Action Aid Bangladesh through IPDPD.
2003	▪ To eliminate the worst forms of child labor in Bangladesh, PSTC attempts to implement 'Eradication of Hazardous Child Labor in Bangladesh' under Ministry of Labour & 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.

Landmarks Of PSTC

Year (Chronologically)	Achievements
2004	▪ 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 LGRD 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 ▪ 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 EECHO Project.
2010	▪ Special focus on Child and Adolescent development. As a result, SRHR-RFSU and UBR project for sexual & Reproductive health and Rights are initiated. Furthermore, Maternal, neonatal and child survival (MNCS) project with UNICEF also launched at the end of 2010.
2011	▪ In the year 2011, new project title on "Comprehensive Sexual and Reproductive Service for Working Girls (CHSWG)" has lunched to address the sexual and reproductive health services for working girls (specially Garment's workers) in Gazipur and Narayangonj. Another project named, Promoting Environmental Health for the Urban Poor (PEHUP) Project in Dhaka and Chittagong also lunched from November 2011 to ensure water and environmental sanitation facilities to the marginalized people. ▪ Successfully completion of Urban Primary Health Care Project (UPHCP) phase – 2, in collaboration with DCC and RCC. ▪ Initiated and 3 storied building construction has also started for Training and Resource Center of PSTC at Masterbari, Gazipur. Already above 90% construction activities has completed successfully.

PSTC - Organizational Overview

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 1989 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.

Members

30 General members and 7 governing body members

Number of Staff

Total: 1989 (Male 721 & Female 1268)

Operational Area

81 branches in 31 districts under seven divisions (Dhaka, Chittagong, Sylhet, Rajshahi, Barishal, Khulna and Rangpur)

PSTC currently implementing 33 projects under 07 following programs:

- Health Services Delivery Program
- Climate and Environmental Health Program
- Child Adolescent and Youth Development Program
- Governance and Rights Program
- Poverty Reduction and livelihood Program
- Training and Communication Program
- 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 - ll) – DCC, PA – 1
3. Urban Primary Health Care Project (UPHCP - ll) – DCC, PA – 4
4. Urban Primary Health Care Project (UPHCP - ll) – 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 (SRHC) Project
7. Unite for Body Rights (UBR) Project
8. Strengthening Adolescent Reproductive Health (ARH) Project in Urban Areas
9. Maternal, Neonatal and Child Survival (MNCS) project
10. ToT and training to staff in MNCS and other related projects.

Project to Program Approach

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Since its inception, PSTC has considered the needs of the underserved & unserved in its service delivery approach. In recent year 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 31 districts of the country.

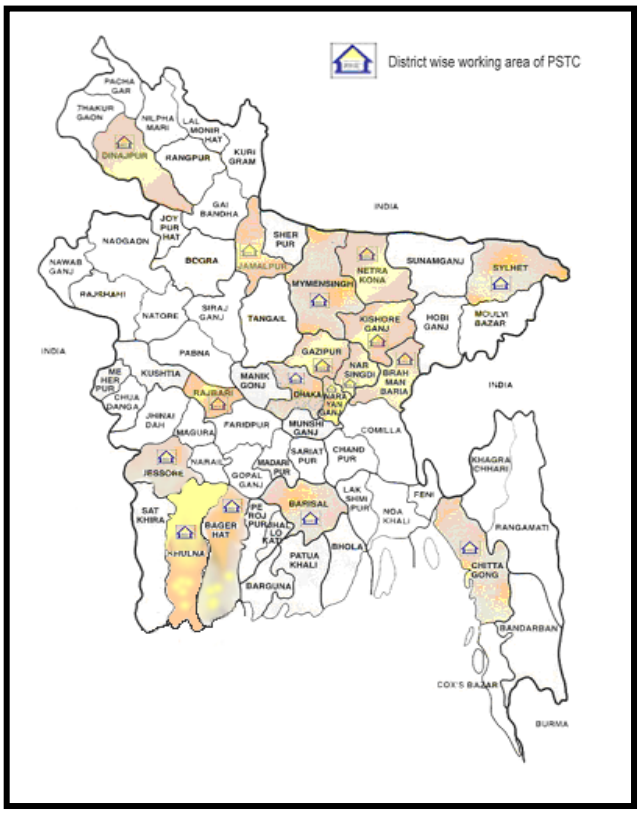
In 2011, PSTC has implemented the following projects under the umbrella of its programs -

Particulars	
Programs	**Projects**
Health Services Delivery Program	
	Smiling Sun Franchise Program (SSFP) Urban Primary Health Care Project – PA – 1 – Dhaka Urban Primary Health Care Project – PA – 4 – Dhaka Urban Primary Health Care Project – PA - 2 – Rajshahi Primary Eye Care under UPHCP TB Control under SSFP and UPHCP HIV / AIDS Program under UPHCP Urban Community Care Project (UCHCP) in City Polli, Dholpur, Dhaka
Climate and Environmental Health	
	Enhancing Environmental Health by Community Organizations (EEHCO) Project in Dhaka and Chittagong City Corporation Decentralized Urban Total Sanitation (DUTS) Project Enhancing Environmental Health and Women Empowerment (EEHWE) Project in Chanpara Improving Livelihood and Environmental Health for Excluded Population
Child Adolescent and Youth Development	
	Sexual and Reproductive Health Care Project (SRHC) Unite for Body Rights (UBR) Project Comprehensive Sexual and Reproductive Health Service for Working Girls (CHSWG) Helping Children working and Living in the Street (HCWLSP) DCC-ILO-Action Program on Child Labor Maternal Neonatal Child Survival (MNCS)Facilitated Community Intervention Project Strengthen Adolescent Reproductive Health (ARH) Project in Urban Areas

Particulars	
Programs	**Projects**
Governance and Rights	
	Promoting Social Responsibility on Occupational Health Rights Project Empowering Women Readymade Garments (RMG) Workers Project in Bangladesh Increase Responsiveness of Health Service Delivery Institutions and Providers to Established Health Rights of the Community
Poverty Reduction and Livelihood	
	Bringing Economic Empowerment to Street Children (BEES) Project
Training and Communication	
	Need Based Training Program Regular Publications - "Projanmo"
Disaster Preparedness and Management Program	
	A Disaster Resilient Future: Mobilizing communities and institutions for effective risk reduction DIPECHO VI project.

Geographical Coverage

PSTC Geographical Coverage



Chapter - 01

Health Service Delivery Program

Health Service Delivery Program

Under the Health Service Delivery Program, PSTC provides ESP services to the community via 44 static clinics, 8 comprehensive EOC clinics, 461 satellite spots and 7 Drop-in-Centers throughout the country.

These clinics/DICs are run by different projects:

- Smiling Sun Franchise Project (SSFP)
- Unite for Body Rights (UBR) Project
- Sexual and Reproductive Health Care (SRHC) Project
- Comprehensive Sexual and Reproductive and Reproductive Health Service for Working Girls (CHSWG) Project
- Urban Primary Health Care Project (UPHCP), DCC – PA – 01, Dhaka
- Urban Primary Health Care Project (UPHCP), DCC – PA – 04, Dhaka
- Urban Primary Health Care Project (UPHCP), RCC – PA – 02, Rajshahi
- Urban Community Health Care Project (UCHCP)

SMILING SUN FRANCHISE PROJECT

Mission:

Committed to improve the quality of life, of all Bangladeshi's by providing superior, friendly and affordable health services in a sustainable manner

Date of Commencement:

August 1997

1st Phase	:	August '97 to June '02 (UFHP/USAID)
2nd Phase	:	July '02 to Sep '07 (NSDP/USAID)
3rd Phase	:	Oct' 07 to Sep '2012 (SSFP/USAID)

Funded by:

SSFP/Chemonics International/USAID

Donor Address: Smiling Sun Franchise Program (SSFP)
House 15 A, Road 35, Gulshan-2,
Dhaka-1212, Bangladesh
Tel: 880-2-9883634

Catchment Area:

13 wards of DCC and 5 municipality outside Dhaka (Bhairab, Kishoreganj, Narsingdi, B. Baria and Siddirgonj under Narayanganj Sadar upzila of Narayanganj District) and 3 upzila (Belabo, Monohordi and Raipura) under Narsingdi district.

Catchment Population:

Total catchment population are 1,566,325, where eligible couple 339,624, ANC mother 16,848, under 1 year child 31,177 and 1 to 5 years child 162,410 & Adolescents 469,897.

Project Staff:

Professional Staff			Support Staff			CSP*	Total Staff
Male	Female	Total	Male	Female	Total	DH	
27	26	53	66	204	270	166	489

***Community Service Provider/Depot Holder: 166**

Project Activities:

Providing ESD service to the community through 21 static clinics and 302 Satellite Clinic. Conducting Health education, motivation, community group meeting, IPC, Behavior chance communication, follow up, referral, advocacy meeting and counseling.

ESD Service includes:

Child Health, Maternal Health, Safe Delivery (C/S & NVD), Family Planning, Communicable Disease Control, TB-DOTS service with sputum microscopy facility, limited curative Care, Diagnostic/Lab Service, Health Care Mart/Pharmacy and Ambulance Service.

Component wise comparative achievements:

(Duration: January 2010 – December 2010 and January 2011 – December 2011)

Type of services	Jan to Dec 2010	Jan to Dec 2011
Child Health Contacts	308,775	295,157
Maternal Health Contacts	149,837	145,598
Family Planning Contacts	276,207	291,223
Other Disease Contacts	34,666	36,015
Limited curative Care	261,716	278,233
Total Service Contacts	**1,031,201**	**1,046,226**
Total Customers	**866,197**	**838,450**

During the period from January 2011 to December 2011 # of Deliveries 803 (C/S 328, NVD 475), # of USG Service 6610, # of New Born Care 1394, Total Poor Customer Served 255,263 & # of TB new Case finding 1009. Organized total 4746 community meeting where 69116 participants attended. 1,566,325 populations Registered in the catchment area of 21 – clinics. Poor Customer served 30% of the total customer and 1582 referred during the Year 2011.

Lessons Learned

- **Quality Comes First:**

It is not only a slogan; it has a great implication in promoting and expending the coverage of target population for ESP services. The perception about the term "Quality" varies from person to person. Somebody means it higher price others mean it something else rather than price. But we mean it Total quality which includes everything i.e.

Appropriate diagnosis/treatment, friendly services, good dealings with customer, less waiting time, proper MIS, follow-up, reduce missed opportunity gap. through routing visit using quality checklist and QMS. Our experience suggests that assurance and maintenance of total quality will definitely enhance the customers flow.

- **Setting mind from service orientation to business orientation:**

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

- **Ensure Services to the poor:**

Through Partnership development with CSR like Smiling Sun - Akij Cement Health Services Program.

URBAN PRIMARY HEALTH CARE PROJECT (UPHCP – II) – DCC – PA -1

The Government of the Peoples Republic of Bangladesh has been implementing Urban Primary Health Care Project (UPHCP) since 1998. The second phase of the project commenced on July 1 2005. UPHCP, PA-1, PSTC has taken over the PA from Dhaka City Corporation on 1st August 2010.

The goal of the project is to improve the health status of the urban population specially the poor through improved access to and utilization of efficient, effective and sustainable Primary health care services. At least 30% of each service provided under the project is targeted to the poor. The services are managed by 12 partners NGO in 22 partnership areas (PA) of 6 city corporations and 5 selected municipalities. The 24 Pas cover a catchments population of 9.41 million which is about 41% of the urban population of Bangladesh.

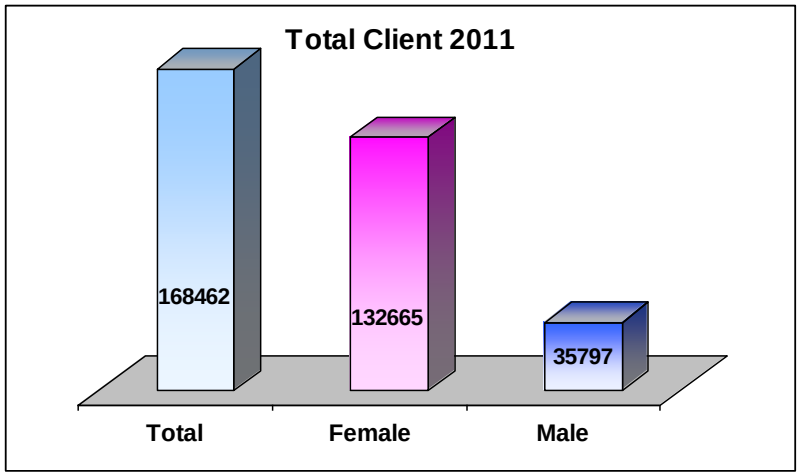
The Second Urban Primary Health Care Project is funded by GOB grant, ADB loan, ADB grant, DFID grant, SIDA grant, UNFPA grant and ORBIS international grant.

UPHCP, PA-1, PSTC covers 3, 22,000 populations of 6 DCC wards is 46, 47, 50, 51,52 53. This Project consist of 1 CRHCC & 6 PHCC with total staff of 180.

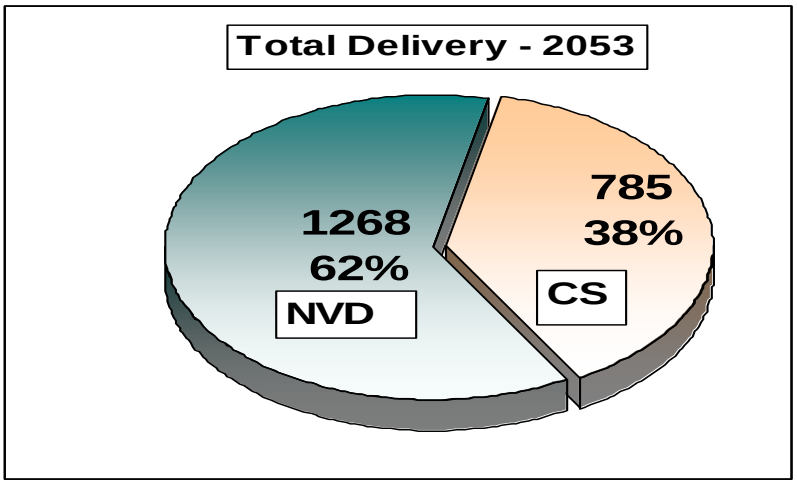
Service Component of the project is given below:

ESP Services	ESP + Services
Reproductive Health Care	TB Program under GFATM
Child Health Care	Primary Eye Care
Communicable Disease Control	HIV/AIDS Program
Limited Curative Care	
Behavior Change Communication	
Violence Against Women	
Selected Pathological Test	
Drugs at Low Cost	

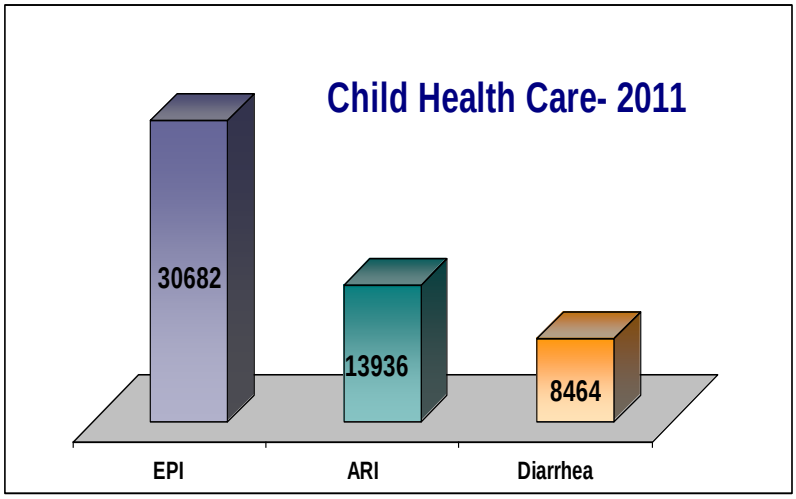
Statistics with graphical scenario of total number of Clients, total service delivery and total child health care of UPHCP – DCC – PA – 01, in the year of 2011



Total Number of Clients are 1,68,462 where Male clients were 3,5,797 and Female were 1,32,665 in the year 2011



Total Service Delivery was 2053, where NVD was 1268 and CS was 785 in the year 2011



EPI were 30,682 ARI were 13,936 and Diarrhea were 8,464 under Child Health Care in the Year 2011

Program activities of UPHCP- DCC – PA - 01:

HIV/AIDS:

30 years have already passed since the syndrome, now known as AIDS, was reported. Now-a-days, AIDS is like a curse for human society. For this disease millions of people die every year throughout the whole world.

Bangladesh government is taking a leading role in preventing HIV through different NGOs, UN agencies and development agencies. Such an example is VCCT activities of 2nd Urban Primary Health Care Project under local government division. UPHCP-II has started its VCCT activities since 2006. VCCT centre delivered services are-

1. Raising awareness regarding HIV/AIDS among high risk and general people through sensitization workshop and orientation.
2. Screening of RTI/STI cases
3. Counseling on RTI/STI, HIV/AIDS.
4. Free HIV test.
5. Post test counseling and referral (if necessary).
6. Free treatment and medicine for RTI/STI clients.
7. Free condom distribution.
8. VCCT camps at DICs.
9. Special satellite sessions.

TB Program:

Tuberculosis (TB) is a major public health problem in Bangladesh since long. Estimates suggest that daily about 880 new TB Cases and 176 TB Deaths occur in the Country. In 1993 the World Health Organization (WHO) declared TB as a Global emergency. Through this continuation of this TB Activities started in Urban Primary health care project from 2000. From 2006 Global Fund for AIDS Tuberculosis & Malaria (GFATM) financed this program. 6 Dots Center including 3 Microscopy Center.

Under this program following activities are done:

- Free Sputum test
- Free Medicine
- Orientation Program
- Film show

Primary Eye Care Services:

This program funded by ORBIS International has been started from 2006. One trained medical officer and one trained paramedic on eye care is providing the services. Usually 6-8 eye camps have been organized by this program. The main objectives of the program are to sensitized general population on primary eye care, cataract detections and spectacles distributions at free of cost.

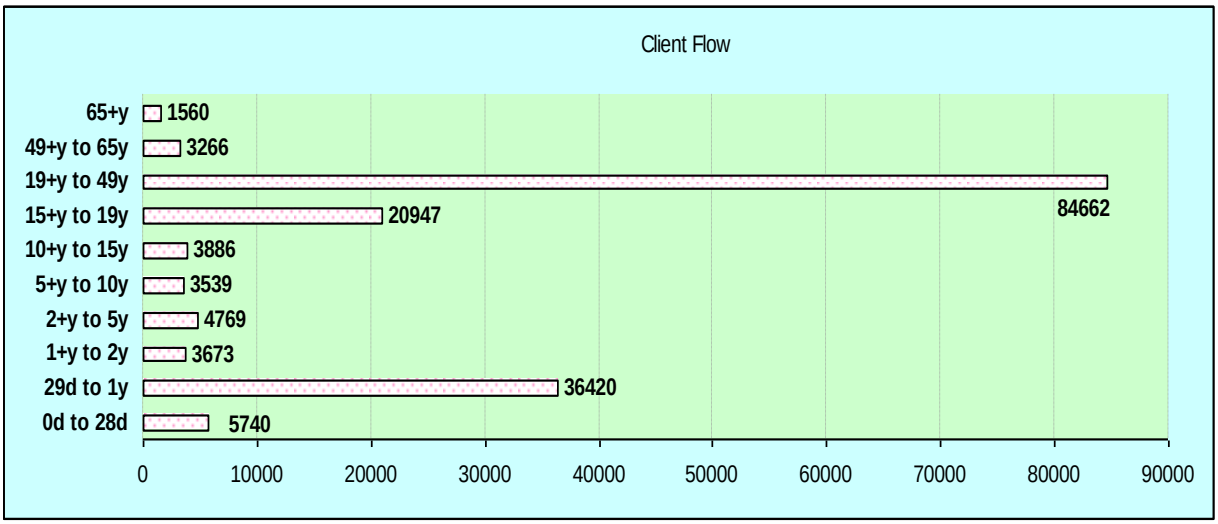
Performance Activities Report of UPHCP-II (DCC-PA1) – Year: 2011

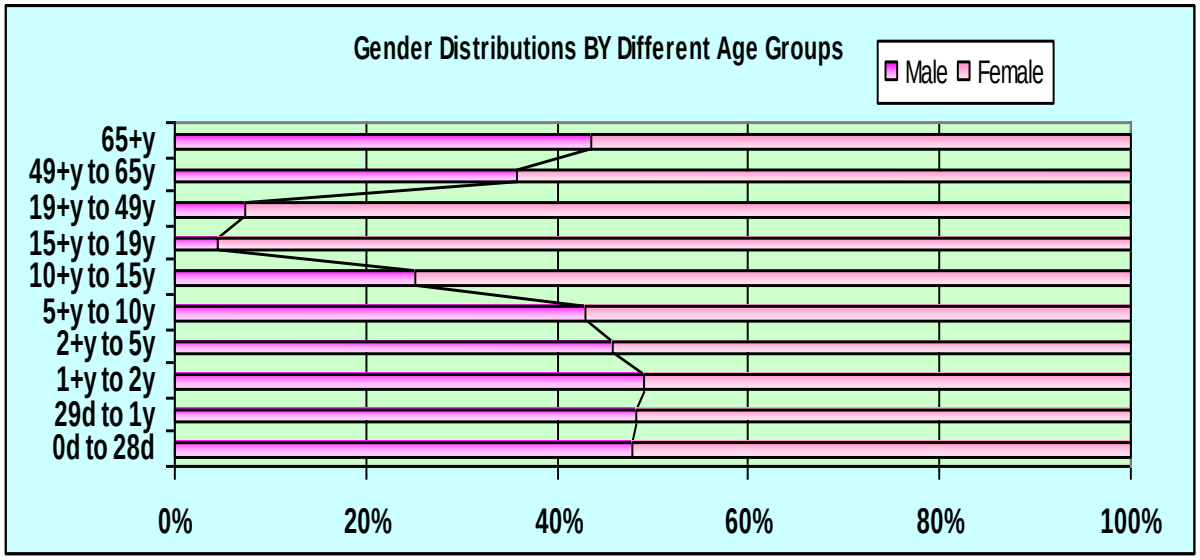
Type of Services	Contact	Service	Pro poor (%)	Revenue	Subsidy
Reproductive Health Care	**102,961**	**108,391**	**20.921%**	**5,297,749**	**2,380,007**
Maternal Care	54,633	54,633	19.514%	4,132,480	2,097,450
▪ *Antenatal Care*	40,214	40,214	17.772%	647,753	185,306
▪ *Delivery Care (NVD)*	1268	1268	20.772%	696,790	165,414
▪ *Delivery Care (CS)*	785	785	25.442%	2,638,300	1,656,100
▪ *Postnatal Care*	7,934	7,934	30.119%	87,647	59,913
▪ *Neonatal Care*	4,432	4,432	21.336%	61,990	30,717
Menstrual Regulation	2262	2262	9.516%	938,296	205,185
Post Abortion Care	42	42	8.573%	49,925	12,808
Family Planning	7171	7171	22.642%	0	0
Emergency Contraceptive Pill	0	0		0	0
Maternal Nutrition	1483	1483	50.672%	0	0
Violence Against Women	729	526	36.386%	0	0
Adolescent Reproductive Health Care	8,262	8,533	16.734%	20,162	27,678
Prevention of RTI, STI &HIV/AIDS	19,482	24,393	28.116%	0	0
RTI/STI Care	15,815	18,171	32.679%	0	0
HIV/AIDS Program	3,667	6,222	10.667%	0	0
Other Reproductive Health Care	8,887	9,338	11.165%	156,886	36,886
Child Health Care	**202,221**	**279,792**	**22.031%**	**238,821**	**206,498**
Immunization Program – EPI	30,682	31,970	9.314%	0	0
Immunization Program – NID	145,874	222,157		0	0
Control of Diarrhoea & other childhood diseases	8,493	8,493	40.262%	80,905	84,956
Diarrhea	8,464	8,464	40.326%	80,474	84,774
Measles	29	29	25.000%	431	182
Control of Acute Respiratory Infections	13,936	13,936	33.867%	157,891	121,542
Control of Micronutrient Deficiency	3236	3,236	43.248%	25	0
Child Nutrition	2414	2414	40.07%	0	0
Vitamin A Deficiency	822	822	52.429%	25	0
Iodine Deficiency	0	0		0	0
Communicable Diseases Control	**3965**	**98,652**	**75.650%**	**0**	**0**
Tuberculosis Control	3965	98,652	75.650%	0	0
Other Communicable Disease Control	0	0		0	0
Limited Curative Care	**72,972**	**73,103**	**22.803%**	**766,238**	**679,926**
First Aid for Injuries	4	4		45	40
Emergency Care	92	92	15.044%	21,420	4897
Treatment of Minor Infection	67,860	67,991	23.402%	721,409	578,747
Primary Eye Care	5,016	5,016	14.393%	23,364	96,242

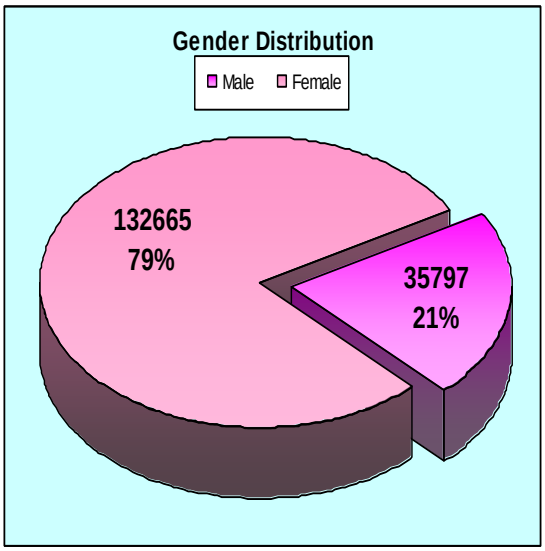
Type of Services	Contact	Service	Pro poor (%)	Revenue	Subsidy
Support Services for ESP+	**13,223**	**27,254**	**28.255%**	**1,257,141**	**361,753**
Diagnostic Service	12,950	26,981	27.726%	1,229,871	322,333
Emergency Transportation Service	273	273	51.073%	27,270	39,420
Behavior Change Communication	**148,323**	**78,432**	**24.517%**	**0**	**0**
Health Education (Session)	37,311	4,968	28.788%	0	0
Counseling	111,012	73,464	23.107%	0	0
Miscellaneous	**5,715**	**972**	**7.156%**	**0**	**0**
Adolescent Development Program	5,715	972	7.156%	0	0
Income Generation from Medicine		**24.536%**	**4,013,753**	**1,283,156**	
ESP+ Clinical Service	395,342	587,192	23.106%	7,559,949	3,628,184
ESP+ BCC Service	148,323	78,432	24.517%	0	0
Other Service	5,715	972		0	0
Grand Total	549,380	666,596	23.396%	7,559,949	3,628,184
ESP+ Clinical Service%	71.09%	87.17%		100.00%	100.00%
ESP+ BCC Service%	27.86%	12.69%			
Other Service %	1.05%	0.15%		0%	0%

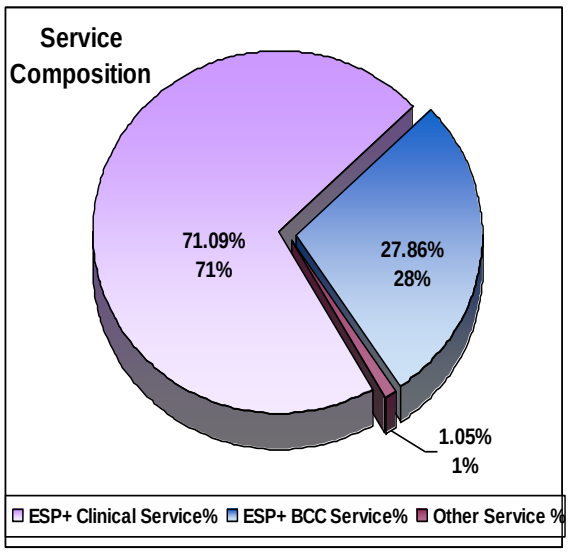
Client Flow – Year – 2011

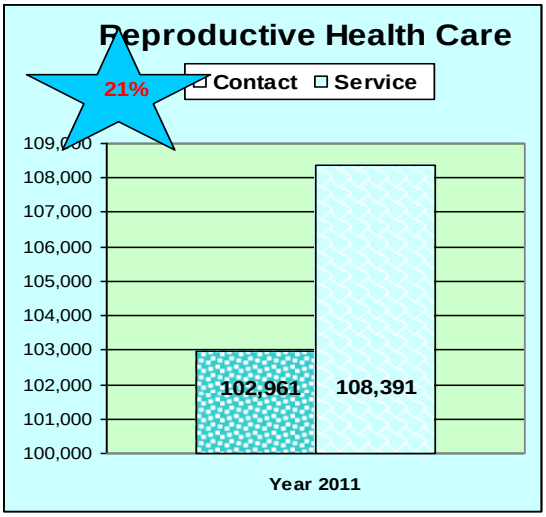
Age Group	Male	Female	Total	Male%	Female%	Total%
0d to 28d	2750	2990	5740	47.909	52.091	3.407
29d to 1y	17573	18847	36420	48.251	51.749	21.619
1+y to 2y	1800	1873	3673	49.006	50.994	2.180
2+y to 5y	2187	2582	4769	45.859	54.141	2.831
5+y to 10y	1518	2021	3539	42.893	57.107	2.101
10+y to 15y	978	2908	3886	25.167	74.833	2.307
15+y to 19y	923	20024	20947	4.406	95.594	12.434
19+y to 49y	6222	78440	84662	7.349	92.651	50.256
49+y to 65y	1168	2098	3266	35.762	64.238	1.939
65+y	678	882	1560	43.462	56.538	0.926
Total	**35797**	**132665**	**168462**	**21.249**	**78.751**	

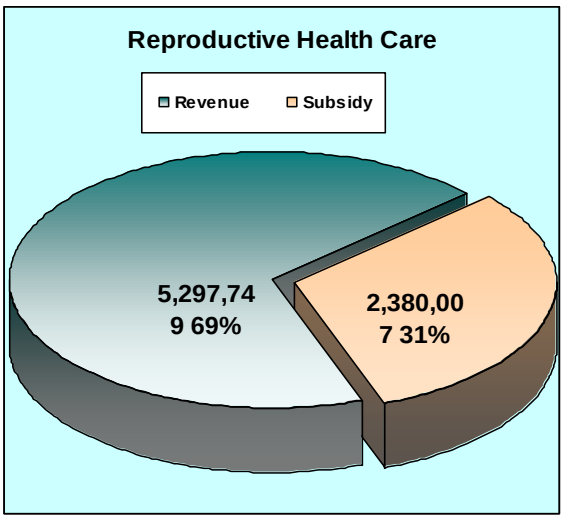


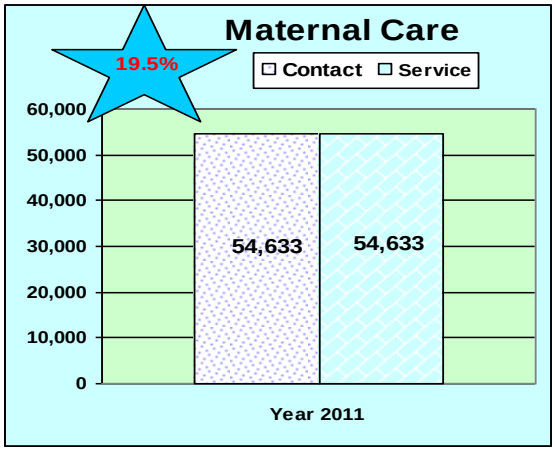

Gender Distributions BY Different Age Groups
Male
Female
65+y
49+y to 65y
19+y to 49y
15+y to 19y
10+y to 15y
5+y to 10y
2+y to 5y
1+y to 2y
29d to 1y
0d to 28d
0%
20%
40%
60%
80%
100%

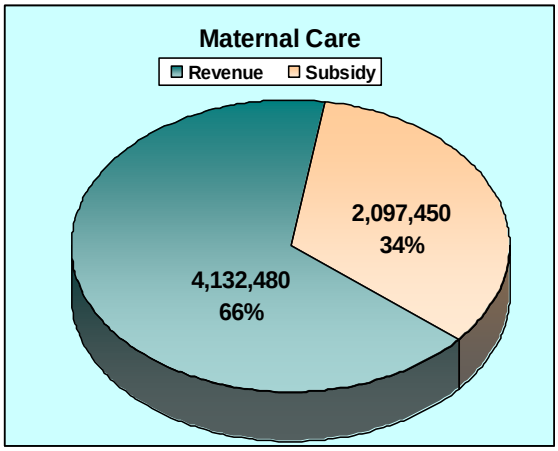

Gender Distribution
Male
Female
132665
79%
35797
21%

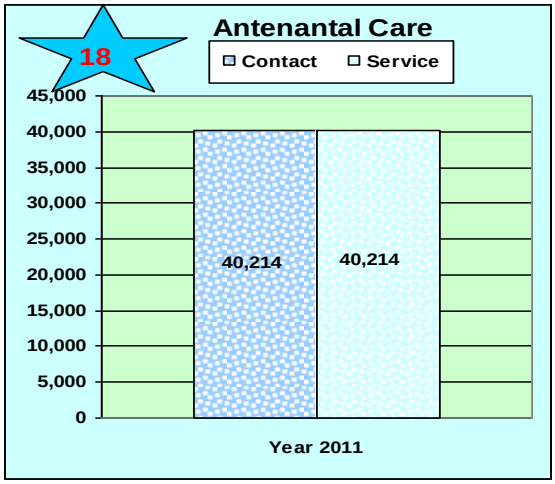

Service Composition
71.09%
71%
27.86%
28%
1.05%
1%
ESP+ Clinical Service%
ESP+ BCC Service%
Other Service %

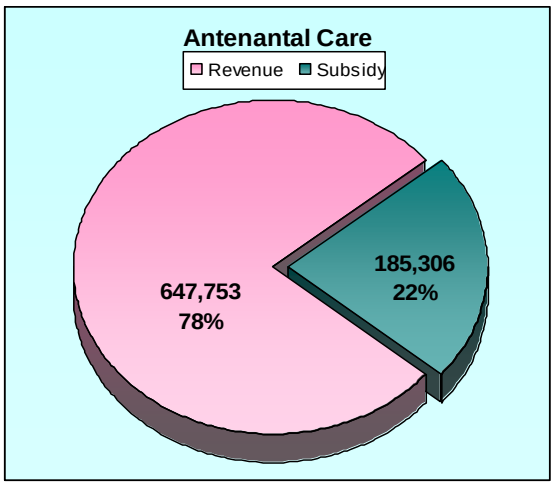

Reproductive Health Care
21%
Contact
Service
109,000
108,000
107,000
106,000
105,000
104,000
103,000
102,000
101,000
100,000
102,961
108,391
Year 2011

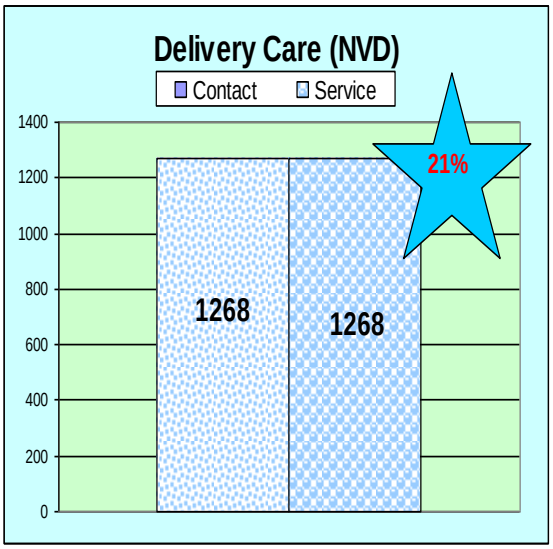

Reproductive Health Care
Revenue
Subsidy
5,297,74
9 69%
2,380,00
7 31%

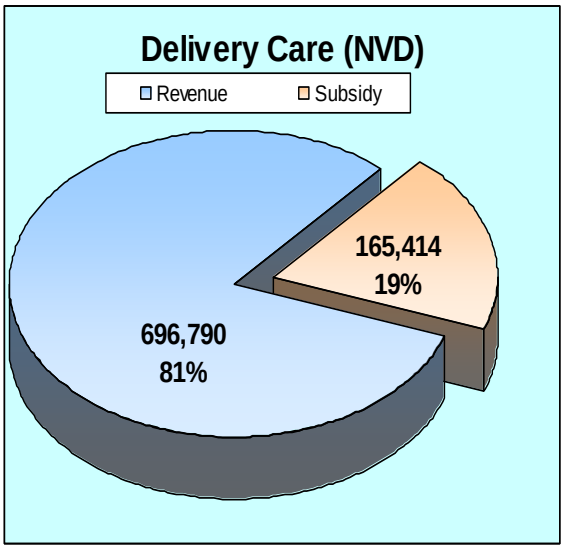

Maternal Care
19.5%
Contact
Service
60,000
50,000
40,000
30,000
20,000
10,000
0
54,633
54,633
Year 2011

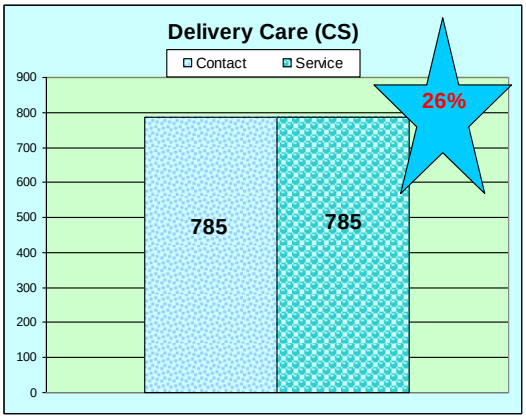

Maternal Care
Revenue
Subsidy
2,097,450
34%
4,132,480
66%

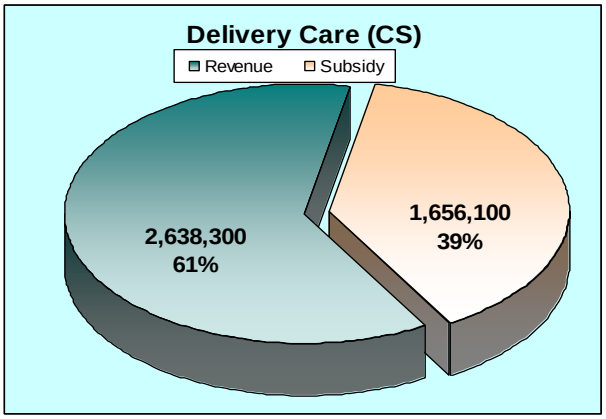

Antenantal Care
18
Contact
Service
45,000
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
40,214
40,214
Year 2011

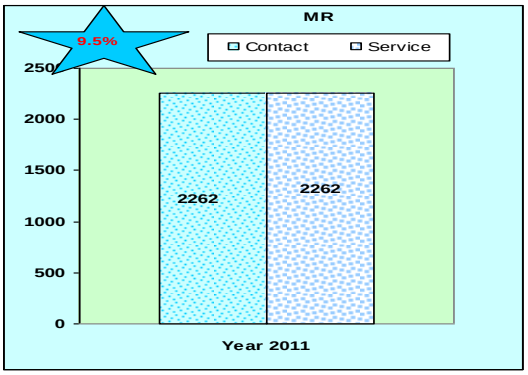

Antenantal Care
Revenue
Subsidy
647,753
78%
185,306
22%

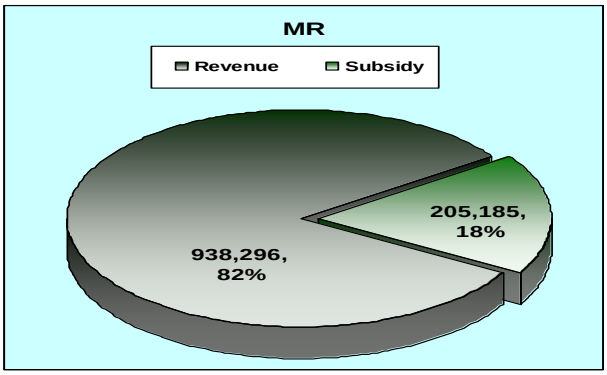

Delivery Care (NVD)
Contact
Service
1400
1200
1000
800
600
400
200
0
21%
1268
1268

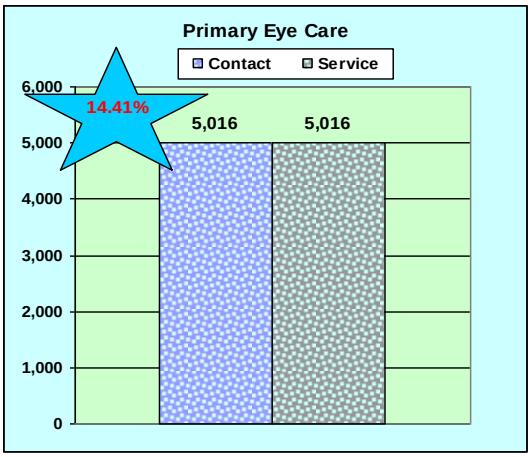

Delivery Care (NVD)
Revenue
Subsidy
165,414
19%
696,790
81%

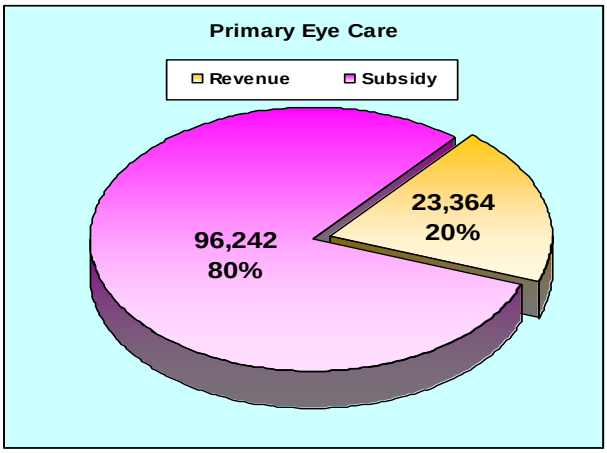

Delivery Care (CS)
Contact
Service
900
800
700
600
500
400
300
200
100
0
785
785
26%

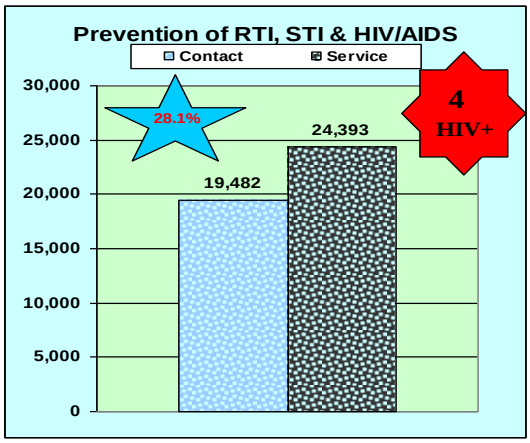

Delivery Care (CS)
Revenue
Subsidy
2,638,300
61%
1,656,100
39%

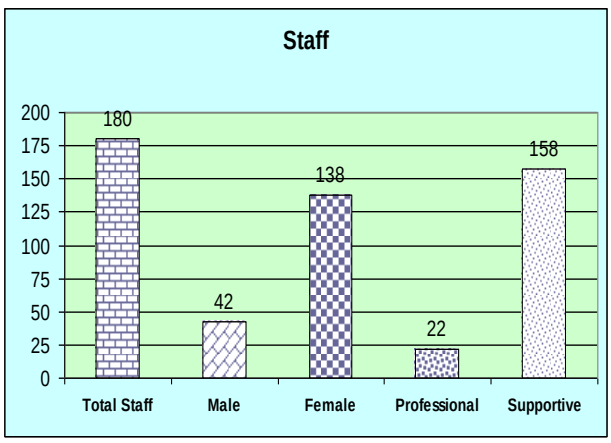

MR
9.5%
Contact
Service
2500
2000
1500
1000
500
0
2262
2262
Year 2011


MR
Revenue
Subsidy
205,185,
18%
938,296,
82%


Primary Eye Care
Contact
Service
6,000
5,000
4,000
3,000
2,000
1,000
0
14.41%
5,016
5,016


Primary Eye Care
Revenue
Subsidy
96,242
80%
23,364
20%


Prevention of RTI, STI & HIV/AIDS
Contact
Service
30,000
25,000
20,000
15,000
10,000
5,000
0
28.1%
19,482
24,393
4
HIV+


Staff
200
175
150
125
100
75
50
25
0
180
42
138
22
158
Total Staff
Male
Female
Professional
Supportive

Case Study: (1)

- Name : Shapla
- Age : 20 Years
- Husband : Zahir
- Reg No : 7867/2/12
- HEC No : 2025/11/11
- Mobile No : 01815110095
- Address : 215/2 Vabani Bagicha, Dhaka

It was three years back when I become pregnant for the first time. At that time my blood pressure was very high. BRAC health workers visited my home for check up routinely. They also gave me free medicine. My blood group was B-ve. But they never told me that I might need blood during delivery process. When my labor pain started they tried their best to do the delivery at home but failed. Then I was admitted to Dhaka Medical College Hospital (DMCH). My caesarean section was done there. After that I developed convulsion which could not controlled. My child also developed convulsion. After three days the baby died there.

After 2 and half years I became pregnant again. Then health workers from UPHCP-II told me to go their PHCC. They checked up my health. When time for delivery came I was admitted to Dhalpur Matrisadan. This time convulsion developed again. But doctors of Nagar Matrisadan did their best and they succeed. This time I delivered a healthy female baby by caesarean section. Now I came here for my daughters EPI vaccine and any other health problem of all my family members. I wish their every success.

Case Study: (2)

- Name : Nur Nahar
- Age : 23 Years
- Husband : Manik
- Reg No : 2065/5/09
- HEC No : 1910
- Address : 210/3, High School Road Vabani Bagicha, Dhaka

I became pregnant just after my married. When I visited doctor for checkup then he told me that the baby is in the tube and the pregnancy could not be continued. The tube should be cut off by surgery. After the surgery I could not conceive for six years. Then I came to PHCC of UPHCP-II. After taking treatment from there I became pregnant. During pregnancy I did my antenatal checkups there my delivery was conducted at Dhalpur Nagar Matrisadan. Now I & my child both are fine.

Staff of UPHCP – DCC – PA - 01

Male	Female	Professional	Supportive	Total Staff
42	138	22	158	180

Learning's:

- UPHCP – DCC – PA – 01 is an excellent example of Public Private Partnership
- Community participation is nice & they own the project also
- Improved access of marginalized groups through identification of poor household & distribution of Red Card
- Door step service provision (Satellite)

Recommendations:

- Internal Quality Assurance systems need to be developed
- Internal Financial Audit System, HR Management has to be more strengthened
- Financial reimbursement should be smoother
- Staff welfare fund need be created

URBAN PRIMARY HEALTH CARE PROJECT – 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 by GoB Grant, ADB, DFID Grant, SIDA Grand, UNFPA Grand, and ORBIS International Grant.

Project Goal and Objective:

The goal of the project is to improve the health status of the urban population specially the poor. At least 30% of each service provided under the project is targeted to the poor.

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.

Al a glance UPHCP project activities with achievements in round the year 2011, as below:

SL	Service Component	Achievement	Time Frame
01	Reproductive Health Care	1,10,816	January to December 2011
02	Child Health Care	54,288	
03	Adolescent Reproductive Health Care	33,874	
04	Tuberculosis & Communicable Disease	1493	
05	Primary Eye Care	6278	

There have some significant achievements also which make Project successful:

- A successful implementation of PPP model
- At least 30% poor people getting primary health care service with free of cost
- Increase of institutional delivery which downing the maternal & Child Mortality.
- Poor people are coming for treatment to the clinic in the primary stage of diseases
- Positive impact of the people about health service organized by the gob.

- City Corporation's positive image developed among the community people.
- People's awareness increase about HIV & AIDS in the catchments area.
- There is a place for modern primary health care service for the general people and they believe it is good model of primary clinic.
- A popular Logo has been introduced which gives popularity of the nagare shaystho kendro & matree sadon.

Staff of UPHCP – DCC – PA - 04

Male	Female	Professional	Supportive	Total Staff
30	138	22	146	168

Learning's:

- Significant amount of medicine to be needed for the better treatment of the 30% poor people with free of cost
- A popular logo of health service can make the health service popular in the community
- GOB health service can be succeed if it is a PPP model

Recommendations:

- For ensuring quality and continuation of services, provision of auto selection mechanism for phase III may be considered subject to satisfactory performance and experiences in both phase I and II
- Integration of emerging health needs in phase III e.g. diabetics, Dental etc
- Flexibilities in budget monitoring, keeping provision of carry forward of unspent money in subsequent years and reallocation of budget line items up to at least 10% within the total budget
- Need flexibilities in procurement in phase III, specially for medicine, reagent and medical equipments & instruments
- Keep financial provision for yearly inflation adjustment in PP and make procedure easy and faster
- Provision of new equipments, instruments, vehicles for all PA's in new phase to ensure quality of services
- Staff pattern specially for CRHCCs/PHCCs should be specify in RFP considering population coverage and performance
- Minimum salary structure may be designed as per future market rate considering inflation
- Extension of lab facilities (skill man power, financial support etc)

URBAN PRIMARY HEALTH CARE PROJECT - RCC - PA - 2

PSTC Rajshahi UPHCP-II started at 1st July of the year 2006 with a goal of is to improve the health status of the urban population specially the poor with special attention will be given to women and children through improve access to and utilization of efficient, effective and sustainable Primary Health Care services, with an estimated population 245,000.

Operational Area:

Operational area of PSTC UPHCP, Rajshahi, are 21,22,23,24,25,26,27,28,29 and 30 ward where the most disadvantage peoples of the city are living here in slums. That's why, it's a big challenge for PSTC is to achieve the goal and PSTC is trying to do its best in the respect by a team work.

Service Provision of UPHCP - RCC – PA - II

The project provides services through the following steps:

- One comprehensive reproductive health care center (CRHCC)
- Primary health care center (static clinic) for each 50,000 population
- Satellite clinic for each 10,000 population

To achieve the goal, PSTC is being implementing the various activities like ESP services, HIV/AIDS, Primary Eye Care through ORBIS International, TB-Control program through GFATM.

Service Component of the project through ESP, given below:

Reproductive Health Care

Maternal Care (Antenatal Care, Delivery Care, Postnatal Care, Neonatal Care)

Menstrual Regulation

Post Abortion Care

Family Planning (Pill, Condoms, Inject able)

Maternal Nutrition

Violence against Woman

Adolescent Reproductive Health Care

Prevent of RTI/STI & HIV/AIDS

RTI/STI Care

Other Reproductive Health

1. Child Health Care

- Immunization Program -EPI
- Immunization Program –NID
- Control Diarrhea & Other Childhood diseases
- Measles
- Control Acute Respiratory
- Control of Micronutrient Deficiency
- Child Nutrition
- Vitamin 'A' Deficiency
- Iodine Deficiency

2. Community Diseases Control

- Tuberculosis Control
- Other Communicable Disease Control

3. Limited Curative Care

- First Aid for Injuries
- Emergency Care
- Treatment of Minor Infection
- Primary Eye Care

Service Component of the project through ESP + are given below:

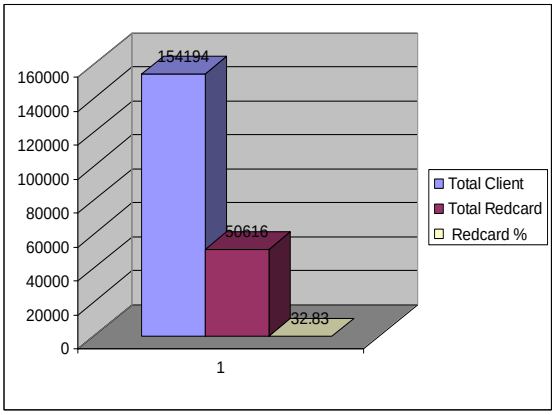
5. Support Services

- Diagnostic Services
- Emergency Transportation

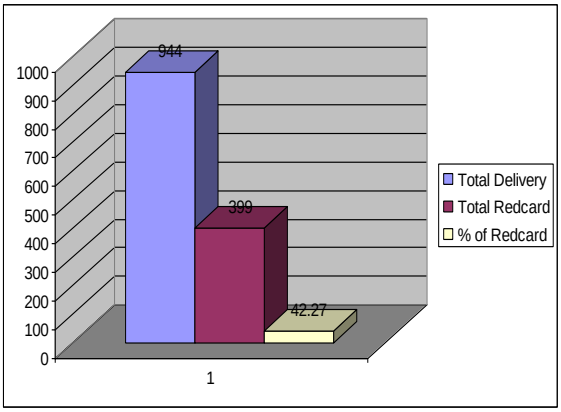
6. Behavior Change Communication

- Health Education
- Counseling

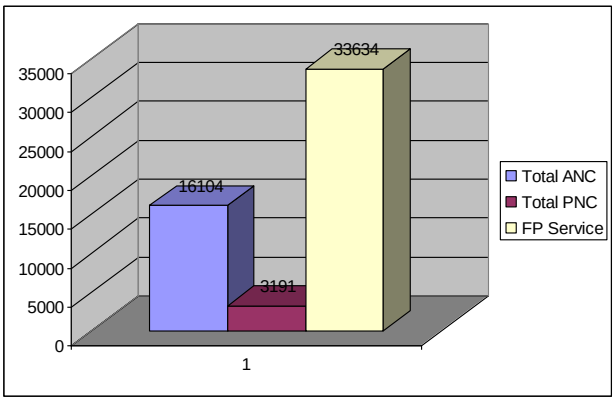
Some of the Performance round the year 2011, of UPHCP – RCC – PA - 02



Client Performance



Delivery Performance



ANC, PNC, FP Performance

Following activities have performed through HIV/AIDS Program

i. Behavior Change Communication

1. Priting & distribution of poster, leaflets, booklets etc.
2. Milking
3. Street drama
4. Meeting with the different risk group
5. Meeting with the club & school students
6. Meeting with Adolescent
7. Video & Film show

ii. Condom Promotion for Safer Sex

1. Distribute condom among the floating sex worker
2. Distribution of condom in the Residential hotel

iii. Conduction of voluntary counseling & testing centers (VCTs)

1. Training for counselor, Lab technician & Physician
2. Procurement & management of appropriate logistics

iv. Management of sexually transmitted diseases to which we might add also management of AIDS

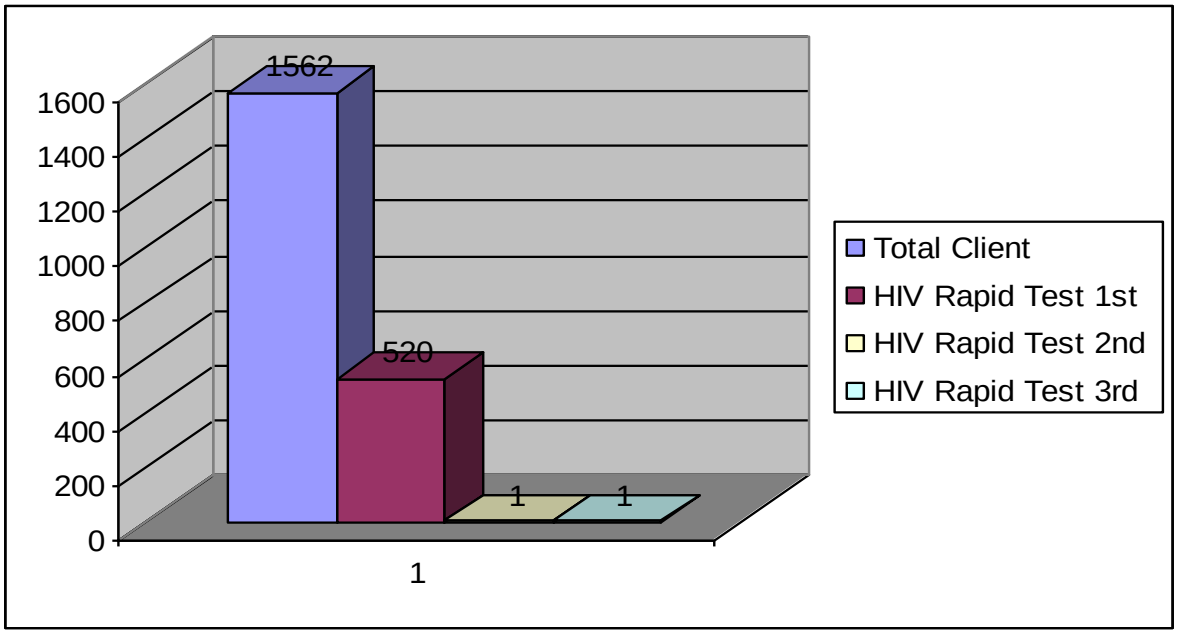
1. Diagnosis & treatment of STD, HIV/AIDS cases
2. Harm reduction intervention
   - needle exchange program
   - detoxification switchover etc in collaboration with relevant partners

v. Advocacy at community level

1. Workshop on HIV/AID with the community opinion leader (Formal & non formal)
2. Advocacy meeting with the different govt. officials, teachers & youth leaders.

Performance of HIV/AIDS program

(January to December 2011)



TB-Control program (Round -10)

Vision:

Tuberculosis free Bangladesh

Goal:

To reduce mortality, morbidity & transmission of tuberculosis until it is no longer a public health problem.

Objective:

Our objective is to reduce the national burden of TB by 2015 in line with the millennium development Goal & reduce socioeconomic burden associated with TB.

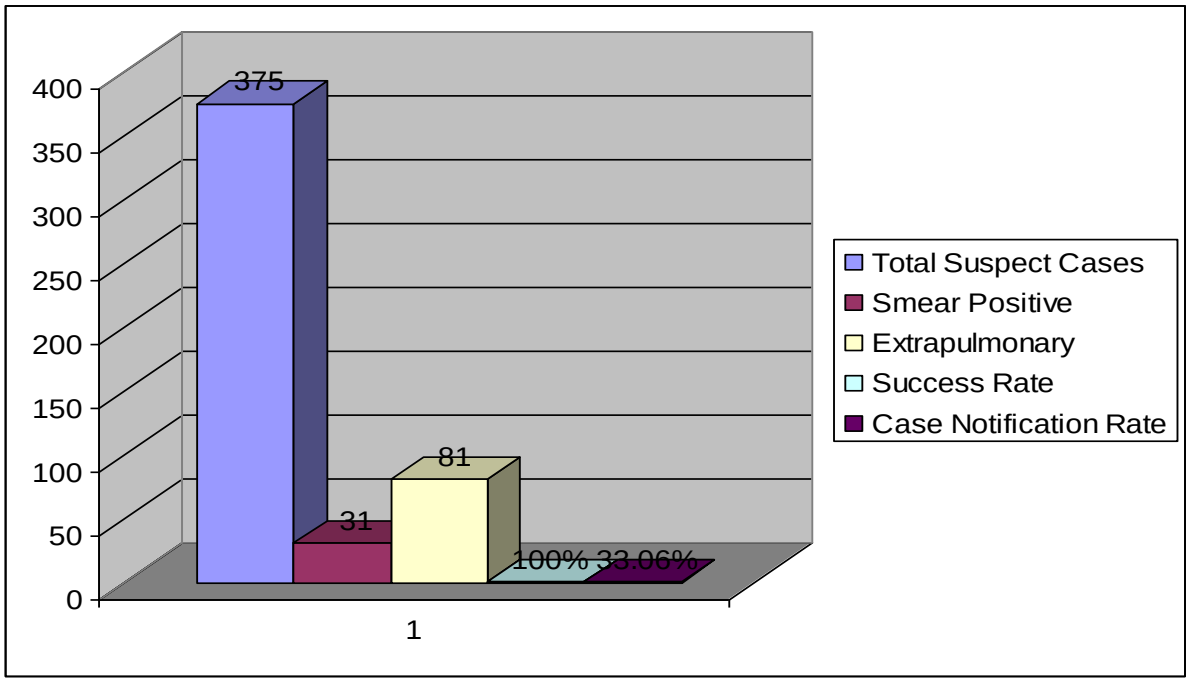
Strategy

1. Case detection through quality assured microscopy.
2. Standardized treatment with supervision & patient support.
3. An effective drug supply & management system.
4. Monitoring & evaluation system & impact measurement.

UPHCP – RCC – PA – 02, provides free treatment & diagnostic Services to sputum smear positive cases & treatment services is available for smear negative & extra pulmonary cases. Each dose of Dot is regularly supervised by health care workers community members, volunteers. Project also evaluated by monthly analysis of case findings treatment outcome & others.

TB Control Program Performance

(January to Sec 2011)

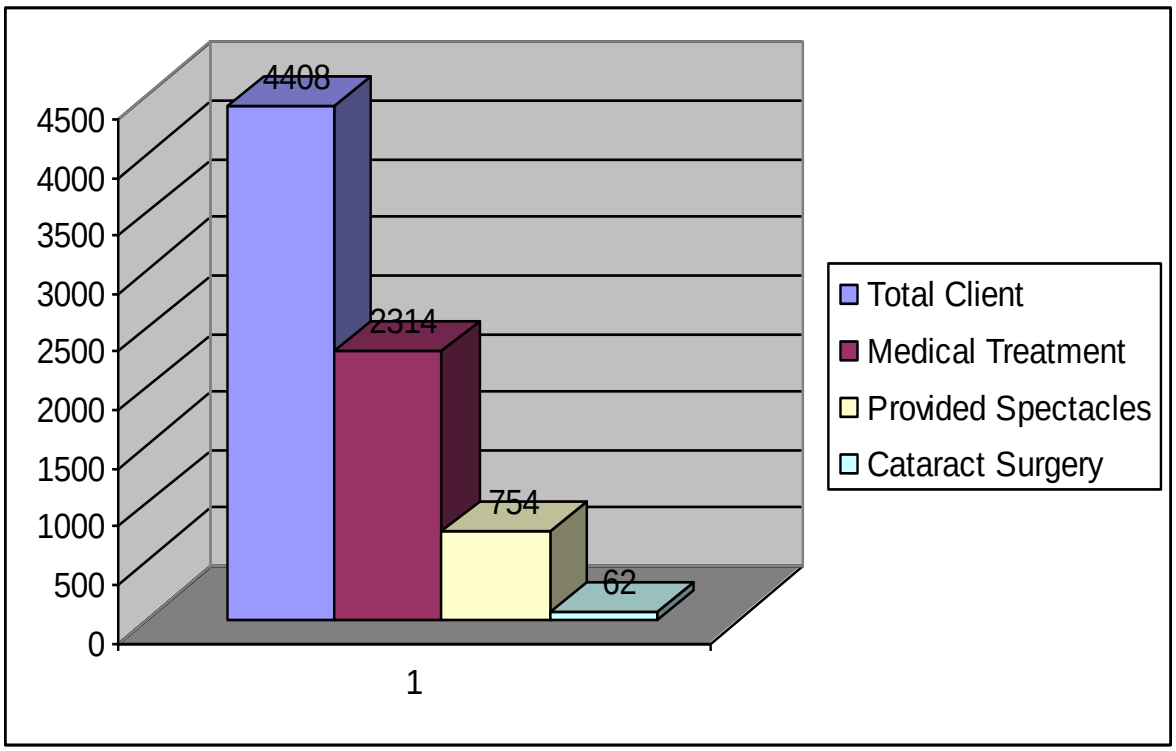


Primary Eye Care Services

With the help of ORBIS INTERNATIONAL already established a primary eye care center as an integral part of modified PHC services in UPHCP-II.

Eye Care Performance

(January to Sec 2011)



Total Staff status of UPHCP-PSTC-Rajshahi

Sl	Total Staff	Male	Female	Professional	Supportive Staff
01	147	43	104	20	127

Professional staff status of UPHCP-PSTC-Rajshahi

Sl	Total Professional Staff	Male	Female
01	20	9	11

Success Story - 01

Shila lives in Rajpara, Sopura, Shahmukdom, Rajshahi. She is a student of Rajshahi college and studying in Honors level. She is very well known in her area. When anyone fells sick, he/she come to Shila for suggestion. Shila also provide suggestion as much as she knows. One day BCC communicators went to Shila's residence & shared about the CRHCC'S services & facilities. They also invite her in 'ANC' meeting. After joining the meeting she becomes

very impressed about the project services as well as hospital. Now a day, Shila refereed anyone, to project hospital without any hesitation those who needs support. She is also discussing with us about the patient's financial condition & recommends us to support that marginalized peoples as much as possible. Shila is very happy to do something for the people. Thus, she becomes as resource person.

Case Study - 01

Mrs. Shahina Khatun lives in Varalipara, Sopura, Shahmukdom, Rajshahi. Her father is a Carpenter. They are three sisters. Her father maintains the family with hand to mouth. When Shahina Khatun is a student of class ten, then she become a member of adolescent development program under CRHCC-UPHCP-II –PSTC-RCC-PA-2 where she has received Life Skill training on Tailoring, with an aim to help her father by preparing cloths for others by which she can earn some money. At present Shahina is a student of graduation who meets up her study expendature by her own earning, at the same time she also support her father. Now she is a self development woman and wishes to develop a technical institute on tailoring in near future.

Lesson Learn:

- Public private partnership (PPP) may able to serve large targeted population, specially poor, if it is properly designed & effectively managed
- Role of CCs/ municipalities in Primary Health Care is highlighted/ visualized
- Define catchment areas & adequate field staff are helpful to create impact
- Community participation & Local Government Institute (LGI) involvement ensure due to NGO intervention
- Provision of ANC, PNC & EOC make safe delivery services more effective & poor people accessibility increase institutional delivery
- Quality of care increases client satisfaction, which lead to sustainable increase in client number.

Recommendations:

- eed to ensure vehicle (pick-up) for monitoring and supervision of the project activities
- Need to established Eye care in every center

- Trained staff's are need as priority basis, at the beginning period of the project so that maximum output can achieve
- CRHCC should be situated in the catchments area of the project
- Essential to established normal delivery center in all PHCs
- Ensure adequate supply of Family Planning materials
- Need to explore new services (such as Ear, Nose, Teeth and Dental, etc)

URBAN COMMUNITY HEALTH CARE PROJECT (UCHCP)

Bangladesh is struggling to improve the basic parameters of health & well being. High infant mortality, under five mortality still been retained in alarming figure. Maternal mortality has been declined as (3.2/1000 lb) but this ratio remains one of the highest in the world. These are directly related to MDG 4 & 5.Government of Bangladesh (GOB) is committed to reduce infant mortality two third and maternal mortality three forth by 2015. Health demand creation as well as health service delivery is a need for the community. Through this basis, PSTC has been implementing UCHC project since March, 2004 at Dhaka City Corporation Dholpur area.

Project goal

Children, adolescent, women and men in Dhaka City Corporation (DCC) of Zone 1, 2 4 especially in 14 Outfall, Malek & Miron Zillah slum will enjoy improved health and well being.

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 increase participation of the community, especially children, women and the poor, to mitigate their own health problems.
- To provide health services through supplementing and complimenting GO services.

Project Strategies:

- Strengthening of local government capacity for leadership in promoting Health service
- Community raising in Health service
- Strengthening of community capacity for maintaining Health services facilities
- Increasing access to health service facilities through mobilization of resource.

Implementation strategy:

A. **Demand creation through:**
- CCCD process at community level
- Mass awareness raising activities
- BCC sessions and group formation

B. **Provision of Quality Services through:**
- Service delivery at
  - ✓ Centre based (static clinic)
  - ✓ Community based (satellite clinic)

C. **Quality Assurance**

Area wise Population Coverage (Year – 2011)

Zone	Ward	Name of Area	House hold	Total Population
# 01	# 85	14no. outfall	3360	16773
	# 83	IG Gate slum	212	784
# 02	# 69	Mironjillah slum	423	3875
	# 74	Rabidas para	168	899
# 4	# 24	Malek slum	534	2670
		Total	**4697**	**25001**

Staff information

Total staff	Female	Male	Professional	Supportive staff
16	13	3	3	13

Project activities:

A. Health services Delivery

- Child health services & Immunization
- Reproductive Health & maternal health care service
- Limited Curative Care
- Family Planning service
- Referral system
- Laboratory facilities
- Satellite Service
- Other service opportunities

B. Community level activities:

- BCC group formation
- Conduct BCC session
- Community Health workers training
- Awareness program (Day observation, home based counseling etc)
- Clinic Management Committee (CMC) & Health Committee meeting
- Monitoring
- De-worming campaign

C. Networking with GOB and other NGO

Case study

Mrs. Rahima Khatun, resided at Nobur basti. She gives her statement with pride that now she is a conscious mother. She is a group member of ideal mother group. She tried to focus the attention of other new mother's, 'on care of mother during pregnancy and care of new born baby according to her own experience'. When she was newly married she didn't get any family planning information and she became pregnant. In her first pregnancy, she never receive anti natal care , and during her delivery, she suffered a lot. After 3days with labour pain she admitted in hospital for operation and delivered a son with low birth weight. When she comes in nobu's slum, she has received ANC during her second pregnancy and EPI for baby and thus she learns how to take care of baby in 'ideal mother session'. Now she is a confident learned mother of two kids. She practices exclusive breast feeding and

complementary feeding of kids as well as the daily care of kids also, which is very important for a healthy life.

Lessons learn

- Involvement of Susthaya Unnayan Shohayak (SUS) as community volunteer has made a positive role in terms of creating accessibility of the community people to the health facilities, getting health services like ANC, PNC, TT, Immunization, Family Planning and other general diseases, motivating community to have referral services etc.
- Coordination and communication with Govt. and other NGOs helps the project to link up the community people for health services within their affordable range
- Community ownership increasing gradually and they are playing active role by taking necessary steps for health promotion towards mother and childrens.

Recommendation

- Community demands full time medical officer and laboratory services for minor/common health service facilities
- Ultra Sonogram test service is needed as part of ANC service

Chapter - 02

Climate and Environmental Health Program

Climate and Environmental Health Program

Under this program head, PSTC is being emphasize to improve community based Water and Environmental Sanitation situation through diversified awareness raising activities as well as establish infrastructure of safe drinking water and sanitation facilities with the support of local government institutions and community support group over the country.

Based on this theme PSTC is implementing the following Projects:

- Enhancing Environmental Health by Community Organizations (EECHO) Project in Dhaka and Chittagong
- Decentralized Urban Total Sanitation (DUTS)Project
- Enhancing Environmental Health and Women Empowerment (EEHWE) Project and
- Improving Livelihood and Environmental Health for Excluded Population (ILEHEP) Project

Enhancing Environmental Health by Community Organizations (EEHCO) Project in Dhaka City

Partnership Agreement between Water Aid in Bangladesh (WAB) and Population Services and Training Centre (PSTC) dated on 28th June 2009 with effect from 01 April 2009 to October 2011. PSTC has agreed to implement the project titled **Enhancing Environmental Health by Community Organizations (EEHCO) project in Dhaka City.**

Enhancing Environmental Health by Community Organizations (EEHCO) project has been started on April 2009. This project particularly address the CBOs' capacity building, CSOs' WatSan network and new technology adoption for water and sanitation services, hygiene promotion in different vulnerable group of people and advocacy initiative for stakeholder's advancement, emphasis to WatSan facilities for child and considering the child abuse issue in working area. The issues of occupational hygiene, food hygiene, menstrual hygiene and knowledge sharing with community people have given emphasise.

Poor and disadvantaged communities in working areas have access to safe and adequate water, environmental sanitation facilities to improved hygiene behaviour practice and CBO empowered to assert their WASH rights.

This project covers 20 slums under 6 wards of Dhaka City Corporation where PSTC facilitated Water Supply and Sanitation programme. The CBOs' were focal point of community managements and rising voice of the poor so that CBO's can play a vital role to make the LGIs accountable. Additionally with some extra support for water supply and sanitation, the whole community reached 100% WatSan coverage and benefited all slum dwellers.

In this Year 2011 EECHO project Conducted Community Based Organization (CBO) meeting, Ward Citizen Action Committee (WCAC) meetings, Zone Citizen Action Committee (ZCAC)

meetings, City CSO network meeting, and ward sanitation taskforce meeting for Community & stakeholder's capacity building.

On the other hand project reviewed community situation analysis (CSA), Reviewed community action plan (CAP) for analysis of existing slum situation on water & sanitation, Community latrine construction, Water facilities installed by the name of CBOs, School sanitation for increase access of water & latrine facilities , conducted different Day Observations, Sanitation Month Observation for raising awareness on water & sanitation issues., DWASA Zone Coordination Meeting, DCC Zone coordination meeting conducted for

Improve coordination between GO & NGOs. WCAC Training, Care taker training, refreshers training for volunteer and different meetings and exposure visit for capacity development around the year 2011.

As part of hardware activities, installed total 26 number of community based water and 30 number of community based sanitation facilities at different slum, community and institution level.

Part of hardware activities, round the year, EECHO project of PSTC covered 5541 water and 6675 sanitation beneficiaries.

At a glance EECHO project activities: (Jan to Dec 2011)

SL	Activities	Planed	Achieved	Remarks
1	Community Based Organization (CBO) Meeting	200 nos.	173 nos.	
2	Ward Citizen Action Committee (WCAC) Meeting	60 nos.	51 nos.	
3	Zone Citizen Action Committee (ZCAC) meetings	8 nos.	8 nos.	
4	City CSO network meeting	4 nos.	4 nos.	
5	Ward Sanitation Taskforce Meeting	22 nos.	17 nos.	
6	Reviewed Community Situation Analyses (CSA)	20 nos.	20 nos.	
7	Reviewed Community Action Plan (CAP)	20 nos.	20 nos.	
8	Drainage System Construction		1515 Feet	
9	Footpath		2000 Feet	
10	Exposure visit	1 Nos	1 Nos	
11	Community Latrine Construction	24 Nos	30 Nos	*Plans has Changed*

SL	Activities	Planed	Achieved	Remarks
12	Water facilities installed	29 Nos	26 Nos	*Covered 5541 nos. beneficiaries*
13	DWASA Zone Coordination Meeting	3 nos.	3 nos.	
14	DCC Zone Coordination Meeting	3 nos.	3 nos.	
15	Round Table discussion on sewerage system	1 nos.	1 nos.	
16	Culture Program	2 nos.	2 nos.	
17	CBO Capacity Building Training	1 Batch	1 Batch	
18	Training on Occupational Hygiene	2 Batch	2 Batch	

SL	Activities	Planed	Achieved	Remarks
19	Teacher Orientation	2 Batch	2 Batch	
20	School Management Committee (SMC) Orientation	2 Batch	2 Batch	
21	Training for Differently Able People (DAP)	1 Batch	1 Batch	
22	Care taker Training	5 Batch	5 Batch	
23	Staff Training	1 Batch	1 Batch	
24	Issue Based training for Ward Committee	2 Batch	2 Batch	
25	Refreshers training for volunteer	1 Batch	1 Batch	
26	Orientation for Sanitation option management Committee	11 Batch	11 Batch	
27	Issue Based training for CBO	2 Batch	2 Batch	
28	Refreshers training for Zone CAC	1 Batch	1 Batch	
29	Water Quality Test	45 nos.	45 nos.	
30	Rainwater Harvesting &Ground Water Recharge	2 nos.	2 nos.	30
31	Rainwater Harvesting	01nos	01nos	31
32	Solid Waste Management system Development	3 nos.	3 nos.	32
33	World Water Day Observation	1 nos.	1 nos.	33
34	World Environmental Day Observation	1 nos.	1 nos.	34
35	Sanitation Month Observation	1 nos.	1 nos.	35
36	Global Hand Washing Day Observation	1 nos.	1 nos.	36
37	World Toilet Day Observation	1 nos.	1 nos.	37

Staff of EEHCO Project – PSTC

Total Staff	Male	Female	Professional Staff	Supportive Staff
27	13	12	8	19

Few Success of the Project

- Rain water harvesting & Ground Water Recharge piloting with the collaboration of BUTE, PWD and IUB
- Introduced Hand Washing Device for Community Latrine
- Integrated WASH infrastructure Development (Water, Sanitation , Drainage and footpath Facilities) at TT Para Slum

Case Study

"Successfully introduced with Solid Waste Disposal System in Mirhajirbagh area Community Based Organization"

Mollah para is one of the slums of Mirhajirbagh CBO-1. A total of 400 HHs live in the slum and about 30 shops are available by the road side. The road to enter in the para/slum was always full of scattered wastes for long time. Every day many people move in the road. But nobody had any headache about the dirty road. There is no specific place for waste disposal system. So slum people and shop owners keep the wastes in the road side scatteredly. Many people walked covering the nose with hand. Children played in the dirty road and always suffered with Diarrheal, Skin diseases etc. Poor people lived in the worst situation.

PSTC and CBO tried to overcome the situation discussing with Ward Councillor and took initiative earlier but not fully successful. Now the CBO decided that they would overcome the situation anyhow. They collected 1 Van, 2 trolleys from PSTC through written application. CBO formed a Waste Management Committee. They decided that one Caretaker would clean the road, collect the waste from the 600 HHs of Mollah para and Kamaler bari, shops by side of the road and disposed the waste in the City Corporation Dustbin near Dayaganj. Nobody keep the waste in the roadside. CBO was able to aware the Slum people and Shop owner so that they continued to dispose their waste in the pot/bag and give in the van regularly. CBO and Waste management Committee look after the matter. HHs and Shop Owners pay for that monthly average Tk 20. Caretaker got an incoming source by the CBO.

Now the road remains clean, no bad smelling is felt, and no people walk with covering nose. Overall Slum scenario with road has been changed now. Children's suffering also decreased. CBO, slum People became very glad to see the change. They feel that there is a will, there is a way.

Abu Bakkar Siddique said, "I have a small medicine shop in the road side, I suffered a lot for bad smelling. I sold maximum the medicine of skin disease like Skin disease, and Diarrheal, disease. But now the road is clean, no bad smell and sell of medicine of aforesaid diseases has been decreased. The environment has been changed."

Learning's

- Improving the school WatSan facilities created the opportunity for student if good health and environment.
- CBO can take the leadership role to coordinate among the development partners in the community through involving others stakeholders to develop plan for sustainable development.
- No alternative to running water for Proper O&M of Sanitation option
- CBO can take the leadership role to implement WaSH activities in the slum with joint Collaboration of their community group.
- Government initiative for campaign of Water and Sanitation not that much priority focuses and as a result LGIs initiative is poor. sometime they feel reluctant on this issue
- Slum dwellers are becoming aware about WaSH rights. They can conduct advocacy to get water and sanitation facilities to other stakeholders like GO and NGOs. But this is coming about a limited scale. People should make more proactive to claim WaSH rights and conduct advocacy to get WatSan facilities from different service provider.
- Back dated Hygiene awareness system need to change. Community people aspect attractive and community friendly activity.
- Need GIS (Geographical Information System) monitoring system for the hardware and software monitoring

Recommendations:

- Special afford should be given to enhance the capacity building of Citizen Action Committee (CAC) taking the lead role in a rights based approach to work with different service provider to address the major issues of slum dwellers.
- Advocacy activities should be taking initiative to ensure the WASA Approval process easier. Especially considering in the slum area during demand note preparation by DWASA.
- The City Citizen Action Committee (CAC) Should be more involve to updating the WASA billing at community level
- A System to be developed for better coordinator with Citizen Action Committee CAC & DWASA LIC department.

To celebrate World Environmental Day 2011, School Students and community Children's sketched their dreams for healthy environment by improving water and sanitation facilities in their community

Enhancing Environmental Health by Community Organizations (EEHCO) Project in Chittagong

With the support of Water Aid Bangladesh 'Enhancing Environmental Health by Community Organizations (EEHCO) Project' is also implemented in Chittagong in the year 2011, to provide access safe drinking water and sanitation facilities towards the marginalized people in Chittagong.

Goal

- Quality of life for poor rural and urban communities enhanced

Purpose

- Reduction in exposure to water and sanitation risks, sustainable improvements in hygiene behavior and empowerment towards WASH rights of the poor and disadvantaged.

At a glance EECHO project activities in Chittagong: (Jan to Dec 2011)

Sl	Activities	Target	Achievement
Water Service Delivery			
1	Submersible pump constriction	1	1
2	Deep set full cylinder tube well installation	10	10
3	Water point installation	6	5
4	Water option caretaker training person	32 Person	32 Person
5	Water option management committee training	17	16
6	Water quality test	40	40
Sanitation Service Delivery			
7	Constriction Cluster latrine	20	20
8	Sanitation option management training	20	20
9	Divisional workshop based on sanitation month	1	1
10	Observance sanitation Month	1	1
Hygiene Service Delivery			
11	Facilitated occupational hygiene and safety measure meeting with occupational group	10	10
12	Global hand washing day observance	1	1
13	Facilitated hygiene promotion meeting in tea stalls	10	10
14	Voluntary training on hygiene promotion	1	1

Sl	Activities	Target	Achievement
15	Facilitated meeting on menstrual hygiene	10	10
Others			
16	CBO training	3	3
17	Facilitated monthly CBO meeting	220	220
18	Facilitated monthly WCAC meeting	30	30
19	Facilitated monthly WSTF meeting	30	20
20	Facilitated coordination meeting with Chittagong City Corporation	3	3
21	Teachers orientation on chilled rights	1	1
22	observance world water day	1	1
23	Arrange Community theater	2	2
24	Observed world environmental day	1	1
25	Monthly staff meeting	10	10
26	CSA review	44	44

Challenges

- Inadequate supply capability of CWASA (only 40%)
- Manual human sludge disposal system
- Inadequate Solid waste management
- Lack of Coordination with Slum Dwellers & other stakeholder
- Community people are not enough aware to dispose solid waste in proper place.
- Project-based CBOs (different NGO forms different CBOs)
- Random migration of slum dwellers
- Threats of eviction
- No sewerage system in Chittagong City area
- Scattered Households left behind from services which hinders to achieve 100% coverage in a slum

Opportunity

- CEO of CCC will take initiative regarding regular coordination meeting with NGOs.
- Good coordination among NGOs and maximum utilization of community resources
- Government institutions/organizations are helpful (positive signals/responsiveness from Government organizations)
- Planning of decentralization solid west management system
- Good relation with local representatives
- CWASA Officials are agreed to supply water to address the special crises of slum areas.

Decentralized Urban Total Sanitation Project (DUTSP)

As a signatory of World Summit on Sustainable Development (Johannesburg 2002) and agreed eight Millennium Development Goals (MDG), in the General Assembly of United Nations, in 2000, Government of Bangladesh (GoB) declared to achieve Total Sanitation in the country by the year 2010. Recently Government of Bangladesh revised the target to achieve sanitation for all families by 2013.

The vast majority of the people living in urban slums and to use unhygienic latrines or practice open defecation. As a result poor health and hygiene condition prevails in the densely populated areas and city slums. The progress of sanitation coverage in urban slums is very slow.

Decentralized Urban Total Sanitation project has been designed for 100% sanitation coverage and commenced from July 2005 and continue up to June 2012. The capacity of the local government institutions (DCC, ward commissioner) will be enhanced to take a lead role in promoting decentralized urban total sanitation, safe water for all and undertaking intensive campaign for improving hygiene behavior in collaboration with other stakeholders, including religious leaders, school teachers and students, health and family planning workers, influential local leaders etc.

Project Goal

Improve quality of people's lives through improving environmental sanitation and safe water supply facilities and services with increased access to those by the poor.

Purpose of the project

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

Project objectives

- Strengthen knowledge and skills of Local Government Institutions (LGI) for local level planning, resource mobilization, implementation and monitoring of sanitation activities
- Raise awareness of target communities on hygiene practices, safe water and adequate environmental sanitation
- Strengthen knowledge and skills of target community groups 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.

For the 100% WatSan coverage main emphasis of DUTS project, have been given on the mobilization of public and private resources through jointly planning. Zone Task Force Committee, Ward Task Force and Community Based Organization (CBO) are acting as the pressure group for mobilizing the resources.

Activities of the project

The major project components of activities of the project are software & hardware.

Software

- Training, orientation, workshop to build capacity of the project staff, LGIs, community people and other stakes.
- Community mobilization through event observations addressing different sanitation issues relevant to the community, observation of National & International days, Exchange visit etc.
- Promote hygiene practices through School Sanitation and Household Hygiene Education (SSHHE), spot sessions, community session, meetings and arranging creative and cultural events at school and community level.
- Collect and develop IEC/BBC materials and use in disseminating sanitation message.
- Set up Awareness Board at Community and Display Board at school(SSHHE Corner)
- Advocacy with LGID, DPHE, DCC, DWASA for policy support through Advocacy workshops, Actively participation in different forum/network

Hardware

- Hardware facilities (Repair/ up gradation/ installation of latrines and water points) ensuring local participation emphasizing Govt primary schools and integration with SIP intervention centres.
- Identification and development of cost effective, and user friendly appropriate technologies to address the future water crisis in the urban areas.

- Check water quality and demonstrate low cost water treatment options for supplying safe water (such as Clotech for improving bacteriological quality of water and also promote solar system to purify water).
- Facilitate and promote community managed Solid waste management system to improve environmental sanitation at project working area.

Project Working Area, Population & Beneficiaries

Name of Zone	Name of Ward	# of population	Direct beneficiaries
Zone -5	07, 39, 40, 41, 44, 46, 48, 49 and 50	7,53846	▪ 12,763 children from 26 Govt. P.S ▪ 1,656 from TF, CBO, Para Team and Hygiene groups ▪ 8,455 from community Hardware support (Van Trolley, Comm. Cluster latrine reparing, Bathing place repairing)
Zone -2	06 and 08		
Zone-4	33		

Project Staff

SL	Total Staff	Male	Female	Professional Staff	Support Staff
01	22	13	09	09	13

Selected Success Story of DUTS Project

- **Successful Sanitation by the Participation of the Community:**

A visitor team from Japan arrived on 9/01/2011 in Bangladesh to observe the living style of the poor and underprivileged people. The team had 10 members. Sanitation Situation monitoring of the Urban Slums was a part of their visit. The DUTSP took them to visit Cluster Latrines of the 96 Ghar in w#85.Children of 96 Ghar warmly welcomed them with petals of flower and singing Sanitation Pot Song. The CDF members discussed the Operation and Maintenance of the latrines, Formulation and activities of the CDF Committee and comparative scenario of the present and past sanitation situation in participation method and also presented their future action plan. The Japanese Visiting Team praised two issues:

- Operation and Maintenance of WatSan Facilities led by the Community
- Child group in the area is formed under the leadership of SST to aware on Sanitation issues

- **Popular Acceptance of SODIS: An Alternative Water Purification Process**

There are a few processes to make water pure other than boiling water. Research is going on to make water purification system much more easy and cheap. Due to scarcity of fuel and economic crisis boiling and using Clotech, Tablets and Fit Cary has become very troublesome. In this situation people of Nobu Slum in w#85 get used to drink impure water. As a result, they often suffered from water borne diseases. In this circumstance DUTS Project introduced them to new techniques of water purification. It is the SODIS method (Care Bangladesh). By this method 2 liter plastic bottle of water can be purified by the Sunlight .This method which is easy and free from fuel using is now used by 5 families of Nobu Slum to get pure water. This best practice was shared with the people of nine other slums of 14 Outfall by exchange visits. In the sharing meeting representatives of these five families from Nobu Slum described various points on the using process of SODIS Method, its facilities and benefits. Being encouraged people of other areas showed interest to use SODIS Method. It is assumed that SODIS Method will be popular in other areas of 14 Outfall from taking the learning of SODIS.

- **Establishment of proper Waste Disposal system**

A few under privileged families live in the areas of Bibir Baghicha in w# 48, the surrounding area of Surovi School in w# 49 and South Jatrabari in w#50 who did not give their garbage to the Van operated by the Waste Management Committee. Rather they dumped their garbage on the roads, drains and anywhere in their house. DUTS Project Staff conducted Hygiene Session to motivate such type of people. As a result, they managed to bring them (under privileged families) under waste management system. On the other hand, they convinced the waste management committee for fewer amounts to those families. Now these families give their garbage to vans regularly which ensured the proper waste Disposal system in the area.

- **Dhaka City Corporation cleaned Surovi School Sewerage lines that was a initiative of Community Development Forum (CDF) of Ward # 49**

The sewerage system of Surovi School often used to be out of service. It's waste floated in the latrine and the children had to use this unhygienic latrine having no alternatives. The landlord of the house paid no attention to clean the latrine whenever he was told. School authority had to clean the toilet by calling sweepers by themselves when the situation got worse. Community Development Forum (CDF) of Ward 49 made contact with the Dhaka city corporation, zone-5. The City Corporation cleaned the whole sewerage line. Now children of the Surovi School can use that toilet comfortably as it is clean and hygienic.

- **Ward Commissioner's initiative on Food Hygiene**

To ensure Safe and Hygienic food, the Commissioner of w#39, Task force members, CBO Members, DUTSP Staff, visited and discussed on safe and Hygienic food, personal hygiene practice in 39 hotels of the ward. As a result, the Hotel owner and Hotel staff became aware on safe and hygienic food. It was possible only for the initiative of Ward Commissioner and Task force members.

- **DUTS Project Stall was awarded second prize by participated the UPHCP-PSTC Health Fair 2011**

Case Study

Gopibug Bazar Public Toilet sustaining with hygienic environment till date

4 chamber of a latrine, 2 Urinal and 1 Basin – all are fully neat and clean, toilets are free from dispute/bad smell. The users are taking the facilities of neat and clean environment. This is the scenario of Gopibug public toilet .

The toilet was constructed in 2005 at Gopibug under ward 75. The railroad and the local market (bazar) are very nearest to the toilet. There was a demand of the public toilet for long time for the floating and bazar concern people. To address the demand, DUTS project built this public toilet with the assistance of Ward Sanitation Taskforce members. To look after the toilet, a maintenance committee was formed incorporating Bazar Committee members.

Till to date, the committee are acting vital role for operation and maintenance of the toilet. DUTSP provided training to the committee on Operation and Maintenance. Through several trainings and discussion, the members of the committee are trained on Characteristics of hygienic latrine, the demerits of unhygienic latrine, Operation and Maintain of latrine and their roles and responsibilities. As well as fund raising mechanism discussed for operation and maintenance.

The trained committee is operating the public toilet properly. At present, DCC gave effort to clean the toilet .The toilet is cleaned twice in a day. For this, two taka is collected from each shop keeper in everyday .In this way, cleanliness of the toilet ensured for every time.

Now the toilet is hygienic, dispute free and always usable.

Till now, the public toilet is running with proper environmental sanitation and free from political barrier. DUTSP expects that this committee will operate the public toilet ensuring environmental sanitation and it will be a model for scaling up in the urban areas.

Jatrabari Goveronment Primary School- An Example of ownership

Jatrabari Govt. Primary School is situated at the middle of Saheed Faruk Saroni in ward 86. The school schedule is divided into two shifts -Morning Shift is for the boy's and the Day Shift is for the girl's.

Before started the SSHHE program in this school, the entire environment of the school was not satisfactory. To start the SSHHE program, teachers, SMC and Students / SST were oriented like other schools. Teachers, SMC and Student got ideas regarding the activities and Steps of SSHHE Program through the Orientation. Day by Day, School teachers, SMC attached with SSHHE program and they owned the program and realized that SSHHE Program is very essential for the students to keep them healthy and also for safe environment. Mr. Monir Hossain, member of SMC and Task Force, provided soaps for the students of the school.

Now days, the school authority is providing soap for the students. School Authority ensured safe water by purchasing water lifting motor, filter taps, buckets and other materials. Basins are set up in child- friendly place.

To make the SSHHE Program functional, the students and the teachers are always playing different activities such as posturing, leaflet distribution and copied a lot of lyrics papers. Recently, the school authority participated actively in a cultural program on sanitation. Parents of the students also took part in the decoration of the program and others activities.

In School Sanitation and Household Hygiene Education (SSHHE) program, the involvement of the total school authority is increasing gradually. They awarded By JICA and DCC for the best clean Govt. Primary School in Dhaka City. MS. Nurtaj Begum, said, "I understand the importance of SSHHE program in the orientation program of SSHHE and fully involve in the activities and as a result we achieve the award of JICA and DCC for best Clean School. I give thanks to DUTSP for such type of program that will help to promote personal hygiene and create a healthy environment". By achieving the activities of SSHHE, Jatrabari school is developing day to day through the positive change of Hygiene Practice and Behavior.

Enhancing Environmental Health and Women Empowerment (EEHWE) in Chanpara Project

PSTC has been implementing "Enhancing Environmental Health and Women Empowerment in Chanpara (EEHWE)" project from March 2011 at Chanpara Punarbasan Kendra, Kaetpara Union, Rupgonj Upazila, Narayangonj District.

This project funded by The Kadoorie Charitable Foundation and supported by Action Aid Bangladesh (AAB).

Project Duration:

03 years from March 2011 to February 2014.

Goal

Goal of this project is to Improve the Primary Health Care, Environmental Health (Safe water, Sanitation) and livelihood opportunities for Women and Marginalized Community in Chanpara.

Objectives of the project

- To Improve environmental health in the following areas: water sanitation, hygiene practices, and solid waste and drainage systems
- To increase access to reproductive and primary health care (RHC & PHC) services
- To create social awareness and income-generating opportunities for women and adolescents
- To work towards Government's recognition of Chanpara residents as permanent settlers

Project implementation Stages

Inception stage

The first three months will be used for preparations. Project staff will be recruited and their capacity regarding the specific technical aspects for the project will be developed. Reflect groups and community groups will be formed from among the selected program participants. Orientations and project inaugurations will be held to involve different stakeholders (Union Parishad and Upazila Parishad).

Implementation Stage

WATSAN and women's empowerment activities will be implemented during Phase 1. Social mobilization activities and CBO strengthening activities will be undertaken, as well as capacity building for different stakeholder activities

Consolidation Stage

More emphasis will be placed on the advocacy and lobbying for the permanent residency settlement of the Chanpara. Mobilization for claiming rights will be implemented during Year 3.

The project is expecting the following services to be mainstreamed with the approval of Union Parishad: Safe Water, Sanitation, Drainage, Solid Waste System, Community Clinic, Adolescent Club and Economic Opportunity for Women and Adolescents.

Less pollution, safe water supply, good hygiene practice and better solid waste management will have a positive impact on the environment which will enable the Chanpara Residency to lead a healthy life.

As a result, diarrhoea will be reduced at the same time increased awareness among community members. Empowerment of women will reduce Rate of child marriages and all forms of violence against women.

Activities of the project

Activities:	Quantity	Direct benefi.	Indirect Benefi.
Improve Environmental health			
Safe \water (Submergible pump)	04	2,135	
Bathroom(for shower)	20	427	
Latrines	20	427	
Drainage Systems	1000rft	5,141	
Solid Waste Management	4	30,000	
Bio-Gas Plants	2	42	
Reproductive and Primary Health Care Services			
Health Services	1 Clinic	45,000 (patients)	
Immunization and family planning services. From Upazila Health Complex.			
Social awareness and Income-generating opportunities			
Awareness Sessions for Reflect Circle members	20 Circles	600	10,000
Campaign and Mobilization for High School Students	4	600	35,040
Adolescent Club Services	2	100	4,000
Income Generating Training & Financial support	6 Trades	375	1,600
School Teachers Training	2	16	1,000
Established Citizen rights and ensured facilities from LGI			
Meeting with CBO and Stakeholders	Monthly	40	35,040
Advocacy and Networking (permanent residency, clinic services, Submergible pump)	3	30	

Success Case Study

We all are Happy to getting Safe Water by PSTC

Near about 35,000 populations lived in Chanpara in 9 blocks. The whole Chanpara residencies are suffering for crisis of safe water. Every year, the depth of aquifer decreases and the months of April – June (dry season) it goes to the lower point. There are not enough deep tube wells in the area. Some economically solvent people installed deep tube well but it is not enough for coupled with the high density of population in the area. The river and pond water contamination due to sewage leaks. Availability of safe water is highly inadequate, especially in block 3 & 9.

To Improvement of Primary Health Care, Environmental Health (Safe water, Sanitation) and livelihood opportunities for Women and Marginalized community of Chanpara, PSTC implementing **Enhancing Environmental Health and Women Empowerment in Chanpara (EEHWE)** project from March 2011 at 1, 3 & 9 number blocks of Chanpara. Under this project issues identified by the members of REFLECT Circles and they also take initiatives to solve the problems. In this process they prioritized crisis of safe water is prime issue. They demand to PSTC to install submergible pump to reduce water crisis. According to project plan and demand of the community PSTC take initiative to install 2 submergible pumps at block 3 and 9. By those two pumps 400 people will get safe water.

To install Submergible pump the place is vital matter. Circle members and CBO select the place and PSTC's engineer finalizes the place as per technical point of view. To selecting the place for submergible pump at block 3 circle members faced an obstructed. There was an illegal hut on the selected place. REFLECT Circle members decided that they will damage the hut and one day they start to break it. But one self-interested man tried to stop them. He sued case at thana and inform UP Chairman and local journalist. UP Chairman, Journalist and Police came observed the situation. In front of them circle members brief their demand. They realized the demand is legal and noticed that man to remove his hut immediately.

After finalized the place PSTC installed pump there with over head resurver and 10 water stand post at block 3. Another submergible pump install at block 9 with over head resurver and 20th water stand post. Community formed a SMP Management Committee and selected

Care taker for operating the pump and maintenance the pump and points. PSTC organized training for caretaker on operation and maintenance of SMP. Now above 400 people are getting safe water regularly and SMP management committee is monitoring the water distribution activity regularly. People are very happy on PSTC. Md Fazlu said, "We thanks to PSTC for their great cooperation."

"Lucky able to protect herself from Early Marriage"

Lucky was born in Chanpara in 1998. She was growing up in the dirty environment of this area. She didn't learn anything without bad habit and ill believe. She has 4 sister and brothers and lucky is elder of them. Her father is a Small businessman and her mother is a housewife. They all are illiterate and they didn't have any knowledge about the society. One day lucky informed from her friend about the REFLECT circle. Where she can learn many unknown knowledge and she will judge good or bad. Lucky feel interest and she came to the circle with her friend. REFLECT Facilitator behave well with her, a few days later she can understand that this is a good place and. She learned every day something new. At the same time lucky's mother also joined the women circle.

One day REFLECT Facilitator discussed in the circle about the bad effect of early marriage. From this discussion lucky knew that if any girl marriage on below 18 it will bad for her health and it also a cause for death. In the meantime Lucky's father organized her marriage, but lucky didn't agree in this marriage. She told her mother about her decision. But her mother less important the matter and keep silent. Because her father and others members of her family determined about her marriage.

Lucky discussed the matter in the circle. Circle members went to lucky's home together. They could make understood lucky's father and others member. They decided that they will give marriage of lucky after 4 years later. Now lucky participate in a Handicraft making training and trying to be self-sufficient.

Staff information of Project

Professional Staff			Supportive Staff			
Female	Male	Total	Female	Male	Total	**Total Staff**
2	1	3	3	2	5	**8**

Learning's from the Project

- Mobilize the Chanpara residency to receive health service from clinic
- A recognize place must be need to established Solid Waste System
- Close monitoring can be ensure proper management of hardware construction
- Need to prepare the Guideline and Modules of project activities at the beginning of the project.

Recommendations

- Need sufficient budget for the running of the clinic
- Project budget should be distribute properly to implement the activity
- To ensure the quality of hardware activity, all hardware need to implement part by part

Improving Livelihood and Environmental Health for Excluded Population (ILEHEP) Project - Tangail

PSTC with the assistance from Water Aid Bangladesh (WAB) started a WaSH program in Kandapara Brothel of Tangail Pourashava to introduce a model for WSS service delivery for this excluded group of population titling Improving Livelihood and Environmental Health for Excluded Population-ILEHEP. 454 Horizon people of 03 scattered areas of Tangail Pourashava included with the mission to ensure adequate water, sanitation and hygiene facilities for them.

Overall environmental health, water supply, sanitation, solid waste disposal and drainage system, personal hygiene behavior and menstrual hygiene management scenario of the brothel and Horizon Polli are worst. They live in a congested & unhygienic living space. In

addition to water born diseases and diseases due to unhygienic living condition, they are also vulnerable on diseases like Reproductive Track Infection (RTI) and Sexual Transmitted Diseases (STD) and HIV/AIDs. During rainy season, most of the drains of the targeted areas become over flow & water logging becomes a severe problem. They are not enough skill to raise their voice to establish their human rights. WatSan services are inadequate in all brothel and Horizon Polli and this excluded group of population has very limit excess on it.

Objectives of the project

To improve health and poverty status of sex workers of Tangail Brothel through enhancing access to safe and adequate water, improved sanitation and hygiene promotion supports.

Staff of ILEHEP Project

Total Staff	Male	Female	Professional Staff	Supportive Staff
14	07	07	04	10

Year: 2011: Project Activities

SL	Activities	Planned	Achievements'
01.	Platform renovation	22	10
02.	Meeting with LGI's/land owners and CBO's about MOU	01	01
03.	Cluster Latrine, CL-2 including soakpit & RWHS	03	02
04.	Trolley for door step waste collection	3	2
05.	Observance Sanitation month (rally, submission of memorandum & press briefing at Paurashava)	01	01
06.	Video documentary and demonstration for hygiene promotion	0.5	0.5
07.	World Hand Washing Day & Hygiene Week (October)	01	01
08.	Observation World AIDS day jointly with others(14 Dec)	01	01
09.	Conduct issue(Hand Wash) based orientation for Peer Educator	01	1
10.	Training & refreshers for peer educator on HP and facilitation	1	1
11.	Hygiene sessions conducted with child group	36	36
12.	Training & refreshers for Tea Stall owners on HP for food hygiene	01	01
13.	Equity inclusion and gender training	01	01
14.	Research for the tangail Brothel	01	01
15.	Vedio Documentary on Situation Analysis	01	01
16.	Case study with photography	01	01
17.	Baseline Survey (Community Situation Analysis)	01	01
18.	Foundation training for staff	01	01
19.	CSA conduction	01	01
20.	Orientation to Nari Mukti sangtha on Wash promotion	01	01
21.	House Owner, LGIs and Sex Workers Monitoring & Coordination Meeting	01	01
22.	CBO Monitoring & coordination meeting	03	03
23.	CBO formation (horizon Palli)	03	03
24.	Video documentary Develop	0.5	0.5

Successes

- Increased awareness between sex workers and customer regarding sanitation, behavioral change about personal, domestic and environmental hygiene and use save water in their daily life.
- As a result of building awareness regarding healthy environment, the house owners willing to provide their valuable land for construction of sanitary latrine and bathing place.
- Building rapport with CBOs, house owners, local potential persons and LGIs.
- Only PSTC with support of WaterAid Bangladesh has taken initiative to promote sanitation, hygiene and safe water services for sex workers and horizan community of Tangail Paurasova.
- Building capacity of peer educators and community mobilizer about awareness raising on hygiene behavior among the sex worker and people of horizon community.

Case studies

Lima Sardarni,s comments "Not a difficult task to clean it"

Lima sardarni (Age; 35) as a user when asked her feelings about the before and after condition of TW platform renovation by PSTC. Then she express "when it was broken/crack then it was dirty, bad smell, cleaning was not easy process and it was hurtful for all users to use this platform. But after renovating platform by the PSTC now it is look very nice and we are very happy to use it. On the other hand house owner have also got advantage from this due to not giving any cost for renovation and all we are benefited said 3/4 sex workers with him.

Before Intervention

After Intervention

Lessons learned

- Peer Educator selection from sex workers is one of the important initiatives that can be taken to make the persons more active.
- Hardware work went particularly bad (Huge number of hardware work was planned for the first year that could not be addressed due to lack of rapport building, absence of necessary software work,, shortage of time space (due to delay approval of the project by the NGOAB), local political crisis, interference of 'mussel men', conflict between house owner and unrealistic proposed working rate of mason.
- To try for hardware work without calculating local problem, adequate software activities and developing rapport with the stake holder. It results absence of hardware work during reporting period
- The LGIs are not interested about the kandapara brothel. As a result of several times communications regarding kandapara's problem (pipeline, solid waste system) they motivated about the WaSH rights of the Kandapara Brothel.
- Negative attitude of the mainstream people and the service provider to ensure support to the sex worker is a big challenge.
- Attitude of some cso is very proactive for the sex worker which might be an opportunity to work with them.
- Coordination meeting with CBO, Narimukti, metting with house owners and gradually rapport building with residents of brothel, project has done some hardware activities in brothel to take the help of Narimukti, house owners and steelworkers.
- Hardware work has been dropped for the reporting period and made a plan to do that in second year.

Recommendations

- Project feels to reduce hardware support in brothel from second year and include horizon for both hardware and software support.
- For the hygiene message, we need to develop video hygiene song and billboard of each cluster with hygiene message for the sex workers.
- As per existing scenario, we should prepare revised budget and plan for hardware and software support in brothel and horizon palli.
- Project needs to base hardware support in brothel and horizonpallis from third year.

Chapter - 03

Child Adolescent and Youth Development Program

Child, Adolescent and Youth Development

Children are the future nation of a country. Our children and youths could make their dream true with healthy environment, adequate and proper education, scope of opportunity and support.

Following Projects are implementing under the umbrella of PSTC where one of the projects have lunched in reporting year to address comprehensive health service specifically for working girls.

- Creating Opportunity for Adolescents and Young People Rights to Information on Sexual Reproductive Health and Care (SRHC) Project
- Unite for Body Rights (UBR) Project
- Comprehensive sexual and reproductive health service for working girls (CHSWG) Project
- Helping Children Working and Living on the Street (HCWLSP) Project
- DCC – ILO Program on Child Labor
- Maternal Neonatal Child Survival (MNCS) Facilitated Community Intervention Project
- Strengthen Adolescent Reproductive Health (ARH) Project in Urban Areas

CREATING OPPORTUNITY FOR ADOLESCENTS AND YOUNG PEOPLE RIGHTS TO INFORMATION ON SEXUAL REPRODUCTIVE HEALTH AND CARE (SRHC) PROJECT

Creating Opportunity for Adolescents and Young People Rights to Information on Sexual Reproductive Health and Care (SRHC) Project is implementing in the capital city of Dhaka, at Badda union with the support from RFSU – SWEDEN to address the sexual and reproductive health care towards the adolescents and young people under the umbrella of PSTC, strated from 2010.

SRHC Project Objectives

- Capacitate 1,500 community based adolescent and young people aged up to 24 years and capacitate 1,500 garment workers on rights to SRH related information and care.
- Improve knowledge and information on ARH and SRH of adolescents and young people.
- Increase access to SRH services to adolescents and young people
- Ensure uninterrupted and quality services from "SRH clinic"
- Positive change in behavior and attitude of gate keepers and service providers.

Purpose of the project

To ensure Rights for target group on ARH and SRH issues within next two years and to meet reproductive health needs of local community from SRH clinic.

Intervention area and Target Population

Badda Union Parished (Moynarbagh, Shadhinota shoroni, Adorsha Nagar, Purbachal) of Dhaka City

Targeted Population is –

- 1,500 Garments workers (14 to 24 years of age)
- 1,500 Community young people (14 to 24 years of age)

Expected Result

- 50% targeted young people will able to make informed decisions regarding their SRH Rights
- Established "SRH clinic" for target groups
- Quality and gender sensitive SRH services are available for adolescents and young people in the project area.
- Strengthen capacity of service providers and project staff for addressing ARH and SRH issues.
- Develop peer among the group members and strengthen their capacity.

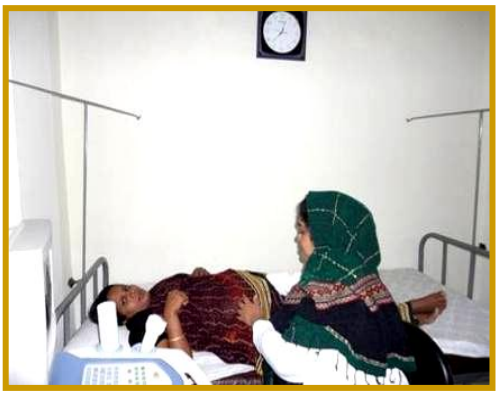
Achievements of SRHC Project

During the reporting year 2011, following activities of SRHC Project has done successfully –

SL	Activities	Achievements	Remarks
Capacity Development			
01	Project Orientation	01	Parti-28
02	MR Training For Paramedics	02	Parti-04
03	Tec. Training For service provider	01	Parti-04
04	Training on Peer Education	02	Parti-20
05	Basic Training On ARH & SRH	01	Parti-20
07	Refresher Training On ARH & SRH	01	Parti-20
08	TOT on Life skill Training	01	Parti-20
09	Gender Training for Project staff	01	Part-20
10	Counseling Training for counselor	01	Part-03
11	Management Training	01	Part-04
12	Financial Management Training	01	Part-02
13	Refresher Gender Training	01	Part-20
Capacity Development of Adolescent and Young people			
14	Peer Education training	01	Part-20
15	Gender Training for peer educators	01	Part-20
16	Rollout of the Training on Life skills	01	Part-20
17	Annual Youth Gathering for Planning	01	Part-50
Capacity Development of Communities			
18	Orientation on ARH and Gender for Adolescent support group	01	Parti-20
19	Meeting with ARH support group	02	Parti-40
20	Meeting with Stakeholders	02	Parti-60
21	Workshop with Gatekeepers	02	Parti-60
22	Dissemination workshop	01	Parti-100

SL	Activities	Achievements	Remarks
Community Campaign			
23	Celebrate Special Events (Safe Motherhood day, World Population day, World Breast feeding week, HIV/AIDS Day)	04	Part-480
24	Calendar, Bruiser, Leaflet and Folder etc.	01	Total-15,000

Characteristics of SRHC Clinic at Badda, Dhaka



- Adolescent and Youth Friendly clinic
- Minimum service charge and safety net provision for poor people
- Provision for medicine and contraceptive
- Provide sexual and reproductive health services such as family planning, RTI/STI, partner management, ANC, PNC, MR, TT (both for pregnant and adolescent girls), LCC etc with counseling.
- Providing relevant laboratory test
- Blood grouping facilities
- Regular basis satellite clinic facilities/organize in local community

At a glance SRHC Clinic Performance

(May to December 2011)

Services Type	Achieved
Total Patients	2241
Female Participants	1849
Male Participants	392
Laboratory Test	571
MR	21
ANC	253
RTI/STI	110
FP Clients	568
Referral case	02

Learning and Challenges

- Garment workers are not available all the time in a session due to their own business and schedule
- It is difficult to gather all group members at a time in a session.
- The relationship among the peers has been built successfully
- Numbers of clients are increasing day by day in SRH clinic indicates the unmet need of SRH services in local community.

- Safety net provision encourage poor young people to seek SRH services
- Local support group is very essential to implement any community based program/project

UNITE FOR BODY RIGHTS (UBR) PROJECT

Unite for Body Rights (UBR) was initiated by Dutch SRHR alliance. Government of Netherlands has funded the program to implement in Bangladesh with experienced non government organizations (NGOs). As part of this, an alliance has formed at Bangladesh comprising Population Services and Training Center (PSTC), Family Planning Association of Bangladesh (FPAB), Reproductive Health Sexual Training and Education Program (RHSTEP), Dustho Syatha Kendra (DSK) and Christan Hospital of Chittagong (CHC) to carry out the program successfully. The Unite for Body Rights Program was launched formally on 29th November 2010.

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

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

Intervention Areas of UBR Project

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

Project 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)

Activities of UBR Project

From January to December 2011 UBR project has initiated number of activities, such as conducted in depth baseline survey, capacity development for service providers and staff, group formation and conducted CSE session on regular basis with young people at community and educational institute, orientation / ToT for teachers, workshop with community support groups, organized debate competition among college and school students, distributed contraceptives, celebrated HIV/AIDS and Youth day etc.

Significant activities & achievement of UBR project are as follows

(January to December 2011)

SL	Activities	Achievements
Comprehensive Sexuality Education		
01.	CSE Group Formed	287
02.	CSE Session Conducted	1241
03.	Young People Participation in CSE session	23,043
Clinical Services		
04.	Total Clinical Service Coverage	38.808
05.	Total Clients received services	25,892
05.	Counseling	12,706
07.	Organized Special Health Camp	01
Capacity Development		
08.	Basic Training / Orientation for staff	2
09.	Comprehensive MR training for Paramedics	2
10.	Basic Training of param on Quality of Care	1
11.	Training On SRHR and Family Planning	1
12.	Training of Physician on HIV/AIDS, GBV, Sexual diversity, YFS, value clarification	1
13.	Training on Sexuality, Sexual and Reproductive Health and Rights	1
14.	Training on Sexuality Communication	1
15.	Training on Record keeping and Reporting for clinical staff members	1

SL	Activities	Achievements
16.	Training of service providers on SGBV	1
Establishment		
17.	Youth Friendly Service Centers	2
Baseline Survey and Others		
18.	Conducted baseline survey	1
19.	Conduct FGD & In-depth Interview	34 and 16
20.		
Orientation, Meeting, Workshop, Debate Competition		
21.	Orientation on SRH for governing body/Religious leader	06
22.	Meeting with local support group	14
23.	Rally & Day observation, Youth Gathering	04
24.	Workshop with service providers	01
25.	Youth Day Observation	01
26.	Debate Competition on SRHR	02

Case Study

"Now I know, what should be done to make secure myself"
- Brishti

Brishti, she is 14 years old and read in class 8, lived in lalkhan bazaar motizharna slum in Chittagong Upazila. This slum situated in 14 no ward at Chittagong City Corporation and its very tiny place where lots of the people living without any citizens privileges. So they do not have proper information & services to their sexual & reproductive health crisis. In this perspective PSTC UBR program started its activities in this area.

At the first time when Brishti heard about a session from community mobilizer on SRHR related issues, she felt very shy and she never shared with her mother anything related to her reproductive health, whether she has lots of superstitious and wrong concept regarding the menstruation, puberty changes, sexual relation and partnership.

Not only she but also her mother, their neighbors and friends also have that. She said, "When my first menstruation happens, then I scared about it. It was too much pain, I could not tolerate it. I felt too unusual with that and my mother told me not to eat sour, hot, fish, meat. These are harmful for menstruation." Not only that there have lots of misconception regarding menstruation, pregnancy etc. We haven't any access to right information and services, because there were not any places where we could get that information and services easily.

In that situation under the PSTC-UBR program have formed some groups in this slum and Brishti became a member of one of the group. She always attends in the session and interested to know all the things. She told, "After attending some sessions I have come to know the real things regarding menstruation, pregnancy and all are related issues of my RH. Gradually I come to know the misconception which I had and why the younger mother became very ill health and commit to die when they became pregnant and fall in danger at delivery period. This is happening only for misconception, superstitious and ill practice and the major concern is lack of right information's and services."

She also has said, "In our slum this is very normal characteristics of the people. The early marriage and early child bearing and dowry are very common and besides these there have gender based violence which is very high. After the completion of the whole sessions I have got training from PSTC and their, I have come to know lots of new things which are very much important for my life.

Now I know the real information regarding my reproductive health and share that information with my friends and family."

Now Brishti is a peer educator of her area. She is working for the development of her friends and family's regarding SRHR. She now says that," I know what should be maintain for better management of my reproductive health and how to handle the unusual situation in this period of my life, and now I wish to inform all of my friends about to take informed decision."

[

Challenges

- Inadequate sitting places to sit with the group members to conduct CSE session specially in urban slum at Ctg Upazila.
- In some context community people are not interested to talk about SRH as sensitive issue considering country culture and religious perspective and also parents are rigid to participate their offspring into the session.
- Working or school going adolescents and youth do not have time to sit into the session. They are supposed to sit in weekend (Friday).
- Both Community and school authority like to get free medical service and medicine.

Lessons Learnt

- Mass campaign meeting need to organize with the community people, it will helps to remove constrains and barriers to implement the program.
- Specially need to work with the parents to make them understandable of the issues of SRH and makes us rely to them.
- Need to arrange some refreshment for the group members in the session; it will encourage them to attend the session.
- Girls are more enthusiastic than the boy and they participated more that the boys in the sessions.
- Parents focused activity need to organize into the community.
- Absence of curriculum relating the issues at educational intuitions like School, Madrasha, and College etc. hinders students to know the fact at the very beginning of their life.

Recommendations

- Inclusion of SRHR issue in the curriculum is highly essential.
- Need an orientation at least 1 days on reporting format among 5 partners organizations

COMPREHENSIVE SEXUAL & REPRODUCTIVE HEALTH SERVICES FOR WORKING GIRLS (CHSWG) PROJECT

Garments sector in our country context is the largest contributing sector, which provides around seventy six percent of the total earning of the foreign exchange. Around ninety percent of the work forces serving in the garments are women. They are the key factor as a nucleus of the export processing production. Generally, women who are working in the garments sector turned from the unskilled labors to skilled labors and they can be considered as an example of human resource development.

The economic empowerment of these working girls/women has changed their status in the family. The attractive opportunity of employment has changed the traditional patriarchal hegemony of the fathers, brothers and husbands. Most working women/girls can now chose when to get married or become mothers. They can participate in family decision-making.

Young men and women have reproductive health needs; Bangladeshi young women face particularly serious challenges, including pervasive and deeply rooted discrimination. Young women also lack access to health information and services, which is exacerbate by their disadvantaged positions in economic, social and political terms.

CHSWG project will address the most critical health challenges –Sexual & reproductive health of young girls/women in project areas -which directly address at least the following targets of MDGs for maternal and child health, namely

- To reduce maternal mortality rate by ¾ by 2015
- To reduce under 5 mortality rate by 2/3 by 2015
- To combat HIV / AIDS
- To reduce maternal malnutrition to less than 20% by 2015

Project Goal

Working girls/women (14-26 years) have access to comprehensive services and information on SRH cares and as well as primary health cares in a caring, respectful, culturally acceptable manner in urban and peri-Urban areas of Bangladesh.

Project Objectives

1. To ensure quality SRH status of target group through comprehensive health services

2. To increase stakeholders support for SRH care in the interest of target group.

3. To Increase capacity of target group on practical self-care skills and skills for dealing with risk Behaviors
4. To institutionalize youth friendly services at service delivery points (SDPs).
5. To strengthen partnership with professional bodies, local NGOs and concern Government department.

Target Group

Direct
20,000 working girls (14 -26 yrs) (Garments and other factories) of all segments (unmarried, married)

Indirect
Family members of target groups, Parents, and other stakeholders

Intervention areas

Urban and peri-urban areas of Gazipur and Nayangonj districts
(20-25 KM from Dhaka and have huge garments and other industrial factories)

At a glance Project activities

- Establish two youth friendly clinics for working girls at Borpa, Narayangonj and Boardbazar , Gazipur. We will ensure following services at our clinics:
- Counseling on RH, RTI/STI, HIV/AIDS, FP, Gender, Nutrition, Maternal health etc
- RTI/STI treatment and partner management
- TT for girls
- Family planning including ECP
- MR/PAC
- ANC, PNC, Safe Delivery
- Treatment of aneamia for pregnant young women
- Limited curative cares (LCC)
- Child health for their babies
- Maternal nutrition
- Laboratories services
- Distribution of medicine and contraceptives
- Medical aid for Gender & sexual violence

Counseling for young working girls on SRH rights

The target group will receive information on different aspects of sexual & reproductive health through counseling on puberty, physical and psychological change during puberty, personal hygiene, food and nutrition, reproductive organs and birth process, Family planning, age at marriage, evil effects of early pregnancy, dowry & divorce, drugs, risk behavior, RTI/STIs and HIV/AIDS, sexuality, sexual harassment and gender sensitivity.

Enhancing capacity of service provider

Through the proposed project, the training unit of PSTC will organize training on sexuality, ARH and SRH, STIs, HIV/AIDS, counseling for the staff of the service delivery points. The field staff and the service providers will be trained for offering quality services to the target group. The clinic staff will be trained on MR, Safe delivery, SRH, STIs and HIV/AIDS, quality of care.

Creating an enabling environment for RH

To implement an effective SRH service delivery program, the project will organize workshops, sharing meetings etc. to gain the trust and understanding among the parents, gatekeepers like community leaders, garment owner/authority, local government, GOB officials, local influential etc.

Gatekeeper's orientation including parents

Parents and other gatekeepers have some preconceived idea that young girls should not have information on puberty and other related RH issues. Therefore, the young girls seek support from elsewhere and they do not always get accurate or complete answer also. Through this project, The parenting session along with orientation of different gatekeeper will be organized in the selected areas.

Life skill through resource center

The young girls will receive necessary information and training on life skills from resources center nearby their communities. PSTC will upgrade their center in Gazipur for this purpose and will ensure all sort of equipments and modern technologies to facilitate the resource center.

IEC material development

CHSWG Project will design and develop different colorful IEC materials e.g. leaflet, poster, brochure, stickers on sexual and reproductive health rights and issues. These IEC materials will be distributed among target group as well as in local community

Project Staff

Male Staff	Female Staff	Professional Staff	Supportive Staff
15	34	8	41

Project Achievements

- Rented building for clinics in project areas
- Purchased major office supplies/consumable items
- Recruited project staffs
- Conducted project orientation program for all staffs of CHSWG project at PSTC H/Q
- Purchased and delivered all necessary medical equipments to the project offices
- Emersion of catchments areas for collecting following information :

Intervention Area Information

Informations	Narayangonj	Gazipur
Address	Borpa,Tarabo,Rupgonj,Narayangonj	Board Bazaar,Gajipur
Population	32,000	1,65,520
House Hold	3500	32,435
Garments	16	52
Working Girls	13000	31,200
Other Girls	6000	
Female Garments	12,000	27,970

Gazipur, Board Bazar Service Center

Borpa, Narayangonj Service Center

HELPING CHILDREN WORKING AND LIVING ON THE STREET (HCWLSP) PROJECT

The project has been developed for implementation as a continuation of the previous "Improving Development Opportunity for Street Children of Dhaka City" project that Plan Bangladesh has been implementing since 2006. Plan and its partners undertook participatory review and assessment of the project's progress in collaboration with street children, their parents, employers and community leaders and a series of consultations and workshops were held. It highlighted the importance of the programmatic methodologies especially adolescent girls to other agencies for reintegration.

Project Goal

The overall objective of the project is to create a protective environment for the children living/working on the streets of Dhaka City.

Objectives

- To create access to basic services and facilities for the children, both boys and girls providing Day Care and Night Shelter facilities.
- To develop capacity of street children, community members, local organizations (NGOs/ GOs) and decision makers to carry out appropriate actions and programs to respect and protect the rights of street children.
- To improve street children wellbeing through ensuring their access to private and public services including legal services
- To facilitate reintegration process through child protection mechanism, legal services and advocacy initiative that reduces the incidences of abuses.

Location

Dhaka city corporation area

Project Duration

July 2010 – June 2013

Number of Drop in Center (DIC)

Total 13 (For Girls – 07 and For Boys - 06)

Project Staff

Total Staff	Management Staff	DIC Staff	Part Time Cultural Staff	Male Staff	Female Staff
97	07	78	12	42	55

Target children

The targeting children age range of 8 to 18 years, who live, sleep, play and work in the street, do not have continuous relationship with family and are exposed to physical, physiological and sexual and substance abuse by others, are the project's target group and direct beneficiaries. Emphasis will be given to enroll and provide support to most disadvantaged street children including girls.

Daily Target

- In day time 80-100 children get services
- Per DIC 25 Children stay and get services at Night Shelter

Common Services at DIC/SH

- Counselling
- Basic facilities
- Recreational facilities
- Health services
- Legal aid
- Savings
- Child protection training

Specific Services at DIC/SH

- Life oriented skill training
- Functional literacy
- Cultural training
- Night shelter
- Nutrition Facilities
- Reintegration
- PB & life skill training

Major Project activities

- Running Day and Night Center (DNC)
- Provide Functional Education
- Emergency Health Service
- Provide Awareness education on Issues affecting lives of street children
- Provide nutrition support
- Provide Vocational/entrepreneurship Development training
- Recreational Activities
- Psycho-Social Counseling
- Life Skill Training
- Orientation on Child Rights
- Orientation on Child Protection
- CCCD Process Facilitation
- Savings accumulation
- Family and Community reintegration
- Cultural Training
- Art, Music, Drama ,Training & Competition
- Annual Sports and Cricket Tournament prize distribution with cultural program
- Day Celebration
- Job placement and Self Employment
- Peer Educator Development
- Advocacy and Networking
- Exposure Visit
- Referral service

CASE STUDY - 01

Name: Mizan
Fathers name: Md. Siraz
Mother's name: Sahera
Permanent address: village: Tanislampur, PO: karimganj, PS: Karimganj, District: kishroganj

I would like to be an owner of Garments factory

I am mizan, 12 years old. My father is a fish seller and My mother is temporary house keeper. When I was read class 2 in 2009, my family has faced in big financial crisis. So I was started selling fish with my father and have to left study. This situation has been continuing since mid of 2010.Suddently I introduced a peer of kachukhet DIC .He told me about all facilities and services of the kachukhet DIC and we made a friendship. He took me to the DIC and I was surprised & so happy to observe the activity of DIC. All the children is coming here and can wash themselves, I was also wash myself & uses bathroom. Then I was admit here and trying to attend literacy session timely. I can play here various types of indoor games. Now I am so happy to a member of this DIC. Now I am a peer educator and I also trained here of many important issues, like- child protection, life skill, protective behavior etc. I am aware about child rights and huge of issues by the support of awareness session. I feel the importance of education so that I was admitted school again in last year. Now I am comfortable to talk with others which were trouble for me before coming here. I receive vocational training in the tailoring trade. My future plan is that once upon a time I will be owner of big garments factory.

Significant event

Annual sports and Mass gathering

Celebrities, influential people of the community, Medias and near about the number of 400 children from every DIC participated this event. The children participated in different sports and games and received prizes from the honourable guests. At 2nd day children performed dances and drama on child rights focussing the scenario of depravity of the children by the society. At 1st day about 800 children and people from different communities along with the Mr. Tapan Kumar Nath, Deputi Secretary, Industrial Ministry, People's of the Republic Bangladesh Government & Harunur Rashid, Deputy Director, Social Welfare Department, Dhaka were present.

To celebrate the month of Victory, the 2nd day, prize distribution and cultural program of annual sports Competition was organized with the participation of street children on 12

December 2011 on 10.00 am at National Musium, Main Auditorium, Shahabug, Dhaka. As chief guest Mr.Ranjit Kumar Biswas, ndc, Secretary, Ministry of Social Welfare and special guest Mr. Alam Talugder, Join Secretary, Director, National Public Library, Mr. Nawazish Ali Khan, Advisor, ATN Bangla was attend the program.

Moreover, famous singer Dilruba Khan and Papiya and famous actoress Rotna was present the program.

Challenges

Behaviour change:
It is difficult to change the behaviour rapidly.

Insecurity in work place:
HCWLSP Project cannot ensure safe environment at outside for our children, and street children are not willing to obey Shelter Home rules, ensure community people participation in our programs. Children face difficult unwanted situations in work places outside the DIC.

The project staffs tried to mitigate the challenges by taking different steps through continuous consultations with community people and advocating with concern authorities with participatory approach.

Children are frequently migrated one place to another place.
It is so difficult to continue "A" category children at night shelter because they are very mobile.

Learning

- Children potentiality is being increased if they get scope and opportunity by the duty holders.
- Training is enhancing staff capability to perform his/her duties
- Increased sensitivity towards streets children due to proper mobilize DMC & CPG.
- Children are attracting to the DIC due to big children events.
- Children participations focus potentiality through big events

Program Sustainability

- Peer Educator Approach
- DMC committee
- Linkages and liaisons with duty bearers
- Involvement of children in planning & decision making process

DCC - ILO - ACTION PROGRAM ON CHILD LABOUR

DCC-ILO-APCL project was started from 1st September 2009 and ended at 31st October 2011. The project was designed by ILO and implemented by DCC and PSTC as primary and secondary partners.

Objectives of the Project

Objective 1: At the end of the Action Program (AP), approximately 1,800 child laborers aged 5-17 will have benefited from preparations for and mainstreaming into formal education or enrolment in Skill Development Training (SDT) programs through the provision of basic literacy, numeracy and life skills.

Objective 2: At the end of the Action Program (AP), approximately 10,500 community members, including the intended beneficiaries, will have benefited from access to and use of supplementary and complementary services.

Objective 3: At the end of the Action Program, the intended beneficiaries, other community members, the staff of the implementing (PSTC) and other (e.g. Strategic) partners, will have been (further) mobilized (e.g. voice, representation and participation) for a sustained combating of hazardous child labor through capacity strengthening activities.

Different activities executed according objectives, are as follows

(Non-Formal Education for 3600 working children in 20 MPC)

Key Activities undertaken:

- Survey conducted to select the child laborers from the workplaces
- Literacy test taken
- Non formal education provided to the children
- IDP was prepared for the NFE learners
- Monthly and Final assessment of the NFE learners taken
- Organized meetings with the schools authority for the purpose of mainstreaming the NFE learners
- Initiatives taken to mainstream the graduated learners
- Referred children to the SDT centers
- Maintained BTS cards to monitor the progress of the NFE learners

Withdrawal of children from work

(Total 1805 child laborers had been fully withdrawn from workplaces among them 1241 are boys and 564 are girls)

Key Activities undertaken

- Organized meeting with the parents and guardians to motivate them to withdraw the children from workplaces.
- Organized meetings with the employers to motivate them.
- Regular field visit conducted to the households and workplaces the motivate both the parents and employers to with the NFE learners

Support services (health) to the NFE learners, their parents, guardians, community people and employers

(Total 6735 children and guardians received health services through satellite clinics at the MPC and through referral basis during this period total male 4588 and female 2147)

Key Activities undertaken

- Discussion with the local service providers
- Prepare MOU with the services providers
- Establish satellite clinics at the MPCs
- Encourage the service providers to serve the beneficiaries as and when required.

Project Staff

Total Staff	Professional Staff	Support Staff	Part Time Staff	Male Staff	Female Staff
100	01	39	60	39	61

Progresses

Towards the achievements of Objective 1

- Total 4721 Child labourers identified for two batch NFE enrollment test
- Literacy test was taken of 4721 children.
- Total 3600 children enrolled in two batches among them 3007 are boys and 593 are girls.
- Total 999 children had been mainstreamed into formal schools among them 718 are boys and 281 are girls.
- Total 1805 children had been fully withdrawn from workplaces among them 1241 are boys and 564 are girls.
- Total 410 (B-388, G-22) children had been referred to SDT in the 1st batch and in the second batch 204 (B-185, G-19) children's list prepared to be admitted.

Towards the achievement of the Objective 2

- Total 196 community meetings have been organized during this reporting period. Total 3521 members participated among them 2471 male and 1050 female.
- Total 154 CWSG meetings have been organized during this reporting period. Total 983 members participated among them 735 male and 248 female.
- Total 160 parents meetings have been organized during this reporting period. Total 3010 members participated among them 636 male and 2374 female.
- Total 101 employer meetings have been organized during this reporting period. Total 1349 employers participated among them 1276 are male and 73 are female.
- Total 6735 children and guardians received health services through satellite clinics at the MPC and through referral basis during this period total male 4588 and female 2147.
- Three Mass Gatherings had been organized during this reporting period under PSTC management. Two of them were organized at Zone 4 at Mugda Community center and Khilgaon Community center and one in Zone 2 at Majed Sarder Community center. In those Mass Gatherings local community, guardians, employers, CMC members, CWSG members, NFE learners, project staff, DCC and ILO representatives participated. Total 1235 persons participated in those three mass gatherings among them 850 (M-478 & F-372) were community people including others and 385 (B-231 & G-154) were NFE learners. Zonal Executive Officers of the respective Zones of DCC presided over the gatherings, the chief coordinator of the project from DCC was the chief guest of the programs and local counselors of DCC were present as distinguished guest of those programs. The program was divided into two parts. In the first part there were discussions of the guests and participants and in the second part there were cultural performance by the children.

Towards the achievement of the Objective 3

Different trainings, orientations, workshops organized during the project period, are as follows:

- One day long basic training of financial tools and general program management
- One day long orientation project of APCL program
- Three days long foundation training on DCC-ILO-APCL project
- Orientation on BTS cards of Children and Employers
- Three day long Training on social mobilization
- One day long CWSG committee orientation
- One day long orientation on children survey.

- Three day long training on supportive supervision and monitoring
- One day long refreshers on foundation training
- One day long workshop on social mobilization
- One day long orientation on life skill education
- One day long orientation on CMC
- Six day long foundation training on NFE
- Three day long refreshers on NFE

Findings

- In the log frame, the activities outlined under strategic partnership such as adult literacy, Early Childhood Development, Day care schemes and Youth Employment support units needed to be more specific and flexible for implementation considering these services are additional services with the project activities.

- In the existing modalities of the AP, one part time Social Teacher was responsible to run one shift of NFE session for two and half an hour but he/she had also lots of other activities to perform such as regular follow up of NFE learners, BTS card fill up in regular basis, organize parents meetings etc. which made him/her overloaded and it took at least four to five hours a day to perform all the activities.

Learning's

- The introduction of BTS cards was a very unique tool to monitor the performance as well as progress of the project.
- The modalities of forming the CWSG committees and their activities were very much effective to involve the local community in the monitoring process of the project.
- Mass Gatherings were very successful programs which might be incorporated at least one in a quarter to mobilize and create mass awareness campaign in the community level.
- The Staff of PSTC gained knowledge and skill working with the project through different trainings, workshops, orientations and also practical skills through implementing the project.

Recommendations

- In the existing organ gram the Field Supervisor and Social Mobilizers were same in position and rank. The position and rank of field Supervisor might be upgraded and it can be next to the Project Manager who can make up a bridge between the Project Manager and Social Mobilizers.

- Class size of NFE can be reduced from 30 to 25/20 children per shift.
- This would be needed to be clarified in the very beginning of the children enrolment into NFE sessions whether the children would be enrolled into NFE with guardian or without guardian as the target without guardians the mainstreaming of the children would be very difficult.
- Annual recreational activities for the NFE learners such as annual gathering, exposure visit, cultural program etc might be introduced.
- Some activities for the employers also might be introduced with the project activities such as credit facilities for them, awareness development on different issues of child rights and labor laws as the employers are the toughest group to be mobilized.
- There was no specialized staff for training in the NFE component. A trainer position might be incorporated with the project for NFE component.
- Massive awareness program might be undertaken to eliminate worst form of child labor using electronic media such as TV spot, Radio Filer, video documentary, postering etc.

MATERNAL, NEONATAL AND CHILD SURVIVAL (MNCS) PROJECT IN KISHORGANJ

PSTC has been implementing Maternal, Neonatal and Child Survival (MNCS) project at Pakundia, Katiadi and Karimgonj Upazila in Kishoreganj District from 15 November-2010. 31 Unions are under MNCS project.

MNCS Project Goal

The goal of the Project is to reduce maternal, neonatal and under-five mortality and morbidity, particularly, among the poor and socially excluded population in selected low-performing districts and accelerate the achievement of MDGs 4 and 5.

Objectives

- Increase involvement and participation of the community in planning, implementation and monitoring of MNCS packages
- Increase their involvement and ownership of maternal, neonatal and child health in their catchments area
- Increase availability and quality of MNCS packages of care and services at health facility and community levels

Purpose of the project

The purpose of the project is to ensure that mothers, neonates and young children in 07 low performing districts survive, are healthy and are well –nourished particularly among the poor and excluded. It is envisaged that this "model" when and if proven to work in these 07 districts, will be taken to national scale.

Outputs

- Increased demand for maternal, neonatal and child care services particularly by the poor.
- Strengthened health system with increased availability and access to quality maternal, neonatal and child care services at community and facility level for all especially for the poor.
- Strengthened Local Government bodies engaged for ensuring quality MNCS services at Upazila and below levels.

Geographical focus Area

District	# of upazila	# of union	# ward	# Village/ Para / Mouza
Kishoreganj	3 upazilas *(Katiadi, Pakundia, Karimganj)*	31	279	527

Project staff Status

Professional			Support			Grants Total
Male	Female	Total	Male	Female	Total	
05	01	06	39	457	496	502

Project Activity and Achievements

(January - December 2011)

Sl	Activity	Achievement
01	4 days Basic Training on MNCS	198 participants
02	ToT on C-IMCI and Counselling	15 staff
03	TOT on MNCS MIS Surveillance Register	83 participants
04	ToT on MNCSWC formation & planning	32 participant
05	3 days TOT on Opinion Leaders for NGO Managers/Trainers/ Facilitators	44 participants
06	TOT on village Doctor's	10 participants
07	TOT on ANC, PNC & ENC Package	09 staff
08	Tot on KABPA	38 par. by PHD
09	TOT on UH&FPC	44 staff by PHD
10	TOT on Interactive popular theatre (IPT)	2 participant
11	Community based MNCS MIS training on desktop and web	8 Staff
12	Training C-IMCI and Counselling	479 participant
13	Training on MNCS MIS Surveillance Register	414 participant
14	MNCSWC formation & planning	2920 participant
15	Orientation on Opinion Leaders for NGO Managers/Trainers/ Facilitators	2794 participant
16	Training on ANC, PNC & ENC Package	483 participant
17	Training on KABPA	176 participant
18	MNCSWC Formation	182 MNCSWC
19	Monthly union level Planning Meeting	372 Meeting
20	Monthly Coordination Meeting in Upazila Health Complex	100 Coor. Mee.
21	Monthly GO -NGO Coordination Meeting with Upazila Parishad	35 Coor. Mee.
22	Monthly Coordination Meeting with Civil Surgeon	100 Mee.
23	Monthly union level MIS Meeting	186 Meeting
24	Project Management Team meeting	12
25	Monthly Planning Meeting Upazila Office	36 Meeting
26	Day Observation on National & International Health Events	12

MNCS Project – Program Photo Gallery

Challenges

Some challenges to implement MNCS project in intervention area are as below

- High turnover of project staff and low honorarium of CHP
- Local transport facilities are not easily available and communications are not easy to move from place to place.
- Lack of skilled and knowledgeable service provider at local level and there are not available at local health center.
- Short term project & shortage of CHP
- Local social situation is still cooperative
- Duplication of different NGOs is existing and local of coordination among GO s and NGOs is exist.

How to overcome challenges and risk

- Increase motivation and honorarium to the staff
- Strengthen BCC activities and materials at community level
- Phase out program to the UH&FPO and LGIs

Lesson Learned

We learnt a lot during the initial period. The MoHFW and local elites helps us a lot. The Upazila Health Complex and others Organization & administration helps us continuously. We build up a strong relationship with them. Without better and cordial relationship, there is no way.

- Project duration needs to be a long term
- Community people empowered and more aware
- CSO are involved
- Government officials accountability increased
- Go – NGOs relationship strengthened
- CCMG/MNCS, needs extra support for continuing effort regularly after exit of MNCS project for their own interest.

ADOLESCENT REPRODUCTIVE HEALTH PROJECT (ARH)

Adolescent Reproductive Health (ARH) Project is a Partnership Project between Population Services and Training Center (PSTC) and Plan Bangladesh funded by Canadian International Development Agency (CIDA) is being implementing in dholpur area of Dhaka city.

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

At the end of the project period the following objectives will be achieved

- 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.

Target population

- Direct: 20,000 Adolescents (10 -19 yrs) of all segments (unmarried, married, in-school, out of school. street adolescents) of them 60% (12000) are adolescents girls and 40% (8000) are adolescents boys of the target age.

- Indirect: Parents, gate-keepers, community leaders both formal and informal, school teachers and other stakeholders

Geographical location

Adolescent will be selected from the 5 wards (47, 48, 49, 50, and 51) under DCC Zone-5. Ward no 47, 48, and 49 was covered during first phase and rest of the wards will be covered in the 2nd phase which is running.

Staff Information:

Professional Staff	Support Staff	Male Staff	Female Staff	Total Staff
01	25	08	18	26

Project Activity

SL	Activity
01	Basic ARH training for the staff
02	Orientation of parent peer educators on adolescent parenting
03	Half Yearly Peer Educator workshop /gathering
04	Quiz competition among the Peer Educator
05	Participation in conference, workshop and seminar, meeting
06	Safety net for the poorest adolescent
07	Support and equipped to establish AFHS at GO (FWC) and NGO (Clinic)
08	Establish referral linkage with AFHS Centre (Referral Meeting)
09	ARH Fair
10	Rollout of the Life Skill training for the adolescents
11	Adolescent network at local level
12	Renovate or establish clubs for the adolescents
13	Meeting with stakeholders (Immersion, Participatory situation assessment, Identifying adolescent issues,
14	Meeting with ARH support group
15	Aware parent on adolescent parenting
16	Birth registration of the Adolescents
17	Formation and capacity building of TFD group
18	Community awareness through TFD show
19	BCC session
20	Peer Education session
21	School session
22	School Video show
23	Improving water and sanitation facilities in the school and FWC
24	ARH spot show through Cable network
25	PMC and Pre PMC meeting
26	Newsletter publication
27	Adolescent network at national level(organize meeting and workshop)
28	Counseling
29	Birth Registration
30	Folk song

Case study

Tumpa stops "child marriage"

I am Tumpa,Peer Educator, team Rupgonga nodi. My team has 25 girls. We take session upon 16th subjects, among them one is "child marriage" .One of girl are read class nine. I know that her parents wants to get her married. One day I sow the girl absent during session We are few go to her home after finished the session. One time the girl says to us silently her parents does not give to continue her study, and she have to married with other. She crying too much . I don't understand what to do? Because she and me are same ages .I called all my girls. We all discus on sit how girl can continue her study and how to prevent her child marriage? We decide last to meeting with her parents. Then we meeting with her parents but not came any result .Her parents does not care to us because we were not adult. One time her parents says to us we well arrange our daughter marriage because we got a good bride so it is not possible to take any advice to you. We discus them to much but it is not work they says to us you are younger what is your idea about marriage? Don't misunderstood my daughter. Then we go to counselor apa of PSTC ARH project. We told her everything. No sooner apa present the girls home with some community leaders of our area. They advice to the parents bad effect physically and mentally to a girls for child marriages. Otherwise she open the subject to them that become a mother in early ages it have to death both baby and mother. The girl parents change their decision after listening her logical advices. They says they will give marriage to her daughter on 18 (eighteen) years. There are too many parents in our country giving there daughter marriage on early ages. The tendency of loosing for early marriage is hues. It should not be any child marriage to our country or area. The imprecation of child marriages cannot be take place if every place has a PSTC office and counselor apa. Come we celebrate victory song for PSTC-PLAN joint Venter ARH project. Because by this project we protect child marriages to the area.

Learning's

- Adolescents are interested to participated in workshop and they enjoy this program very much.
- Quiz Competition is a one of the good way to increase knowledge about ARH related issues for the peer educator.

Chapter - 04

Governance and Rights Program

Governance and Rights Program

'Governance' is a framework of rules and practices by which a board of directors ensures accountability, fairness, and transparency in organization's relationship with its all stakeholders (financiers, management, employees, government, and the community)

'Rights' that humans have by the fact of being human, and that are neither created nor can be abrogated by any government

Under the title 'Governance and Rights' PSTC is being implementing the following three projects:

- Promoting Corporate Social Responsibility on Occupational Health Rights (OHR) Project
- Empowering Women RMG Workers Project Bangladesh
- Increase Responsiveness of Health Delivery Institutions and Providers to Established Health Rights of the community

PROMOTING CORPORATE SOCIAL RESPONSIBILITY ON OCCUPATIONAL HEALTH RIGHTS (OHR) PROJECT IN GAZIPUR

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 Area (DA) Partner 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

Area of intervention

Kawltia Union and Mirzapur Union
Gazipur Sadar, Gazipur

Funded by

Action aid Bangladesh

Project Staff

Total Staff	Professional Staff	Support Staff	Partial Staff	Male Staff	Female Staff
10	05	04	01	09	01

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.

During the reporting year, 2011, Promoting Corporate Social Responsibility on Occupational Health Rights (OHR) Project performed bunch of activities. Among that all, few significant activities and achieved success placing here as follows:

Activities	Success
Seminar on Occupational Health policy in Bangladesh	The success of the program goes to that it takes the attention of the policymakers for making separate health and safety policy for the benefit of the workers.
Networking & Alliance Building with Trade Union, Mgt body, BGMEA	Through the program, a number of recommendations have come that could use it for the betterment of the project. **The meeting was ended with the following recommendations-** ▪ Stipulate the clear objective and goal of the alliance for future plan of actions. ▪ To strengthen the networking and alliance for future plan. ▪ To bring all the alliance members under the same banner to pave the way for strong claiming in favor of health and safety at work places/ occupational health.
Observance of World Occupational Health Day	Through this program, concern of the local administration, media professional and others were brought to us that is crucial for the improvement of the activities. **Achievements** ▪ All participants got information about Occupational Health Rights. ▪ Local administration including ADC-General and Civil Surgeon, Gazipur informed about Occupational Health Issues and their concern
Advocacy of Health and Occupational Health Policy with industrial Management and owners	By way of this program, factory owners and management body are now more liberal in ensuring safety and health to workers at their work places.
Health and safety training in Factory/ Fire control	By way of this training we have trained a total of 321 (three hundred twenty one) workers including management body. Among them 256 are male and the rest 65 are female. The training was provided by an expert in the arena.
Orientation on Reproductive Health in Factory	Under this program, a total of 526 (five hundred twenty six) personnel got the orientation where 287 are male and the rest 239 are female.
First aid orientation with factory workers	A total of **529** (Five hundred twenty nine) personnel have got orientation on first aid in different factories. Among them, 449 are male and the rest 80 are female. Orientations were carried out involving factory workers where participants became highly benefited from the program.
Health Camp-2011	The success of the program goes to direct health service to workers including medicine at free of cost. Through this camp, a total of 2058 (two thousand fifty eight) people got direct health service. Among them, more or less 80% patients were factory workers.
OHR & Reproductive health in school & Madrasha	Through this program, a total of 720 (seven hundred twenty) students got informed about occupational health rights and reproductive health. As most of our teenagers are misguide their crucial stage because of lack of knowledge about the issue.

Activities	Success
Refreshers For SBAs	Through that program all the SBA's shared their views among themselves. They also shared what types of problems they are facing and how they are tackling it. It was done with the participation of 15 Skilled Birth Attendant (SBA).
Ante Natal Care Awareness Meeting by SBA	Under this program, a total of 25 meetings were conducted by SBA in different villages where they shared their experiences and expertise with expectant mother, adolescent and age-old women. To all intents and purposes, 600 women got message about ante natal care awareness issues.
Awareness Building through SBA (Maternal & Neonatal care)	Through this program, SBA's covered their respective periphery to make aware about maternal and neonatal care. This is a continuous process and it is continuing by the skilled birth attendant on regular basis.
ECD Education to poor and underprivileged children	Under this program, a total of 375 (three hundred seventy five) children got pre-primary education from 15 Early Childhood Development (ECD) center. Among them, 185 are male and the rest 190 are female. Remarkably, they are the children of poor and underprivileged section of the society. Without our effort, they would have become out of mainstream education.
Awareness Building about Safe Water & Sanitation through Parents Meeting of ECD Children	Awareness level of the ECD children's parents have been raised to a certain extent on the issue of safe water and sanitation. There were provisions for monthly meeting favoring parents of ECD children. Through that meeting, one of the agenda that was safe water & sanitation. During the period under reporting, a total of 90 meetings were held where the issue discussed elaborately.
Emergency & Medical Support for Sponsorship Children	By way of this program, two sponsorship children who are extremely poor received emergency support where one affected by biting of dog and another one affected by fracture at hand. In both the cases, affected children approached us through facilitators. In both cases, parents were very poor and they were incapable to make treatment for them.
Stipend for Sponsorship Children	Under this program, a total of 100 (one hundred) sponsorship children got the scholarship amounting taka 5, 00(five hundred) each. That was made as a way of positive gesture to poor and under privileged sponsorship children.
Orientation on Child Message Collection	During the program under reporting, a total of two orientations were carried out incorporating all ECD facilitators (numbering 15). They have orientated their about the techniques of child message collections.
Publication of Sponsorship Bulletin (Trinomul Sangbad)	The bulletin made aware sponsorship as well as community children regarding problem in their society. It was also inspired other children of their community that writing is possible in one's life at the very outset of one's lives.

Case Study

Own first aid team provide treatment at Factory

I am Ms. Tania Akter, aged 19, few days ago I pricked the finger with needle while working at the factory. Immediately, first-aid team come to me and made me well following first-aid treatment. Following day, I join in my work and continue. Workers at the factory along with me able to provided first-aid treatment to my colleagues to a large extent. The statement was made by a worker named Ms. Tania of Salna Tex Limited, Porabari, Gazipur.

Passed class IX, Tania is a residence of Salan Village under Gazipur Sadar Upazilla of Gazipur district. Her father named Mr. Abu Taher and he runs a small business. Mother named Ms. Ismatara is a housewife. She has two brothers and one sister and she is the eldest of all. With the meager income of her father, their family was running somehow. With failing to arrange money for continuing her education, her parents married her off to a nearby villagers. As the man was unruly and violent she has to return to her parents after 2/1 months. Considering the vulnerability of their family, she took job at Salna Tex Limited.

PSTC is working with factory workers since 2006 with the help of Actionaid Bangladesh in the area of first aid, reproductive health and safety and fire. As part of these activities, PSTC arranged first aid orientation and health and safety training with presence of factory workers. Through orientation, workers comprehended how to provide first aid treatment to a victim. Factory authority, formed a first aid team involving participants of the orientation.

One of the management body of Salna Tex named Mr. Jamirul Islam said that both the workers and owners are getting benefit from the training & orientation of PSTC and Actionaid Bangladesh. Following training, workers are now able to provide first aid treatment to their fellow workers when they got victim at work places. That led to boost production of the factory.

Program Photographs of OHR Project

EMPOWERING WOMEN RMG WORKERS PROJECT BANGLADESH

The Ready Made Garment (RMG) sector is a crucial component of the economy in Bangladesh. As the biggest earner of foreign currency and with 20% growth in export rates over the past 20 years, the sector currently contributes approximately 13% to GDP (BGMEA 2009). Of the 3.1 million workers employed in BGMEA[1] member factories, 2.38 million are women (85%). The RMG sector has therefore been fundamental in uplifting a significant number of Bangladeshi women, a neglected section of Bangladesh's population, from extreme poverty by providing employment opportunities.

The purpose of the project is to improve the working conditions of women workers in RMG production industries in Bangladesh. The project will empower women RMG workers to claim their worker rights and improve working conditions in the targeted production industries. Women RMG workers will have a collective voice in the form of a functional participation committee and be able to effectively mediate conflict between workers and management. RMG factory owners and management understand the benefits of compliance and will be aware on the importance of a gender friendly workplace. By the end of the project, a movement of RMG workers for living wage campaign will take hold. As the lead partner, AAB will be responsible for monitoring the project, budget tracking, fiscal control and providing capacity building to the partner organizations. The proposed project is entirely in accordance with the objective of RAGS; for responsible and ethical production to become the norm in the garment manufacturing sector supplying the UK, which is the second largest export market in the European Union and the third largest market in the world behind the US and Germany.

Project Location

Dhaka district (Mirpur-1, Shewrapara)

Supported By

ActionAid Bangladesh and RAGs Fund

Goal

Women RMG workers are empowered to claim their rights

Purpose

To improve the working conditions of women workers in RMG production industries in Bangladesh

Outputs

- Women RMG workers have a comprehensive understanding of the Bangladesh Labour Law
- Women RMG workers have a collective voice in the form of a functional participation committee and are able to effectively mediate conflict between management and worker
- RMG factory owners and management understand the benefits of compliance and are aware of the importance of a gender friendly workplace
- A movement of RMG workers for living wage campaign takes hold

Focus Population

The garment sector is the largest employer of women in Bangladesh. Out of 3.1 million people employed in BGMEA member factories, 2.38 million or 85% are women. The proposed project aims to reach a total of 200,000 women RMG workers in 1000 factories in Dhaka and Chittagong by the end of the two years project, where 20,000 workers will be covered directly and 200,000 will be covered from multiplier effect. Out of the total target the PO will cover 23,000 women RMG workers through 2300 PEG leaders in 115 factories during first year of the project.

Contract Duration

The contract will be 12 months in duration to be effective from May 1, 2011 to April 30, 2012.

Project Approach

The project aims to provide targeted number of women RMG workers with training on the ten core elements of the Bangladesh Labour Law[2], communication, problem solving and grievance handling skills. A train the trainer (ToT) approach will enable NGO facilitators to train Peer Educator Group (PEG) leaders. Each PEG leader will form a PEG or self-help group in order to further disseminate the knowledge and train women RMG workers. A multiplier effect of ten times is assumed and factored into this project design.

Major Activities:

- Identify and select potential young leaders
- Train and guide young leaders
- Establish Peer Educator Group (PEG)s as per work plan in targeted no. of factories
- Train and supervise facilitators
- Train and supervise PEG leaders
- Train and supervise PEG members
- Provide legal aid to RMG workers
- Negotiate with factory management based on claim by workers

Progress with the delivery of project work plan

Planned Activities	Achievements
▪ Staff recruitment	▪ All the staff recruited on time and deployed for the activities to be carried out.
▪ 4 Women's cafes are located and fitted out with necessary equipment	▪ Women's Cafes were rented and fitted out with necessary equipment.
▪ 920 (revised) women RMG workers are trained on Bangladesh Labour Law and training techniques and are able to train other workers on core elements of the Labour Law	▪ 929 PEG Leaders have been trained during this reporting period. Among 929 PEG leader total 1857 PEG leader got two phase training and 824 PEG leader got follow up training.
▪ Trained workers (9,200) form 9,200 (revised) PEGs or self-help groups and train at least 10 co-workers so that 9,200 women RMG workers are aware of the ten core elements of Bangladesh Labour Law	▪ 2870 PEG members had been trained during this reporting period on ten core principals of Bangladesh labour law.
▪ Help PEG leaders establish participation committee so that PEG leaders can negotiate for worker rights as members of participation committee	▪ 3 participation committees had been established during this reporting period in three factories.
▪ Help workers to communicate with management to resolve workplace disputes	▪ 128 legal aid support provided during this reporting period

Project Staff

Total Staff	Professional Staff	Support Staff	Male Staff	Female Staff
07	03	04	04	03

INCREASE RESPONSIVENESS OF THE 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. 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. Through this continuation, PSTC implemented First phase and Second phase of the Health Rights Project with technical and financial assistance from Manusher Jonno Foundation during August 2004 – March 2011. After successful implementation of the Second phase of the project PSTC has already started its journey for extended period of 2nd phase which will be continue to March 2013.

Goal

The overall goal of the project is to contribute in creating a social movement to establish health rights of the people of Bangladesh.

Purpose of the project

- Improve supply side i.e. health and family planning (FP) service delivery
- Improve demand side i.e. raise voice of the community in favor of ensuring health rights.

Intervention area of Project

The project is implementing in 100 Union, 25 Upazila and 7 Districts of six divisions.
Targeted Districts are as below –

Division	District	Upazila
Implemented by PSTC and PNGOs		
Chittagong	Chittagong	Rangunia, Hathazari, Mireswarai
Sylhet	Sylhet	Sadar, Jainta, Biswanath, South Surma
Rangpur	Dinajpur	Sadar, Biral, Kaharol, Chirirbandar
Rajshahi	Rajshahi	Paba, Putia, Charghat
Barisal	Barisal	Sadar, Babuganj, Bakerganj
Dhaka	Narsingdi	Sadar, Shibpur, Raipura, Belaboo
	Kishoreganj	Sadar, Pakundia, Mithamoin, Hossainpur

Target audience

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

- Health service providers: 1000
- Health service centers/institutions (District Hospital/MCWC, UHC, UH & FWC/RD, Community Clinic): 25 Upazila Health Complex, 100 FWC/RD
- Civil Society Members/Health Rights Movement Committee Members/Client Association Members/ Educational institutions: Students, Teachers/ Non Government Organizations (NGO)/ Right Based Networks

Project Staff

Category	Professional and filed Staff	Supportive Staff	Partners' Staff	Total
Woman	12		14	26
Man	35	2	37	74
Total	47	2	51	100

At a glance Project Activities

SL	Title of Activities
National Level	
01.	Design advocacy strategy
02.	Follow up implementation of the advocacy strategy in HRMC meeting (Quarterly)
03.	Issue specific national program
04.	Media monitoring and use media findings for social movement on Health Rights
05.	Update website
06.	Media coverage on health and human rights issues

SL	Title of Activities
District Level	
07.	District level advocacy plan
08.	Follow up district level advocacy plan in coordination meeting (Quarterly) of client association and DHRMC
09.	Organize public hearing at district level
10.	Observe national, international days at district level
Upazila level	
11.	Develop upazila level advocacy plan
12.	Follow up upazila level advocacy plan in joint meeting of service providers, upazila health service development committee members and client association members
13.	Introduce complain/suggestion box and use the findings
14.	Organize folk talent program
15.	Organize Educational institution based cultural, debate etc. competition
16.	Organize information dissemination camp with help of Social volunteer
17.	Activate upazila health service development committee
18.	Client association conference
19.	Organize public hearing
20.	Observe national, international days
Union / Grass root Level Activities	
21.	Advocacy plan development in joint meeting of Client Association, service provider and union health standing committee
22.	Follow up Advocacy plan development in quarterly joint meeting of Client Association, service provider and union health standing committee members
23.	Follow Citizen charter
24.	Follow Community Score Card

SL	Title of Activities
Union / Grass root Level Activities	
25.	Use the findings of complain/suggestion box
26.	Support to service center
27.	Organize Health camp
28.	Community group meeting
29.	Refresher on Roles and responsibility training of community clinic mgt. committee
30.	Organize information dissemination camp with help of Social volunteer
31.	Observe national, international days
32.	Organize Educational institution based cultural, debate etc. competition
33.	Refresher on Educational institution based teachers training
Maternal Care	
34.	Field guide revision prioritizing Maternal Health
35.	Data collection about pregnant mothers from MCWC, UHC, FWC and RD
36.	Special health camp with ANC and PNC mothers
37.	Mothers and would be mothers health camp
38.	Training for Trained Birth attended (TBA) and distribute safe delivery kit
39.	Regular monitoring and consultation for 1000 mothers
Capacity Building, Training:	
40.	Staff, PNGO, CA and HRMC members orientation on programmatic issues and capacity expansion
41.	Data-Bank establishment in the Project Office to record Base line data, monitoring & evaluation, media reports, other necessary information
42.	Meeting with PNGO

SL	Title of Activities
BCC Material Develop and Dissemination	
43.	Publish monthly magazine to provide coverage of health rights and other right based issues
44.	Develop and disseminate poster, leaflet, booklet, Stickers on health rights
Media Advocacy	
45.	Media monitoring and use media findings for social movement on Health Rights
Service Center Based Activities	
46.	Introduce complain/suggestion box and use the findings
47.	Revision of Citizen charter
48.	Revision of Community Score Card
49.	Support to service center

Case Study

'Mangali Hazda' Raises Raise Own Voice for Establishing Health Rights

PSTC is implementing health rights project at Guridova village of Ranipur union under Birol Upazila of Dinajpur district which is recognized as ethnic minority areas and located about 8 KM northern direction from Dinajpur city.

Mangali Hazda (50) living there in a tiny house, who meet her livelihood very poorly based on a little agricultural income source. With this limited income even she cannot meet her food security rather than enjoy the health care facilities. Once she attended in a group meeting organized by the respective Community Organizer and knew about the health care services provided by the service provider.

Few days later she become sick and consequently went Raninagor HFWC to attain health care services. But in vain, she was immorally discriminated and deprived by the Sub Assistant Community Medical Officer that was frustrating for her.

Two weeks later, she again become sick and along with her neighbor went to same HFWC as she informed health care services are available there. But the SACMO tried to neglect her but Mangali Hazda started to bargain and finally she got the health care services. That was the first initiative of Mongali Hazda ever her life to raise voice for establishing health rights. In the following week when a yard meeting was conducting by a community organizer she shared her experience towards the participants which encourages them a lot.

Major achievements of the Project

- 90% (aprox) PHC & RHC service providers are known to their rights and their responsibilities as well as the rights of service receiver
- Maximum PHC & RHC centers deliver services timely.
- 95% (aprox) union heath standing committee & health advisory committee follow a meeting minutes with special agenda of PHC & RHC.
- 65% (aprox) community people in working area are known about the PHC & RHC services nearby their areas
- 100% PHC & RHC centers have their own citizen charter.
- 2 issues like 1. Government health service providers and services at grass root level, 2. Health service system in private sector, were identified, discussed and few recommendations were voiced.

Lessons learned

- The community people become motivated and mobilized gradually and they become interested in getting health services from local service centers.
- Client Association cooperate the service providers to discharge their duties.
- Local cultural activities (folk song, Jari, Sari, Gomvira, Drama etc.) play a significant role to aware/sensitize the community people
- Trainings and orientations increase the potentiality and capacity of local NGOs to implement the right based project.

Chapter - 05

Poverty Reduction and Livelihood Program

Poverty Reduction and Livelihood Program

Under the title 'Poverty Reduction and Livelihood' PSTC is being implementing the following project, to improve the livelihood through skill training and trying to reduce poverty as contribution in the society.

- Bringing Economic Empowerment to Street Children (BEES) Project

Bringing Economic Empowerment to Street Children (Bees) Project

The phenomenal growth of Street Children in the urban areas, particularly in the metropolitan cities- Dhaka, Chittagong, Rajshahi, Khulna, Barisal and Sylhet is one of the major growing concerns in Bangladesh.

Street children are particularly vulnerable to abuse and exploitation even when they live with their families. Extreme poverty and lack of access to services deprive them from appropriate care and rights to protection, shelter, education, health, nutrition, safe water and Sanitation and recreation.

Based on the above context, Population Services and Training Center (PSTC) has been implementing "Bringing economic empowerment to the street Children (BEES)" project from February '11 supported by Shiree with the aim to lift 2500 street children from extreme poverty by 2013.

Outputs of Project

Over the next 3 years period (2011 to 2013) project expects the following outputs:

- Street Children have better control over safer employments and increased income generating capacity;
- Street children demonstrate responsible financial behavior through sustainable asset generation; and
- Street children have access to basic literacy, rights awareness, health and disease prevention, and increased protection and security through basic services in the community.

Staff Capacity Development

Project staffs' capacity building is a continuing process, through organized classroom training, workshop, and orientation as well as sharing with peer, on-job coaching and mentoring by supervisor.

Below activities with specific objectives has done during the reporting year, as capacity development of project staff.

Staff Capacity Building Activities

Sl	Name of Activities/Event	Objectives
01.	Workshop on child Safeguarding Standards	Develop Child safeguarding standards and guideline
02.	TOT for staff on Access to basic services and Mass Campaign	Develop a resource pool on identifying, clarifying roles and process of utilizing basic services of the locality
3.	TOT on Financial Services and asset generation	Develop a resource pool on flexible financial services
4.	Training on Access to Basic Services and Mass Campaign	Roll out of training in 13 DICs
5.	BEES redesign workshop	Review the targeting criteria Develop clear understanding, identify gaps and design next action plan
6.	Project Launching	Wider dissemination and formal launching of the project
7.	Training on Project Monitoring	Clear understanding about monitoring, Develop BEES project monitoring tools through group work, Project Reporting systems and next action plan
8.	Profile Entry in CMS Software	Technical Knowledge for CMS Software
9.	Training on skill Development	Develop Modules on Skill Development.
10.	Training on skill Development	Practice on Skill Development Modules.
11.	TOT on Financial & Life Planning Education	Develop trainers group
12.	Workshop on MIS & Reporting	Improvement of Project Reporting System

Apart from above events, series of meeting, informal discussions, field visits and mentoring sessions were held (# of total sessions) with the project staffs to develop clear understanding of the project objectives, intension and activities. A team (3 staff) from the project also paid visits to national NGOs like Aporajeyo Bangladesh and DSK fields to learn the field operation and implementation procedures of such innovative aspects relevant to BEES project.

During the reporting period BEES project has organized the following activities in terms of outputs

Target Vs Achievement

Sl	Interventions	Target-2011	Achi.	Vari.	Reasons for variance
Common Activities:					
1.	Household Profiles/Survey	850	948	98	To cover shortage of children to be selected
2.	Baseline Survey/Household Profile of selected children	850	722	128	Relocation of children in outside project area
3.	Change Monitoring System (CMS)	1	-	1	As per instruction of Shiree
	Training on Project Monitoring (3 Days)	1	1	-	-
	Workshop on Management Information system and reporting (5+23)-staff	1	1	-	-
	Quarterly Program Progress Review meeting	4	3	1	Not held in 1st qtr as start date of project delayed.
	Project Launch workshop	1	1	-	-
	Quarterly coordination meeting with GoB, employer and other stakeholders	3	3	-	-# participants
Output – 1: Street Children are supported to have better control over safer employments and increased income generating capacity.					
1.	Participatory Market research by staff (3 Days)	1	1	-	-
2.	ToT on Financial Services and asset generation (5+23) staff (Residential training (RT)(2 Days)	1	1	-	-
3.	Training on Financial Services and asset generation (12X13)- staff	13	13	-	-
4.	Training on Skill development (2 Batch, 1st	2	2	-	-

Sl	Interventions	Target-2011	Achi.	Vari.	Reasons for variance
	Batch 30 Participants & 2nd Batch 26 Participants)				
5.	ToT on Financial and life planning Education (3 Days)	1	1	-	-
	Employers Workshop to set internship core competencies	2	1	1	Employers could not spare time
	Workshop (staff) on module development on skill training	2	2	-	-
	Training on Vocational Trade-children	100	118 (boys/ girls?)	+18	As per demand of children
	Consultation with street kids to establish skills based modules	8	8	-	-How many participated
	Establish direct functional linkages-what activity?	26	21	5	Due to shortage of time in first year
	Meeting to Identify suitable employers for internships (10% of street kids) with whom?	13	13	-	-
Output – 2: Street children demonstrate responsible financial behaviour through sustainable asset generation					
1.	Develop and provide ID Cards for DIC enrolled children	850	-	850	Finalization of enrolment of children delayed
	Training for Savings management committee members'-children	13	13	-	-How many children involved?
	Training on Financial and life planning Education for whom?	312	-	312	Plan revised for 2012
	Trainer /Mentors' honorarium for providing internship training	100	-	100	Revised plan (February,2012)
	Training on skill based modules to develop core competencies-children	850	153	697	Due to delay in module preparation
	Equipment support for self employment	750	-	750	Due to delay in enrolment of children

Sl	Interventions	Target-2011	Achi.	Vari.	Reasons for variance
	Training on collective craftsmanship-children	125	150	+25	As per children's need
	Consultation with street kids to design product and delivery approach of financial services	8	13	5	1 per DIC
	Revising Savings Product Materials & establish Savings Booth (passbook, savings booth, promotional materials)	13 Savings Booth	13	-	-
Output –3: Street children are supported in accessing basic literacy, rights awareness, health and disease prevention through, and increased protection and security, through basic services in the community					
1.	ToT on Access to basic services and mass campaign (3 Days)	1	1	-	-
	Training on Access to basic services and mass campaign (12x13)	13	13	-	-
	Workshop on child safeguarding standards-staff	1	1	-	-
	Basic literacy and numeracy skills development (Unit?)	1500	-	1500	Shifted to 2012
	Implement Child Safeguarding Standards through mobile campaign	1	1	-	-
	Participatory `Right to information' activity with street kids what is this about?	13	14	1	1 Information Board at Project office
	Hire training mentors & establish course plan and Module mentors or plan?	15	15	-	-
	Meeting to Identify relevant employments & workplaces with whom?	26	13	13	Due to shortage of time in first year
	Preparation of campaign IEC materials what activity?	1	1	-	-

Sl	Interventions	Target-2011	Achi.	Vari.	Reasons for variance
	Mass campaign to promote access to services-how and with whom?	2	2	-	-

Case Study

Name: Kajol (BEES Enrolment Child)
DIC Name: Gabtali

My name is Kajol. I am twelve years old. My home district is Comilla. My father is a rickshaw pooler. My family had so economical crises. We are five siblings. When my age was six or seven I came to Dhaka. My mother forces me to go a resident to work as maid servant. The owner of the house was very rude. Therefore I was tortured by him frequently. House was level 7, one day suddenly owner began to beat me cruelly that was quite unbearable to and for that I wanted to go outside through ventilator. Then caretaker noticed that and he took me from ventilator and again he kept me the same resident. Bearing excruciating torture I used to work that house for three years. One day I fled from the house and went to my elder sister who lived in this DIC. There is no anybody who is nearest to us. My mother marriages again abandoning my father for this reason my father also marriages again. Therefore I live in this DIC. Living here I have learnt many things. I have learnt how to read and write also. Here is no anybody who scolds me. I use to stay in DIC at night and in day time I use to sell vegetable for taka 25 or 30. By the way I was introduced with brother of BEES project of this DIC. They talked with me and enlisted me. Afar some days they admitted me UCEEP Technical School. They served me exercise book, pen and bag. I attend my class regularly and I complete a six month course from there. After completing the course I got a job in 'Five Star Garments' with help of the brother of UCEEP Technical School and brother of BEES. My salary is 2500 taka. Now I am really happy. Now I have no any want. My expectation is to get a good job in Future.

Project Staffing

Total Staff	Male	Female	Professional	Supporting Staff
30	21	9	4	26

Project Learning

- Street children like to enjoy freedom rather than giving concentration on awareness sessions and life skills/development training sessions
- Attraction on present interest/benefit, comparatively less trust on long term benefit
- Service point visit (Hospital, Police station, Amusement part, etc) make a positive attitudes of service providers towards street children.

Recommendation

- Project staffs need frequent interaction with targeted children to be trustworthy.
- Regular communication with street children, their local guardian, friends and at workplaces for tracking their mobility.
- Need to ensure food and transportation for some targeted children during vocational training courses.

Skill Development Training for Better Livelihood

Chapter - 06

Training and Communication Program

Training and Communication Program

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.

TRAINING & COMMUNICATION

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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, and 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.

At a Glance Performance of Training Program Round the Year

(January – December, 2011)

Sl	Training Title	Date	Duration	Batch	Participants	Topic	Organization (Received Trn)
01.	RTI/STI Training HIV/AID Syndromic Management	7-10 Mar	4 days	01	15	HIV/AID Syndromic Management	PSTC (UPHCP-DCC PA-1 Project)
02.	Counseling Training	21-23 Mar	3 days	01	09	RTI, STI Counseling FP Anatomy	PSTC (UPHCP-DCC - PA1IProject)
03.	Health Rights Program Orientation	01 July	1 day	07	210	Health Rights Project's activity planning	PSTC (Health Rights Project)
04.	ToT on ANC, PNC, ENC	01 Nov	5 days	08	185	ANC, PNC, ENC Counseling	Unicef
05.	Advocacy Training (Laprocy)	05-09 Jun	5 days	01	28	Advocacy, Plan, challenge, Counseling	TLM. I
06.	Tot for S& R h Curiculam	14-18 Jun	5 days	01	12	Sexual, Reproductive , FP counseling	Population Council
07.	Social Volunteer Training	7-11, 17-20, 23-26 Aug	1 days	25	500	HRP, Citizen Charter, RTI	PSTC (Health Rights Project)
08.	Counseling Training	24- 26 Oct	3 days	01	19	ANC, PNC, ENC Counseling	SR
09.	FPCSC Training	10-22 Dec	12 days	1	14	FP, ANC, PNC, Counseling	SSFP
10.	Counseling Training	27-29 Dec	3 days	01	14	Counseling	SSFP
11.	MNCS Training	Janu-July	5 days	48	1680	ANC, PNC, ENC Counseling	CARE Bangladesh

PROJANMO Publication

(Monthly Magazine Publishing by Training and Communication Unit)

PSTC has been publishing a well-circulated monthly magazine 'PRAJANMO' for 28 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. 'PRAJANMO' continuously provides its target group with updated information on relevant issues.

Edition	Topics
January	• Our responsibility to prevent sexual harassment with adolescent girls. • Community clinics of Barisal run as they like. • Maternal mortality: Let there be light.
February-March	• Health service system in private sector. • Report of discussion meeting on health service system in private sector. • Public health service and services providers at grass root level
April	• Some good work had done in health sector, more work would be done. • Health situation in Bangladesh 2010 on media
May	• International Health day 2011: Misuse of Anti-biotic and health risk. • Maternal death and health service survey 2010. • Some words about Arsenic situation.
June	• Special edition of case study about health rights
July-August	• International Population Day 2011: Aspect Bangladesh
September	• Present situation of Bangladeshi daughter • Nutrition and food management for pregnant mother
October	• Child health and death risk for new born child • International older Day 2011:Face of time • Food and nutrition for kidney diseases • Human rights and dignity of indigenous people of Borandro area
November	• Private Health Services and poor people: Aspect of Bangladesh • Nobel Prize 2011 for Medicine
December	• Human Rights Day celebrated • Health Rights of Barisla region • Chest disease hospital suffered by various diseases • Life devoted to fortune …. • To reduce solder pain

Chapter - 07

Disaster Preparedness and Management Program

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.

Under this head, PSTC is implementing the following project

- **A Disaster Resilient Future: Mobilizing communities and institutions for effective risk reduction DIPECHO VI project**

A DISASTER RESILIENT FUTURE: MOBILIZING COMMUNITIES AND INSTITUTIONS FOR EFFECTIVE RISK REDUCTION DIPECHO VI PROJECT

Considering the geographical location and socio economic and living conditions of its inhabitants, Bangladesh is a country vulnerable to many types of natural hazrds. The capital Dhaka City is in located in an earthquake prone "zone" and furthermore, due to the unplanned urbanization and the high density of its population, it is becoming a high risk city. To take preparation and to enhance the relation and responsiveness of the institutions in terms of earthquake preparedness as well as fire safety, A Disaster Resilient Future: Mobilizing communities and institutions for effective risk reduction DIPECHO VI project was undertaken by Population Services and Training Centre, with the support of ActionAid Bangladesh and funding from European Commission for Humanitarian Aid. The project is implementing in the Dhaka City corporation area.

The major stakeholders of the program are following:

- Directorate General of Heath Services (DGHS)
- Centre for medical Education (CME)
- Directorate of nursing services
- Schools
- Market
- Garments
- BGMEA
- DCC Wards

Objective of the project

To enhance the resilience of communities vulnerable to Natural Hazards in Bangladesh

At a glance Project Activities Targeted Audience and Beneficiaries

Activities	Target group	No of Beneficiaries
▪ Workshop on inclusion of mass casualty management in the MBBS curriculum	▪ Doctors	▪ 240
▪ Mass Casualty Management training.	▪ Doctors	▪ 100
▪ Conduction of training Mass Casualty Management	▪ Nurses and MLSS	▪ 120
▪ Workshop on inclusion of mass casualty management in the nursing curriculum	▪ National Curriculum review committee	▪ 8
▪ National orientation on Mass Casualty Management inclusion in the nursing curriculum	▪ Nursing institute and college principal	▪ 107
▪ Teacher training of school, safety network on first aid, search and rescue and evacuation.	▪ School teachers	▪ 51
▪ Art and essay competition	▪ Students	▪ 684
▪ Mock drill simulation at school	▪ school	▪ 21
▪ Risk assessment and evacuation map displayed	▪ Schools	▪ 2
▪ IEC materials distribution	▪ School students	▪ 18248
▪ Mock drill simulation	▪ Market	▪ 01
▪ Risk assessment and risk resource map displayed	▪ Market	▪ 01
▪ Awareness raising IEC on fire and earthquake preparedness distributed	▪ Garments	▪ 3209 (4 Factories)
▪ Risk resource map displayed	▪ Garment factory	▪ 4
▪ Training conduction of BGMEA and RMG officers on fire safety and earthquake preparedness	▪ Compliance officers	▪ 100
▪ Risk has been assessed and risk and resource map displayed in the ward office.	▪ Wards (33, 46,14)	▪ 3
▪ Earthquake and fire safety session has been conducted among the vulnerable word in the house hold level.	▪ House wife	▪ 80
▪ Caregiver Training for the persons with Disabilities.	▪ Caregiver of PWD	▪ 20
▪ Caregiver training for the aging people done.	▪ Caregiver of aging people	▪ 20

Project Staff

Total Staff	Professional Staff	Male Staff	Female Staff
04	04	03	01

Leanings

- Inclusion of the institutions in the implementation level become positive result and its accelerated
- Communication with respective government institutions work continue become easier

Recommendations

- Project duration should be increased for mass awareness considering practical need context
- Need Project staff for more smooth operation at field level.

Program Photographs

PSTC CORPORATE ALLIANCES

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

- GO-NGO Coordination Committee of Directorate of Family Planning
- 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 (Year – 2011)

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 2011 was Tk. 356,793,000/-

SL	Source	Amount
01	SSFP / Chemonics	56,186,614
02	ADB through Ministry of LGED	23,644,027
03	UNFPA	1,179,675
04	ADB through Ministry of LGED	25,354,527
05	UNFPA	888,580
06	ADB through Ministry of LGED	31,205,501
07	UNFPA	1,415,900
08	Plan Bangladesh	3,532,826
09	BRAC	6,072,961
10	GIZ	3,914,054
11	UNICEF	25,046,520
12	Water Aid Bangladesh	20,232,108
13	Water Aid Bangladesh	8,707,847
14	Action Aid Bangladesh	6,579,843
15	Plan Bangladesh	5,059,212
16	DSS/UNICEF	7,996,220
17	Plan Bangladesh	29,123,726
18	Plan Bangladesh	4,752,496
19	Netherlands Government	32,635,800
20	RFSU - SIDA	9,848,455
21	Manusher Jonno Foundation	6,459,367
22	Action Aid Bangladesh	5,600,000
23	DCC - ILO	7,249,500
24	UNICEF	2,851,370
25	UNDP	2,620,649
26	Action Aid Bangladesh	7,500,00
	PSTC Corporate	
27	Training and Communication	5,203,075
28	PSTC Health Enterprise	802,550
29	PSTC Development Finance	5,166,000
30	PSTC Corporate Management	9,513,073
31	Vacu Tug Project	4,50,524
32	Community Paramedic Training Course	28,00,000
	Grand Total	**356,793,000**

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 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 future we will 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, comprehensive sexual education and service, training and skill development especially for the disadvantaged women, children and adolescents.

We, believe, PSTC's contribution will continue to make a profound impact on the lives of the socially disadvantaged in the coming years.

AREA of EXPERTISE AT PSTC and OWN FACILITIES

At a Glance Area of Expertise at PSTC

- Implementing clinic and community based health service delivery projects both in urban and rural areas with special focus on mother, children and SRH issues.
- Implementing child and adolescents development programs including child labor and children at risk.
- Promoting health rights including sexuality education and rights in GOB, NGO sector and at community level
- Implementing water supply, sanitation and hygiene education program for women, children and disadvantage people.
- Establishing and strengthening GOB-NGO private sector collaboration and coordination and carrying out advocacy program in different level
- Conducting Research studies/baseline survey/ market research on different social issue with special focus to children and women.
- Conducting life skill training , skill development training, income generating activities training

- Conducting training need assessment and training impact evaluation, developing training curricula and imparting training to different level of service providers.
- Providing technical assistance for community resource mobilization and other sustainability efforts of NGOs
- Publishing monthly magazine bangle Projonmo, news letters 'alor pakhira' and producing BCC materials
- Implementing program & providing training on disaster preparedness and management
- Performing street drama & folksongs for raising awareness on different issues.

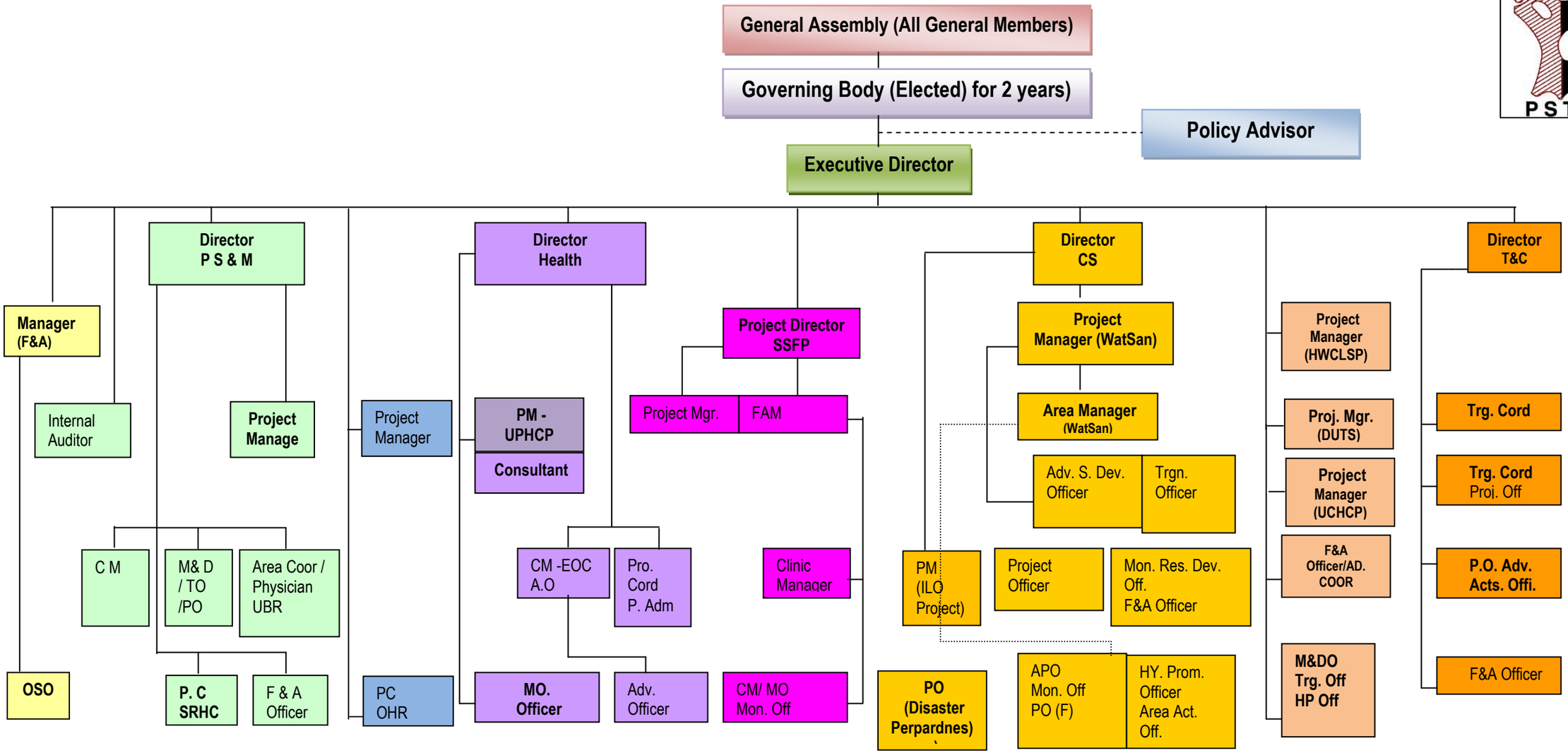
PSTC Own Facilities

- PSTC has a three storied building at aftabnagar, rampura, Dhaka accommodating a comprehensive clinic.

- PSTC also has its own campus and resource center at Masterbari, Kaultia, Gazipur where already established two buildings including a clinic, training facilities and area offices.

- In addition, PSTC has a Training Venue, with Dormitory facilities situated at 104, New Circular Road, Dhaka – 1217.

ORGANOGRAM OF PSTC



Abbreviation of Designation:

- Director – PS& M - Director - Program Support and Monitoring
- Director – CS - Director - Community Services
- Director – T & C - Director - Training and Communication
- Manager (F & M) - Manager - Finance and Admin
- Project Director- SSFP - Project Director - Smiling Sun Franchise Program
- Project Manager – WatSan - Project Manager - Water and Sanitation
- Project Manager – HWCLSP - Project Manager – Helping Working Children Living in the Street Project
- PM – UPHCP - Project Manager – Urban Primary Health Care Project
- FAM - Finance and Admin Manager
- Area Manager – WatSan - Area Manager – Water and Sanitation
- Project Manager – DUTSP - Project Manager – Decentralized Urban Total Sanitation Project
- Trg Cord - Training Coordinator

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