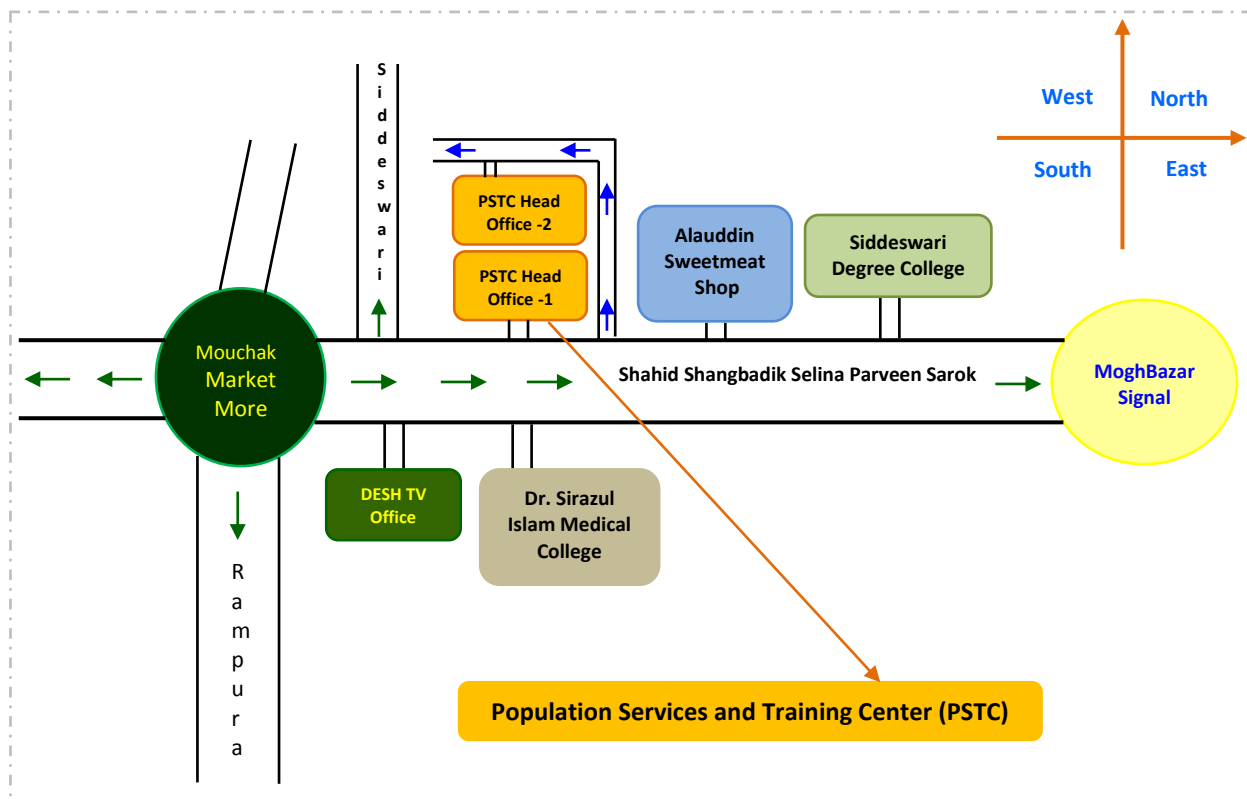


Location Map to reach at 'PSTC'



Contact Person & Address at 'PSTC'

Address:

Population Services and Training Center (PSTC)

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(Old - 103, New Circular Road),

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PSTC Corporate Office

Advisors of 'PSTC'

- 01. Commander (Rtd.) Abdur Rouf**
Policy Advisor



- 02. A.K.M. Ruhul Amin**
Advisor



Governing Body of 'PSTC'

SL Name and Position

- 01. Dr. Md. Sadiqur Rahman**
Chairperson



- 02. Mohammad Abdur Rashid Bhuyain**
Vice Chairperson



- 03. Md. Rezaul Karim**
Treasurer



- 04. Musleh Uddin Ahmed**
Member



- 05. Dr. Golam Rahman**
Member



- 06. Lulu Bilkis Khanom**
Member



- 07. Advocate Rehana Begum**
Member



- * Milon Bikash Paul**
Non Member Secretary



Management Team of PSTC

SL	Name and Designation
----	----------------------

01.	Milon Bikash Paul
-----	--------------------------

Executive Director
PSTC



02.	F. M. Mostaque
-----	-----------------------

Deputy Executive Director
PSTC



03.	Nitai Kanti Das (Ph.D)
-----	-------------------------------

Director - Training and Communication
PSTC



04.	Dr. Md. Shafiqul Islam (MBBS, MPH)
-----	---

Director - Program Support & Monitoring
PSTC



05.	Md. Habibur Rahman
-----	---------------------------

Consultant – Health
PSTC



Infrastructure of PSTC



PSTC Corporate Office

103, New Circular Road
Dhaka - 1217



PSTC Complex, Training & Resource Center Masterbari, Gazipur

PSTC Building SSFP Clinic Aftabnagar Dhaka



Executive Summary

Population Services and Training Center (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.

PSTC is now a large family that includes 2312 staff members who are contributing through their day- to- day dedication, to achieve PSTC's goal to improve the quality of life for the disadvantaged peoples of Bangladesh.

At the center of this family are the 19 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.

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
- Preparedness and Management Program

Population Services and Training Center (PSTC) feels pleasure for successfully completed one more year which is 2012. In the year 2012, PSTC has successfully completed and launched its "Training and Resource Center" situated at Masterbari, Gazipur.

In the last quarter of the year - 2012, launched 4 new projects, title with Marketing Innovation for health (MIH) funded by USAID with the partnership of Social Marketing Company (SMC), BALIKA funded and supported by Embassy of Kingdom of Netherlands (EKN), partnership with Population Council and CARTA (Citizen Action for Result, Transparency and Accountability (CARTA) program), partnership with Transparency fund, Washington, USA and HIV /AIDS Prevention Services funded by MOHFW/World Bank.

As a non profitable development organization, PSTC is committed to run more paths and will work intensively with the support of community and other development partners for sustainable development.

PSTC will also continue providing community services with the emphasis on health service delivery, training and skills development especially for the disadvantaged children, women and adolescents.

Annual turnover in 2012 was BDT 407,108,535. We believe, PSTC's contribution will continue to be profound in the coming years.

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Acronyms

<i>AAB</i>	: <i>Action Aid Bangladesh</i>
<i>ADB</i>	: <i>Asian Development bank</i>
<i>AIDS</i>	: <i>Acquired Immune Deficiency Syndrome</i>
<i>ARH</i>	: <i>Adolescent Reproductive Health</i>
<i>ARHP</i>	: <i>Adolescent Reproductive Health Program</i>
<i>ARI</i>	: <i>Acute Respiratory Infection</i>
<i>ARISE</i>	: <i>Appropriate Resources for Improving Street Children's Environment</i>
<i>ASEH</i>	: <i>Advancing Sustainable Environmental Health</i>
<i>BCC</i>	: <i>Behavior Change Communication</i>
<i>BCC/M</i>	: <i>Behavior Change Communication and Marketing</i>
<i>BWHC</i>	: <i>Bangladesh Women Health Coalition</i>
<i>CCC</i>	: <i>Chittagong City Corporation</i>
<i>CCCD</i>	: <i>Child Centered Community Development</i>
<i>CD</i>	: <i>Communicable Diseases</i>
<i>CDC</i>	: <i>Children Development Center</i>
<i>CDD</i>	: <i>Chronic Diarrheal Disease</i>
<i>CHER</i>	: <i>Center for Health, Education and Rehabilitation</i>
<i>CIDA</i>	: <i>Canadian International Development Agency</i>
<i>CRHCC</i>	: <i>Comprehensive Reproductive Health Care Center</i>
<i>CUP</i>	: <i>Coalition for Urban Poor</i>
<i>CWFD</i>	: <i>Concern Women for Family Development</i>
<i>DCC</i>	: <i>Dhaka City Corporation</i>
<i>DFID</i>	: <i>Department For International Development</i>
<i>DPHE</i>	: <i>Department of Public Health Engineering</i>
<i>ECG</i>	: <i>Expert Consulting Group</i>
<i>ECCD</i>	: <i>Early Childhood Care & Development</i>
<i>EDP</i>	: <i>Enterprise Development Program</i>
<i>EHCLB</i>	: <i>Eradication of Hazardous Child Labor in Bangladesh</i>
<i>EOC</i>	: <i>Emergency Obstetric Care</i>
<i>ESP</i>	: <i>Essential Service Package</i>
<i>FHP</i>	: <i>Family Health Project</i>
<i>FLE</i>	: <i>Family Life Education</i>
<i>FPCVO</i>	: <i>Family Planning Council for Voluntary Organization</i>
<i>FPIA</i>	: <i>Family Planning International Assistance</i>
<i>FP-MCH</i>	: <i>Family Planning, Mother and Child Health</i>
<i>FPSTC</i>	: <i>Family Planning Services and Training Center</i>
<i>FST</i>	: <i>Field Supervisor's Training</i>
<i>GB</i>	: <i>Governing Body</i>
<i>GO</i>	: <i>Government Organization</i>
<i>GoB</i>	: <i>Government of Bangladesh</i>
<i>HATI</i>	: <i>HIV/AIDS Targeted Intervention</i>
<i>HEP</i>	: <i>Health Enterprise Project</i>
<i>HIV</i>	: <i>Human Immunodeficiency Virus</i>
<i>HPSP</i>	: <i>Health and Population Sector Program</i>
<i>HQ</i>	: <i>Head Quarters</i>

Acronyms

<i>HRD</i>	: <i>Human Resource Development</i>
<i>HRM</i>	: <i>Human Resource Management</i>
<i>HSD</i>	: <i>Health Service Delivery</i>
<i>IA</i>	: <i>Internal Affairs</i>
<i>ICDDR,B</i>	: <i>International Centre for Diarrheal Diseases Research, Bangladesh</i>
<i>ICPD</i>	: <i>International Conference on Population Development</i>
<i>ILP</i>	: <i>Innovative Literacy Program</i>
<i>IPC</i>	: <i>Inter Personal Communication</i>
<i>IPD</i>	: <i>Innovative Program Development</i>
<i>IPDPD</i>	: <i>Innovative Program for Disadvantaged People's Development</i>
<i>JSI</i>	: <i>John Snow Incorporated</i>
<i>LCC</i>	: <i>Limited Curative Care</i>
<i>LGED</i>	: <i>Local Government Engineering Department</i>
<i>MATE</i>	: <i>Marketing Team</i>
<i>MCH</i>	: <i>Maternal & Child Health</i>
<i>MDA</i>	: <i>Management Development Assessment</i>
<i>MDG</i>	: <i>Millennium Development Goal</i>
<i>MIS</i>	: <i>Management Information System</i>
<i>MJ</i>	: <i>Manusher Jonno</i>
<i>MNT</i>	: <i>Measles and Neo-natal Tetanus</i>
<i>MOHFW</i>	: <i>Ministry of Health and Family Welfare</i>
<i>MOLE</i>	: <i>Ministry of Labor & Employment</i>
<i>MOLGRD&C</i>	: <i>Ministry of Local Government, Rural Development & Cooperatives</i>
<i>MOSW</i>	: <i>Ministry of Social Welfare</i>
<i>MOYS</i>	: <i>Ministry of Youth & Sports</i>
<i>NFE</i>	: <i>Non-Formal Education</i>
<i>NGO</i>	: <i>Non-Governmental Organization</i>
<i>NHQ</i>	: <i>National Headquarters</i>
<i>NID</i>	: <i>National Immunization Day</i>
<i>NIPHP</i>	: <i>National Integrated Population and Health Program</i>
<i>NEARS</i>	: <i>Network for Ensuring Adolescent Reproductive Health Rights & Services</i>
<i>NND</i>	: <i>NGO Network for National Development</i>
<i>NSDP</i>	: <i>NGO Service Delivery Program</i>
<i>ORH</i>	: <i>Other Reproductive Health</i>
<i>PC</i>	: <i>Population Council</i>
<i>PD</i>	: <i>Program Development</i>
<i>PHC</i>	: <i>Primary Health Clinic</i>
<i>PI</i>	: <i>Pathfinder International</i>
<i>PLCEHD</i>	: <i>Post Literacy and Continuing Education for Human Development</i>
<i>PMT</i>	: <i>Program Management Team</i>
<i>PPD</i>	: <i>Partners in Population and Development</i>
<i>PREWASH</i>	: <i>Poverty Reduction through Environmental Water Sanitation and Hygiene</i>
<i>PSTC</i>	: <i>Population Services and Training Center</i>
<i>REFLECT</i>	: <i>Regenerated Freirian Literacy through Empowering Community Technique</i>
<i>PHC</i>	: <i>Primary Health Clinic</i>

Acronyms

<i>PI</i>	:	<i>Pathfinder International</i>
<i>STI</i>	:	<i>Sexually Transmitted Infection</i>
<i>T & C</i>	:	<i>Training and Communication</i>
<i>TBA</i>	:	<i>Traditional Birth Attendants</i>
<i>TOT</i>	:	<i>Training of Trainers</i>
<i>TTD</i>	:	<i>Total Training Days</i>
<i>UCEP</i>	:	<i>Underprivileged Children's Educational Program</i>
<i>UCHCP</i>	:	<i>Urban Community Health Care Project</i>
<i>UFHP</i>	:	<i>Urban Family Health Partnership</i>
<i>UNDP</i>	:	<i>United Nations Development Program</i>
<i>UNFPA</i>	:	<i>United Nations Population Fund</i>
<i>UNICEF</i>	:	<i>United Nations Children Fund</i>
<i>UPHCP</i>	:	<i>Urban Primary Health Care Project</i>
<i>USAID</i>	:	<i>United States Agency for International Development</i>
<i>WAB</i>	:	<i>Water Aid Bangladesh</i>
<i>WATSAN</i>	:	<i>Water and Sanitation</i>
<i>WB</i>	:	<i>World Bank</i>
<i>RTI</i>	:	<i>Reproductive Tract Infection</i>
<i>SCDP</i>	:	<i>Street Children Development Program</i>
<i>SBK</i>	:	<i>Shishu Bikash Kendra</i>
<i>SSFP</i>	:	<i>Smiling Sun Franchise Project</i>

Message from Chairperson

It's my great pleasure to uncover the Annual Report – 2012 of PSTC.

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.

A handwritten signature in black ink, appearing to read 'Sadiqur Rahman'.

Dr. Md. Sadiqur Rahman
Chairperson, PSTC

Land Marks of PSTC

Year	Achievements
1978	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> PSTC inherits from FPSTC and starts its journey as an NGO.
1995	<ul style="list-style-type: none"> Registered with Department of Social Services, Registration No. Dha-03276
1996	<ul style="list-style-type: none"> Registered with NGO Affairs Bureau, Registration No. 1102
1997	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> PSTC disseminated ESP service delivery and One Stop approach in 84 Municipalities as UFHP partner
2000	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Focused attention was given to literacy program and PSTC forged Its partnership with Action Aid Bangladesh through IPDPD.
2003	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Leadership transition took place within the organization; the Founder Executive Director Commander (Rtd.) Abdur Rouf handed over the organizational leadership to Milon Bikash Paul, Deputy Executive Director. Since then Milon Bikash Paul has held the position of Executive Director of PSTC. PSTC expands its program intervention through right-based approach and was awarded with Increase Responsiveness of the Health Service Delivery Institutions /Providers to Establish Primary and Reproductive Health Rights of the Community. PSTC also provided emergency relief support during the devastating flood through 'Emergency Support Activities and Rehabilitation Program.
2005	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Partnership developed with Action Aid Bangladesh as DA at Gazipur. Accounting System was centralized and Accounting Software "TALLY" introduced.
2007	<ul style="list-style-type: none"> PSTC constructed own 3-storied building in Aftabnagar at DCC. HRM Policy reviewed, modified and updated.

Land Marks of PSTC

Year	Achievements
2008	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Successfully Completion of PREWASH project. As a result PSTC awarded another Water and Sanitation Project, named EECHO Project.
2010	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.
2012	<ul style="list-style-type: none"> Achieved Urban Primary Health Care Project, Partnership Area, 1, 2, 4 and 5 in mid of the year 2012, with competitive bidding process in collaboration with DCCS and RCC. In the last quarter of the year - 2012, lunched three(03) new projects title with Marketing Innovation for health (MIH) funded by USAID with the partnership of Social Marketing Company (SMC), BALIKA – Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents Project funded and supported by Embassy of Kingdom of Netherlands (EKN), partnership with Population Council and CARTA (Citizen Action for Result , Transparency and Accountability (CARTA) program), partnership with Transparency fund, Washington, USA Executive Director of PSTC, has selected as National Coordinator of Water Supply Sanitation Collaborative Council- Bangladesh (WSSCC-B) Successfully completed and lunched Training and Resource Center of PSTC at Masterbari, Gazipur in the 4th quarter of 2012.

An Overview of PSTC

PSTC is the inheriting organization of Family Planning Services and Training Center (FPSTC), which was created in 1978 following a government order to act as bridge between the government, donors and local level NGOs working in the field of Family Planning, 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 2312 staff members who all contribute through, their day- to- day work, to PSTC's goal to improve the quality of life of disadvantaged peoples of Bangladesh.

At the center of this family are the 19 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.

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 (CCDA)
- Participation of Community People in the project development and implementation process to be responsive to the community needs.
- Piloting, experience sharing- replicating
- Cost sharing/ community contribution
- Sustainability-Institutional and Program

Number of Staff

Total: 2312 (Male 846 & Female 1466)

Operational Area

114 branches under seven divisions (Dhaka, Chittagong, Sylhet, Rajshahi, Barishal, Khulna & 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
- Preparedness and Management Program

Followings Projects are being implemented by PSTC under SRHR Program

1. NGO Health Service Delivery Project (NHSDP)
2. Urban Primary Health Care Service Delivery Project – DCC, PA – 1 & 4
3. Urban Primary Health Service Delivery Care Project – RCC, PA – 2
4. Urban Community Health Care Project (UCHCP)
5. Creating Opportunity for Adolescents and Young People's Rights to Information on Sexual Reproductive Health and Care (SRHC) Project
6. Unite for Body Rights (UBR) Project
7. Comprehensive Health Service for Working Girls (CHSWG)

Project to Program Approach

Since its inception, PSTC has considered the needs of the underserved & unserved in its service delivery approach. In very recent year, PSTC 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. 33 projects under the umbrella of seven programs, which are holistically linked with MDG targets, are implemented in 7 divisions across the country.

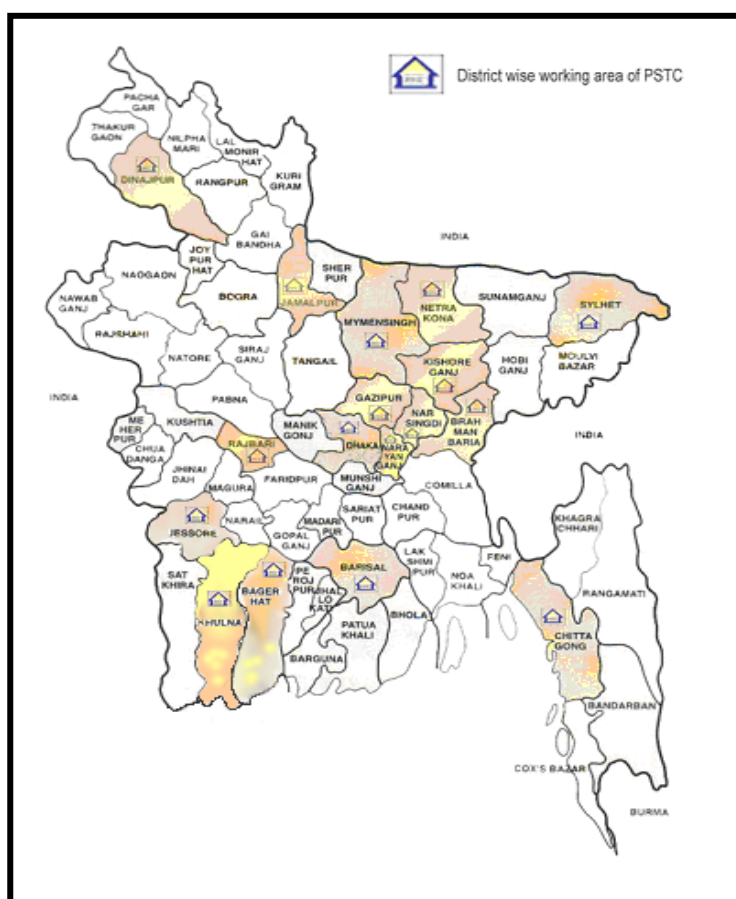
In 2012, PSTC has implemented the following projects under the umbrella of its programs

Programs	Projects
Health Services Delivery Program	
	NGO Health Service Delivery Project (NHSDP)
	Urban Primary Health Care Service Delivery Project – DSCC – PA – 1 & 4 and RCC – PA 2
	Urban Community Care Project (UCHCP) at City Polli, Dholpur, Dhaka
	Health Services to Employees of Participating Companies - GIZ
	Marketing Innovation for Health (MIH)
	HIV/AIDS prevention services for brothel based sex workers and their clients (HAPS)
Climate and Environmental Health	
	Promoting Environmental Health for the Urban Poor (PEHUP) in Dhaka
	Promoting Environmental Health for the Urban Poor (PEHUP) in Chittagong
	Improving Livelihood and Environmental Health for Excluded Population in Tangail
	Integrated Water, Sanitation and Hygiene (IWASH/ UNICEF)
	Climate Variability, Societal Changes and Dengue Disease in Bangladesh
	Enhancing Environmental Health and Women Empowerment (EEHWE) Project in Chanpara
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)
	BALIKA – Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents Project
Governance and Rights	
	Increase Responsiveness of Health Service Delivery Institutions and Providers to Established Primary and Reproductive Rights of the Community

Programs	Projects
	<ul style="list-style-type: none"> - Increase Responsiveness of Health Service Delivery Institutions and Providers to Established Primary and Reproductive Rights of the Community - Promoting Social Responsibility on Occupational Health Rights Project – Gazipur - Empowering Women Readymade Garments (RMG) Workers Project in Bangladesh - Mukho-Mukhi: Mps and Constituents Working Face to Face in Eradicating Poverty and Strengthening Primary Education
Poverty Reduction and Livelihood	
	<ul style="list-style-type: none"> - Bringing Economic Empowerment to Street Children (BEES) Project
Training and Communication	
	<ul style="list-style-type: none"> - Community Paramedic Course - Need based Training Program / Course
Disaster Preparedness and Management Program	
	<ul style="list-style-type: none"> - Need based response - Disaster Resilient Future: Mobilizing communities and institutions for effective risk reduction- DIPECHO VI project.

Geographical Coverage of 'PSTC'

PSTC Geographical Coverage



Chapter: 01

Health Service Delivery Program

NGO Health Service Delivery Project (NHSDP)	01.
Urban Primary Health Care Service Delivery Project (UPHCSDP) DSCC - PA - 1, 4 and RCC - PA - 2	02.
Urban Community Health Care Project (UCHCP) at City Polli, Dholpur	03.
Health Services to Employers of Participating Companies - GIZ	04.
Marketing Innovation for Health (MIH)	05.

Goal and Objectives:

Committed to improve the quality of life of all Bangladeshis by providing superior, friendly and affordable health services in a sustainable manner."

Duration of the project:

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 Dec '2012 (SSFP/USAID)

Funded & Supported by:

SSFP/Chemonics International/USAID
House 15 A, Road 35, Gulshan-2,
Dhaka-1212, Bangladesh
Tel: 880-2-9883634



Provided Injectable to a Women as part of Family

Catchment Area:

13 wards of DCC and 5 municipalities at outside Dhaka (Vairab, 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 is 1,729,803 where eligible couple is 372,515, ANC mother 18,657, under 1 year child 34,331 and 1 to 5 years child 178,842 & Adolescents 450,267.

Program Staff:

Professional Staff			Support Staff			CSP / DH*	Total Staff
Male	Female	Total	Male	Female	Total		
33	26	59	73	230	303	166	528

Community Service Provider/Depot Holder: 166

Project Activities:

- Providing ESD service to the community through 23 static clinics and 315 Satellite Clinic
- Conducting Health Education, Motivation, Community Group Meeting, IPC, Behavior Change 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 Yearly Comparative achievement

(January – December 2011 & 2012)

Type of services	January - December 2011	January - December 2012
Child Health Contacts	295,157	292,155
Maternal Health Contacts	145,598	141,645
Family Planning Contacts	291,223	335,424
Other Disease Contacts	36,015	35,497
Limited curative Care	278,233	271,811
Total Service Contacts	1,046,226	1,112,132
Total Customers	838,450	880,702

During the period from January to December 2012 # of Deliveries 878 (C/S 376, NVD 413 & Home Delivery 89), # of USG Service 9,152, # of New Born Care 1,975, Total Poor Customer Served 252,726 & # of TB new Case finding 1,486.

Organized total 5,683 community based meeting where 85,632 participants has participated. Poor Customer served 29% of the total customer and 1,279 referred during the Year 2012.

PSTC SSFP project has awarded to manage two new clinics from Madhobdi Pouroshava at Tata para and Monohorpur, Madhobdi which have managed by UPHCP Madhobdi previously.

Learning's:

Round the year SSFP has delivered its service and simultaneously gathered different scale learning's, among them few significant learning's are placed here:

Quality Comes First:



Providing TT Service to a School Girl

It is not only a slogan; it has a great implication in promoting and expanding 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. 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.

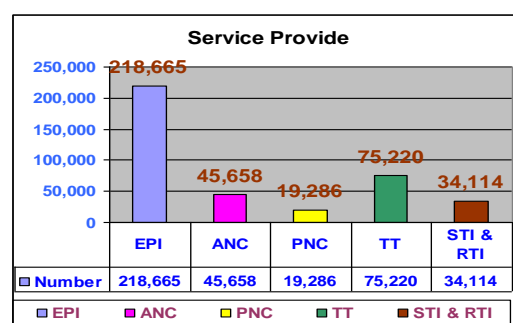
- **Ensure Services to the poor:** Through partnership development with CSR like Smiling Sun - Akij Cement Health Services Program



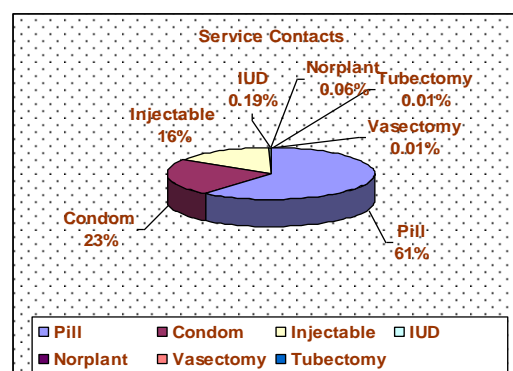
Discussion Meeting in Special Service week

Major Service Component:

SL	Service Provided	Number
01.	EPI	218,665
02.	ANC	45,658
03.	PNC	19,286
04.	TT	75,220
05.	STI & RTI	34,114

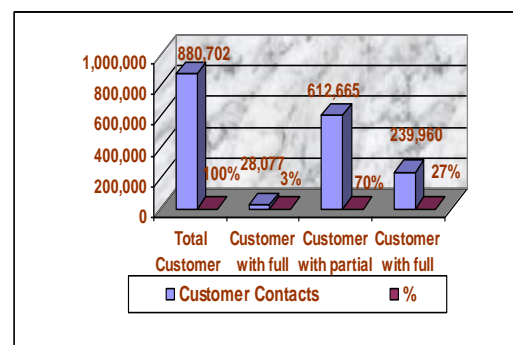


SL	Family Planning	Service Contacts
01.	Pill	204,304
02.	Condom	75,708
03.	Injectable	54,482
04.	IUD	652
05.	Norplant	217
06.	Vasectomy	30
07.	Tubectomy	31



Services:

SL	Category	Customer Contacts
01.	Total Number of Clients	880,702
02.	Service provided with Full free	28,007
03.	Service Provided with partial Fee	612,665
04.	Service Provided with full Payment	239,960



Case Study

Quality of Service and Awareness both are essential to reach in Goal A Success Story of NHSDP Clinic at Raipura under Norshingdi District

Husna Begum, a permanent resident of Lochanpur of Raipura, Narsingdi district. She married with a local man named Hasen Ali. Hasen Ali works as a guard in Saherchar School. The financial condition of this couple is very poor. Thus just after marriage, Husna Begum became pregnant. Although doctor and Service Promoter of Raipura Surjer Hashi (SSFP) Clinic frequently visited her house and advised her for at least 4 antenatal visits during her pregnancy period. But unfortunately she never came to any clinic to receive medical checkup during her pregnancy. Later on, when she became sick with labor pain, Husna Begum's mother in law brought her to indigenous doctor. He treated her with some antibiotic medicine.

Husna Begum was exhausted with severe pain for about 12 hours. Then an unqualified nurse tried to assist delivery at home but failed. Although Hasen Ali wanted to bring her wife in Raipura Surjer Hashi Clinic, but her mother in law resisted him to do so and after some time, she delivered a dead baby.

In second scenario of this story is, Husna Begum again pregnant after 2 yrs. But this time, Doctor and Service Promoter (SP) of Raipura Surjer Hashi (SSFP) Clinic able to motivated her family for her ANC visit (before deliver). This time, she has admitted in the clinic just after her delivery pain started and she delivered a healthy baby (male) with the assistance of paramedic Bilkis Akter. The family has highly satisfied with the service of the clinic. They felt that they were wrong and now they are regular customer of Raipura Surjer Hashi Clinic. Now a day, this family has motivated already and recommending the neighbors to go to Raipura Surjer Hashi clinic to get quality health services.



Discussion Meeting for Special Service week on International Women Day

Urban Primary Health Care Service Delivery Project (DSCC – Pa -1 & 4 and RCC PA – 2)

The Government of the Peoples Republic of Bangladesh has been implementing Urban Primary Health Care Project (UPHCP) since 1998. From July - 2012 the name of the project has been changed to URBAN PRIMARY HEALTH CARE SERVICES DELIVERY PROJECT (UPHCSDP).

PSTC has taken over the Partnership Area - 01 on 1st July, Partnership Area - 04 on January 2013 from Dhaka South City Corporation (DSCC) and Partnership Area - 02 on January 2013 from Rajshahi City Corporation (RCC).

Goal & Objectives of UPHCSDP:

Goal:

To improve the health status of the urban population, especially the poor, through improved access to and utilization of efficient, effective and sustainable Primary Health Care (PHC) Services.

Objectives:

To improve

- Access to and use of urban PHC services in the project area, with a particular focus on services provision for free to the poor
- The quality of urban PHC services in the project area and
- The cost-effectiveness, efficiency, and institutional and financial sustainability for the urban primary health care delivery system to meet the needs of the urban poor.

Duration of the project:

- UPHCSDP – DCC – PA – 01 - from July 2012 to June 2017
- UPHCSDP – DCC – PA – 04 - from January - 2013 to June 2017
- UPHCSDP – RCC – PA – 02 - from January - 2013 to June 2017

Donors:

- ADB (Asian Development Bank)
- GoB (Government of Bangladesh)
- UNFPA (United Nations Population Fund)
- SIDA (Swedish International Development Cooperation Agency)

Project Working Area:

SL	Projects	Working Area
01.	UPHCSDP – DCC – PA – 1	Dhaka South City Corporation (DSCC) Ward No. 51,50,52,47,54,46
02.	UPHCSDP – DCC – PA – 4	Dhaka South City Corporation (DSCC) Ward No: 5, 6, 8 , 9, 10, 11
03.	UPHCSDP – RCC – PA – 2	Rajshahi City Corporation Ward no. 21,22,23,24,25,26,27,28,29,30 & 17

Beneficiaries / target people of the Project:

- Urban Poor Population especially mother & children are the main priority.

Project staffs (UPHCSDP, DCC- PA – 1 & 4 and RCC – PA – 2)

Professional Staff			Support Staff			Other	Total Staff
Male	Female	Total	Male	Female	Total		
13	37	50	76	284	360	16	426

Major Interventions of UPHCSDP:

A. Clinical Services delivery

▪ Reproductive Health Care

(Delivery Care (NVD), Delivery Care (CS), Postnatal Care, Neonatal Care, Menstrual Regulation, Post Abortion Care, Family Planning, Emergency Contraceptive Pill, Maternal Nutrition, Violence Against Women, Adolescent Reproductive Health Care, Prevention of RTI, STI & HIV/AIDS, Other Reproductive Health Care)

▪ Child Health Care

(Immunization Program – EPI, Immunization Program – NID, Control of Diarrhoea & other childhood diseases, Control of Acute Respiratory Infections, Control of Micronutrient Deficiency)

▪ Communicable Diseases Control

(Tuberculosis Control, Other Communicable Disease Control)

▪ Limited Curative Care

(First Aid for Injuries, Emergency Care, Treatment of Minor Infection, Primary Eye Care)

B. Behavior Change Communication

(Health Education Session, Counseling, Diagnostic)



Celebrated World TB Day 2012 at RCC – PA - 2

Project achievement :

- 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
- Positive impact of the people about health service organized by the government
- People's awareness has increased 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.

Number of patients round the year:

Male	Female	Children (<5 age)	Total
43625	346817	114843	505285

Major Service Components:

SL	Service Provided	Total
01.	ANC	96642
02.	PNC	28307
03.	MR	3207
04.	Delivery Care (NVD)	2413
05.	Delivery Care (CS)	2148
06.	FP	94702
07.	Diagnostic	30540

Service Provided round the year:

SL	Category	PA - 01	PA - 04	PA - 02	Total
01.	Total number of service provided	524232	481215	197700	1203147
02.	Service provided with full free	442801	187673	136547	767021
03.	Service provided with partial service charge /fee	23279	44031	12953	80263
04.	Service provided with full payment	58152	249511	48200	355863

Learning:

1. UPHCSDP is an excellent example of Public Private Partnership.
2. Community participation & ownership has developed through this project.
3. Improved access of marginalized groups through identification of poor household & distribution of Red Card.
4. Door step service provision.(satellite services)



Case Study:

- 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

My name is Nur Nahar and 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. At that moment, I was frustrated. Then I came to PHCC of UPHCSDP with one of my anti. The physician has taken some of test and after taking treatment from there I became pregnant. During pregnancy I also received my antenatal checkups from there. Finally my delivery was conducted at Dhalpur Nagar Matrisadan. Now I & my child both are fine, grateful to Almighty.

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 implemented Urban Community Health Care Project from March, 2004 to June 2012 as first phase, funded and supported by Plan Bangladesh at Dhaka City Corporation Dholpur area. The second phase of UCHCP project intervention has also started on July 2012 and continuing till date.



Training for Peer Group on Nutrition at UCHCP

Project goal

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

Objectives

- To reduce maternal mortality and morbidity by promoting safe motherhood initiatives and improve quality primary health care services.
- To reduce morbidity and mortality of under five children due to communicable diseases and malnutrition by improving KAP about infant and young child feeding.
- To increase participation of the community, especially children, women, adolescent and the poor, to mitigate their own health problems.
- To provide health services through collaboration with GO services.
- To developed capacity of parents on early childhood care parenting.

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**Duration of UCHC Project:**

- **First Phase:**
 - ✓ March 2004 to June 2012
- **Second Phase:**
 - ✓ July 2012 to December 2015

Donors of UCHCP:

- Plan Bangladesh
Dhaka Program Unit
House # 62, Block # A
Shyamoli, Dhaka-1207

Intervention Area:

- Zone-5: Ward no. 49 of DCC(south) which includes 14 # Outfall, Dhalpur where include: Adarsha Basti, 96 Ghar (staff quarter), 38 Ghar (tin shed), Nabu Basti, Pora Basti including Mannan and Madhya Basti, City Polly, Aynal Basti and Talegue Basti.and ward # 47 of DSCC IG Gate Slum.
- Zone-4: Ward # 33 of DSCC Mironjillah Staff quarter & ward # 38 (Rabi das para) of DSCC.
- Zone-1: Ward # 02, Malek Slum: Kamla's house, Tutul's house, Badals's house, Sahera's house, Rakkhar's house, Ayesha's house, Swapon's house, Habib's house, Shiraj's house, Akhter's house, Bacchu's house etc and the adjacent area of DSCC .

Staff information:

Professional Staff			Support Staff			Other	Total Staff
Male	Female	Total	Male	Female	Total		
1	2	3	2	11	13	0	16

Major activities or Interventions of project:

- Door to door counseling to mother or caregiver, adolescent daily.
- House hold visit by community mobilizer of UCHCP in their assign area.
- Female BCC session 100 sessions per month.
- Male BCC session 20 sessions per month.
- Awareness building program- TBA, Health Committee per slum
- Provide curative care, EPI, FP, ANC & free PNC care
- Provide drugs at the cost of 60% of MRP.
- Pathological support with minimal cost

- Follow up visit for ANC,PNC, EPI,TT and FP
- Effective referral through support by the SUS of UCHCP.
- Provide drugs and care at free of cost to underprivileged children of DIC.
- Provide drugs and care children below 5 years of ultra poor families at free of cost

Service Components of UCHCP

Round the year, the project has facilitated different activities including awareness, campaign, community advocacy program, as well as deliver service.

UHC Project achievement's (January- December 2012)

- By using different method and media information related to HIV transmission, serious consequences was discuss in the session. As participant knew more or less good information about this issue, so their interactive participation was appreciative. Message from the slogan described easily to understand the information. Female participants agreed with no discrimination of HIV infected.
- We Celebrate day observation on World AIDS day in the community on 1st December. Female participants of the session raise their voice against discrimination of AIDs infected. Their recommendation for AIDs lab facilities in this clinic was in demand.
- Different GO &Ngo like DCC, care Bangladesh, BRAC, SATHE, world vision, marie stopes, Uchcp, pstc and other organization working in this area were attain this meeting at world vision office on 14 th October'12. In this meeting, DCC informed other partners about Rubella vaccine for U5 children will launched in coming January and NID will be in January'13. World vision discuss about 'child health now: global week of action' campaign to reduce under 5 mortality. However, participation of different stakes as well as different organization could successfully save U5 children life through advocacy and awareness development.



Celebrated HIV /AIDS Day – 2012 by Urban Community Health Care Project (UCHCP)

Learning's

- Community people are able to understand the importance of safe delivery service so that they try to send the newly coming mother in this slum to deliver her baby in Institutions, some time they support the mother financially.
- Malnutrition and environmental pollution are the serious obstacles in the way of achieving of proper maternal & child health.
- The method and media those we used for BCC session are remain same for many years, changes or rearrangement in delivering the message may enhance the effect.

- We developed a strong network with govt. family planning clinic, Tajgaon. We arrange 2 Implant campaign in our clinic in the month of February & March and able to Implant 49 & 35 female in two phases. Total no. of 115 female was inserted implant in this quarter.

Number of patients:

Male	Female	Children (<5 age)	Total
385	4190	1795	6370

Major Services Delivered:

SL	Service Provided	Number
01.	ANC	2116
02.	PNC	148
03.	MR	000
04.	FP	942
05.	TT	850
06.	Lab	984
07.	Other	3191
08.	EPI	2606

Categories Service provided:

Category	Number
Total number of service provided	6370
Service provided with full free	0000
Service provided with partial service charge /fee	6370
Service provided with full payment	0000

Case Study

I am a human being and I also trying to improve myself more.

My name is Akhi Akter, father late Mojibor and mother's name Delowara Begum. I am now 22 years old and resided at 38 Ghor, 14 Outfall. My father has died when I was only 7 year old. Up to 7 years was the best time in my life and I would never forget that moment in between this 7 years.

After my father has death my life become full of sorrows and struggle. I struggled each and every moment even till now also struggling in my life for survives. My mother has got married again after my father has expired and there is no alternative for her.

In that period I and two of my sisters were little age. My second father did not have recognized me as his daughter, but my mother was blind believer to her second husband. Always my mother trust, depend on her second husband and whatever he (my father) said my mother do that accordingly. Thus a long period has gone. My step father did not have permitted me to go to school, did not liked

to do anything around me, even sometimes he bitten me also. My mother followed him (my father) and advised me to do whatever my father suggested. Sometimes, when my step father came on residence at mid night, then he also assaulted me physically. I told about it to my mother but never had she believed that. I was basically always alone and no one trusted to me and I could not have ventilated my mental stress and sorrows to anyone.

PSTC and Plan Bangladesh has jointly been started a project to work on Adolescent and their Reproductive Health. They formed many groups in our slum and I entitled in one of that group. But when my father knows that I am the member of that adolescent group, the he did not permit me to go there. But I did not stop to go there and regularly participated in awareness session as well as verities community activities. But always my parents did not recognize it positively. Once a day my father has bitten me and restricted me to go there. I was then again alone and always was upset. Once night I have lost my temper and ate 3-4 sleeping pills to reduce my mental pain. In next day morning, I shared this event with Khaleda Apa (One of staff of PSTC) and I convinced with her motivation. Khaleda apa also talked with my mother and tried to aware herself regarding me and my mental status. Then my mother understands all and slowly become changed. Thus our entire household environment becomes improved and 2-3 years has over. In 2010, I have joined as Associate Health Promoter in PSTC and dedicated myself to fulfill responsibility. Lot of community pregnant women becomes new member in our clinic and I supported them, assisted them in various way. Those mothers also please upon me and my dedication. Thus I started to save a few amount (300/ month) and also contribute financially to my family. Slowly my mother and step father becomes change their attitude towards me and start to love me as their daughter. Now I started to think that, I am a human being and I also trying to improve myself more. As I am now self sufficient so that no one tease me, no one throw bad comments to me. PSTC and Urban Community Health care Project helped me a lot, helped us how to aware and how to decorate life. Me and my friends are grateful to PSTC.

Health Services to Employees of Participating Companies – GIZ Project

Project Goal:

Improve the health status and change of hygiene behavior of the selected industrial workers thereby increases their productivity.

Objectives:

- To provide orientation to the Project staff, Garments owners/ management & officials of GIZ, LIDL and PSTC.

- To establish clinics within the premises of 8 selected garments associated with LIDL.
- To provide PHC services, which includes, RH Care, Communicable disease control, LCC, HE & counseling to the workers of garments (Narayangonj ,Saver,Tongi ,Gazipur & Tangail.).
- To refer the sick workers to secondary/Tertiary Clinic/ Hospital for necessary treatment.

Duration of the project:

- Very recent and at the last quarter of the year 2012, Health Services to Employees of Participating Companies (GIZ) project has started its journey on August 2012.
- The project intervention will end on May 2014. (total duration of the project is 1 year 9 months)

Supported and Funded by:

GIZ

House #10/C, Road # 90
Gulshan - 2, Dhaka -1212

Intervention Area of Project:

Mention below 5 areas are the intervention areas of HSEPC Project :

- Narayangonj
- Gazipur
- Savar
- Tongi &
- Tangail

Beneficiaries / target people of the project:

HSEPC Project beneficiaries are mainly the garments workers of LIDL nominated 08 Garments Factories.

Project staff:

Professional Staff			Support Staff			Other	Total Staff
Male	Female	Total	Male	Female	Total		
02	03	05	01	0	01	0	06

Major activities of the Project:

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

Number of patients:

Male	Female	Children	Total
512	1103	0	1615

Major Service Component:

Service Provide	Number
ANC	185

Learning:

- It is very difficult to success institutional delivery among the pregnant garments worker as because, their parents live far away from their working place and they love to stay with their parents in the country residence during delivery time.
- Health services for the factory workers is a basic need and this need should be fulfilled otherwise, factory workers remain sick, unhappy and unhealthy, Lose their wages due to sickness and ultimately they will contribute less quality of production.
- Coverage of T.T Vaccination & blood grouping for the selected garments factories workers should be covered 100%.
- Workers largely benefitted from the health services and they demand more frequent health session to their factories.
- Both owner and cooperate workers the project team in carrying out PHC services and health education session.
- To make the HE session more effective and attractive, need based BCC materials should be developed and used.
- Proper utilization of BCC materials increases the health service demands.

Marketing Innovation for Health (MIH) Project

In the last quarter of the year - 2012, launched new project title with **Marketing Innovation for Health (MIH) funded by USAID** with the partnership of Social Marketing Company (SMC).

Project Goal and Objective:

Goal:

Improve knowledge and healthy behaviors, reduce harmful practices and increased care seeking practices while reaching out to new audiences (youth) through creative Behavior Change Communication.

Objective:

To contribute to sustainable improvements in the health status of women and children in Bangladesh, by increasing access to and demand for essential health products and services through the private sector.

Duration of the Project:

1st October, 2012 to 30th June, 2016.

Donor:

USAID through Social Marketing Company (SMC)
SMC Tower, 33 Banani C/A,
Dhaka-1213

MIH Project interventions:

Working District	Working Upazila	District Office Address
Kishoregonj	Katiadi & Bajitpur	C & B Road, Katiadi, Kishoregonj
Narshingdi	Monohordi	Grameen Bank Road, Sollabaid, Narshingdi
Munshigonj	Sreenagor	Upazila Diamond City, Sreenagor, Munshigonj
Madaripur	Rajoir	Shormongol Road, Tekerhat, Rajoir, Madaripur

Beneficiaries/Target People of the Project:

- Married Women of Reproductive Age (MWRA)
- Husband of MWRA
- Care Givers of under 5 children
- Adolescent Boys & Girls (13-19 Yrs)
- Traditional Birth Attendants (TBA)
- Workers
- Community Influential Peoples

Project Staffs:

Professional Staff			Support Staff			Others	Total Staff
Male	Female	Total	Male	Female	Total		
6	1	7	21	28	49	0	56

Interventions of the Project are as follows:

- Meeting/session with MWRA
- Meeting/session with Husbands of MWRA
- Meeting/session with Caregivers of under 5 children
- Session with School Children & adolescents
- Meeting/orientation session with TBA
- Meeting/orientation session with Workers of different workplaces
- Meeting/orientation session with Community influential

Project Achievement:

AS MIH project has started its journey in October 2012, thus initial setting and other preparatory work has done during this reporting period. During the reporting period, up to December 2012, project has done successfully the recruitment process of staffs.

HIV/AIDS prevention services for brothel based sex workers and their clients (HAPS)

The female sex workers (FSWs), specially the brothel based, are identified as one of the vulnerable Most At Risk Populations under National Strategic Plan. Upon consideration of these facts, service package (SP) 01 is awarded to PSTC Consortium to implement HIV and STI prevention services across the country. The duration of the project is 3 years with effect from 18 November, 2012 to November, 2015. This is a one of the major component of Health Population Nutrition Sector Development Program (HPNSDP) which is funded by World Bank and ministry of health and family welfare (MoHFW) and managed by national AIDS/ STD Program (NASP). To keep the government commitment of 'getting to zero: zero new HIV infection, zero discrimination and zero AIDS related death' PSTC and its associate community health care project (CHCP) implementing the project to serve 3800 brothel sex workers through establishment of 12 drop in center (DIC) under 10 district of Bangladesh among the DICs Jamalpur, Mymensingh, Doulatdia, Jessore, Phultala, Bagerhat and Monglaport brothel is directly managing by PSTC.

Project Goal:

- Prevention of HIV and STIs among brothel based sex workers to prevail HIV infection below 1% in the country.

Project Staffs:

Professional Staff			Support Staff			Others	Total Staff
Male	Female	Total	Male	Female	Total		
90	155	245	00	00	00	00	245

Beneficiaries of the Project:

- 3,800 Brothel based sex workers and their clients.

Major Services:

- STI and general health services
- STI and HIV counseling
- Condom and lubricant promotion
- BCC/ Peer educator
- Advocacy and training
- VCT referral

Key Achievements:

(November-December, 2012)

- 12 Service delivery point established with the brothel setting along with trained human resource
- A Mather list has been prepared for all sex workers mentioning the information of each sex workers socio demographic data
- Counseling was provided to 14,47 SWs, group session conducted 161 where 627 participants were present, 102 STI management and 173 sex workers received general health services,
- Enlisted in the district NGO coordination committee member chaired by DC
- A good relation has been established with the Self Help Group (SHG) which helps running the project.



Facilitating Counseling Session



Facilitating Group Education Session



Celebrated World AIDS Day 2012



Chapter: 02

Climate and Environmental Health

Under Climate and Environmental Health Program, PSTC is being emphasized 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:

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

Promoting Environmental Health for the Urban Poor (PEHUP) -In Dhaka City

Project Goal and Objective:

Goal:

The overall goal is to contribute to the national goal and MDG related to environmental health and improve human well being and dignity of the urban poor through ensuring access to safe drinking water, improved sanitation and adoption of desired hygiene practices.

Objective

Environmental health conditions in low-income communities in targeted cities in Bangladesh improved where everyone in the communities drink safe water, use improved sanitation facilities and follow desired hygiene practices.

Duration of the project:

- 1st November 2011- 31st October 2016

Donor Name and Address:

WaterAid Bangladesh

H 97/B, Rd 25, Block A, Banani,

Dhaka 1213, Bangladesh.

Tel: + 88 02 8815757, 8818521

Web address: www.wateraid.org/bangladesh

Project Working Area:

Dhaka South City Corporation

DSCC Zone	: 2,3,4 & 5
Working Area	: 17 Wards 1,3,4, 5, 7, 8, 11, 22, 33,38, 40, 41, 48, 49, 51, 53, 54
Number of Thana	: 9 (Nine)
Name of Thana	: Khilgaon, Subuzbag, Jatabarai, Motijil, Hazaribag, Bangshal, Gandaria, Sutapur, Shampur.
WASA Zone	: 1,2,6 & 7
Total slum	: 32
Total HHs	: 14095
Total Population	: 60111

Beneficiaries of the Project:

Target User Projection	:	Water	Sanitation	Hygiene
		16500	18500	33000

Project Staff:

Professional Staff			Supportive Staff			Others	Total Staff
Male	Female	Total	Male	Female	Total		
7	1	08	12	12	24	N/A	32

Major Interventions:

Software Component

- Community Mobilization
- FGD, CSA, Meeting with Community People and CBO etc.
- Capacity Building
- Community
- Project Staff and
- Stakeholder
- Meeting/Training/Workshop with Stakeholder
- Awareness activity (Hygiene session, Household Visit, Counseling, Campaign, Day/Month observation etc)
- Networking & Advocacy

Hardware Component

- Water supply Facilities Construction and Renovation
- Community Rain Water Harvesting system
- Sanitation Facilities Construction and Renovation
- School Sanitation Construction and Renovation
- Public Toilet Construction and Renovation
- Solid Waste Management
- Drainage & Footpath
- Sludge Management

Project achievements:

SL	Name of Activities	Total Plan	Total Achievement
Water Service delivery			
01.	Water Facilities Installation and Renovation	5 Nos	7 Nos, Beneficiary 3156
Sanitation Service delivery			
02.	Sanitation Facilities construction and Renovation	5 Nos	7 Nos, Beneficiary 3156
03.	Drain	1000rft	1000 rft
04.	Drain with Footpath	750 rft	750 rft
Meeting			
05.	Meeting with DSCC and others Stakeholders regarding Slum Selection.	1Nos	1Nos, 36 Participants (Female: 05, Male: 31)
06.	Coordination meeting with DSCC	2 Nos	2 Nos, 54 Participants (Female: 05, Male: 49)

SL	Name of Activities	Total Plan	Total Achievement
07.	Workshop with relevant stakeholders to identify Challenges, Opportunities and Coordination Mechanisms	1 Nos	1 Nos, 40 Participants Female: 07, Male: 33
08.	CBO meetings	216 Nos	190 Nos
09.	Ward sanitation taskforce meeting	67 Nos	65 Nos
10.	Ward CAC meetings	6 Nos	6 Nos
11.	Zone CAC meetings	2 Nos	2 Nos
12.	WASA Zone Coordination Meeting	12 Nos	10 Nos
13.	Zone Sanitation Task force meeting	14 Nos	13 Nos
14.	Staff Orientation on PEHUP Project	1 Nos	1 Nos 30 Participants Female: 13, Male: 17
15.	Meeting with adolescent group on menstrual hygiene management	26 Nos	26 Nos, Participants : 390 Female: 390
CSA Conduct and Reviewed			
16.	Conduct & Reviewed community situation analyses (CSA)	32 Nos	Total 32 Nos, New: 21, Old: 11
17.	Conduct & Reviewed community action plan (CAP)	32 Nos	Total 32 Nos New: 21, Old: 11
Orientation/ Training			
18.	Orientation on WSP to CBO	8 Batch	8 Batch, 83 Participants Female: 30, Male: 50
19.	Water option User group orientation	5 Batch	7 Batch, 49 Participants Female: 29, Male: 20
20.	Water Option Caretaker Training	5 Batch	7 Batch, 14 Participants Female: 06, Male: 08
21.	Sanitation option user orientation	4 Batch	6 Batch, 42 Participants
22.	Training on WaSH for Stakeholders	1 Batch	1 Batch, 28 Participants Female: 04, Male: 24
23.	Training to food vendor	2 Batch	2 Batch, 39 Participants Female: 12, Male: 27
24.	Basic Training on Hardware Implementation	1 Batch	1 Batch, 30 Participants Female: 12, Male 18
25.	Basic Training on Community Mobilization	1 Batch	1 Batch, 29 Participants Female: 11, Male 18
26.	Basic Training on Hygiene Promotion (Part-1)	1 Batch	1 Batch, 31 Participants Female: 13, Male 18
27.	Masson Training	1 Batch	1 Batch, 09 Participants Female: 0, Male 9
28.	Water Quality testing	60 Nos	46 Nos
Day Observed			
29.	Observed World Water Day	4 Nos	4 Nos,
30.	Observed World Environmental Day	4 Nos	4 Nos, 1300 Participants Female: 502, Male: 780
30.	Observation Sanitation Month	5 Nos	5 Nos, 1100 Participants Female: 540, Male: 560

SL	Name of Activities	Total Plan	Total Achievement
31.	Observed World Toilet Day	4 Nos	4 Nos, 902 Participants Female: 502, Male: 400
32.	Cleaning day observation at Slum	1 Nos	1 Nos, 885, Participants Female: 460, Male: 425
33.	Observance Hand Washing Day	4 Nos	4 Nos, 1985 Participants Female: 1022, Male: 963
34.	Project Planning Workshop for Staff	1 Nos	1 Nos 28, Participants Female: 10, Male: 18

Celebrated Global Hand Washing Day 2012 by the Project:

Global Hand Washing Day, 2012 observed round the month by PEHUP project of PSTC, Dhaka. To observe this Day, PSTC Dhaka Office organized various programs at four working areas named Miron Zullah, Gonoktuly, Meradia and Shahjahanpur are of PEHUP project by involving with DSCC Zonal officials, School students & community people. The programs were specially arranged at four different slums under four wards of Dhaka South City Corporation. PSTC also observed the day at Rajdhani High School in collaboration with LGRD&C ministries, DPHE, DCC, Unilever and other NGOs. The completed program were as follows-

- Inauguration Program
- Discussion Meeting
- Demonstration of Hand Washing
- Cultural Program (Folk Song)

Descriptions:

▪ Inauguration Program:

Hand washing program was centrally inaugurated by Mr. Advocate Jahangir Kabir Nanak, Honorable State Minister of LGRD&C ministries of Bangladesh at Rajdhani High school.



▪ Discussion Meeting:

Discussion meeting held on Hand Washing Day at every Spot after the inauguration of Hand washing program. Every student & community Children promises that to clean their hands especially in two critical times. The teachers, CBOs leader, elite person and the NGOs staffs deliveries the hand washing related message. Near about 2000 students and peoples were participated in the program.



▪ Demonstration of Hand Washing

After discussion session Community Development Officer and Head Master demonstrated ideal hand washing system in presence of students & teachers. PSTC Community Mobilizer shows the hand washing process in front of students. After that all teacher and students also practice by themselves in presence of PSTC representatives.

Participants Practices Hand Washing

Participants	Male/Boys	Female/Girls	Total
Students	825	845	1670
Community People/Children's	120	165	285
Teacher	12	08	20
NGO Representative	06	04	10
Total	963	1022	1985

Cultural Program:

After Hand Washing demonstration a cultural program was held at the slum areas. Safe Water, Sanitation, Hygiene and Hand Washing related message disseminated through the folk song. A trained cultural group performed in that day.



Conclusion:

At the Hand Washing Day 2012 various types of awareness message on hand washing disseminated among the School students, teachers, community people and children. The community peoples especially children learn different types of message through participation at the day observation. Finally, we hope peoples will be benefited if they will discussed with others about the message and try to maintain it in their behavior. All of the participants convinced that most of the disease and costing of treatment will be reduced by regular hand washing practice.



Significant achievements of Project:

Water Safety Plan (WSP):

Water Safety Plan (WSP) approach is recommended by World Health Organization (WHO) in the 3rd edition of WHO Guidelines for Drinking Water. It will be implemented as an effective approach to protect water from secondary contamination and keeps the water sources functional round the year through regular monitoring by the users themselves. It is a management plan for securing drinking-water safety from the source to the point of consumption through continuous monitoring and preventive maintenance of water supply systems. Water quality tests are mandatory as per WaterAid's Water Quality Protocol in all water supply installations including renovation supported by WaterAid.

Location:

The WSP piloting project location is Mirhajirbagh selected slum & non-slum area under the ward no new 51 (old-87) and DWASA zone # 1, Thana Jatrabari, Dhaka.

Total Household: 389

Slum area: 89 and Non-slum Area: 300

PSTC has performed some activities:

- Digital Risk Map Prepared
- Baseline Survey (Find out illegal & leakage lines, status of regular billing and payment, Demand of WASA line, Maintenance, Problems)
- Dialogue with DWASA about WSP Concept note MoU Review (for Valuable findings and Recommendation of workshop will be incorporate with concept note and MoU)
- Renewal MoU with DWASA, PSTC & Consumer association.



Case Study

“Sanitation” - has Changed my life style

- Fatema Begum

Fatema Begum is one of the beneficiaries of the Urban Wash project in Mirahajaribagh slum located nearby the Gandaria Rail station under the Dhaka City Corporation (South). The Mirahajaribagh slum is dense with 671 households where people from low income groups live with inadequate basic amenities. The poor and marginalized people of this slum have been able to improve their water, sanitation and hygiene situation with the help of the project implemented by Population Services & Training Center (PSTC). Water Aid has contributed to improve the lives of the deprived people living in the slum through providing water and sanitation facilities, and mobilizing people towards practicing hygiene (e.g hand washing with soap) - this is reflected through the voice of complacent users like Fatema Begum.

Fatema came along with husband and two daughters from remote village to Dhaka city for a better life. She started to live in Mirahajiribagh slum while her family faced immense difficulties due to lack of safe water and sanitation facilities. She stated:

"We could effort to rent a house in this slum; we had no choice. We hardly managed to buy safe drinking water from vendors; otherwise the only option was to collect water from the water points owned by other people although we often faced insults. Whenever we shared our concern for improved latrine to the landlord, he ignored. The hanging latrines were so unhygienic that we seldom used; we had to wait for dark for defecation in nearby bush. My daughters fall sick; we spent all our income for their treatment and starved day after day"

The people of Mirahajaribagh slum recognized the urban project as blessing for them as they are no more suffering from inadequate access to safe drinking water and improved sanitation. Fatema described how they have been helped by the project:

"Initially we did not believe that the PSTC would be really helping us for overcoming the problems that we have been facing for long time due to unsafe water and unimproved sanitation. After attending several meetings of the PSTC, we understood that the project would be beneficial for us. We were inspired and came forward to take initiatives for installing water and sanitation facilities. Our landlord supported us to give an application to the CBO (community based organization). Consequently, we received water facilities as well as toilet and bathing facilities separated for men, women and children. Now the children in the slum not often suffer from diarrhea and we do not have to spend much money for their treatment".



PSTC has ensured safe drinking water through installing water points. The low income community living in the Mirahajaribagh slum is now free from the anxiety of being harassed while collecting water from the sources owned by other people. The community has established their ownership through managing and maintaining the water points. The project has installed 3 chambers latrines which have separated facilities for men, women and children. The poor and marginalized people, who had been accustomed with open defecation, are now using improved latrine which has reduced their vulnerability to water related disease and increased their dignity. Bathing place adjacent to the water points has helped the women and girls to maintain privacy which is important for reducing the risk of sexual harassment. The hygiene

education sessions organized under the project has mobilized the community people for adopting appropriate hygiene behavior including hand washing with soap. The project has arranged to improve the drainage and footpath through utilizing the CBO fund. It also has mobilized the community people to form a waste management committee which would monitor whether people are practicing the solid waste management properly. Nowadays, people do not throw waste here and there; they use van, trolleys arranged by the project for the promotion of solid waste management.

Previously, the people of Mirahajaribagh slum could drink safe water only when they managed to buy drinking water from vendors. But they had to use dirty water of nearby pond for bathing or cleaning clothes; thus often suffered from skin disease, diarrhea etc. They had to use hanging

latrine; women had to wait until the dark for open defecation. Now they drink safe water and use improved latrine. The community people have been aware about the negative effects of unhygienic practices on health; thus they are now aware to keep cleanliness of platform of the water points, maintain cleanliness of the toilets, bathing place, drainage and footpath etc. One of the shopkeepers in the Mirahajaribagh slum remarked on the differences between present and previous situation:

"Previously, the children in this slum always suffered from diarrhea. I had no chance to get rest as people came frequently to my shop for buying Oral Saline. Now the children are no more suffering from the disease as they drink safe water and use hygienic latrine. The overall environment of the slum has been improved. I am happy that the people are living healthy life and I do not have to sale oral saline often".

Learning's:

- Should have More involvement with Local Government Institute; Specially Dhaka city corporation, Dhaka WASA, Department of Public Health and Related other Institute.
- It is obligatory to Participation in Local / Indigenous people to smoothly implementation and sustainable the project activities.
- To develop ownership in Local people Specially CBO's for long sustain the activities.
- Staff capacity is important to perform their responsibilities effectively.
- To develop CBO Capacity to farther Maintenance and sustain the Hardware activities.

Promoting Environmental Health for the Urban Poor (PEHUP) -In Chittagong City

Project Goal:

Contribute to improved human well being and dignity of urban poor in Bangladesh.

Objectives:

- The poor and marginalized populations in urban areas participate in the plan and management of safe and adequate water and environmental sanitation facilities.
- The poor and marginalized populations have established access to safe water and improved sanitation facilities.
- The low income groups and marginalized populations living in city slums and other informal settlements adopted improved hygiene practices (*hand washing in critical times*) while community hygiene situation as a whole improved.
- National governments, LGIs and service agencies are influenced towards policy change in meeting WaSH rights of urban poor.



Duration of the project:

Started on 1st November, 2011 & End 31st March, 2017

Funded & Supported by:

Water Aid Bangladesh
House # 97/B, Road # 25
Block # A, Banani, Dhaka 1213
Bangladesh.

Project working area:

Sl. No	Project working area	Address
01.	Jaillar Chor	18 no ward, Tulatoli, Chittagong.
02.	Chaktai Bera Market	35 no ward, Raja Kali, Chittagong.
03.	Amin Colony – 1	7 no ward, Amin jute mills ltd, Chittagong.
04.	Decoration Golly	8 no ward, Panchlich, Chittagong.
05.	Chasma Hill	8 no ward, Mayor goli, Chittagong.
06.	Batali Hill	14 no ward, Batali Pahar, Chittagong.
07.	Ali Nagor	7 no ward, Amin jute mills ltd, Chittagong.
08.	Amin Colony – 2	7 no ward, Amin jute mills ltd, Chittagong.
09.	Hafez Nagor	18 no ward, Tulatoli, Chittagong.
10.	Nobi Nagor	7 no ward, Amin jute mills ltd, Chittagong.
11.	Nobab khan coloy	35 no ward, Raja Kali, Chittagong.
12.	Sobhan Colony	35 no ward, Raja Kali, Chittagong.

Beneficiaries of the project:

- Water : 12,000
- Sanitation : 13,500
- Hygiene : 19,000

Project staffs:

Professional Staff			Support Staff			Other	Total
Male	Female	Total	Male	Female	Total		
11	7	18	2	00	2	00	20

Major Intervention of project:

- Water Points.
- Sanitation Options.

- Public Toilets.
- School Sanitation (*toilet, water option, hygiene campaign and total environment*).
- Awareness of Hygiene Practice and Campaign.

Project achievement (January – December 2012)

Hardware Activities	Achieve.
Full cylinder deep set pump installation	1
Community Managed Toilet with bathing place construction	1
Software Activities	
Enhancing CSTF committee operation/Coordination meeting with CSTF committee	3
Day Observance:	3
World water day, Sanitation Month, World Toilet day, World Environmental day, Observance Hand washing day	
Coordination meeting with Conservancy department of CCC	3
Ward Sanitation Task Force meeting	45
Ward Citizen Action Committee meeting	34
Training to food vendor	1
Training to occupational hygiene and safety measure	1
Community Theatre on Hygiene Promotion	5
Menstrual Hygiene Mgmt session at community level	60
WaSH Campaign at school	1
Hygiene campaign (meena mapet show)	20
Religious leaders training on WaSH	1
CBO capacity building training	2
Ward Committee training	2
Orientation on role and responsibility for duty bearer	1
Cleaning day observation at slum	2
Monthly staff performance meeting	9
Staff training	3
Planning Workshop	1
Training to CBO on DRR	1
Staff orientation on PEHUP project	1
Meeting with other stakeholders regarding slum selection	1
Community situation analysis	8
Discussion meeting with CWASA and CCC identify role and support to the program	1
Project Lunching Workshop	1

Case Study

“Jahanara Begum Restore her Dignity”

Jahanara Begum is 40 years old. She is living with her husband and they got married 21 years ago. Jahanara Begum is blessed with two daughters. Her 1st daughter is 19 year old and 2nd one is 14 year. Both Jahanara and her husband was inhabitant of Sharil one of the remote upazila of Bharammhenbaria district. The location of fore father land is very much lower like Haour. All most round the year all agricultural land keep inundate.

Before coming to Chittagong the family of Jahanara couldn't ensure their meals three times for a day due to scope of work or income. Jahanara & her husband imagine a day dream with her offspring's to growing up with minimum human basic requirement. 16 years ago once morning

they decide to shift their family to change their lives and they came to Chittagong to get a new life in new environment with the help of some local well-wishers. She has been struggling to survive



with her husband to find out a golden scope of income. But men think one and get another. She could not touch dream. In the mean time her husband leaves her. Now Jahanara and her 1st daughter work with garments and lead her lives as slum dweller. What a painful reality, she leaves her mother land due to much water but there are no basic minimum required portable

water fetching facilities available to survive. After wake up day start an unbeatable struggle to enter a unhygienic latrine with a small pot of water. Bathing scope is a hand tub well in front of defecation place with the hurdle of male female & male. When jahanara go to bed to take rest for next journey she got back what a life! Where is my shame and dignity? As the part of PEHUP (Promoting Environmental Health for the Urban Poor) project activity PSTC (Population Services and Training Center) - PEHUP CTG (Chittagong) project staff Ms. Habiba conducting survey in this time Jahanara asked habiba what is your plan after collecting these data? Habiba replied these data will be use for find out WaSH plight condition among the low income communities for our future action. In this regard jahanara fervently pray and urge please visit our present situation to leave excreta and what an inhuman condition we are living. As a part of survey habiba took down all information including some in her mind. After serving as a worker she shared impotency of WaSH among the all dwellers. By the leading of jahanara all sufferers came to applied to remove their odd situation as per working strategy habiba sent to CBO (Community Based Organization) committee to forward the application to her project office.

After a process PSTC team installed a Community Managed Toilet (CMT-2) by the help of community people and CBO committee. In this CMT separate two chamber for Male and Female adjacent bathing facilities with dignity wall. After completing the constriction Jaharara's smiling face expressing a good satisfaction to live and survive & sharing now ***"we could be living with dignity and healthy environment"***.

Learning's:

- Exiting community based organization have involved in project implementation process which is good ownership example
- Possible to ensure community participation by cash and kind both in awareness based software activities and also in hardware activities, through proper community ignition. To celebrate world hand washing day 2012 mina mapeet show done the community is one of the example.



"Meena Muppet Show" to aware people and celebrate "Global Hand Washing Day- 2012"



School Students Organized Rally s to celebrate "World Environment Day – 2012"

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

Project Goal:

Improvement of Primary Health Care, Environmental Health (Safe water, Sanitation) and livelihood opportunities for Women and Marginalized Community in Chanpara.

Objectives:

- 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

Duration:

- March 2011 to February 2014 (3 years).

Donor:

- Kadoorie Charitable Foundation and supported by ActionAid Bangladesh (AAB)

Intervention Area:

1,3, 9 No Block

Chanpara Punarbasan Kendra

Kaetpara Union

Rupgonj Upazila

Narayangonj District.

Beneficiary of the project:

- 35000 people of Chanpara, Mainly Women and Adolescents

Staff of the Project:

Professional Staff			Supportive Staff			REFLECT Facilitator			Total
Women	Man	Total	Women	Man	Total	Women	Man	Total	
1	2	3	3	2	5	8	2	10	18

- Safe water (Submergible pump)
- Twin Pit Latrines & Bathroom(for shower)
- Drainage Systems
- Solid Waste Management

Reproductive and Primary Health Care Services

- Health Services through Clinic
- Immunization and family planning services through Upazila Health Complex.
- Health Camp

Social awareness and Income-generating opportunities

- Awareness Sessions for Reflect Circle members
- Campaign and Mobilization for High School Students
- Adolescent Club Services
- Income Generating Training & Financial support
- School Teachers Training

Established Citizen rights and ensured facilities from LGI

- Meeting with CBO and Stakeholders
- Advocacy and Networking (permanent residency, clinic services, Submergible pump) se

Major Activities of the project:

Project Achievement (Jan-Dec'12)

Sl #	Activities	Completed	Ongoing
01.	Installation of 10 Bathrooms, 10 Latrines	✓	
02.	Care taker Training on repairing and maintenance of Submergible pump, Bathroom and Latrine	✓	
03.	Installation of Submergible Pump in block # 9 & 3	✓	
04.	Drainage construction 925 rft	✓	
05.	Bio Gas Plant	✓	
06.	Solid Waste Management and Dumping place selection	✓	
07.	Provide Healthcare Services (primary and reproductive) through community clinic		✓
08.	Recruitment of Doctor & Paramedic for Clinic	✓	
09.	REFLECT Implementation		✓
10.	Refreshers Training on REFLECT	✓	
11.	Training on Gender and Social issues	✓	
12.	Training on Marketing Methodology	✓	
13.	Disbursement of RLF	✓	
14.	Bank Account Open for Revolving Fund and Operating cost sharing	✓	
15.	School Gathering for Adolescent	✓	
16.	School Teachers Training	✓	
17.	Adolescent Club Formation	✓	
18.	Information communication & Library set up	✓	
19.	CBOs & UP body coordination meeting		✓
20.	Stakeholder Workshop	✓	
21.	Networking Workshop	✓	

- Local MP provided 8 Submergible Pump (SMP) at Chanpara, since circle members and community continuously insisted and communicated about their problem to the Local MP. He also showed his support in finding a Solid Waste Dumping Place. 8 no of SMP from MP installed in block no 5,6 (2),8 (3),1, 3 and Total .
- Solid Waste System operated by Community people.
- Rupganj Upzila Office provided Training for Adolescents, Youth & Women.
- Jatio Mahila Sangstha supported to organize Marketing Methodology Training at Chanpara.
- REFLECT circle women formed Violence against Women Committee to Prevent violence in Chanpara.

Success Story

“Alamtaj begin her Education life Again”

PSTC has been implementing REFLECT Circle activities under EEHWE project at Chanpara with the support of AAB. To create social awareness and income generating opportunities for women and adolescents organized 20 REFLECT Circles where 4 are adolescent girls and 4 are boys circles. Alamtaj is 16 years old and one of the adolescent's member of Dolonchapa circle at block # 1. Her father is a Day labour and mother is a house wife. They are suffering in poverty with two younger sisters in her 5 members' family. She was continuing her study hardly in that situation. 1 years ago she was reading in class viii she studied hard and passed the annual exam with proficiency. But due to poverty she didn't admitted in class nine.



Alamtaj has started her study again and feeling happy

At that time PSTC started REFLECT circle adjacent her house. Alamtaj become a member of the adolescents circle. In the circle there is discuss deferent issues and circle member take Action Plan to solve those. She become aware and learns that education is the foundation of all success. One day Alamtaj raised her issue and said that, she wanted to continue her reading. Circle member realized Alamtaj's eggerness about reading and they decided they to take Action plan to admit her in school.

As per Action plan circle members invited her perants in the circle and discussed about the importency of education. Alamtaj's mother said, they decided togive her in a germents for earning , they could not bare the educatin cost further. But circle members didn't get upset. They inviting her parents regularly in gardian meeting and continuing awareness about impotence of education for

girls and they also ensure that they will request the head master of Nabakisholoy school for full free. At last her mother gave consent for her admission to school.

Then circle member went to head master of Nabakisholoy school and requested for Alamtaj to admit her in class nine and consider her full free to continue her education. Head master ensured them to admit Alamtaj in the school and full free. In January 2013 Alamtaj admitted in Nabakisholoy High school by minimum cost. In this way Mim also admitted in school. Now they are happy. They go to school regularly and reading attentively. Alamtaj said, "I can start my education again and I have got new life by REFLECT circle and with the help of Facilitator Apa. We are very grateful to her and PSTC."

"I am solvent now"

-Minara

Minara became a solvent woman to earning money by sewing school dress of Intervida school's students. Minara is a circle member of Bonolota REFLECT Circle at block#1. She has seven children in 12 family members. Poverty was the main problem in her large needy family. In these criteria REFLECT facilitator influenced her to participate REFLECT circle. She is a regular member of the Bonolota circle. She became aware and participated all the circle activities actively. She always shared with REFLECT Facilitator that, her husband is only earning member of the family and she can not bear the family's burden by his



Minara Begom sewing ordered dress in her house

earning in this market price. At that time IGA training was started and Minara participated in 2 months long Tailoring training. She received training very attentively and successfully ended the training. After training she started tailoring on her own initiative in her house. She worked hard to solve the poverty of her family with her earning from tailoring work, but income was not satisfactory due to a few orders. She again shared with her REFLECT Facilitator that, she wanted to involve with bigger work and request her to inform her about any big order. At that time Intervida started to prepare a list of their students' guardians who knew tailoring work. REFLECT facilitator informed and suggested her to meet with the head teacher of Intervida school. Minara met with the head teacher of Intervida school with some of her own made garments. The head teacher suggested her to participate in the tender process. Minara participated in the tender process and Intervida school authority selected her for her eagerness, skill and quality of the work. She earns near about 2000-3000/- taka per month. Every year she will prepare school dress for the students.

Now she added her income in her family and removed poverty. She is getting honor from her family member and also in the society. Now she actively participate any social work and try to help other helpless women. She is greatfull to PSTC and REFLECT Facilitator to make her empowered.

Number of Patients received service:

Male	Female	Children	Total
346	1511	436	2293

Services provided by project:

SL	Name of Services	Number of Patients
01.	TT	83
02.	ANC	63
03.	PNC	16
04.	Family Planning	215
05.	Counseling	75

Learning's:

- Mobilize the Chanpara residency to receive health service from clinic through different awareness program and community ignition
- Established Solid Waste Management System at chanpara with participation of community. Through proper facilitation it's possible to develop ownership among community.
- Established Hardware Management Committee for proper maintenance of hardware's

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

Project Goal and Objectives:

Objectives of the project are; 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.

Duration of the Project:

- June 2010-March 2014

Donor:

WaterAid in Bangladesh
House # 97/B
Block # A, Road # 25, Banani, Dhaka-1213.

Intervention Area:

- PSTC-Tangail, Kagmari Road (Mannaner Bari), Kandapara, Tangail

Beneficiaries of the project:

- Excluded population under the ward # 1, 11 and 13
(Sex workers and Horizon community people).

Project Staff:

Professional Staff			Supportive Staff			Other	Total Staff
Male	Female	Total	Male	Female	Total		
4	0	4	2	5	7	00	11

Major interventions:

- Capacity building of Community Based Organizations (CBOs) of Sex Workers;
- A base line survey through Video, CSA & Mapping will be conducted;
- Sex Workers friendly electronic and print based BCC materials will be developed & used for hygiene promotion.
- Develop responsiveness of LGIs and other stakeholders;
- Develop joint Solid & liquid Waste Disposal Management system;
- Install water options, construct sanitary latrines, drainage, footpath, bin at households, dust bin and repair drains and latrines;

Project achievement (January-December, 12):

Hardware

- 7 number of cluster latrine (cl-2) with bathing facilities installed in brothel
- 1 number of cluster latrine (cl-5) installed in Kandapara Horizon Palli
- 10 number of Platform renovated in brothel
- 8 number of Iron Removal Plant with RCC ring and filter media at HH based implemented
- 6 number of TW platform constructed in Kandapara Horizon
- 1 Bathing place, One footpath (150ft), 50 ft drainage constructed in Kandapara Horizon d

Software

- # of Meeting with LGIs organized
- # of days and month observed
- 1 number of sanitation option management committee training/orientation implemented
- 2 number of solid waste management committee meeting organized
- 4 number of Hygiene Campaign/Cleanliness conducted
- # of Meeting with NMS organized
- # of Training conducted

- 12 number of staff meeting organized
- 4 number of CBO committee formed

Learning's :

- LGI involvement both in software and hardware interventions
- CSOs involvement in awareness activities
- Involvement of CBO namely Nari Mukti
- Knowledge about operational manual enables staffs as well as support staff to be more organized and systematic in carrying out activities
- Peer Educator selection from sex workers was one of the important initiatives that have taken to make the persons more active and aware on personal hygiene

Case Study

“Service to the community is the thing enhances effective learning”

Shima Aktar, Ex. sex workers of Tangail Brothel and Executive Member of Nari Mukti Sanga, Kakmari Road, from Kandapara Tangail and her age is 40. She has lived in this area for 15 years. She was married when she was 30 and then moved here. Her husband is a businessman, in the confectionary shop. Now he is over 45. She never imagined to involve in politics. Before being elected as an Executive Member, she was a Peer Educator with PSTC-ILEHEP Project.



Before that she was a sex worker. She has one son aged 5 years.

Group session has conducted by Shema Aktar, Community Facilitator of PSTC on Menstrual hygiene with the sex workers at brothel.

Working as a volunteer she developed a reputation and gained trust with the sex workers. She got involved because the objective of that position was good. The people accepted her. When she was well known she stood in the election and sex workers put their faith in her.

Now she is involved in broader ways. What she used to do before, doing backyard sessions on hygiene promotion and sanitation and the like, she is still doing that. But in addition she attended Nari Mukti Sanga functions and participate in adopting any resolution and other decisions on implementation.

She expressed her opinion that there is a shortage of safe water and sanitary latrine here. It is demanded by everybody. But there are some disputes over site selection (land is valuable), but we

solve these through mediation and discussion. We resolve things so that the installation will benefit those people most in need. Service to the community is the thing I like most about being a Nari Mukti Member. I look after the community. The more I serve the community the more I am satisfied. To include as a member of Nari Mukti Sanga this will enable to handle project activities easily.



Group session conducted by Community Facilitator to aware sex workers



One to One Session Conducted by Community Facilitator to maintain personal hygiene and use condoms



Hand washing practices demonstrated by Community Mobilizer for personal Hygiene



Community latrine constructed by PSTC-Tangail

Integrated Water Sanitation and Hygiene (IWASH) Project ***-for Rahmat Camp, Muslim Camp, Balur Matt Low Income Communities (LICs) of Dhaka City***

Goal & Objectives of Project:

Goal:

Reduce WASH related risks to health and improve the quality of life of the most affected adult and adolescent, women, children, men and people with disability (PWD) through improved basic WaSH assistance services

Objectives:

- Improve hygiene behavior
- Increase equitable use of improved sanitation services:
 - ✓ 3510 slum populations (780HHs) have created access to system user friendly (disabled, women and children) improved sanitation by installing Community Latrine with septic tanks.
 - ✓ Renovate/Upgrade Community Latrines
 - ✓ Develop Solid Waste Management
- Increase equitable use of improved water supply services:
 - ✓ 3330 slum populations (740 households) have access to user friendly (disabled, women and children) legal and adequate safe water supply with bathing facilities.
 - ✓ Legalize of illegal water line connections
- Evolve sustainable, appropriate operation and maintenance systems of Water Sanitation & Hygiene (WASH) facilities.

Duration of the Project:

- 25 September 2012 to 24 July 2013

Donor:

UNICEF Bangladesh
 Address: BSL Office Complex,
 1 Minto Road, Dhaka 1000,
 Bangladesh

Intervention area:

City	Address	Name of Slum
North DCC	Mirpur #12 Ward # 03	Muslim Camp
	Mirpur # 12 ward # 02	Balurhatt
	Mirpur # 12 ward # 05	Rahmat Camp

Target / beneficiaries of the project:

- 43551 people from 9678 house hold.

Project Staff:

Professional Staff			Support Staff			Others	Total
Male	Female	Total	Male	Female	Total		
17	13	30	01	00	01	00	31

Intervention of the Project:

- Behavioural Change through Hygiene Promotion and access to basic hygiene supplies
- Hygiene Infrastructures
- Ensure access to safe water
- Ensure access to sanitation:

Project Achievements:

Sl	Activities	October,2012- December 2012
01.	Staff recruited	31 staff recruited
02.	Foundation training	01 foundation training held
03.	Monthly Staff Performance Meeting	03 Meeting held in participation of project staff at project office to review the progress and implementation strategies
04.	Coordination meeting with DWASA	1 meeting held
05.	Zone sanitation taskforce meeting	1 meeting held
06.	Partners coordination meeting	1 meeting held
07.	Female group formation	44 Female group formed
08.	Female group Courtyard session	64 Courtyard sessions with female group held
09.	Adolescent group formation	20 Adolescent group formed
10.	Adolescent group session	40 sessions held with 20 adolescent group
11.	Tea stall session	40 sessions held
12.	Child group formation	20 child group formed
13.	Child group session	40 sessions held
14.	Meeting with CDC	54 meetings held
15.	Cultural group formation	4Group formed
16.	Sanitation option management committee formation	10 Group formed

17.	Water option management committee formation	08 group formed
18.	Caretaker selection for sanitation option	20 person
19.	Caretaker selection for Water option	16 person
20.	Projection meeting	18 projection meeting held

Case Study

“Now we all are fine! Me and my friends – we are well”

Wazid Afroz a little boy he lives in Rahmat camp, bottola CDC in Mirpur-12 under Dhaka City Corporation. He is youngest among four brothers and two sisters. Wazid read in class three at local school. He is one of the members of IWASH project's child group.



Master Wazid with his mother

Child group session is routine activities of IWASH Project, in these session concern community mobilizer discuss about safe water, sanitation & hygiene promotion to reduce health hazard risk. Wazid attends regularly and listens the discussion with deep concentration. He played active rule in session to learn about hygiene behaviour and practice. His quarry is high about causes of water born diseases because he had no knowledge

regarding water born diseases and other hygiene issues.

One day he felt pressure for bowel movement during his leisure period in school. He went to his school's toilet but there was no hand washing soap. Finding no other way he rushed to his residence for defecation to save him from contamination where they have arranged soap in nearby toilet.

This fact triggered his mother with the realization of hand washing with soap after defecation which in turns break the contamination cycle and increase school attendance. She immediately shared this issue with SMC and school teachers of Wazid's school. The fact was recognised by SMC and school teachers and it was decided to ensure soap for hand washing after defecation. From that time to still soap is available near to toilet.

Perhaps owing to his innate elegance, his peer refers to 08-year-old Wazid from Rahmat camp, bottola CDC as a future leader.

His words are strong, as are his positions on the urgent need of personal hygiene. At his young age, he is engaged in hygiene promotion activities amongst the community. 'I have learned a lot about personal hygiene. Now, whenever I meet a child who doesn't take care of personal hygiene, I feel sorry for him, and I try and tell him ways to change his habits.'

Learning's:

- Infrastructure design needs to be reviewed to meet the current demand for sustainability.
- Involvement of Community Development Committees (CDC) and DWASA increased confidence of community to work together for sustainable sanitation.
- Integrated WASH module and guideline enhanced teachers to facilitate sessions at schools.



Facilitating Adolescents Group Session in Muslim Camp



Facilitating Child Group Session in Rahmat Camp

Climatic Variability Societal Changes and “Dengue” Deceases in Bangladesh

Project Goal and Objective:

Goal:

- A better understanding of the role of, and interaction between climatic, ecological, biological, social and human behavioral determination of dengue diseases transmission in Bangladesh.
- Application of enhance knowledge in a multi-scale, intersectoral social-ecological system management intervention for dengue disease prevention and control.
- A contribution to innovation and the formulation of a participatory public health policy and practice incorporating social-ecological system management intervention for dengue diseases prevention and control.

Objective:

- Determine dengue virus (DENV) prevalence in the city of Dhaka over time and space to estimate the potential for outbreaks and epidemics.
- Determine the patterns in dengue vector distribution and density in the city of Dhaka, Bangladesh, and their correlation with dengue prevalence.
- Examine the effects on vector density;
 - ✓ Selected climatic variables (Specifically, temperature, rainfall, humidity/vapor pressure) and
 - ✓ Local community level social-ecological factor (specifically, dwelling type, population density, water storage, garbage disposal, type of vegetation and land use pattern)
- Enhance local community capacity to participate and options in community centered, social-ecological system management interventions for **vector** control, by developing a cross-scale partnership and applying an integrated Eco health and Adaptive Management Approach. Level

Duration of the project:

- 15th March, 2010 to 14 March 2014

Donor:

North South University
 M. Gias Uddin Ahsan
 Chairman and Associate Professor
 Department of Life Sciences, School of Applied Sciences
 North South University
 Dhaka, Bangladesh
 E-mail address: hossain_fcma@northsouth.edu

Intervention area:

- 20, 26 and 69 ward in Dhaka City-corporation

Beneficiaries of the project:

- Lower, Middle and Upper class in the project area

Project staffs:

Professional Staff			Support Staff			Other	Total Staff
Male	Female	Total	Male	Female	Total		
01	0	01	0	0	0	00	01

Major Intervention of the project:

Development of a multi-scale (Lower, Middle and Upper class) and intersectoral approach and interventions that can effectively prevent and control dengue in Bangladesh.

Project achievement (January- December 2012):

- KAP study in 3 communities x 2 times
- Community capacity assessment- focus group meetings
- Multi- stakeholders focus group meetings
- Fresher and refresher community training on participation in community decision-making
- Community Development Program

Snaps shots of project:



Chapter: 03

Child Adolescent and Youth Development

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

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

Project goal and objectives:

Goal:

- Improve SRH status among target group.
- Provide ARH & SRH related health services from "SRH Clinic".

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.

Project Duration:

- 46 Months (March 2010 – December 2013).

Donor:

RFSU-Sweden,
PO Box 4331,
SE-102 67 Stockholm,
Sweden.



Intervention area:

- Badda Union Perished (Moynarbagh, Shadhinota shoroni, Alirmore, Purbachal road, Hajipara, Balurmadh, Agaro sarani, Baganbari, Skanderbeg and Rupnagar.)of Dhaka City.

Beneficiaries of the project:

Primary beneficiaries:

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

Secondary beneficiaries:

Owner/authority of factories, community elites, parents, health care providers of service delivery points both Government and NGOs and other gatekeepers.

Project staffs:

Professional Staff			Support Staff			Other	Total staff
Male	Female	Total	Male	Female	Total		
2	4	6	5	19	24	00	30

Major achievements of project:

1. Survey and relation development with community.
2. Building capacity of 3,000 adolescent and young people on Adolescent Reproductive Health and Sexual Reproductive Health care, rights and services.
3. 120 Peers have been developed & trained from the target group. They are keeping a strong bondage between the project staff & community through an active communication.
4. Provide life skill training to increase knowledge through the health session among the beneficiaries.
5. Organize workshop, training, meeting with stakeholders to create an enabling environment for reproductive health care and services.
6. Conduct parents meeting and gatekeepers orientation.
7. Form community based “Adolescent Reproductive Health” support group.
8. Provide counseling support to the target beneficiaries.
9. Establish “SRH clinic” in working areas. From this clinic we provide-
 - Sexual and Reproductive Health service such as- family planning, RTI/STI, HIV/AIDS, partner management, ANC, PNC, ENC, TT, MR (for both married and unmarried) etc.
 - Provide relevant medicine and contraceptive to target group.
 - Service charge is minimum and safety net provision for ultra poor people.
 - Set up a information corner on SRHR in the clinic for target people.
10. Provide necessary trainings for project staff and service provider to increase their knowledge and skill.



Activities done in 2012:

SL	Activities	Achievements
01.	Project Orientation	01
02.	MR Training For Paramedics	02
03.	Tec. Training For service provider	01
04.	Training on Peer Education	02
05.	Basic Training On ARH & SRH	01
06.	Refresher Training On ARH & SRH	01
07.	TOT on Life skill Training	01
08.	Gender Training for Project staff	01
09.	Counseling Training for counselor	02
10.	Management Training	01
11.	Financial Management Training	01
12.	Refresher Gender Training	01
13.	Family planning clinical contraceptive course	01
14.	comprehensive sexuality education	01
15.	Exposure visit(International workshop)	01
16.	Peer Education training	01
17.	Gender Training for peer educators	01
18.	Rollout of the Training on Life skills	01
19.	Annual Youth Gathering for Planning	01
20.	Orientation on ARH and Gender for Adolescent support group	01
21.	Meeting with ARH support group	04
22.	Meeting with Stakeholders	03
23.	Workshop with Gatekeepers	03
24.	Dissemination workshop	01
25.	Celebrate Special Events (Safe Motherhood day, World Population day, World Breast feeding week, World Youth Day, HIV/AIDS Day)	05
26.	IEC materials (Calendar, Bruiser, Leaflet & Folder etc.)	01 (Total-10,000)

Number of patients:

Male	Female	Children (<5 age)	Total
1071	10,104	713	11,888

Major Service Component:

SL	Service Provided	Number
01.	RTI/STI	281
02.	ANC	926
03.	PNC	81
04.	NVD	08
05.	MR	72
06.	ADO - HEALTH	343
07.	FP	3650
08.	LCC	2731
09.	Counseling	5190
10.	Other	2846

Categories Service Provided:

Category	Number
Total Number of service provided	13,401
Service provided with full free	5544
Service provided with partial service charge/fee	7309
Service provided with full payment	548

Learning:

- SRH education helped young people to take rights decisions regarding SRHR.
- Different type of advocacy initiatives with local leaders, local elite personnel and LGI help us to reduce social stigma/barriers which ultimately address for smooth operation of the project interventions.
- The peers are more useful for dissemination of information about SRHR.
- Quality of care and gender sensitive services helped to increase performance of SRH clinic.
- Safety net provision encourages poor young people to seek SRH services.



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 Christian 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

Duration:

- September 2010 to December 2014

Donors of UBR Project:

- Rutgers WPF – The Netherlands
- SIMAVI – The Netherlands
- Embassy of Kingdom of Netherlands (EKN)



Youths from Chittagong has published "Wall Magazine" on SRHR to aware mass school students

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)

Project Staff:

Professional Staff			Support Staff			Other	Total staff
Male	Female	Total	Male	Female	Total		
05	05	10	21	28	49	00	59

Major Interventions:

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

Case Study:

“Love is not only for Pleasure but also a Responsibility!”

-Reetu and Raihan

This is a true story of Ritu and Raihan (not the real name). They are living in the same locality of Chittagong City Corporation and studying in the 1st and 2nd year of the same college. They both love each other and they have been continuing this relationship for last 2 years. They both are from traditional middle class joint family background.

They did unsafe sex several times and already Reetu had abortion once and became pregnant again. In the mean time Raihan became a member of SRHR education group and had participated some sessions facilitated by the community mobilizer of Chittagong UBR program. There he (Raihan) got to know that the risk and vulnerability of the unprotected/unsafe sex and the risk of frequent abortion at early age. According to Raihan “I am very much worried about us, especially anxious for my girl friend (Reetu).” He wanted to meet with the counselor of PSTC, whether there is any possibility to overcome that situation.

Later on Raihan met the female counselor rather than the male one of PSTC. The counselor attended him 2/3 times and informed him risk and consequence of unprotected sex. She also advised him to bring his girlfriend (Reetu) to the clinic of Chittagong UBR program. It was necessary to have a discussion with her and examine her health status.

Thus, one day he brought his girlfriend Reetu to UBR Counselor. They have had several sittings with the counselor and examined her health status.

During session Reetu said, “I am really feeling tired with the pressure given by my boy friend. Although we met each other, it was not a matter of joy! But now I think I can make a difference in our relationship. I observed, he (Raihan) is also thinking positively.”

After 2/3 sitting with the counsellor they became very much sensible and responsible partner to each other. It was really a new dimension in their life. They came to know that, relationship should be safe and without commitment, mutual respect relationship doesn't exist. They said, “Now we have taken a serious decision. We have to accomplish our education, establish in life; no unsafe relation, no pregnancy, no MR, no pressure! Now we realize and feel that love is not only for pleasure but also a responsibility!”

Major Services provided:

SL	Services Provided	Number
01.	STI/RTI	10878
02.	MR	60
03.	Delivery	07
04.	Counseling	33777
05.	ANC	5302
06.	PNC	605

Learning's

- Important stakeholders (students, guardian, quack, community leaders, teachers etc) felt that it is essential for the interest of our society because many youth get misguided due to lack of correct knowledge on SRHR issue.
- There are many policies/strategies in our country regarding SRHR & reproductive health issues are clearly laid out but yet not implement at grassroots level.
- Young people accept SRHR education positively and feel very helpful for life.
- Madrasha student are also curious and actively involved in SRHR education
- UBR program will be more effective if we train the Young People's on Life Skill.
- Academic Institution based counseling corner and service center is very effective to address the Young People's need and for disseminate right information on SRHR
- Parents of young people's are the very important stakes to aware themselves regarding their needs.
- Central level advocacy meeting with some ministry or department will help us to get more support from local officials and to accelerate the program in root level.

Comprehensive Sexual & Reproductive Health services for Working Girls in selected areas of Bangladesh

Project Goal & Objectives:

Goal:

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

Objectives:

- To ensure quality SRH status of target group through comprehensive health services
- To increase stakeholders support for SRH care in the interest of target group.
- To Increase capacity of target group on practical self-care skills and skills for dealing with risk Behaviors
- To institutionalize youth friendly services at service delivery points (SDPs).
- To strengthen partnership with professional bodies, local NGOs and concern Government department.

Duration of the Project:

October 2011-December 2013(Two years & three months)

Donor:

The Swedish Association for Sexuality Education
RFSU
PO Box #4331, SE-10267 Stockholm, Sweden



Free Health Campaign at Taazrin Garments

Intervention Area:

- Boardbazar, Union- Ghacha, Thana -Joidevpur, District- Gazipur and
- Borpa, Union- Tarabo, Thana- Rupgonj, Districts- Nayangonj

Beneficiaries of the project:

- **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.

Project Staff:

Professional Staff			Support Staff			other	Total staff
Male	Female	Total	Male	Female	Total		
3	4	7	11	34	45	0	52

Major Interventions:

- Establish Youth Friendly Clinics for Working Girls
- Counseling for Young Working Girls on Sexual & Reproductive Health Rights
- Enhancing Capacity of Service Provider
- Creating an enabling Environment on Reproductive Health
- Gatekeeper's Orientation
- Life skill through Resource Center
- IEC Material Development

Project Achievements (January-December 2012):

- MOU have been signed between PSTC and 12 Different Garment Factories (1556 Working Girls) and with different kinds of School.
- Successfully Organized two Annual Dissemination Workshop where present Member of Parliament, Local High GOB Officials and other Officials and Other Local Stakeholders.
- Development and Distributed Different Colorful Materials e.g leaflet, poster, brochure, sticker on Sexual and Reproductive Health Rights and issues for Target People.
- Successfully Organized Health Camps in Garments for Target People in every month and also Conducted Medical Camp at Nischintapur Village at Gazipur for Fire Victims of Tazrin Garments Worker which have huge National Media Coverage.
- Provide Qualitative SRH services to 24667 people. Among them 14,368 were Working Girls and 18,703 were female.

Learning's:

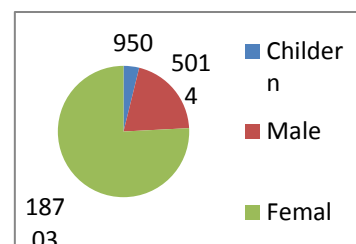
- Mass campaign meeting need to organize with the community people, it will helps to remove constrains and barriers to implement the program.



Inauguration Ceremony of Project Clinics Boropa, Narayanganj

Patients have received services round the year:

Male	Female	Children (<5 age)	Total
5014	18,703	950	24,667



Major Service Provided:

Service Provided	Number
Clients for Laboratory test :	2620
MR	62
ANC	2110
PNC	428
RTI & STI	3003
FP clients	1245
LCC	13204
VAW	70
Adolescent Reproductive Health	1736
Delivery	9
D&C	2

Services with category:

Category	Number
Total Number of Service Provided	33810
Service Provided with full free	14101
Service Provided with Partial Service charge/free	8222
Service Provided with full payment	11487



Satellite Clinic at Boardbazar, Gazipur

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

Project Goal and Objectives:

Goal:

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

Objectives:

- To create access to basic services and facilities for the children, both boys and girls living/working on the streets 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.

Duration of the project:

- July 2010 to on Going

Donor:

Plan Bangladesh
House # CWN (B) 14
Road # 35,
Gulsan - 2, Dhaka - 1212
Bangladesh

Project Intervention Area:

- Dhaka City Corporation area

Beneficiaries of the project:

The children, who work in the street, do not have continuous relationship with family and are exposed to physical, physiological and sexual abuse by others; they are the project's target group and direct beneficiaries.

The project will focus on:

- (a) Homeless and shelter less
- (b) Physically, mentally and sexually abused/exploited and victims of trafficking
- (c) Children those are abandoned by parents due to poverty or for any other reason. 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 enrol and provide support to most disadvantaged street children including girls.

Project staffs:

Professional Staff			Support Staff			Other	Total Staff
Male	Female	Total	Male	Female	Total		
05	00	05	00	00	78	12	95

Major Interventions of project:

- 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 services

Project achievement (January- December 2012)

Category	Number
Number of children enrolled in primary school	170
Number of children are provided education materials	1020
Number of children enrolled in functional education course	1020
Number of children at DIC received health services	1335
Number of sick children refers to health facilities	154
Number of children enrolled in vocational training	13
Total Number of Children Received Health Services	1335
Create job opportunities for the children of DIC & Night Shelter.	187
Birth registration Certificate Received	1263
Number of children reintegration at family/ society	08
Number of children enrolled for literacy session	1020
Total amount of money deposited at DIC as savings	452206
Number of children trained on self safety measures during earthquake and fire	180
Number of street children received group counseling services	2053
Number of street children received individual counseling services	518
Number of street children received legal services	33
Number of duty bearers participated in the workshops on child rights and child issues	125
Number of children trained on Protective Behavior	264

Cricket - Badminton Tournament & Price Distribution Ceremony -2013

Street Children are the most marginalized section of urban society, exploited for their labour due to extreme poverty status. Statistical data shows that among 430000 street children 41 percent street children work under an employer, 61 percent are compelled to work long hours. Also it is evident that street children are denied from games and recreation Article 31 of the Convention of the Rights of the Child recognizes the right of children to rest and leisure, to engage in play and recreational activities. Based on these Population Services and Training Center (PSTC) with the assistance of Plan Bangladesh organized the event Cricket Badminton Tournament and Price Distribution Ceremony at Basabo Balur Math on 26th January 2013. This program focused to engage in play and recreational activities especially for street children.



Welcome speech was given by Mr. Shanti Ranjan Sharker, Project Manager, PSTC He emphasized to call on the country's cash-rich corporate sectors to set aside a small part of their profits for the street children. Mozzamel Haque Khan, Secretary, Planning commission, Implementation Monitoring and Evaluation Division (IMED) was presented as a Chief Guest. Speaking as the chief guest he added that "Sports is vital for a child's physical and mental development evidently this initiative will help to improve children's physical and mental wellbeing." Abdul Mannan, Dhaka Program Unit Manager, Plan Bangladesh; Kamrun Nahar Dana National award-winning player Kamrun Nahar Hiru; attended as special guest. The guests emphasized that "Indeed participation in games and recreational activity increases a child's connections within their community and reduces social isolation. There are also huge benefits of sports and games in terms of learning skills such as team work, leadership and coordination."

The guests also emphasized that in Dhaka city the children who stayed with or without family the initiative of PSTC as well as Plan Bangladesh is really praiseworthy and encouraging. Milon Bikash Paul, Executive Director, PSTC Presides the whole program.

Around 86 children (14 girls 72 boys) took part in the Cricket and Badminton Tournament from 13 Drop in center. Final Cricket match held between Karwanbazar and Jatrabari on a contrary Final Badminton match held between Mayakon DIC and Rampura DIC. Rampura DIC became Champion in Badminton and Jatrabari DIC in Cricket. Man of the Match was Palash Jatrabari and Man of the Series Apu(16) Karwanbazar DIC alternatively in Badminton Man of the Match and Man of the Series Shahida, Rampura DIC.

Opu (16), Karwanbazar DIC "Cricket is more than a game. Go almost anywhere in the world and it won't be long before you see a group of children Playing Cricket. Aside from the physical and mental benefits that Cricket brings, its power is being healthy living."

Shahida (Rampura DIC) – Said 'After winning the Man of the Match and Man of the Series prize, my friends head coach and teammates started shouting and dancing, it was really amazing and definitely the best ever delightful moment for me'

EXPOSURE VISIT - 2013



On 22th January 2013 Population Services and Training Center with the Support of Pan Bangladesh under Helping Children Working and Living on the Project Organized an Exposure Visit to Fantasy Kingdom, the largest theme park in the country. Total 585 Disadvantaged street children enjoyed the whole day in magical kingdom with fun and excitement. Children enjoyed riding roller coaster, flume ride, Santaramaria Viking ship, Arabian flying carpet, racehorses, crazy bumps etc.

Art Exhibition & Allocation of Money for Disadvantaged Children

On 2nd June 2012, Population Service and Training Centre (PSTC), with the support of Plan Bangladesh, organized a three-day art exhibition for showcasing the drawings of disadvantaged children under Helping Children Working and Living on the Street (HCWLS) project at the Nalinikanto Bhattashali Exhibition Gallery of Bangladesh National Museum. Street children had a chance to tell the world about their dreams by showing off their pictures in an art exhibition held at the Bangladesh National Museum in Dhaka, the capital city. Total 28 street children created 80 pieces for the 'Our Dreams Drawn' exhibition held 2-4 June to raise awareness of their plight. Responding to this Art Exhibition on 3rd October, 2012 at Press Club, children's drawing money



Dispensed among the children in presence of both electronic and print media journalists. Total 28 children attended the art exhibition. Total 80 masterpieces of paintings was displayed equivalent to the amount 291500 taka among 17 children got a total amount of 172500. Remarkably among all the participants Sumon (12) solely got 43000 taka. The program was started at 3.00 pm with singing of the National Anthem "Amar Sonar Bangla Ami Tomai Valobasi" of Bangladesh. Later DIC children also participated enthusiastically sung a song – Dhonno Amra Dhonno, Plan Bangladesh PSTC ar Jonno... Md. Abdul Mannan Program Unit Manager, Plan Bangladesh – inaugural speech. He expressed his appreciation to all participants especially thanked all the representatives of newspaper and all who participated the session. "He said Today is very important for the disadvantaged children because they can able to explore their creativity. Every child has its

unique potential which is crucial to enable all children to be succeeded." Shanti Ranjan Sarker, Project Manager (HCWLSP and BEES) gave a presentation focusing the project activities and progress. At the rest of the presentation he shows some masterpieces of Painting from the collections. Debashis Shah, manager, Program Effectiveness said "Indeed I am surprised and excited to see these drawings where they portrayed their dreams. It is evident that the children also have capabilities to express their hidden talent if they are given the opportunity," Sumon (12) Once I used to live in street, now I teach drawing... In absence of PSTC and Plan it is impossible to be an artist. Trough the competition I have secured 43000 taka I will purchase a bicycle by this money I have never ever think that I have a red bicycle which I always cherished... and the rest of money I will attempt to save . Prof. Milon Bikash Paul Executive Director PSTC announced closing of the event by wishing statement – "may the society recognize these brilliant pieces of paintings."

Case Study

- Name: Shahnaj Akter
- Age: 13
- Fathers Name: Bodruddin
- Fathers Profession: Day Laborer
- Mothers Name: Late Bedana Begum
- Permanent Address: Manikgonj, Aricha

Shahnaj Akter (13), a night shelter children of Gabtoli Drop in Center was participated in Primary School Certificate (PSC) Examination on November 2012 and she secured A+. In her apex of success she shows gratitude to *Myrna Remata Evora Mingming* the country director of Plan Bangladesh, because since last one year she has been receiving monthly stipend from country director for carrying her education. According to Her "I feel like I'm a bit *too concerned about my education but when I got* stipend from country director I became confident to carry on my education."

Shahnaj was born in Aricha Manikgonj. After death of her Mother Bedana Begum her father Bodruddin got married again. Her step mother could not tolerate her and used to beat her regularly. Having no alternative way Shahnaj came to Dhaka when she was 10 years old.

She started living in Gabtoli bus stoppage, but it was very difficult to stay at Gabtoli bus stoppage. She started seeking a shelter where she can stay at night. It was her third day at Gabtoli Bus Stand night shelter supervisor of Gabtoli DIC came to ask her why you are staying in bus stand. Later Shahnaj told her problem. The night shelter supervisor takes her to the DIC. Since then she has been staying in DIC. Last 4 years Shahnaj is staying, studying and receiving other services like recreation, participation, savings, health facilities etc under the project of "Helping Children Working and Living on the Street" and Bringing Economic Empowerment to Street Children (BEES) implemented by Population Services and Training Center (PSTC) with the assistance of Plan

Bangladesh. A total 13 drop in center in 8 major Zones in Dhaka City is operating under this project.

In a short while Shahnaj Became a Peer Educator. She used to visit Gabtoli Bus Stand, Majar Road, Kallayanpur for disseminating awareness massages and to take the disadvantaged children in DIC. Shahnaj is very encouraged to *participate* in the diverse cultural program, painting is her favorite hobby. Remarkably on July, 2012 Art Exhibition in Bangladesh National Museum Her 3 pieces of masterpieces paintings was sold for 22000 Taka.

Shahnaj likes to read Bengali best of all the subjects. He wishes to become a teacher and serve his own community so that children do not need to travel long distances to have education. Along with her study she used to save regularly. Till December 2012 she saves total 3569 taka she also got vocational training under Helping Children Working and Living on the Street (HCWLS) project.

Learning:

- Effective participation ensured through mobilizing the community.
- Strengthening the community unit can also reduce the incidence of violence of Street Children.
- Pictorial IEC materials help to mobilizing and sensitizing the children successfully.
- Children turning back from hazardous to non hazardous job. They have developed their livelihood in a sustainable way.
- DMC contribution increased rapidly/ as a result children prior who did not get food at day time.



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

Generating Evidence to Delay Marriage in Bangladesh

Project Goal:

The overall goal is to provide better life opportunities through package of services in literacy, life skills, livelihoods and community mobilization for rural in and out-of-school girls aged 12-15.

Objectives:

- Develop culturally acceptable programs of work that seeks to enhance the capacity of girls through a range of interventions in livelihoods, educational and life skills.
- To build a qualitative and quantitative evidence base that describes the programs and measures their impact on marriage decisions and timing. Intervening outcomes of interest are women's voice in decisions about marriage, educational participation, livelihoods activities, and use of family planning and reproductive health services.
- To measure the costs associated with different programmatic options, as well as cost-effectiveness.
- Build the capacity of local organizations to utilize research and upscale proven approaches to delay the age at marriage through specifically designed policy dialogues and training programs.

Duration of project:

November 15, 2012 to February 15, 2016. (39 months duration)

Donor:

- Embassy of the Kingdom of the Netherlands
Gulshan-2, House# 49, Road# 90 Dhaka, Bangladesh.

Implementing partners:

- Population Council, address. Road# 118, House# 21, Gulshan#1, Dhaka.
- Population Services and Training Center (PSTC) and mPower.

Project Intervention area

Districts	Upazila	Regional Project office Address
Khulna	Batiaghata Dumuria Dacop	C/O: AslamHossainTalukdar, 2 nd Floor, Village: Mohammadnagar PS: Batiaghata, Khulna
Satkhira	Satkhira Sadar Tala Kaligonj	C/O: Md. Selim, House # 2261, 2 nd floor, Flat # B-4, SS Villa, Munshi Para, Satkhira
Narail	Lohagora Norail Sadar Kalia	Upazilla Parishad Ex BADC Office Bulding, 1 st floor, Lohagora, Narail.

Beneficiaries of the project:

- In school and out-of-school girls aged 12 to 15 and the total number of girls are 8640.

Project staffs:

Professional Staff			Supporting Staff			Other			Total Staff
Male	Female	Total	Male	Female	Total	Male	Female	Total	
03	01	04	0	01	01	0	0	144	149

Note: In the other column, we meant that they will be recruited under contractual and consolidated pay. So far we recruited 6 (M-3, F-3) staff at field level.

Major activities:

- District orientation workshop.
- Upazilla orientation workshop
- House hold listing
- Local support group formation and MOU with SMC
- Setting up safe spaces at schools
- TOT for teachers/facilitators/Upazilla Managers
- Group meetings
- Advocacy meeting/workshop
- Life skills education
- Education/tutoring support
- Livelihood training

Project achievements:

- Recruitment and placement of project staff
- MOU signed with EKN
- Intervention area visit (Khulna, Satkhira, Narail)

Chapter: 04

Governance and Rights

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:

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

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

Project Goal and purpose:

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:

The purpose of the project is to:

- 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.



Duration of project:

PSTC implemented First and Second phase of the Health Rights Project from August 2004 – March 2011. After successful implementation of the Second phase of the project PSTC has started its journey for extended period of 2nd phase which will be continue upto March 2013.

Donor:

- Manusher Jonno Foundation

Project location and target audience:

- The project will be implemented in 100 Union, 25 Upazila and 7 Districts of six divisions. The targeted Districts are:

Division	District	Upazila
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 & filed Staff	Supportive Staff	Partners' Staff	Total
Woman	12		14	26
Man	35	2	37	74
Total	47	2	51	100

Project Activities:

National level activities:

Design advocacy strategy

Follow up implementation of the advocacy strategy in HRMC meeting (Quarterly)

Issue specific national program

Media monitoring and use media findings for social movement on Health Rights

Update website

Media coverage on health and human rights issues

District Level Activities:

Develop district level advocacy plan

Follow up district level advocacy plan in Coordination meeting(quarterly) of Client association and DHRMC

Organize public hearing at district level

Observe national, international days at district level

Upazila Level Activities:

Develop upazila level advocacy plan

Follow up upazila level advocacy plan in joint meeting of service providers, upazila health service development committee members and client association members

Introduce complain/suggestion box and use the findings

Organize folk talent program

Organize Educational institution based cultural, debate etc. competition

Organize information dissemination camp with help of Social volunteer

Activate upazila health service development committee

Client association conference

Organize public hearing

Observe national, international days

Union/ Grass root Level Activities:

Advocacy plan development in joint meeting of Client Association, service provider and union health standing committee

Follow up Advocacy plan development in quarterly joint meeting of Client Association, service provider and union health standing committee members

Follow Citizen charter

Follow Community Score Card

Use the findings of complain/suggestion box

Support to service center

Organize Health camp

Community group meeting

Refresher on Roles and responsibility training of community clinic mgt. committee

Organize information dissemination camp with help of Social volunteer

Observe national, international days

Organize Educational institution based cultural, debate etc. competition

Refresher on Educational institution based teachers training

Maternal Care:

Field guide revision prioritizing Maternal Health

Data collection about pregnant mothers from MCWC, UHC, FWC and RD

Special health camp with ANC and PNC mothers

Mothers and would be mothers health camp

Training for Trained Birth attended (TBA) and distribute safe delivery kit

Regular monitoring and consultation for 1000 mothers

Capacity Building, Training:

Staff, PNGO, CA and HRMC members orientation on programmatic issues and capacity expansion

Data-Bank establishment in the Project Office to record Base line data, monitoring & evaluation, media reports, other necessary information

Meeting with PNGO

BCC Material Develop and Dissemination:

Publish monthly magazine to provide coverage of health rights and other right based issues

Develop and disseminate poster, leaflet, booklet, Stickers on health rights

Media Advocacy:

Media monitoring and use media findings for social movement on Health Rights

Service Center Based Activities

Introduce complain/suggestion box and use the findings

Revision of Citizen charter

Revision of Community Score Card

Support to service center

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 health 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.



Learning's:

- 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.

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

Project Goal and objectives:

Goal:

Ensure Occupational Health Rights at work places/ Ensure health and safety at work places.

Objectives:

- To formulate and implement public policies regarding occupational health and safety.
- To arise responsibility of factory owner and management and local administration to ensure occupational health rights.
- To aware workers about occupational health rights and capacitated them so that they can claim their Occupational health rights by themselves.

Duration of the project:

- January 2006 to December 2015

Donor name and address:

- Actionaid Bangladesh
House- 136, Road 08
Gulshan-1, Bangladesh.

Project Intervention Area:

- Kawlitia & Mirzapur Union of Gazipur Sadar Upazilla
Gazipur, Bangladesh.

Beneficiaries of the project:

Factory workers, owner and management body, poor and underprivileged women of the community.

Project staffs :

Professional staff			Support staff			Other	Total staff
Male	Female	Total	Male	Female	Total		
5	0	5	3	1	4	1	10

Major interventions of project:

- Protection of RMG workers rights and others that lead to wage and employment benefits
- Occupational Health Rights to RMG workres and others
- Safety at work places to RMG workres and others

- Violence prevention in collaboration with local citizenry
- Enhance Capacity building on women empowerment, education and rights through Reflect process
- Quality education and empowerment by establishing Child Center Development
- Awareness building of the community on occupational health and safety
- Capacity Building of OHR Staff
- Sponsorship

Project achievement:

- A total of 504 people including workers, management body received first aid training. Of which 361 male and the rest 143 female.
- Training on Fire control and its dousing was received by 318 people where 273 are male and the rest 45 female.
- A total of 2856 workers received treatment through health camp where male is 1714 and the rest 1142 female.
- 65 representatives of different factories have been made aware about workers rights and occupational health safety through meeting.
- A total of 11 factories have undergone Memorandum of Understanding (MoU) concerning treatment and awareness program. In that case, PSTC clinic lied at Gazipur would provide treatment to these factory workers & management body at nominal cost along with training and various programs relating to occupational health and safety.
- A total of 120 factory management body from different factories received training on fire control where 120 are male and the rest 20 is male.
- A total of 220 youth have been become aware about occupational health and safety and workers rights through assembly.
- In the area, 130 indigenous people got informed about their land rights through meeting in the presence of AC Land, Gazipur District.
- By way of theatre show, a total of 1200 people got aware about occupational health and safety at the strategic locations where workers concentrations is high.
- 100 sponsor children of the project received scholarship amounting to taka 1000/- (one thousand) each as an incentive in furthering their study.
- 4 sponsorship children received medical support that makes them possible to get back their normal study.
- By way of annual sports and gathering, a total of 650 community and sponsorship children gathered and made merry with participating at various sporting events. The event helped to improve physical and mental development of children immensely.
- A bulletin was published bearing the name Gazipur Barta where Community Sponsorship Children had contributed deeply.
- 54 poor women got receive training on sewing spanning 3 months.

Case study

“Maternity Leave Securing through REFLECT Circle”

Ms. Mousumi (21),Nanduayan, Kawltia she is a member of Mango Circle, Nanduayan East Para, she works at Epyllion Group Limited, Banglabazar, Gazipur. She works for four years at the said factory. During job, she got pregnant. She had known from the circle that she has the right of maternity leave with payment. She sought leave to her immediate supervisor ie line chief and supervisor. They denied her rights and did not grant leave.

Getting desperation, Ms. Mousumi informed the matter at the Mango Basic Circle and subsequently the circle decided en masse to attend line chief and supervisor along with local elites at the meeting. At the meeting, facilitator and members discussed the issue with line chief and supervisor and convinced them as per Labor Law 2006 a pregnant women has the right of around 4 (four) months maternity leave with payments. They committed at the meeting that they would discuss the matter with their General Manager and other senior about the issue.



Subsequently, they discussed the matter with factory authority and they granted her leave as per law. Therefore, she gets four months maternity leave with payments/ Salary.

Population Services and Training Center (PSTC) has been working at the said union with the financial and technical support from Actionaid Bangladesh since 2001 in the form of RELECT. Subsequently, in the year 2006, Kawlita and Mirzapur Union have been declared as DA that turned as LRP-28 in the year 2011. The LRP bore the name 'Promoting Corporate Social Responsibility on Occupational Health Rights Project' that includes activities at factory level (First Aid Orientation, Reproductive Health Services, training on fire, meeting with factory owners and management and others) with the aim of ensuring occupational Health and Safety at work places. As part of this, the project frame a REFLECT circle at Nanduay named Mango Basic Circle in the year 2011.

Since formation of the circle it is working with poor & underprivileged women of the society to make them aware on education, empower them and raise their awareness level so that they claim their rights at home and beyond.

Specialty of the entire circle is that there are around 50% factory workers. At the circle they got informed about their rights as well other related issues that led to occupational safety and health.

Ms. Mousumi is now living happily with her daughter. She thanks Actionaid Bangladesh and PSTC for their contribution in claiming rights at factory. She also suggests expanding the network so that all the workers could ensure their rights at the work places.

Learning's:

- To address unrest at the factory level, it is badly needed to share views among workers, management body and owners on regular basis
- IGA activities at the community level made women skilled and pave the way for getting money.
- Workers air their grievance if they got congenial atmosphere.
- To accomplish program at the factory level, alternative date has to be kept in mind.
- Drilling on fire control and others received wide acceptance side by side theoretical session.



Training on fire control is being provided to workers and management body by expert at the Epyllion Style Limited.



Sponsorship adolescent is receiving scholarship from Ms. Sabina Yasmin, Upazilla Nirbahi Officer, Gazipur.

Empowering Women RMG Workers Project - Bangladesh

Project goal and objectives:

- Women RMG workers have a comprehensive understanding of Bangladesh Labour Law

Duration of the project (start end) :

- May,2012 to April , 2013

Donor :

Action aid Bangladesh
House # 8, Road # 136
Gulshan-1 , Dhaka

Project working area :

- Mirpur ,1,2,6,7,10,11,12

Beneficiaries of the project :

- Garment Factories workers



Project staff :

Professional staff			Support Staff			Others	Total Staff
Male	Female	Total	Male	Female	Total		
02	0	02	0	3	3	0	05

Major activity or interventions of the project :

- Peer Educated Group leader Training on 10 core elements of the Bangladesh Labor Law 867
- Peer Educated Group Member Training -8670
- Provide legal aid to RMG workers-
- Establishing participation Committee in the factory level as per Bangladesh labor law

Project Achievement

- For establishing Peer Educated Group in the factory level the training has been completed among 575 workers
- Member training in the factory level has been completed - 5350
- To establish participation committee in the factory level work is going on and 20 committees have been formed

Learning's:

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

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

Project objective:

- To strengthen the relationship between MPs and civil society to conduct effective advocacy on national policy issues
- To create opportunities (DPPFs, Public hearings, and other public consultations) to bring law-makers and constituents together to identify deficiencies in existing policies, law, rules and procedures, and promote policy agendas for eradicating poverty and ensuring primary education for all the region’s children
- To raise awareness among law makers about brining necessary changes in existing laws and procedures, and assisting them in performing their legislative, representation and oversight functions through policy research and perception study to identify and understand the problems and bottlenecks constraining spread of primary education and reduction of poverty in concerned constituencies.

Expected outcome:

- MPs will public meeting, party forum and concerned ministries
- more vibrant
- Voluntarism culture will be more visible through different actions
- Need based local Local people will become more responsive and vibrant
- MPs will place the identified deficiencies to the local level governments offices, party, forums, and the forums where the MP is an active member
- DPPF will make bargain with the concerned departments and agencies.
- DPPF will become level issues will be raised by the become more sensitive based on the local level problem and raise those issues in the forum, local people
- District level public policy forum (janouddyog) forme at project district
- Policy makers (MPs) sensitized to address for need based local issues through raising issues in the political party forum, parliamentary and related parliamentary standing committees.

Project Intervention Area:

District	Upazila
Kishoreganj	Sadar Mithamain

Major activities:

- Perceptions study on poverty situation and primary education consideration the views of the MPs, elected local representatives and local government officials.
- Organize orientation session on education and poverty eradication issues for Civi8l society members and media person
- Organize day long workshop on local level planning focusing poverty and education issues with Civil society, government official, local government representatives at Upazila level
- Formation of youth forums to advocate to advocate local and national policy issues at district level
- Organize 2 days long advocacy Training for district level actors
- Organize 2 day long gender and women leadership training for district level actors
- Organize monthly staff coordination meeting at district office
- Orientation and strategic meeting with MPs and program persons at national level
- Organize staff training on local level planning for janoudyog actors and staff
- Organize monthly staff coordination meeting at central office
- Organize quarterly staff coordination meeting at central office

Key achievements:

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



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

Project Goal and Objective:

Goal:

- To establish third party monitoring approach for World Bank funded Solar Home System Program.

Objective:

- Solar Home system users become more knowledgeable to participate with POS, and ensure accountability
- Solar Home System Users' able to provide systematic feedback throughout project implementation process
- Provide suggestions for improving the service delivery of the SHS program

Duration of the project:

- 15 September 2012 to 14 August 2014

Donor Name and address:

Partnership for Transparency Fund
1100 15th Street NW, Suite 400
Washington DC 20005
USA

Project Intervention Area:

Name of District	Name of Upazila	Name of Upazila
Rajshahi	Charghat	1. Solua
		2. Nimpara
Kishoreganj	Mithamain	3. Ghagra
		4. Sadar
Chittagong	Rangunia	5. Chandraghona
		6. Sharapbhata
Sylhet	Jaintiapur	7. Charikata
		8. Darbasta
Barisal	Bakergong	9. Daruria
		10. Darial
Dinajpur	Kaharole	11. Rasulpur
		12. Dabar
Narsingdi	RoypuraP	13. Musapur
		14. Alipura
Districts - 07	Upazila - 07	Total - 14

Beneficiaries:

Primary and secondary Beneficiaries with numbers and qualitative issues

Primary Beneficiaries

District	Upazila	Union	Household	Population
Rajshahi	Charghat	1. Solua	5803	29015
		2. Nimpara	7037	28148
Kishoreganj	Mithamain	3. Ghagra	4060	24360
		4. Sadar	3904	19520
Chittagong	Rangunia	5. Chandraghona	4644	23220
		6. Sharapbhata	4198	25188
Sylhet	Jaintiapur	7. Charikata	2472	12360
		8. Darbasta	5330	31980
Barisal	Bakergong	9. Daruria	8864	37248
		10. Darial	6284	31420
Dinajpur	Kaharole	11. Rasulpur	4800	19200
		12. Dabar	4779	23895
Narsingdi	Roypura	13. Musapur	4732	23600
		14. Alipura	3270	16350
7	7	14	70177	345504

Source: Bangladesh Bureau of Statistics

Secondary Beneficiaries:

IDCOL, PBS, Grameen Sakti and other Solar Home System providers, Solar Energy Importers in Bangladesh, Government officials and policy-makers, Ministry of energy, Poverty alleviation agency, Agriculture ministry/agency, International development agencies, World Bank, Local NGOs

Project Staff:

Professional Staff			Support Staff			Others	Total Staff
Male	Female	Total	Male	Female	Total		
4	0	4	18	3	21	00	25

Major Activities:

- Orientation of Solar Home System Users groups about SHS project
- Community Group Meeting
- Gather and review all relevant studies and information, Examine policy and technical options for increasing use of renewable energy
- RTI Application
- Social Audit implementation for IDCOL and Pos
- Focus Group discussion (population in general, SHS consumers, participating organizations, IDCOL, donor agencies, government authorities)
- Interview with key informant (SHS consumers, participating organizations, IDCOL, donor agencies, government authorities)

- Quarterly progress report writing
 - Quarterly progress sharing meeting with stakeholder (SHS consumers, participating organizations, IDCOL, donor agencies, government authorities)
 - Overall report finalization
 - Sharing workshop with stakeholders

Major Achievements:

- Community people know about CARTA program
- Local Government representative and local leader agree to contribute CARTA program
- Community people know about World Bank funded RERED project
- Community people become more aware about Solar Home System
- POs ensure their contribution to CARTA program



Chapter: 05

Poverty reduction & Livelihood

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 01.

Bringing Economic Empowerment to Street Children (BEES) Project

Project Goal and Objective:

2500 street children in Dhaka City expand their income generating capacity, and generate assets to sustainability lifts themselves out of extreme poverty by 2013.

The project specifically aims to achieve 3 outputs:

- i: Street Children are supported to have better control over safer employments and increased income generating capacity.
- ii: Street children demonstrate responsible financial behaviour through sustainable asset generation.
- iii: 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.

Duration of The Project (start & end):

- From February 2011 to December 2013

Donor:

Plan Bangladesh

House#14

Road#35, Gulshan – 2, Dhaka-1212

Project working area:

Sl.	Name of DIC	Address	DCC Zone
01.	Natun bazar	1204, Nurer Chala, Khandaker Road, Kacha Bazar, Natun Bazar, Dhaka	09
02.	Mohakhali	GP – Cha -38, Mohakhali School Road, Dhaka	09
03.	Kachukhet	203/1, Puratan Kachukhet, Dhaka Cantt., Dhaka.	08
04.	Karwan Bazar:	20/ C, East Tejturi Bazar, Tejgaon, Dhaka	08
05.	Gabtolli	25/C, Phulkunja, Pryangan Abashik Area, Mazar Road, Buddhijibi Main Gate, Mirpur, Dhaka	07
06.	Krishi Market	30/14 Block-C, Tajmahal Road, Mohammadpur, Dhaka - 1207	06
07.	Humayun Road	2/9 Humayun Road, Block – B, Mohammadpur, Dhaka	06

08.	Rayer Bazar	291/B, Tali Office Road, Hazaribagh, Rayer Bazar, Dhaka	06
09.	Rampura	161/1/A, Ulon Road, Rampura, Dhaka	04
10.	Mayakanan	2/C Mayakanon Amader Ghar, Sabujbagh, Dhaka	04
11.	Patuatuli	6 Patuatuli Lane, Sadarghat, Dhaka	02
12.	Babubazar	2 No Kazi Zia Uddin Road, Dhaka	02
13.	Jatrabari	249/C, South Jatrabari, Dhaka	01

Beneficiaries / Target People:

- 2,500 street children in Dhaka city

Project staffs (following below format)

Professional Staff			Support Staff			Other	Total Staff
Male	Female	Total	Male	Female	Total		
4	1	5	16	10	26		31

Major intervention of project:

Training on skill based modules to develop core competencies:

Street children who were engaged with any income generating activities, supported with Street Mentors from the same trade to enhance their core competencies to run that activity with higher profit margin. 20 different training modules were developed through children, and street mentors' consultation to ensure sufficient diversity in opportunities, prevent over-selection of generic skills, and respond to local demand. In this quarter, 33 Batches of training were conducted where 419 children attended the training.

Baseline survey/Household profile :

Plan Bangladesh and PSTC had jointly prepared a list of 2,784(Boys-2195& Girls-589.) Street children in four slot considering the essential and supplementary criteria and submitted to Shiree. After that a team from Shiree have visited three times to the field and met with selected children to cross validate the list and approved the draft. Though in the first validation exercise of Shiree, a good portion of children did not comply with the criteria thus BEES project was not successful in endorsing the list by the visiting team. Shiree has validated 2784 street children for BEES project, among them PSTC has completed 2195 'Child Profile (Boys=1705 & Girls=490) up to December, 2012. The remaining children profiles are on the process of completion. Agreed age bracket for BEES Project is 11 – 18 years for both boys and girls.

Participatory 'Right to information' activity with street children:

A Total of 160 sessions was organized in this reporting period in 13 DICs where 1229 street children participated in the exercises. All the participants took part in developing a resource map identifying all the service providers around the DIC. Then they chalked out the necessary information to access the services of the identified service providers. This exercise helped the participants to know about the service providers and their services and how to enjoy these services comfortably when they require.

Campaign on Child Safeguarding Standards:

A Total of 13 campaigns were organized in this reporting period in 13 DICs where 650 street children, Employers, DMC Members & stakeholder participated in the event of the 14 November, 2012. The objective of the campaign was to message them about the minimum workplace safeguarding standard and child rights issues that they need to maintain in the workplaces to support poor children to perform their jobs.

i) Asset transfer:

BEES Project has been transferring assets to the BEES children with the objective to support the children with capital asset or funds to increase the income generating capacity through utilizing the acquired skills and knowledge from vocational or internship training. BEES project start disbursing the assets from July-September '12 quarter. So far BEES project has transferred assets to (367+450=) 817 children.

ii) Non asset approaches:

Up to December '12, total 1,777 children out of 2,195 (81%) of BEES project saved Taka 1,425,620 with 13 DICs and non DIC sources. The average savings was Taka 802 per child. BEES project has been operating street-child friendly savings program where children can save as per their income flow i.e. flexibility is key about the savings amount, and can withdraw when they are in need. BEES project children can save with and withdraw money from any DIC within Dhaka city with their unique ID number. Apart from that BEES project also monitor the savings of BEES project's children who save with other institutions or persons (e.g. employers). Out of 1,777 children 587 were non-DIC based savers.

Description	Number/ Amount
Number of Savers (DIC based)	1190
Total Savings Amount	903,382
Total Savings Withdrawal Amount	252,384
Net Savings Balance	650,998

Average Saving	760
Number of Non DIC Savers	587
Number of Non DIC Savers amount	774,622
Average Saving	1,320
Average Savings per children (with few overlapping children)	945

Project Achievement (January-December 2012):

Sl	Interventions	Achievements
1.	Baseline Survey/Household Profile of selected children	2
2.	Change Monitoring System (CMS)	1
3.	DIC Student ID Card	2500
4.	Workshop on Management Information system and reporting (5+23)-staff	1
5.	Training on Access to basic services and mass campaign	1
6.	Workshop on child safeguarding standards	1
7.	Quarterly Program Progress Review meeting	4
8.	Quarterly coordination meeting with GoB, employer and other stakeholders	4
1.	Training on Financial Services and asset generation (12X13)- staff	13
2.	Employers Workshop to set internship core competencies	1
3.	Workshop (staff) on module development on skill training	1
4.	Training on Vocational Trade-children	boys: 41 & girls: 52
5.	Consultation with street kids to establish skills based modules	31 Children Participated, Boys:20 & Girls: 11
6.	Establish direct functional linkages	195 Children meet with employers,Hospital, recreation centre etc
7.	Meeting to Identify suitable employers for internships	195 Employers participant
8.	Equipment support for self Employment	817 B:558: G:259
1.	Develop and provide ID Cards for DIC enrolled children	1100
2.	Training for Savings management committee members'-children	Each Committee include 7 members
3.	Training on Financial and life planning Education	719 (Children)
4.	Trainer /Mentors' honorarium for providing internship training	166(Boys:141&Girls:25)
5.	Training on skill based modules to develop core competencies-children	1199
6.	Equipment support for self employment	817(B:559 & G:258)

7.	Training on collective craftsmanship-children	200	
8.	Consultation with street kids to design product and delivery approach of financial services	33 Child,B:27;G:6	
9.	Revising Savings Product Materials & establish Savings Booth (passbook, savings booth, promotional materials)	1	
10.	Training for Graduation Forum Members	Each Committee include 7 members	
1.	Training on Access to basic services and mass campaign(12x13)	13	
2.	Workshop on child safeguarding standards-staff	1	
3.	Basic literacy and numeracy skills development	1705	
4.	Implement Child Safeguarding Standards through mobile campaign	13	
5.	Participatory 'Right to information' activity with street kids	14	
6.	Hire training mentors & establish course plan and Module	5	
7.	Meeting to Identify relevant employments & workplaces	26	(405 Employers were present)
8.	Mass campaign to promote access to services	2	
9.	Service providers workplace visit	13	(260 Children visit to Workplace)
10.	Mobility tracking and saving withdrawal software	4	

Project Achievement:

- Developed the asset transfer guideline through consultation with Shiree and Plan Bangladesh.
- Formed 7 member Asset transfer committee in all 13 DICs with the representation from street children, DIC staff, DMC members, BEES project central management team member and Plan representative. The committee selected the beneficiaries as per the criteria through reviewing the financial planning profile.

Case Study:

“Wish to be a successful beautician”

-Rebeka

Rabeya is 16 years old. She lived in agailjhara under the district of Barisal. Her father's name is Md. Abdus Sattar and mother's name is Hena Begum. For certain reason the problem was created in family and after a certain time her father and mother got divorced. Then Rabeya came in Dhaka with her mother. After some days her mother got married to other place. Her second father could not accept her at all. Her father and mother often quarreled with each other about her. One day she was thrown out of the house. Rabeya had been wandering and fasting in the street for 2 days. Suddenly she meet with a children of Rayerbazar DIC in the street and talked with her and she came to know about the DIC. Hearing the facilities of DIC she came here and started to stay in this DIC.



In the mean time Rabeya got the job as a cleaner in school and she got some pocket money from here. Besides this, she continued to search another better job. After coming here she was taken under the enrollment of BEES project and then she was informed about vocational training. Having heard this, Rabeya was very much eager to receive vocational training on Beauty parlor. Then she was sent by training for 4 months. At present she is working in Bindia Parlor at Dhanmondi -7/A. She saves some money from her income in “Amader Bank” regularly. She wants to save more money and in future she wants to set up a parlor by using this money. Now Rabeya would like to be a great beautician.

Learning:

01. Continuous counseling and attention is required to motivate children for enrolling them in different courses like vocational or internship.
02. Develop participatory facilitation skills of the field level staff to get in-depth information of the children
03. Attraction on present interest/benefit, comparatively less trust on long term benefit.
04. Employers are buying-in the child protection and workplace safeguarding issues very slowly. On the other hand, assessing and progress tracking of safeguarding is also very subjective.



Chapter: 06

Training and Communication (T & C)

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.

Community Paramedic Course	01.
Need Based Training Program/ Course	02.

Community Paramedic Course

The growing health needs of the population have been introduced to meet the goals of the course. Community paramedic's course approval process: Health services are available to the wider community of the People's Republic of Bangladesh. Ministry of Health and Family Welfare has taken a ground breaking step. Action taken by the Department of Health and Family Welfare has approved the policy. "Community paramedic's policy course - the 2009"

Course Objectives and Benefits:

- Entrants for the health care sector will support the government in implementing programs for the creation of skilled manpower.
- Entrants Millennium Development program specified targets 3, 4 and 5 will achieve.
- Entrants to coordinate regional and international standards to be established as a community paramedic's course.
- Entrants' rural areas, primary health care and child health safe for workers skilled in the Community.
- Entrants who completed the course in the country to achieve the level of certification is available in the NGO community clinic, public health service programs, public and private hospitals in the area to create employment.
- Entrants language skills through Europe, America, and Middle East countries to improve the health of the ability to create employment.
- Entrant's rural poor and vulnerable communities in the diagnosis of low-cost primary medical care at the right time in order to provide the appropriate skills to be self-supporting through the country's health service.
- Entrants' efficient paramedic for community and country.



Course duration:

- 4 months of the year. 6 months, 1 semester as semester 4.

Certificates:

- Community paramedics' certificate course will provide Bangladesh Nursing Council.

Clinical practice opportunities - benefits:

- Population Services and Training Centre has its own clinic and 15-bed hospital Health Centre for 30 weeks 3 days of practice.
- Training Principles of the organization

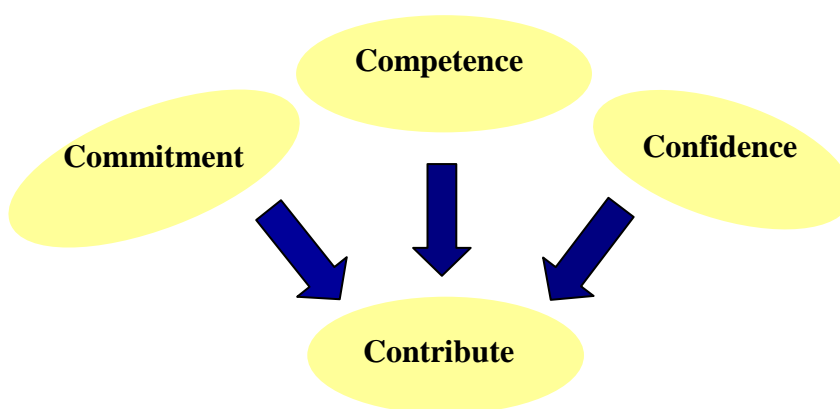
Training Program of 'PSTC'

PSTC always emphasizes on friendly, supportive and learner friendly environment while a training course is organized. Recognizing the importance of participatory approach and learner focused training, PSTC adopted and followed the under mentioned principles for achieving the best results:

Training Principles of the organization:

PSTC always emphasizes on friendly, supportive and learner friendly environment while a training course is organized. Recognizing the importance of participatory approach and learner focused training, PSTC adopted and followed the under mentioned principles for achieving the best results:

- Experience based
- Need based
- Problem oriented
- Learner focused
- Participatory approach



Training performance of Training & Communication unit

- PSTC have facilitated 92 types of Training and its batches were 1954 in the year 2012.

PSTC Training Unit Team:

PSTC maintains experienced and qualified list of faculty for different assignments. In addition to regular faculty PSTC deploy experienced persons from corporate and other units of PSTC to implement different training programs. If required external resource persons are invited to be involved in the particular assignment. Director, Training and Communication unit acts as the team leader. The PSTC team structure is as follows:

Sl	Name & Designation	Experience / Expertise
01.	Nitai Kanti Das, Ph-D Director, Training and Communication	Management & Organizational Development, Gender & Development, Research, Communication, Managing & Implementing Training and Program Activities.
02.	Akhtaruzzaman Faculty Member	HIV/AIDS, Interpersonal Communication & Counseling, Health & Nutrition, Clinical contraception,
03.	Dr. K.J.K Sahinoor (Shampa) Faculty Member	Clinical Training Management, Tuberculosis Management, Monitoring & Evaluation Training, HIV/AIDS, Health & Nutrition, Management & Organizational Development, Adolescent Reproductive Health.
04.	Dr. Tahmina Senjuti	Clinical Training Management, HIV/AIDS, Health &

Sl	Name & Designation	Experience / Expertise
	Faculty Member	Nutrition, Management & Organizational Development, Adolescent Reproductive Health.
05.	Dr. Rahana Begum Faculty Member	Clinical Training Management, HIV/AIDS, Health & Nutrition, Gender & Development, Management & Organizational Development, Communication & Counseling, Adolescent Reproductive Health, Research, Managing & Implementing Development Program.
06.	Dr. Subrata Chakraborty Faculty Member	Health & Nutrition, Communication & Counseling, Clinical Training, HIV/AIDS, Gender & Development, Management & Organizational Development.
07.	S.P. Chowdhury Faculty Member	Health & Nutrition, Hygiene Education, HIV/AIDS, Adolescent Reproductive Health, Communication & Counseling, Gender & Development, Clinical Training Management.
08.	Mafruja Sultana Faculty Member	Interpersonal Communication, Counseling, Gender & Development, Adolescent Reproductive Health, Health & Nutrition, Research, Managing & Implementing Development Program.
09.	Shiropa Kulsum Faculty member	HIV/AIDS, Interpersonal Communication & Counseling, Health & Nutrition, Clinical contraception,
10.	Biplab Saha Faculty Member	HIV/AIDS, Interpersonal Communication & Counseling, Health & Nutrition, Adolescent Reproductive Health.
11.	Dr. Halim Dad Khan Faculty Member	Reproductive Health, Interpersonal Communication & Counseling, Management & Organizational Development
12.	Masum Kabir Faculty Member	Interpersonal Communication & Counseling, Management & Organizational Development.
13.	Suvas ch. Sarker Faculty Member	Sanitation Hardware developed, Communication
14.	Selina Begum Faculty Member	Water, sanitation, Hygiene promotion, Communication

PSTC Training Program – 2012

Training highlights

Sl.	Course title	Duration	Audience
A. Training of Trainers (TOT)			
01.	TOT on ANC, PNC, ENC & Counseling	5 Days	UNICEF Trainer
02.	TOT on SRH Curriculum Development	5 Days	UCEP school Teacher
03.	Basic Training of Trainers (TOT)	Two weeks	Persons who are involved in the training profession
04.	TOT on Adolescent Reproductive Health	One week	Program Manager/Counselor/Service delivery staff
05.	TOT on Gender and Development	One week	Development Manager and Professional who will impart training or perform awareness raising activities on gender and development issues
06.	TOT on Integrated Counseling	One week	Senior to mid level health service delivery

Sl.	Course title	Duration	Audience
	and Nutrition		staff
07.	TOT on Personal Social Education	One week	Peer Leaders
08.	Life skill training for trainers for module develop	5 Days	Trainers of PCAR Project
09.	TOT on HIV/AIDS	3 Days	Peer Educators
10.	TOT on health rights.	4 Days	Field level workers
11.	TOT on Sanitation, Hygiene Education & Water Supply project (Urban component) (SHEWA-B)	5 Days	Trainers of SHEWA-B Project
B. Personal Social Education			
12.	Master's Training on Personal Social Education	One week	District / Thana level officials under DYD
13.	Life skill training for staff	5 days	PCAR staff
14.	Life skill training for child peer educators	5 days	child peer educators of PCAR Project
C. Health and Human Rights			
15.	Community Participation and social mobilization	5 Days	Community Organizers.
16.	Clients Association Mobilization	2 Days	Clients Association and Committee Members.
17.	Service Providers 'Mobilization	3 Days	Service Provider
18.	Volunteer Mobilization	3 Days	Service Providers, GoB, NGOs
19.	Training on Social Responsibility & Voluntarism	2 Days	Social Volunteer, Community Organizer
20.	Training on Advocacy and Networking	5 Days	NGO leaders, Project Manager, Civil Society representatives
21.	Advocacy Training	5 Days	The Laproc Mission stuff
D. Social Mobilization			
22.	Social Mobilization and Community Participation	One week	Community Mobilizers/Social Mobilizers/Service Promoter
23.	Mobilizing Muslim Religious Leaders For Maternal & Child Health, Reproductive Health & Family Planning in Rural Bangladesh	3 Days	Imam & Madrasa Teachers
E. Community based Training			
24.	The Basic Training of Sanitation, Hygiene Education & Water supply for NGO Staff	8 days	SHEWA-B Project staff

Sl.	Course title	Duration	Audience
25.	Basic Training on WATSAN issues	5 days	DUTS Projects staff
26.	Urban Sanitation, challenges and way forward	5 days	DUTS Projects staff
27.	School Sanitation and household Hygiene education	5 days	DUTS Projects staff
28.	O & MO on WATSAN issues	5 days	DUTS Projects staff
29.	Foundation Training on WATSON for front line staff	One Week	Project staff
30.	Training on Hygiene Education and Urban Community Mobilization	One week	Community development worker working in development organization
31.	Hygiene Orientation	3 Days	Project staff
32.	Water and Sanitation Communication	One week	Community development worker working in development organization
33.	Basic skill development training on Sanitation, Health Education & Water Supply.	10 days	Training & Communication Unit staff
34.	Basic Training on Sanitation, Hygiene Education & Water Supply	8 Days	NGO staff
35.	Training on Sanitation, Hygiene Education & Water Supply	3Days	Powrosova staff members
36.	Orientation on The Role of Watson Committee in implementing Powrosova Watson activities	1Day	Powrosova Watson Committee
37.	Training on Participatory Rural Appraisal (PRA)	Two weeks	Development worker/Supervisor/Manager
38.	Arsenic affected Tube Well Screening, Identification of Patients and Mitigation	Three days	Social Elite/GOB Official/Community Leader & Member/Field Survey Team (FST)
39.	Formation of CBO s	2 Days	Community development workers, working in development.
40.	Management of CBOs	2 Days	Project Directors , Project Mangers , and NGO leaders
41.	Training on Jiggasha	4 days	Upazila level Family Planning / Health staff
F. Management			
42.	Project Management Course	One week	Project Director/Project Manager/Management staff
43.	Clinic Management Course	Three weeks (3 phases, 1 week in each phase)	Clinic Manager/Medical Officer

Sl.	Course title	Duration	Audience
44.	Financial Management Course	Two weeks	Accounts Officer/Administrative Officer
45.	Training on Negotiation and Mediation Techniques for Conflict Management	4 days	Clinic Manager
46.	Supervision and Monitoring Course	One week	Project Director/Project Manager/Management staff
47.	Strategic Planning Exercise	Three weeks (In 3-5 phases)	NGO Leader/Senior to mid level NGO staff
48.	Organizational Development and Sustainability	One week	Organization Leader/Project Director/Senior NGO Project Official
49.	Functional Office Management and Managerial Skills	3 Days	Project manager, Office Executive
50.	Training on Participatory Monitoring Methods Development	5 Days	Program staff
G. Team Building			
51.	Team Building and Motivation	Stage 1: 1 day Stage 2: 1 day (One month after stage 1)	Different categories of staff working in the development field
52.	Team and Partnership Development	One day	Project Director/Project Manager and NGO leader
H. Income Generation (IG)			
53.	Income Generation and Development Finance Program	One week	Development worker working in development organization
I. Behavior Change Communication (BCC)			
54.	Behavior Change Communication (BCC) and Marketing	One week	Health Educator/ Mobilizer/Service Promoter
55.	Training on Interpersonal communication and behavioral change strategy, Gender, Youth Friendly Services, Male Service Activities and Violence Against Women	3 Days	BCC Workers
J. Essential Services Package (ESP)			
56	Improving Management and Performance of Delivery of ESP	The course consists of two parts: 5 week long formal training 12 months post	Government and NGO Managers of Municipalities or Upazilas like NGO Project Director/Assistant Director/UFPO/Deputy Civil Surgeon/UHPO/Municipal Officer/MOCC

Sl.	Course title	Duration	Audience
		training follow up and facilitation	
57.	ESP Orientation Training for Clinical Service Providers (Government staff)	One week	SACMO/MA/SSN/Pharmacist/FWV/Medical Technicians
K. Counseling			
58.	Counseling Training	3 Days	SSFP Paramedic
59.	Basic Counseling Training	5 Days	UBR stuff
60.	Counseling on ESP Deliveries	one week	Counselor
61.	Inter Personal Communication (IPC) and Counseling	One week	Counselor
L. Gender and Health			
62.	Gender, Youth Friendly Services, Male Service Activities and Violence Against Women Training	One Week	Doctor, FWV, Paramedics
M. Primary Health Care (PHC)			
63.	Primary Health Care (PHC) and Gender Awareness	One week	Field level worker
64.	TBA Training	1 Day	Community TBA
N. Adolescent Reproductive Health (ARH)			
65.	Training on Adolescent Reproductive Health	3 Days	
66.	Sensitization Meeting on Adolescent Reproductive Health	One day	Community People/ Parents of adolescents
O. Reproductive Health (HR)			
67.	Other Reproductive Health (ORH)	One week	Physicians/Paramedics
68.	SRH Training	5 Days	UCEP school teacher
69.	Training on RTI-STI	5 Days	Paramedics
P. Nutrition			
70.	Nutrition Education	4 days	Doctor/Paramedic/Counselor
Q. HIV/AIDS			
71.	Awareness Development on HIV/AIDS	1-2 days	School teacher/Student
72.	Awareness Development on HIV/AIDS	1 days	Parent and School management committee
73.	Peer Educator training on HIV/AIDS	2-3 days	School Student
74.	HIV/AIDS Communication and Counseling	One week	Counselor/Service Promoter/ Community mobilizer
75.	Community Based Interventions on HIV/AIDS program	Three days	Community Organizer
76.	To prevent HIV/AIDS, necessary conditions for RTI/STI prevention	3 Days	Doctor, Paramedics

Sl.	Course title	Duration	Audience
77.	Role of Teachers to prevent the HIV/AIDS	2 Days	Teachers
Family Planning (FP)			
78.	Family Planning & Clinical Services Courses	Two weeks	Paramedics, Nurse
79.	Management of Technical Training like Norplant & others	Two Weeks	Paramedics, Nurse
S. Child Health			
80.	Child Survival Interventions (CSI)	One week for Physicians Two weeks for Paramedics	Physicians/Paramedics
81.	MNCS Training	5 Days	CARE CHV

Module Developed by PSTC:

- TOT on ANC, PNC, ENC & Counseling
- Basic Training of Trainers (TOT)
- TOT on Gender and Development
- Life skill training for trainers for module develop
- TOT on HIV/AIDS
- TOT on health rights.
- TOT on Sanitation, Hygiene Education & Water Supply project (Urban component) (SHEWA-B)
- Life skill training for staff
- Life skill training for child peer educators
- Project Management (HRP)
- Community Participation and social mobilization
- Clients Association Mobilization
- Service Providers 'Mobilization
- Volunteer Mobilization
- Training on Social Responsibility & Voluntarism
- Training On Advocacy and Networking
- Social Mobilization and Community Participation
- Mobilizing Muslim Religious Leaders For Maternal & Child Health, Reproductive Health & Family Planning in Rural Bangladesh



- The Basic Training of Sanitation, Hygiene Education & Water supply for NGO Staff
- Basic Training on WATSAN issues
- Urban Sanitation, challenges and way forward
- School Sanitation and household Hygiene education
- O & MO on WATSAN issues
- Foundation Training on WATSON for front line staff
- Training on Hygiene Education and Urban Community Mobilization
- Hygiene Orientation
- Water and Sanitation Communication
- Basic skill development training on Sanitation, Health Education & Water Supply.
- Basic Training on Sanitation, Hygiene Education & Water Supply
- Training on Sanitation, Hygiene Education & Water Supply
- Orientation on The Role of Watson Committee in implementing Powrosova Watson activities
- Formation of CBO s
- Management of CBO s
- Project Management Course
- Clinic Management Course
- Financial Management Course
- Training on Negotiation and Mediation Techniques for Conflict Management
- Supervision and Monitoring Course
- Strategic Planning Exercise
- Organizational Development and Sustainability
- Functional Office Management and Managerial Skills
- Training on Participatory Monitoring Methods Development
- Behavior Change Communication (BCC) and Marketing Behavior Change Communication (BCC) and Marketing
- Training on Interpersonal communication and behavioral change strategy, Gender, Youth Friendly Services, Male Service Activities and Violence Against Women
- Inter Personal Communication (IPC) and Counseling
- Gender, Youth Friendly Services, Male Service Activities and Violence Against Women Training
- Training on RTI-STI
- Awareness Development on HIV/AIDS
- Peer Educator training on HIV/AIDS
- HIV/AIDS Communication and Counseling
- Community Based Interventions on HIV/AIDS program
- To prevent HIV/AIDS, necessary conditions for RTI/STI prevention workshop

- Role of Teachers to prevent the HIV/AIDS
- Family Planning & Clinical Services Courses
- Community Group Training for Community Clinic Management Committee.

Training Conducted by PSTC: January - December 2012

SL	Name of Course	Participants	Duration	Date
01.	Counseling Training (4 Batches)	Counselor	3 Days	26-28 February 2012 13-15 May 2012 12-14 June 2012 10-10 June 2012
02.	FPCSC (5 Batches)	Paramedic	12 Days	7-19 January 2012 24.3-05 April 2012 21-03 May 2012 19-31 May 2012 14-20 October 2012
03.	MNCS Training (3 Batches)	CHW	18 Days	7-26 April 2012 Aug-Sep April 2012
04.	Basic Training (Technical)	SRHC Staff	2 Days	6-7 June 2012
05.	Basic Counseling Training	UBR Counselor	5 days	24-28 June 2012
06.	TOT on SRH for UCEP school teacher (4 Batches)	UCEP school teacher	7 Days	July-August 2012
07.	MNCS Training	CARE, CHW	21 Days	Aug-Sep 2012
08.	TBA Training	HRP stuff	1 Day	Sep-Oct 2012
09.	Community Clinic Mgt Committee training	HRP	1 Day	Nov-Dec 2012

Training Methodologies

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

Training facilities at PSTC

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



General information

Interested organizations are requested to contact PSTC (Training and Communication unit) at their earliest convenience to avail any of the courses mentioned here. After getting the responses the time schedule will be finalized and information will be communicated to all concerned.

Besides these courses, tailor made courses are arranged according to the program/organizations need. Participants/sponsoring organizations are requested to contact PSTC at least one month before commencement of any course. If any organization needs any special program they are requested to contact PSTC Training and Communication unit.

We are always ready to serve our customers with all our expertise and resources.

Training fees:

- Two weeks long course : Tk. 25,000/- per participant
- One-week long course : Tk.15,000/- per participant
- One-day long course : Tk 2,500/- per participant
- (Minimum number of participants in a course is 15)
- Tuition fee, Hand out, Lunch, 2 Refreshment all including in this training fee.

Food and accommodation:

Food charge

: Tk. 300/- per day per person (normal)

: Tk.400/- per day per person (special)

Accommodation

: Tk. 200/- per day per person (shared room)

Hall rent (AC)

: Tk. 5,000/- (50 Accommodation) per day

: Tk. 3,000/- (30 Accommodation) per day

Multimedia

: Tk. 1500/- per day

OHP

: Tk. 1000/- per day

Gazipur Training Complex, PSTC

Accommodation: : Taka 1500/- per day Single room (special AC, two room)

: Taka 1200/- per day Double room (AC, 14 room)

: Taka 1000/- per day Four person (6 room)

Hall rent

: Tk. 5,000/- (60 Accommodation) per day

Tk. 5,000/- (60 Accommodation) per day

Tk. 4,000/- (35 Accommodation) per day

PSTC Community Paramedic Training Institute

It has another opportunity for mass people. This course is two years long course. He who is H.S.C pass he can apply for this opportunity. Total seat number 60. Its cost is so reasonable.

Admission fee	: 10,000/-
Monthly tuition fee (24*2000)	: 48,000/-
Semester fee (4*4000)	: 16,000/-
Practical fee	: 10,000/-
Others	: 800/-

Total =84,800/-

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

Disaster Resilient Future: Mobilizing Communities and Institutions for Effective Risk Reduction. DIPECHO VI	01.
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Disaster Resilient Future: Mobilizing Communities and Institutions for Effective Risk Reduction. DIPECHO VI

Project goal and objectives :

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

Duration of the project:

- May, 2011 to November, 2012

Donor :

Actionaid Bangladesh
House # 8, Road # 136
Gulshan-1, Dhaka



Intervention area:

- Dhaka city Corporation area

Beneficiaries of the project:

- Institutions: DGHS
- Centre Medical Education
- Bangladesh Nursing Council
- School children, Ward no 48,32, 46.

Project staff:

Professional staff			Support Staff			Others	TOTAL Staff
Male	Female	TOTAL	Male	Female	TOTAL		
03	01	04	0	0	0	0	04

Major activity or interventions of the project :

- Mass Casualty Management incorporation in the National Nursing Curriculum and MBBS curriculum as well
- Held mock drill on fire safety and earthquake preparedness at Dhaka Medical College Hospital
- School students awareness activity for build safer school in terms of fire safety and earthquake preparedness
- Contingency plan prepared for market, school and garment factories
- Printing contingency planning guide line for garment factory
- TOT for staff of BGMEA and RMG on training manual on fire safety and earthquake preparedness

- Fire safety and earthquake preparedness documentary telecast in the local cable TV
- Care giver training for persons with disabilities
- Care giver training for aging people
- Orientation on Mass Casualty Management for nurse and fourth class employee for Dhaka medical college hospital, Khulna Medical College Hospital, Satkhira Medical College Hospital

Project Achievement:

- Mass Casualty Management incorporation in the National Nursing Curriculum and MBBS curriculum as well
- Held mock drill on fire safety and earthquake preparedness at Dhaka Medical College Hospital
- School students awareness activity for build safer school in terms of fire safety and earthquake preparedness
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Case study

Single-handedly rolling the School Safety Network in Old City Area

- Ms. Jinnat-Us Saleha

“Only one shake might destroy the entire existence so I have to be conscious for all the time, I can’t hold myself when I think one earthquake may change the total scenario of the normal life of my school and twitting movement of the children. This fear makes me stay alert on media news and pushes me to attend different discussions and seminars on earthquake” said Ms. Jinnat-Us-Saleha, the Headmistress of Bongshal Girls High School. “We just heard that with consciousness and adequate preparation, the loss of earthquake can be reduced. But no one seems to have the idea what adequate preparation really means or where we can learn about it.” She added.

In 1991, after completion of her studies, Ms. Jinnat-Us-Saleha joined in Bongshal Girls High School. Till now she is working with joy to enlighten the students of that school, which is situated in Bongshal, an educationally backward



area of the old city. At present in that four storied school building, six hundred and fifty girls are taught by Seventeen teachers in two shifts.

“Traditionally roads and houses of old Dhaka is very narrow, congested and ancient. Traditionally, people of this area are conservative, thus lack of education prevails. There is a bicycle outlet and a Government primary school also running inside my school premises. These things expose the area to more vulnerability in case of an earthquake and sometimes I feel helpless that, I do not know how to prepare my students to face earthquake, if it suddenly takes place one day” Ms. Saleha sighed.

“Few months back suddenly I heard about school based earthquake and fire risk reduction activities by ActionAid International Bangladesh and Population Service and Training Center (PSTC), under some project titled ‘A Disaster Resilient Future: Mobilizing Communities and Institutions for Effective Risk Reduction.’ Though the project was then in a very primary level but when I got the offer to be involved with it, I agreed without second thoughts since I was hunting for this type of initiatives to reduce vulnerability of my children.”

“I think if every school is equipped with increased disaster related awareness, earthquake preparedness and fire security, concern among the innocent students will also increase, and through them the messages will be transmitted to their families. Ultimately consciousness will be increased at family level and by these a huge number of community people will get prepared for a disaster like earthquake. But I feel that it should be extended, if the initiatives concentrated only in one school the notion of safety will not be sustained and its effectiveness will be tapering.”

Then she expressed her interest to take an initiative to develop a network and asked ActionAid to provide support in this regard. After getting the assurance of full collaboration from ActionAid and PSTC, Ms. Saleha shouldered the responsibility of that network. In her statement- “Where it is the matter of my children’s life, I’m worried like a mother for the six hundred and fifty children under my custody for almost 8 hours a day, and all the other young children as well. I feel obliged to take this important responsibility and work hard to ensure their safety. At the first stage, I invited the head master/mistress of ten schools in my ward and adjacent ward to join in a meeting. In that meeting they all realized the importance of this initiative of safety network. Some schools joined in the meetings from the very first time it was done. Gradually more schools of Bongshal and Lalbag (another area of old Dhaka) became members of this network”.

Now the number of the school in the network is twenty four. It already formed a committee which is led by Bangshal Girls High School, where Ms. Saleha holds the duty of General Secretary. Now these twenty four schools are going to conduct evacuation drill in their schools as per action plan of the School Safety Network.

Keeping high hopes for further progress, Ms. Saleha stated “I am confident that the School Safety Network will be exemplary in making people aware and conscious on Earthquake preparedness and inspire them to move ahead towards a Disaster Resilient Future”.

Learning's :

- Building of coordination between GO, NGO intervention implementation became easier
- DRR have been effectively mainstreamed in to the government structure of the health sectors

PSTC Corporate Alliances

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

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

Financial Summary (Year – 2012)

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 2012 was BDT 407,108,535/-

Sources of Fund

SL	Source	Amount	% covered of total budget
	SSFP / Chemonics	58,188,877	14.31%
	ADB through Ministry of LGED	85,644,115	21.06%
	UNFPA	2129678	0.52%
	Plan Bangladesh	61,330,349	15.08%
	BRAC	6278511	1.54%
	GIZ	819,723	0.20%
	UNICEF	12,100,000	2.98%
	Water Aid Bangladesh	43,043,100	10.58%
	Action Aid Bangladesh	18,363,199	4.52%
	Netherland Government	27,834,800	6.85%
	RFSU - SIDA	43,205,397	10.63%
	Manusher Jonno Foundation	20,299,453	5.00%
	IED	716,094	0.18%
	Subtotal	379,237,202	
	PSTC Corporate		
	Training and Communication	6,789,300	1.60%
	PSTC Health Enterprise	510,000	0.13%
	PSTC Development Finance	5,527,000	1.36%
	PSTC Corporate Management	12,619,000	3.10%
	Vacu Tug Project	466,033	0.11%
	Community Paramedic Training Course	1,960,000	0.48%
	Total	27,871,333	
	Grand Total	407,108,535	

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 Its Own Facilities

At a Glance Area of Expertise in PSTC:

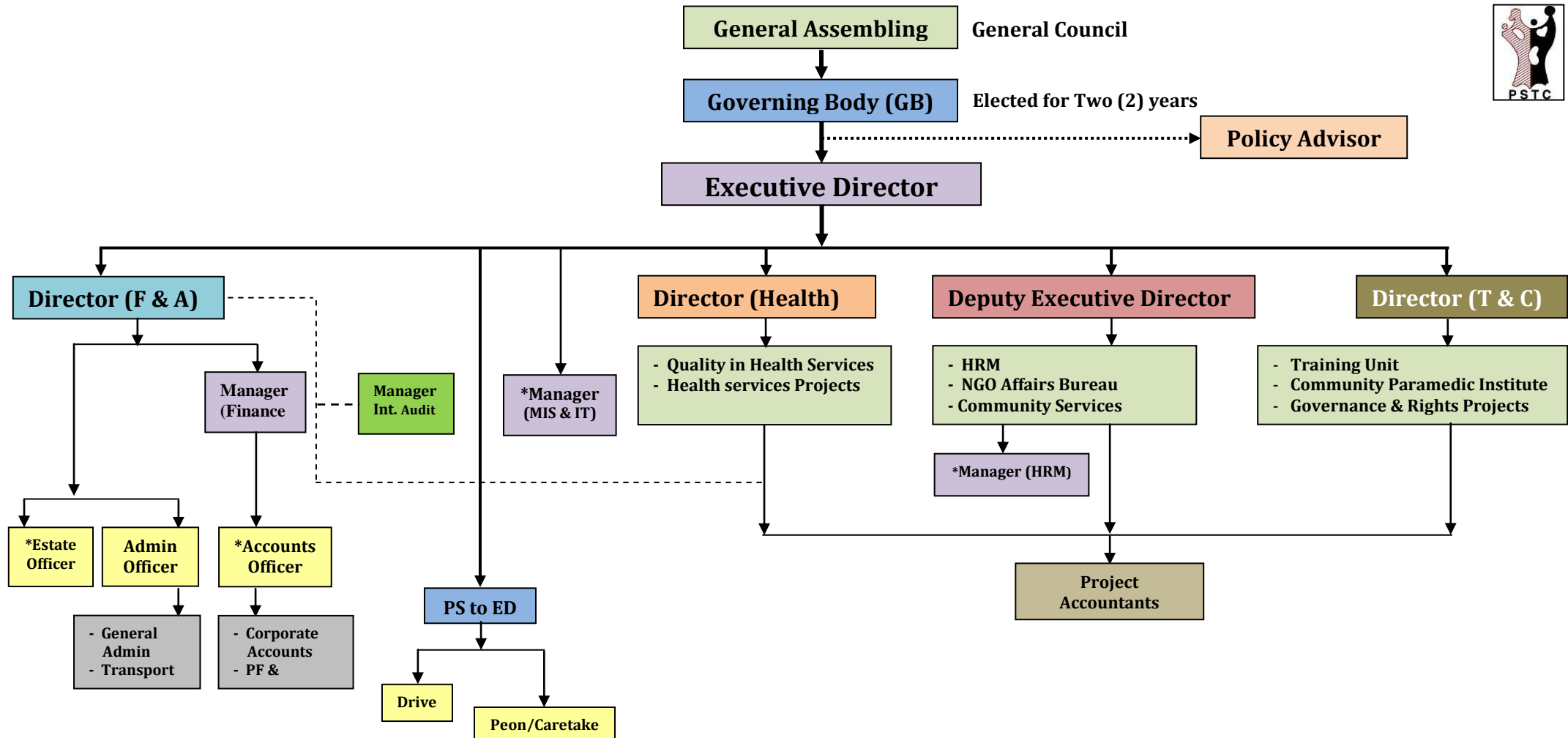
- Implementing clinic and community based health service delivery projects both in urban and rural areas with special focus on mother, children and SRH issues.
- Implementing child and adolescents development programs including child labor and children at risk.
- Promoting health rights including sexuality 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 - 121



Organogram Of PSTC



The Directors are assigned the following Corporate Functions in addition to oversee / supervision of projects as delegated by ED.

- Deputy Executive Director (DED) will be responsible for all Human Resources Management (HRM) related issues, project clearance/approval (as appropriate) from NGO affairs and backstop of ED and assigned community services projects.
- Director (T&C) will be responsible to oversee Training Unit, Community Paramedic Institute and Publications of “Projonmo” and assigned Governance & Rights projects
- Director (Health) will responsible in terms of Quality Assurance and affiliation from Government of all Health services projects and Central Health Program Monitoring System and liaison with respective ministries and stakeholders.
- Director (F&A) will be responsible for Corporate Finance and Administration, Budgeting, Budget Monitoring, Financial Reporting and Budget Negotiation with donors (as required). In addition to guide and oversee all the Projects account personal, develop their skill and also ensure adherence to PSTC financial and administrative rules and policies and responsible for land & Infrastructure of PSTC.