



ANNUAL REPORT 2017



Population Services and
Training Center

Annual Report 2017

*Four Decades of Excellence
in
Working for Population and Development*



Population Services and Training Center

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Evolution of Population Services and Training Center (PSTC)

PSTC (Population Services and Training Center) evolved under the leadership of eminent citizen of the nation, former defense personnel, valiant freedom fighter and successful professional Commander (Retd.) Abdur Rouf with the vision to improve the quality of life of disadvantaged people of Bangladesh. He had been the first-ever Chief Executive of the then FPSTC. Later on he led the initiative to turn a project into an organization known today as Population Services and Training Center (PSTC) and become the founder of the organization.



Commander (Retd.) Abdur Rouf

On the auspicious occasion of 40th Anniversary, PSTC profoundly remembers the devoted memory of its founder Commander (Rtd.) Abdur Rouf, who passed away on 27 February 2015.

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Acronyms

A	AAB	Action Aid Bangladesh		NGO	Non-Governmental Organization
	ADB	Asian Development bank		NHSDP	NGO Health Services Delivery Project
	AIDS	Acquired Immune Deficiency Syndrome		NSV	Nonscalpel Vasectomy
	ANC	Antenatal Care		NVD	Normal Vaginal Delivery
	ARH	Adolescent Reproductive Health	P	PA	Partnership Area (UPHCSDP)
B	BCC	Behavior Change Communication		PHC	Primary Health Care
C	C/S	Caesarean Section Delivery		PHCC	Primary Health Care Clinic (UPHCSDP)
	CBDP	Community Based Disaster Preparedness		PM	Permanent Methods
	CBO	Community Based Organization		PNC	Postnatal Care
	CHC	Christian Hospital Chandroghona		PSTC	Population Services and Training Center
	CIDA	Canadian International Development Agency	R	RCC	Rajshahi City Corporation
	CRA	Community Risk Assessment		RFSU	Riksförbundet för Sexuell Upplysning (The Swedish Association for Sexuality Education)
	CRHCC	Comprehensive Reproductive Health Care Center (UPHCSDP)		RHSTEP	Reproductive Health Sexual Training and Education Program
	CSAs	Community Sales Agents			
	CSE	Comprehensive Sexual education		RMG	Ready-Made Garments
	CSO	Civil Society Organization		RRAP	Risk Reduction Action Plans
	CWG	Community Watch Group (Safe City & She Can)		RTI	The Right to Information Act
D	DCC	Dhaka City Corporation	S	SBDP	School Based Disaster Preparedness
	DMC	Disaster Management Committees		SH	Sexual Harassment
	DFID	Department For International Development (UK)		SIDA	Swedish International Development Authority
	DOTS	Directly Observed Treatment, Short-Course		SMC	School Management Committee
	DPHE	Department of Public Health Engineering		SMT	Senior Management Team (PSTC)
	DRR	Disaster Risk Reduction		SoD	Standing Orders on Disaster
	DSCC	Dhaka South City Corporation		SRH	Sexual and Reproductive Health
	DSK	Dustha Sasthya Kendra		SRHR	Sexual, Reproductive Health and Rights
E	EKN	Embassy of the Kingdom of the Netherlands		STD	Sexually Transmitted Disease
F	FP	Family Planning		STI	Sexually Transmitted Infection
	FPAB	Family Planning Association of Bangladesh	T	T&C	Training and Communication
	FPSTC	Family Planning Services and Training Center		TB	Tuberculosis
G	GB	Governing Body		TBA	Traditional Birth Attendants
	GBV	Gender Based Violence		TOT	Training of Trainers
	GoB	Government of Bangladesh	U	UCHCP	Urban Community Health Care Project
	GCC	Gazipur City Corporation		UFHP	Urban Family Health Partnership
H	HATI	HIV/AIDS Targeted Intervention		UNDP	United Nations Development Program
	HFA	Hyogo Framework of Action		UNFPA	United Nations Population Fund
	HIV	Human Immunodeficiency Virus		UNICEF	United Nations Children Fund
I	IUD	Intrauterine Device		UPHCP	Urban Primary Health Care Project
L	LARC	Long Acting Reversible Contraceptives		USAID	United States Agency for International Development
M	MDG	Millennium Development Goal		URA	Urban Risk Assessment
	MMW	Me and My World		USG	Ultrasonography
	MoHFW	Ministry of Health and Family Welfare	V	VAW	Violence against Women
	MoLE	Ministry of Labor & Employment		VGD	Vulnerable Group Development
	MoLGRD&C	Ministry of Local Government, Rural Development & Cooperatives	W	WAB	Water Aid Bangladesh
	MoSW	Ministry of Social Welfare		WaSH	Water, Sanitation and Hygiene
	MoU	Memorandum of Understanding		WATSAN	Water and Sanitation
	MR	Menstrual Regularization		WDMC	Ward Disaster Management Committee
	MWRA	Married Women of Reproductive Age	Y	YFSRH	Youth Friendly Sexual and Reproductive Health

Vision Mission & Values

Our Vision

Improve quality of life of disadvantaged people of Bangladesh.

Our Mission

PSTC's aim is to improve the health, social security and living conditions for people of Bangladesh, especially for those who are poor and socially disadvantaged, in sustainable way.

Our Values

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





Message from the Chairperson

The year 2017 was the remarkable landmark for Population Services and Training Center (PSTC). This year PSTC has completed its 39 years of journey since its inception in the year 1978 and stepped into 40th year. It is an honor and privilege for me being the chairperson of the organization to share the progress that Population Services and Training Center (PSTC) has made in the year 2017 and last 39 years towards its mission to improve the quality of life of disadvantaged people of Bangladesh.

PSTC has outstanding and significant achievements in the past. It developed and promoted 82 NGOs throughout the country, which are playing a significant role to supplement and complement the national health and family planning programs.

As Member-Secretary of Family Planning Council of Voluntary Organization (FPCVO) & GO-NGO Coordination Committee, PSTC played significant role to enhance coordination and collaboration among both the government and non-government organizations. Previously, PSTC was used to act as resource organization for the national and local NGOs as Grants Management Agency.

PSTC was registered with the Directorate of Social Welfare in 1995 and with NGO Affairs Bureau in 1996; affiliated with Directorate of Family Planning in 1997; and declared as the inheriting organization of FPSTC by the Ministry of Health and Family Welfare in 1997.

In its about four decades of eminent journey, PSTC has served some 3 and a half million poor and disadvantaged people in both urban and rural areas of Bangladesh and contributed to improve the health, social security and living conditions for people of Bangladesh through undertaking different projects under its 5 thematic areas. PSTC has 56 clinics, 94 offices and 1181 employees. During the year 2017 PSTC provided health services to over 2 million women and children through its clinics, satellite clinics and other facilities; in addition, we also delivered approximately 8,745 babies at our facilities. PSTC has served over 70,946 adolescents and youths under various outreach programs and health initiatives in 2017. Around 20,000 women and girls were empowered through PSTC's gender and governance initiatives.

PSTC always extend its hand in any humanitarian crisis. In the year 2017, we have provided services to the flood affected areas and Rohingya Population in Bangladesh.

Making every change sustainable has always been our focus. On the other hand community mobilization is also a priority while implementing each of the projects. Through ownership and awareness building, we have been promoting active participation of the citizens in the governance process and management system to ensure responsibility, transparency and accountability of public and private service providers.

Acknowledgement of the role and contribution of all the stakeholders and development partners of PSTC is the utmost part, as they trusted and always kept faith on us and on our work for over the last four decades. Without them we would not be able to implement many of the interventions and initiatives country-wide at the grass-root level.

I would also like to amplify my gratitude to all the members of the general body and staffs for pouring their heart and soul into the organization and its work.



Mosleh Uddin Ahmed
Chairperson, PSTC

From the Executive Director's Desk

With the end of the year 2017, Population Services and Training Center (PSTC) have reached at the point where we touched the milestone of 40 years of our glorious journey. In this long journey, PSTC has acted as a catalyst to achieve improved quality of life of disadvantaged people of Bangladesh.

To mobilize the development process of the country in a sustainable way, the government of Bangladesh has been paving the path for the Sustainable Development Goals (SDGs) with the vision of being a middle-income country by 2021. PSTC has always worked and participated intensively to complement the development agendas of government as well as international development issues.

Bangladesh is now crossing the third stage of Demographic Transition which has brought the window of opportunity which is called Demographic Dividend. With the vision of using this window of opportunity PSTC has been making considerable strides in Youth and Adolescent Development for the growing young population. PSTC through our campaigns and initiatives have created awareness among the young population regarding their rights. We have also empowered the adolescents to take part in the decision-making process of their lives. PSTC also worked with families, influential community members and governments to create an enabling environment that supported and promoted the rights of adolescents to act on and advocate for the youth's SRHR issues.

To ensure universal health coverage, in 2017 PSTC through our health programs such as NHSDP (AUHC), UPHCSDP has uplifted lives and health conditions of millions of mothers, children, adolescents and women. The year also saw PSTC's contribution to develop cadre of health professionals particularly, competent Paramedics through its CPTI initiative.

Also, we have been working to create awareness on basic human rights and amenities through active participation of the citizens in the governance process and management system to ensure the responsibility, transparency and accountability of public and private service providers.

Finally, I would like to show my gratitude to all our staffs, members, development partners, the government, civil society members and other stakeholders for their continuous and extended support. We look forward in getting your continuous support as we got for the last four decades in taking PSTC forward.




Noor Mohammad, PhD
Executive Director

Governing Body



Dr. Md. Golam Rahman
Vice-Chairperson



Mosleh Uddin Ahmed
Chairperson



Md. Badrul Munir
Treasurer



Dr. Akhter Banu
Member



Lulu Bilkis Khanom
Member



Kazi Ali Reza
Member



Gitali Badrunnessa
Member



Dr. Noor Mohammad
Member Secretary

Top Management Team



Dr. Md. Mahbubul Alam
Head of Programs



Dr. Noor Mohammad
Executive Director



Dr. Sushmita Ahmed
Team Leader, Health



Mst. Susmita Parvin
Chief Finance Officer



Dr. Subrata Chakraborty
Project Director, NHSDP



Zohurul Islam
Project Manager
MIHSD



Kaniz Gofrani Quraishy
Program Manager
UBR II



Md. Azad
Component Manager
HRA



Zakera Hannan Rubayat
Project Manager
UPHCSDP, DSCC, PA-04



Shagedul Hoque Masum
Project Manager
UPHCSDP, DSCC, PA-05



Shiropa Kulsum
Project Coordinator
Women Empowerment

Organizational Overview

Population Services and Training Center (PSTC) has completed its 39 years of journey towards improvement and upholding the standard of livelihoods of poor and socially disadvantaged people since its inception in the year 1978. PSTC is the inheriting organization of Family Planning Services and Training Center (FPSTC) which was created by a government order in the year 1978. It is -

- A non-government, not for profit voluntary organization;
- Registered with the Directorate of Social Welfare in 1995 and with NGO Affairs Bureau in 1996;
- Affiliated with Directorate of Family Planning in 1997;
- Declared as the inheriting organization of FPSTC by Ministry of Health and Family Welfare in 1997.

PSTC (former FPSTC) has outstanding and significant achievements. It developed and promoted 82 NGOs throughout the country, which are playing a significant role to supplement and complement national health, nutrition and population program in last four decades. As Member-Secretary of GO-NGO Coordination Committee, PSTC played significant role to enhance coordination and collaboration among both the government and non-government organizations. Previously, PSTC was used to act as resource organization for the national and local NGOs as Grants Management and Capacity Building Agency.

PSTC's aim is to improve the health, social security and living conditions for people of Bangladesh, especially for those who are poor and socially disadvantaged, in sustainable way by undertaking various programs and projects particularly under the following thematic areas around the country.



Thematic Areas and Ongoing Projects of PSTC



Population, Health and Nutrition (PHN)

1. Urban Primary Health Care Service Deliver Project (PA-1), Dhaka
2. Urban Primary Health Care Service Deliver Project (PA-4), Dhaka
3. Urban Primary Health Care Service Deliver Project (PA-5), Dhaka
4. Urban Primary Health Care Service Deliver Project (PA-2), Rajshahi
5. Urban Primary Health Care Service Deliver Project (PA-1), Gazipur
6. Marketing Innovation for Sustainable Health Development (MISHD) project
7. NGO Health Services Delivery Project (NHSDP)



Youth and Adolescent Development (YAD)

8. Unite for Body Rights (UBR 2) Project
9. Hello I AM (HIA) Project
10. SANGJOG Project



Gender and Governance (GAG)

11. Creating Space (CS) Project
12. Women Empowerment (WE) Project
13. She Can Project



Climate Change and Adaptation (CCA)

14. Strengthening Urban Resilience Project (SURP)



Skills Education and Training (SET)

15. Community Paramedic Training Institute
16. PSTC Health Enterprise
17. PSTC Training Complex

Operations and Management

Governance Structure of PSTC

A seven-member Governing Body (GB), elected for two years, works actively for setting up the priorities, standards and reviewing the overall policy guidelines of the organization.

The GB members oversee the implementation of the ongoing activities of the organization on a regular basis.

The Executive Director, who is also an ex-officio Member-Secretary of the GB, is responsible for overall implementation of the PSTC programs and projects. He is joined by Top Management Team (TMT) and a group of qualified and experienced professionals to run the programs and projects undertaken by PSTC.

Operational Area and Workforce

PSTC has been in its operation through 94 offices with 56 clinics in 20 districts throughout Bangladesh. It has complete office setup and full administration under the leadership of a fulltime District Coordinator in the districts of Dhaka, Gazipur, Faridpur, Kishoreganj, Brahmanbaria, Narayanganj, Narsingdi, Munshiganj, Noakhali, Lakshmipur, Sylhet, Chattogram, Cox's Bazar, Rangpur, Dinajpur, Rajshahi, Barishal, Jashore, Kushtia and Khulna.

Some 1181 number of workforce is currently involved around the country to carry out the PSTC's missions. The male-female ratio is 1:2. .





Corporate Operations

Accountability and transparency is always the top priority of PSTC. In order to achieve positive changes and organize our different projects properly, PSTC has five thematic areas of operation.



Finance & Accounts (F&A)



Legal, Estate and Procurement (LEAP)



Human Resources & Administration (HRA)



Publication, Research, IT, Compliance and Evaluation (PRICE)



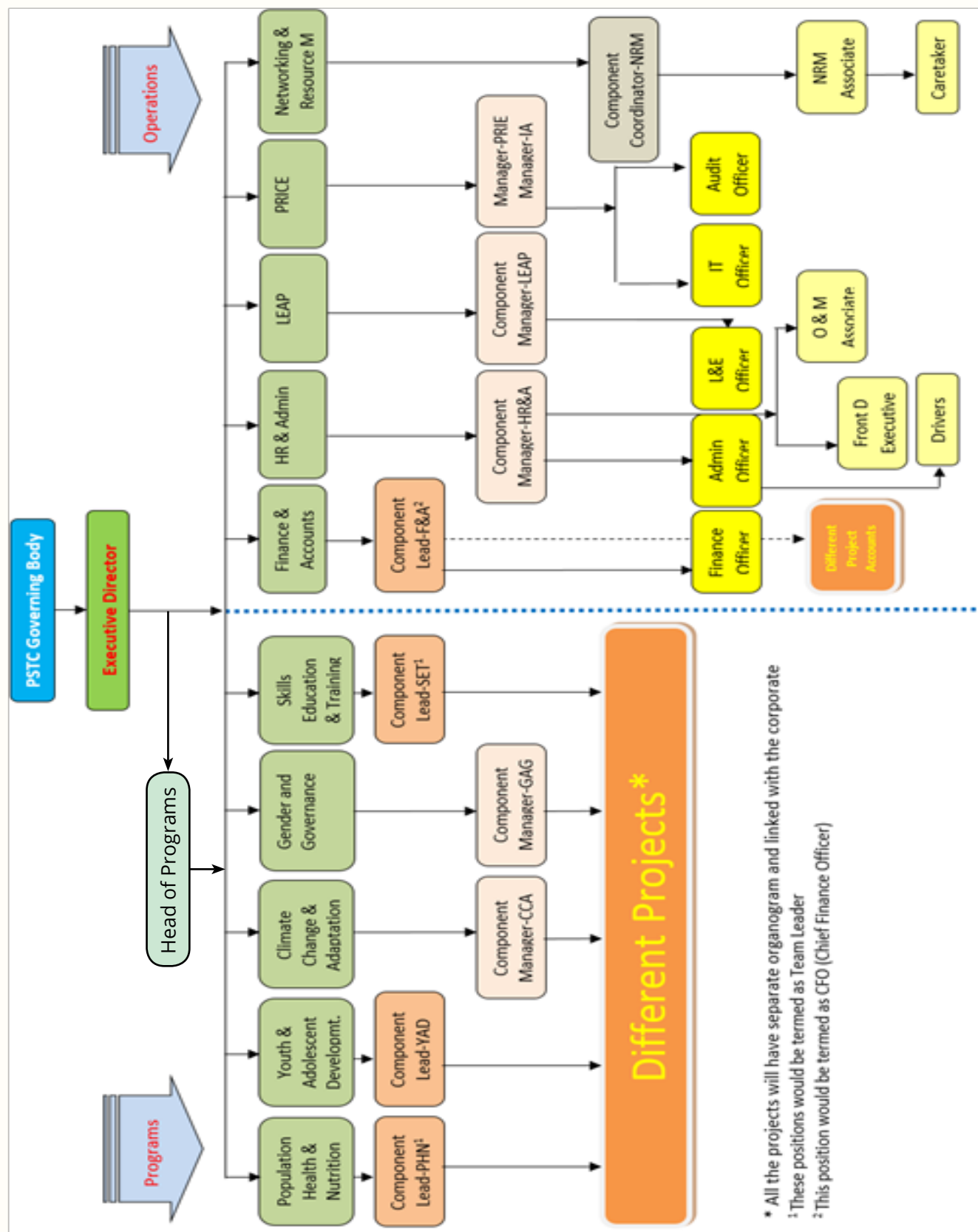
Networking and Resources Mobilization (NRM)

Policies of PSTC

PSTC is guided by its 16 policies/strategies/plans/manuals adopted on the basis of national and international standard. List of policies/strategies/plans/manual:

1. HR Management Manual
2. Gender Policy
3. Child Protection Policy
4. HIV and AIDS workplace Policy
5. Ethics and Integrity Policy
6. Fraudulence and Whistle blowing Policy
7. Preventing Human Trafficking Policy
8. Conflict of Interest Policy
9. Staff Retention Strategy
10. PSTC Succession Plan
11. Financial Management and Accounting Manual
12. Pricing Policy
13. PSTC Expenses Policy
14. Cost Sharing Policy
15. Resource Mobilization Strategy
16. PSTC contingency Plan

PSTC's Organogram



Membership of Different Networks

PSTC gives the highest importance for establishing bi-lateral and multilateral partnerships and collaborations with different networks both in country and abroad. PSTC is currently member of Health Rights Movement National Committee, STI/AIDS Network of Bangladesh, Unite for Body Rights (UBR), Voluntary Health Services Society (VHSS), Association for Development Agencies in Bangladesh (ADAB), Water Supply Sanitation Collaborative Council for Bangladesh (WSSCC'B), Network for Ensuring Adolescents Rights and Services (NEARS), DAWN Forum, Bangladesh Shishu Adhikar Forum (BSAF), UBR Alliance, HIA Consortium and Coalition for Urban Poor (CUP).

Development Partners

Collaboration with Dhaka South City Corporation, Ministry of Local Government, Rural Development & Co-operatives (MoL-GRDC) USAID, RutgersWPF Netherlands, Kadoorie Charitable Foundation, Population Council, SIDA, DFID, ADB, UNFPA and the Embassy of the Kingdom of the Netherlands and so on.



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IKEA Foundation





Population, Health and Nutrition (PHN)

Highlights 2017

- In 2017, over 2.5 million clients, especially underserved women and children were served through 54 clinics and satellite clinics,
- Over 9,000 babies were born in PSTC facilities
- 2,85,300 women received Antenatal Care and Postnatal Care at PSTC facilities

Projects implemented under Population, Health and Nutrition (PHN)

1. Urban Primary Health Care Services Delivery Project (UPHCSDP)

Currently, around 30% people of Bangladesh reside in urban areas. As a result of rapid urbanization, this percentage is projected to increase to 60% by 2030 (CIA World Bank Fact Book). This rapid expansion has placed significant pressure on health services and facilities in urban areas. Considering limitations and scopes, the Local Government Division of the Government of Bangladesh, with the financial support of Asian Development Bank (ADB) and other co-financers, had taken initiative to provide primary health care services to the urban people through partnership among urban local bodies and Non-Government Organizations. Evolving from previous two projects, the Local Government Division has been implementing Urban Primary Health Care Services Delivery Project (July 2012 to June 2017) with the financial support of Asian Development Bank, Swedish International Development Cooperation Agency and the United Nations Population Fund. Now this project is running 9 month extension from July 2017 to March 2018.

To improve the health status of the urban population and sustainable Primary Health Care (PHC) Services, PSTC in collaboration with Government of Bangladesh, Asian Development Bank (ADB) and Swedish International Development Cooperation Agency (SIDA) has taken over below five Partnership Areas:

1. Urban Primary Health Care Service Deliver Project (PA-1), Dhaka
2. Urban Primary Health Care Service Deliver Project (PA-4), Dhaka
3. Urban Primary Health Care Service Deliver Project (PA-5), Dhaka
4. Urban Primary Health Care Service Deliver Project (PA-2), Rajshahi
5. Urban Primary Health Care Service Deliver Project (PA-1), Gazipur

The overall goal of the 5 year project is 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.

Over the five partnership areas, PSTC has established 23 Primary Health Care Center (PHCC) and 5 Comprehensive Reproductive Health Care Center (CRHCC). Also 234 Satellite clinics have been set up at community level.

Every center is incorporated with all primary health care components of Essential Services Package (ESP). Each PHCC serves approximately a population of around 50,000 customers and the CRHCC provide Reproductive & Emergency Obstetric Care (EOC) services.

In this reporting year a total 10,07,741 number of customers were reached with total 15,46,885 number Services from PSTC's 5 partnership areas in Dhaka South, Gazipur and Rajshahi City Corporation.

Community members believe that PSTC facilities are the place for modern primary health care service for the community. The model of primary health care clinic followed is thought to be reasonable and at an affordable cost. It is also a unique model of Public Private Partnership for providing healthcare to the urban poor, especially to the mothers and children. Positive impact/image has developed among the people about health service organized by the GOB and City Corporation. The service center is very much in proximate to the city dwellers and as a result they come to the clinic for services at an affordable, accessible and subsidized price. Continuous monitoring and follow-up of pregnant women encourage them to take institutional delivery services thus reducing the maternal mortality. Local government institution members like councilor can play vital role at institution level for augmenting the services and help to solve problem at the local level. Ultra-poor are able to avail services free of cost thus saving the life of so many marginalized and ultra-poor. This program has created opportunity to redress violence against women.



Md. Abdul Hakim Majumder Ndc, Project Director (Joint Secretary), UPHCSDP, Local Government Division Visited CRHCC of UPHCSDP, PSTC, RCC, PA-2, Rajshahi

2. Marketing Innovations for Sustainable Health Development (MISHD) Project

Population Services and Training Center (PSTC) is implementing Community Mobilization Program "Notundin" under the Marketing Innovations for Sustainable Health Development (MISHD) Program in partnership with Social Marketing Company (SMC). The aim of the program is 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. This USAID supported project started the journey in November 2016 and will be continuing till July 2021. PSTC is implementing the program in 155 unions under 16 upazilla in 5 districts of Dhaka & Chittagong divisions.

Under this project, a total of 332 Community Sales Agents (CSAs) are oriented on HTSP and 1000 days messages and introduced with SMC's health & family planning products. All CSAs are now doing their social business through selling of SMC's health & family planning products.

The year 2017 was very important for implementing the project to achieve the highest performance in marketing of products through capacity building training and motivational activities for the selected Community Sales Agents. Raising awareness through orientation session, day observation among community people also had a tremendous effect on improvement in using essential health products. In order to create enabling environment,

PSTC continues to implement the community level activities through advocacy meetings with community influencing people like; UP chairman & members, local religious leaders, teachers, health workers, NGOs, etc.



PSTC Received Best Clinic Award on World Population Day 2017 at Gazipur

The project has conducted group meetings on HTSP and 1000 days with married women at reproductive age, caregivers, husbands of married women at reproductive age and workers of different workplaces. School based health education sessions on adolescents' sexual and reproductive health & hygiene improve the health care seeking behavior of girls & boys who are at 13 to 19 years age group. Other than these activities PSTC observed 'World TB Day', 'Safe Motherhood Day', 'World Population Day' and 'World Breastfeeding Week' at the community level in 8 working upazilas (sub-districts)

As a Community Sales Agent, Ms. Luthfa becomes self-reliant

Just one-and-a-half-year back Luthfa was a mere housekeeper with her mentally ill husband and barely living on their means to feed their two children. Only for the lack of financial ability, she had to make her two elder daughters marry at their early age. And here is the story of Luthfa regarding her struggle to be solvent enough to make her third daughter go for higher studies and even manage the huge expense for the treatment of her mentally ill husband.

Luthfa was born in the house of poor farmer Md. Khalil Sheikh of Vatimbuk village in Sirajdikhan, Munshiganj and got married at an early age. After marriage, she came to know that her husband was mentally ill and unable to earn any means. She had to work as housekeeper at



others' residences to support her family. After a while as the family grew with three daughters and a son, it was impossible for her to bear the family expenses any more. So yet again, to reduce the burden, her two elder daughters got married early. Subsequently she was impaled to think about the early marriage of her college going youngest daughter and while her youngest child, a son, was not in the school yet. Her dream of making her children educated, self-sufficient and established in the society was about to be ruined.

In November 2016, Luthfa met Nasrin Akter Munni, a Community Mobilizer of "Notundin" program of PSTC and came to know about the program activities. Luthfa express her dream and her current situation to Munni. Munni described the opportunity of Community Sales Agent (CSA) of Notundin by selling the health related products of Social Marketing Company (SMC) door to door in the community. Upon Luthfa's integration to become a CSA, she started with a mere capital of Taka four hundred only. In the first month, she managed to contribute to her children's education from her earned profit. She realized the benefits of this process of work and comprehended that it might help her reach her well-wished dream. She started to work harder and walk from village to village intending to earn profit and raise her capital as well as establish her image as a trustworthy CSA with adequate health related knowledge. Within a short span of time, she raised her capital to Taka ten thousand and from her hard-earned profits, she began to support her family the way she never before thought of - her daughter continued her studies for her HSC exam and her son got admitted to school.



"Notundin has opened a new door of opportunity for me and I will definitely earn profit of Twenty Five Thousand very soon and make my dream become successful."

Recently, Luthfa's capital has increased to Taka twenty thousand and her profit is close to Taka ten thousand per month. Her daughter is studying in National University and her son is in Class II. Now SHE CAN bear the expensive cost of her husband's psychological treatment as well.

1. NGO Health Service Delivery Project-NHSDP

PSTC has been implementing NGO Health Service Delivery Project (NHSDP) since October 2014 with the goal to become technically and managerially self-sufficient in the provision of essential health services with the support from NHSDP/ USAID and UKAID.



During the reporting period the project continued ESP services through the ongoing static clinics and satellite clinics and CSPs by maintaining coverage and uptake, quality, equity and institutional strengthening as per the instruction and suggestion of the donor agencies. PSTC has been providing services through 24 SurjerHashi Clinics and 346 Satellite Clinics in 13 wards of Dhaka South and North City Corporation & one peri-urban Badda and 6 municipalities (Bhairab, Kishoreganj, Narsingdi, B. Baria, Siddirgonj under Narayanganj and Madhobdi) and 3 upzilas (Belabo, Monohordi and Raipura) under Narsingdi district.

In the reporting period 12,29,080 services were provided to 6,86,484 number of clients of which 2,01,597 services were free of cost and 3,30,438 services were partially free.



Youth and Adolescent Development (YAD)

Highlights

- PSTC provided over 73,000 number of health related services to adolescents and youths
- Among them over 23,000 were provided reproductive health related services and 14,980 were provided counseling services

Projects Implemented under the Thematic Area Youth and Adolescent Development (YAD)

1. Unite for Body Rights (UBR) Project

The Unite for Body Rights (UBR) program objectives are to increase knowledge and information on Comprehensive Sexuality Education (CSE), increase access to youth-friendly SRH services for the youth and adolescents and reduction of sexual and gender-based violence. At present PSTC is working in Gazipur and Chittagong city to reach students and adolescents from 68 schools, colleges and madrashas as well as local communities. Among the 12 targeted areas/ Upazilas of UBR, PSTC is covering Gazipur Sadar Upazila (3 unions and 14 wards of GCC), Chittagong City Corporation (10 wards of CCC) since January 2016 targeting adolescent and youths within the age bracket 10 to 24 years.

In this reporting period 47,433 health services were provided to adolescents and youths who also received 10,815 counseling on puberty, SGVB, psycho-social, tele-counseling and other issues through YFS centers.

'Nodi' become bold to stop her child marriage

"Nodi" (pseudonym) lives in a rented house at the Bason community with her parents, two sisters and a brother. Nodi is the eldest among the siblings. Her father is a private service holder and mother is a housewife. She is currently (in the year 2017) 10th grade student and studying at regular school.

UBR project have had a youth center in Kawltia union, Masterbari, Gazipur at PSTC training complex premises. Hosna was the Youth Organizer of the UBR project at the time when Nodi studied in 9th grade in 2016. Through Hosna she got the information about youth center's activities. In youth center, there were Youth Forum Meetings and Study Circles on every Saturday.

She also heard that in the community, youth organizers organize sessions on the topic called "Me and My World" to enhance knowledge about Comprehensive Sexuality Education (CSE). Through Hosna, Nodi became a regular member of the youth group in the CSE-SRHR sessions under the title "Me and My World" and regularly joined the sessions. She listened to the discussions and about activities she had undertaken in the CSE-SRHR sessions and had many questions on various issues. She tried to know the right information and the answers along with the SRHR exercises.

Suddenly Nodi's father decided to get her married with a person who has just returned from abroad. When Nodi came back home from school she got to know that her marriage was almost fixed with that person. She decided to discuss the issue with Hosna. She communicated with youth organizer Hosna who discussed with her parents about the harmful aspects of child marriage and the laws of child marriage and punishment related to child marriage. Hosna also discussed the issue with other youth organizers from Youth Center. In the next session of "Me and My World" in presence of Nodi they told about the laws and punishment of child marriage, that child marriage is a legal offense, and that the guardian of the child forced into child marriage will be fined or jailed. Later on, Nodi was able to explain to her parents about the laws and punishment of child marriage and protested that she would not marry at her childhood. And ***Nodi emphasized that if her parents would not accept this, then she would take shelter of the law and keep fighting against it. Hosna kept encouraging Nodi by telling her that if needed, she would go to the police station for further help.***

Finally, Nodi's parents could not bear the pressure and tears of their daughter and they understood that child marriage is a legal offence, and so they were forced to call off the marriage. Now, Nodi's life is free from child marriage. Nodi now cooperates with UBR's program and in overall UBR project activities as one of the youths.

2. SANGJOG

SANGJOG, a program for better SRHR for young people vulnerable to HIV in Bangladesh, is a partnership initiative of Population Services and Training Centre (PSTC) and Population Council (PC) with the support of the Embassy of the Kingdom of the Netherlands. It is a 2-year project being implemented since December 2016 and will be continued till December 2018. The project is covering seven districts of Bangladesh namely Dhaka, Gazipur, Chittagong, Cox's Bazar, Jessore, Kushtia and Dinajpur.

The overall goal of the project is to increase the Sexual and Reproductive Health and Rights (SRHR) to vulnerable young key people in Bangladesh through increasing better sexual practices and utilization of SRHR services by young people aged 15 to 24 years. Among the target groups are transport workers, pavement dwellers/ street children, floating female sex workers, young people engaged in small trades and those who work as labourers. SANGJOG aims to make a significant change to the integration of vital sexual and reproductive health and rights (SRHR) interventions and is working on to generate important evidence to aid the broader SRHR/ HIV integration movement. During the year 2017, with the recommendation of government district authority of Cox's Bazar, SANGJOG has taken initiative to incorporate the SRHR needs of the Rohingya population in Bangladesh considering their vulnerability to HIV/AIDS.

Reaching the Young People

SANGJOG reaches vulnerable young key populations (VYKPs) through Peer network. From the Key Population networks (Sex Workers Network, Transport Workers Federation) and relevant organizational linkages 70 Peer Educators were selected (10 for each working area) representing each group and were trained to work with SANGJOG as frontline cadres, 'Outreach Workers'. SANGJOG focuses on advocacy to address improving young Key Population's (KP's) SRHR needs through mobilization. Further, the programme supplements SRHR services to street children/pavement dwellers, transport workers, floating female sex workers and young people engaged in small trade and those who work as labourers. The programme addresses the needs of vulnerable young key populations (VYKPs) which are recommended in the updated National RH Strategy and the Adolescent Health Strategy. Through its monitoring and evaluation activities, SANGJOG is also working for generating evidence-based knowledge related to SRHR.



During this reporting period, an emergency situation arose in Ukhia, Cox's Bazar due to sudden influx of Rohingya population from Myanmar. Considering the vulnerability of the Rohingya refugees for HIV and AIDS, SANGJOG organized two Primary Health Care centers that focused on Adolescent Sexual and Reproductive Health and Rights at Balukahli and Kutupalon of Ukhia in Cox's Bazar.

Activities Performed

- SANGJOG reached total 25296 number of adolescents and young people through its different activities focusing on SRHR and HIV/AIDS.
- SANGJOG supported the health care needs of 13178 young people through referral services.
- 168 number of service providers were capacitated from the identified health services center on SRHR and RTIs/STIs and HIV/AIDS as per national standard protocol.
- SANGJOG reached 553 number of stakeholders from different levels that include community leaders, political leaders, and government stakeholders to create enabling environment.
- SANGJOG provided health care services focusing SRHR needs among 6870 number of Rohingya people from Balukhali and Kutupalong health camps.



Stigma still remain for the People Living with HIV/AIDS (PLHA) which is a barrier for getting treatment

Korimun's family lives just near Sangjog project's peer-educator Saiful's house. One day Korimun's sons were present while Saiful was conducting HIV/AIDS session in the area. After the session ended, the two brothers came to meet Saiful and said that their father had symptoms which he had mentioned during the session. At that time Korimun's husband was undergoing treatment at Chittagong Medical College Hospital. A few day's later the man died.

Korimun is 47 years old. She has two sons and a daughter in her family. Both her sons work in garment factories. Her husband died in July last year. The whole family had lived in Mumbai for 18 to 19 years. Her husband had worked as a tailor in big factories in India.

During conversation with Korimun, it was learnt that when they were in Mumbai in India, her husband had relations with many sex workers and was also into drugs. Despite objections, her husband carried on his relationship with the sex workers. Korimun said that a few days before her husband's death, the doctors of Chittagong Medical College asked her to take him home and bring him back after Eid, but did not tell anything else. The hospital handed over some test reports and kept some with them. The doctors had inquired what her husband did, whether he was addicted, or whether he had any bad habit or not. She admitted that her husband had bad habits and was addicted. The entire family had returned to Bangladesh in 2017.



Before her husband died, the doctors had asked Korimun and the rest of her family members also to have tests. Korimun did not know exactly what caused her husband to die and why they had asked all the members of the family to have tests.

After her husband's death, many people came to know that he was AIDS infected. The family was isolated from the society. Eminent people of the area even refrained from attending the funeral as there are many misconceptions in the society about the disease. Though awareness building on the spread of AIDS is being carried out, there is still lot to be done to overcome the misconceptions. It is very sad that due to misconception in the society, the attendance at the funeral was very low. Peer Saiful and Field Supervisor Mannan Mia Chowdhury were also witnesses of the incident during the funeral.

Korimun and her sons came to Sangjog project office through Peer Saiful. After we came to know the situation, we realized that Korimun's condition was very alarming. We quickly sent Korimun to 'Ashar Alo' organisation and after a few days she was diagnosed with HIV positive. Initially, her condition was so grave that she was not in a condition to be given treatment as starting ART treatment requires the patient to have the necessary energy. Korimun was sent Chittagong Medical College Hospital for medical treatment including blood transmission and some tests including TB. When Korimun got a little better, she was given ART. Sangjog office was in constant touch with Ashar Alo office and got regular updates and follow-up reports about Korimun. After several days of treatment, Korimun is now living a normal life.

Being able to get the service from the connection, she is now a self-dependent and has a job in a garment factory. Both the sons of Korimun, when tested, were found to be HIV negative, but her 10-year-old daughter was found to be HIV positive. Korimun's daughter is now being taken care of and treated by Ashar Alo. Sangjog is still following up Korimun through Peer Saiful.

PSTC's Responses on Rohingya Refugee Crisis

Since the start of violence in Rakhine State, more than 700,000 people, with most of them being women and young children, have fled Myanmar to Cox's Bazar (part of Bangladesh). The momentum and scale of arrivals make this the world's fastest growing refugee crisis. The incoming refugees are housed or have sought shelter in the temporary make shifts at Ukhia and Teknaf in Cox's Bazar district where extensive pressure is being placed on resources. The Government of Bangladesh is responding to the crisis in partnership with national and international humanitarian and development agencies. To respond to this humanitarian emergency, SANGJOG is delivering health care, including reproductive health services, and has launched one health camp at Balukhali, Ukhia in September 2017 and another one at Kutupalong, Ukhia in December 2017 with the aims to:

- Provide maternal, neonatal and child health care services,
- Provide reproductive health care services,
- Provide general health care services,
- Distribute medicines, hygiene kit,
- Provide counseling,
- Provide investigation facility for STI, HIV, Pregnancy, Diabetes, Hepatitis B & C



A total of 6,870 patients (2,977 males and 3,893 females) of different ages from the Balukhali health camp and 709 patients (198 males and 511 females) from the Kutupalong health camp received services, so far, during the reporting period. Among the Rohingya refugees who took service also includes a HIV positive patient.

3. Hello I Am (HIA) Ending Child Marriage

Bangladesh has received world attention for its very high rate of child marriage. According to the Bangladesh Demographic and Health Survey (BDHS) 2014, the rate of child marriage (among the women who are currently aged between 20-24 yrs) has declined to 58.6 percent from that of 73.3 percent in 1993. The Multiple Indicator Cluster Survey (MICS) data also shows the declining trend of child marriage. The MICS 2012-2013 shows that 52.3 percent women (who are currently aged between 20-24 years) have got married before 18 years of age. The percentage was 64.1 in 2006 (BBS, 2014). This gives the impression that the child marriage rate in Bangladesh is declining very slowly. As an inevitable consequence of child marriage, the girls start to discontinue from education and become pregnant. This child marriage induced discontinuation of education and teenage pregnancy violate the rights of girls, with life threatening consequences in terms of sexual and reproductive health. The high prevalence of child marriages is also resulting in low socioeconomic status, high level of fertility and perpetuating the cycle of poverty and reinforcing the gendered nature of poverty.

Several agencies of the Government of Bangladesh and different national and international agencies are working to combat this problem of high child marriage rate in Bangladesh. As part of this effort, PSTC is acting as a host as well as implementing agency of 'Hello I Am' project with other two implementing partner organization, DSK and RHStep. Rutgers is providing technical support and the project is funded by IKEA foundation, Netherland.

The 'Hello, I Am' program incorporates the following strategies in a multi-component approach:

- Edutainment: National TV and radio programs for parents and young people to raise awareness of alternative behaviors, attitudes, or beliefs and to provide support and advice. Edutainment will be enhanced through moderated intergenerational dialogues and helplines to inform and support parents and young people
- Meaningful Youth Participation, as part of an inclusive, rights-based approach: to ensure that interventions address the sexual and reproductive health and rights of young people in a youth friendly manner, and the interventions are (co)led by young leaders, facilitators and counselors

- Local advocacy promoting change in social norms, through engaging traditional and religious leaders, awareness raising and the creation of networks.
- The program underpinned by a Positive Deviance Approach which focuses on modeling positive behavior and community-based problem solving with regard to early marriage.

Vision and Outcomes

‘Hello, I Am’ envisions a supportive social environment that enables adolescent girls to enjoy their sexual and reproductive health and rights, free from all forms of child marriage. In the long term, fewer girls will be married before the age of 18, first pregnancies will be delayed and more adolescent girls will remain in school.

Target group and beneficiaries

The program is working with young people and their social environment, including parents, community members, and religious and community leaders.

Working Areas of HIA

HIA through PSTC, RHStep and DSK has been working in 6 upazillas

PSTC: Gazipur and Chattogram Sadar

DSK: Durgapur of Netrokona and Moddhonagar of Sunamgonj

RHStep: Savar, Dhaka and Mymensingh Sadar



Gender and Governance (GAG)

Highlights 2017

82 different government institutions monitored were using social accountability

16,870 women and adolescent girls were empowered through She Can activities

20,686 community members were reached through various PSTC outreach programs which empowers community to fight against gender based violence and enhance transparency and raises awareness about rights of people.

Brief on Projects under GAG

1. Creating Spaces to Take Action for Violence Against Women and Girls (Creating Spaces)

PSTC has been implementing the project Creating Spaces from October 2016 and will be continuing till March 2021 with the support of Global Affairs Canada and Oxfam. Reducing violence against women and girls and reducing prevalence of early and forced marriages are the goals of the project. PSTC has been implementing the project in 12 unions of Sadar, Bhanga, and Modhukhali upazilas under Faridpur district from February 2016. Total number of targeted household is 71652 around the project cycle. Total number of direct beneficiary is 7500.



During the reporting period PSTC trained 5000 community members to act as ‘change agents’ to engage in a process of critical reflection; build capacity on effective local accountability (community safety/neighborhood watch); improve positive attitudes and behaviors modeled by influencers and youth in support of social norms to prevent VAWG and CEFM.

Economic skills, knowledge and capacity were enhanced among 60 women and girls who have experienced violence.

2. Health Sanitation Hygiene Improvement and Women Empowerment (WE)

The Women Empowerment (WE) project in Chanpara, Kayatpara, Rupganj, Narayanganj has been working since 2016 to improve environmental health and create social awareness, positive attitude and behavioral change in reducing violence against women. The project will be continued till the end of 2018. PSTC with the development partner ActionAid Bangladesh and donor Kadoorie Charitable Foundation is trying to bring sustainable development in the following areas; safe water, sanitation and hygiene practices and adequate drainage systems.

During the reporting period WE team has installed pumps in accessible locations, renovated and maintained 9 public toilet blocks, implemented solid waste management systems by providing garbage vans in 5 clusters and constructed drains in cluster 4 and 5. These are the physical initiatives. On the other hand, part of soft skills and knowledge the team has trained 50 community member representatives of all clusters on construction, usage and maintenance of public health infrastructure, gave information to build knowledge on gender-based violence and family laws among 975 direct beneficiaries (female: 480; male: 495) and 1,400 indirect beneficiaries (female: 686; male: 714), raised mass awareness of gender issues and violence against women among 150 youth (female: 74; male: 76) in schools and 1,400 community members (female: 686; male: 714), delivered advocacy workshops to local government and legal aid organizations for improved public services for preventing and readdressing incidences of violence against women, provided training on income generation and marketing methodologies, and created linkages with Government employment and entrepreneurship schemes for marginalized men and women.



The idea behind these initiatives was, through motivation and encouragement people can take initiatives to develop their own area and through innovative ideas can enhance community people’s skill and knowledge in better way.

Case Study: Ayesha wants to be a cricketer

The WE project has a campaign program to encourage the adolescents of the community. As a part of this campaign WE team arranged a cricket match, a football match and a poster competition. The adolescent girls were trained by the adolescent boys named Lemon, Hossain, Shohag Gazi and Mamun. After one month practice adolescent girls were doing well and they gave us a wonderful match. After the match one adolescent girl Ayesha was very much encouraged and filled-up the form of BKSP, a renowned national institute for sports. Ayesha passed three stages very successfully but unfortunately failed in the final stage. She, however, has not broken down and will try again next year. She is the daughter of Rokea Begum and Md. Abul Mia of block-5 in Chanpara. She has two brothers and one sister. Now she wants to be a female cricketer and her mother and father encourage her



3. SHE CAN

PSTC had been implementing 'SHE CAN' project with vision of a city safe from sexual violence for women and girls in public spaces and with an emphasis of women and girls enjoying their rights. PSTC has implemented the three-year project from November 2014 to October 2017 with the support of ActionAid Bangladesh in urban slums of 6 divisional cities: Chittagong, Rajshahi, Rangpur, Sylhet, Barisal and Khulna and in addition 5 slums of Narayanganj city. The project worked with both rights holders (women and girls, men and boys) and duty bearers (service providers and decision-makers) through implementing different awareness sessions, trainings, workshops, and seminars to reduce violence against women. To make policies and services more gender responsive, policy advocacy with different level of stakeholders was accomplished in the reporting period at local and national level.

It was found that women and girls possess increased level of awareness and knowledge about their rights and improved self-confidence and courage to protest VAWG. It is evident that now women and girls can go outside home independently without or with limited fear more often than they could do before the implementation of the SHE CAN project. The project reached to 9835 women and girls in the year 2017 in 7 divisions through campaigning initiatives.

Mid Term Review found 48% women and girls know about the referral pathways for reporting VAWG mechanism, which was only 2% in baseline. This shows an increased level of knowledge and practice of project participants.

As a part of the advocacy initiative of SHE CAN project, the Community Watch Groups (CWG) have submitted 13 memorandum to duty bearers for fulfilling their necessary needs related to GRPS. Thus people specially women and girls can access to toilets and supply water, enjoy the services as citizen of City Corporation.

Media has a great role in raising awareness and changing attitude of people. Five television channels and national newspapers were mobilized to involve with the project in this year. They aired and showed news, reports, issue based talk show, drama and published event news and awareness raising messages which is a great success of the project.



Climate Change and Adaptation (CCA)

Highlights 2017

- **12000** community members were reached to enhance the resilience of most at risk groups to the recurring and escalating disaster risks by advancing the Disaster Risk Reduction (DRR) institutionalization process
- **200** trained Community Volunteers are now ready for immediate response in any disaster crisis in Dhaka South City Corporation.

Brief on Project under CCA

1. Strengthening Urban Resilience through enhanced preparedness and evidence based advocacy for improved multi-level co-ordination mechanisms in Bangladesh

PSTC is implementing the 'Strengthening urban resilience through enhanced preparedness and evidence based advocacy for improved multi-level co-ordination mechanisms in Bangladesh' with the support of Plan Bangladesh since July 2017.

The aim of the project is to increase institutional capacity to operationalize inclusive policy, frameworks and planning which minimize urban disaster risks particularly earthquake and fire. PSTC works holistically to improve the existing risk reduction mechanisms of communities, institutions and critical infrastructure such as schools, hospitals and the private sector.

This project is working on creating evidence to advocate for increased efficiency of government implementation, local level community bodies such as the Ward Disaster Management Committee (WDMC), Community volunteers, women and child groups. It is a consortium project jointly with Save the Children Bangladesh. The project financed by European Commission - Civil Protection & Humanitarian Aid Operations – ECHO.

During the reporting year, four ward disaster management committees have been formed under this project and the committees are ready now to play a key role at the ward level to face any disaster. One of the goals of this project is to prepare the hospital to response for any disaster. Many hospitals have no experience in the management of large casualties at the local level. Initially, Mugda General College and Hospital and Manowara Orthopedic and General Hospital are being prepared to face earthquake in the project area.

Children will be more damaged in a big earthquake. Four schools have been selected for this purpose through the project to inform the children about the risk of earthquake and to take necessary management. All the 4 related schools have been informed about the earthquake and how to deal with it.

This Dhaka city is home to 20 million people. Experienced volunteers need to deal with any disaster. With the help of Ward Disaster Management Committee from the 4 wards of the project, a total of 200 people have been selected as city volunteers. Fire Service and Civil Defense has provided 2 days basic training of these selected 200 city volunteers and equipped them with basic firefighting kits.



kills Education and Training (SET)

Highlights 2017

- **105** students have graduated from our Community Paramedic Training Institute (CPTI), which has been running with the approval of Bangladesh Nursing Council. The Institute is based in Aftabnagar, Rampura, Dhaka with well-equipped training room and residential facilities attached with PSTC Clinic.
- In 2017, PSTC organized 23 training on different development issues in PSTC Training Complex at Gazipur.

Brief on Projects under SET

1. Community Paramedic Training Institute (CPTI)

Background

Maternal and Child mortality rate in Bangladesh is still significantly high. In this regard, the government of Bangladesh has taken the initiative to provide skilled health services at community level through Community Clinics. But there is huge shortage of skilled Community Paramedics in Bangladesh. In order to ensure maternal and child health care in rural areas of Bangladesh, the Ministry of Health and Family Welfare in the year 2009 approved a policy on Community Paramedic Course to develop cadre of skilled community health workers. Under this regulation, PSTC has initiated the 2-years long course 'Community Paramedic Training Institute (CPTI)' in 2012 with the permission and affiliation of the Nursing and Midwifery Council of the Ministry of Health and Family Welfare of Bangladesh. The aim of PSTC's CPTI is to develop 'skilled paramedics' so that they can serve people who are poor and socially disadvantaged in the rural area of Bangladesh that will contribute towards PSTC's 'improve quality of life of disadvantaged people of Bangladesh' vision.

Objective: To assist the Government of Bangladesh in developing skilled community health workers for the implementation of government's health program particularly ensuring Primary Health Care Services.

The Institute of PSTC

PSTC has a well-equipped classroom along with library, practical training and residential facilities at Aftabnagar, Rampura, Dhaka to conduct the CPTI course. A group of expert health professionals are assigned as faculty-members. Students who have completed Secondary School Certificate (SSC) or equivalent are eligible to apply for this course.

The 2-year CPTI course consists 4 semesters and the session starts from July every year. The total course fee is Taka 84,000/student divided into 4 semesters as Tk. 26000, Tk. 16000, Tk. 16000 and Tk. 26000 respectively.



There 12 modules under the Community Paramedic Course are as below:

1. Anatomy, Physiology, Pharmacology and Microbiology;
2. Behavior Change Communication and Gender;
3. Reproductive Health 1- Safe Motherhood, ANC, Delivery Care, PNC, EOC, Maternal Nutrition and Neonatal Care;
4. Reproductive Health 2- Family Planning, Management and treatment of Unsafe Abortion, MR;
5. Reproductive Health 3- RTI/STI, HIV/AIDS, Adolescent Health care, Sterility, Gynecological Health Problem;
6. Child Health Care- ARI, EPI, Child Growth and Nutrition;
7. Control of Infectious Diseases, Emerging and emerging diseases;
8. Limited Curative Care;
9. Acquire Skill and Checklist;
10. Midwifery;
11. Learning of Arabic language; and
12. Learning of English language.

Certificate: On successful completion of CPTI course, students are awarded with certificate from Bangladesh Nursing and Midwifery Council.

Till date, 105 students have graduated from the institute and are serving to ensure the Sustainable Development Goal: healthy lives and promote well-being for all at all ages of the people of Bangladesh.

PSTC organizes sponsorship to support the students of CPTI every year. The IKEA Foundation is supporting the students of 2017-2018 session. Students will get admitted by July 2018 for the 2018-2019 session.

2. PSTC Training Complex, Gazipur

PSTC training complex was established in 2010 on the 02 acres of land in Gazipur. The aim was to establish a development institution which will contribute to enhance the management capability of PSTC's different level staff and offer similar services to other organizations working in the development sector.

The Gazipur complex is situated inside the Bhawal forest, a calm and quiet place. The complex has 2 training halls with a capacity of 200 participants and one classroom with a capacity of 40 participants. For residential training the complex has overnight accommodation for 62 participants, and dining facilities. This training complex is open for all national and international development organizations for conducting their own training programs in this venue by hiring the facilities.



During this report period, different projects of PSTC and national and international development organizations conducted training in this venue by hiring the facility. Among them BCCP, CARE Bangladesh, UBR Alliance, ActionAid, Practical Action, NHSDP/ Pathfinder used this facility for their respective programs.

PSTC also has excellent training facilities with conference hall, well-equipped training rooms, meeting rooms, canteen facility, multimedia, computer (both desktop and laptop) and other necessary accessories like photocopy, board, pointer and all materials at Niketon.

Since its inception, one of PSTC's major focus was on providing training. The institute has experiences in implementing different types of training programs to build capacity of different stakeholders including PSTC's staffs. A team of skilled and experienced individuals develop various type of curriculum as per the need.

3. Health Enterprise

Health Enterprise is an income generating initiative of PSTC towards its sustainability. PSTC has been implementing the health enterprise project through its own fund with the aim to generate revenue by charging fees for services such as Ultrasonography (USG) services since July 2002. USG Machines are set up in five clinics where PSTC runs Urban Primary Health Care Delivery Project (UPHCSDP).

In 2017, PSTC provided services to more than 1300 clients- since most of the customers are poor the services were offered at a subsidized rate.



Forwarding Letter

PSTC has been working to improve the health, social security and living conditions for people of Bangladesh, especially for those who are poor and socially disadvantaged, in sustainable way for the last 40 year since its inception in the year 1978. With this mission PSTC will work in the upcoming years for the improvement and to uphold the standard of livelihoods of poor and socially disadvantaged people by undertaking various programs and projects in five basic thematic clusters- Population, Health and Nutrition (PHN), Climate Change and Adaptation (CCA), Youth and Adolescent Development (YAD), Gender and Governance (GAG) and Skills Education and Training (SET). PSTC works with families, communities and governments to create an enabling environment that will support and promote the right of poor and disadvantages people.

In the upcoming years, PSTC will prioritize the issue of 'sustainability'. With the past cherished learnings and experiences, PSTC will acts, particularly in three approaches of sustainability: i) programmatic sustainability, ii) financial sustainability, and iii) organizational sustainability. For programmatic sustainability, PSTC will give importance to how the program will move on even after a project concludes. In order to ensure that PSTC will work very closely with the government and try to work on policy advocacy to address the program within the government system. For financial and organizational sustainability, we will recover the cost through charges minimal pay for the services, in consultation and concurrence of the donor partners. PSTC Enterprise Ltd will be expanded to generate income which would be ploughed back to PSTC to support PSTC mission and vision and its activities toward reaching PSTC's goals.

In future, PSTC will focus more on Sustainable Development Goals (SDGs) through incorporating programs focused on Health for All with Universal Health Coverage, Climate Change and Adaptation, Adolescent and Youth Development, Governance & Rights, Economic Development, Education, Training & Communication etc. With an appropriate approach and work collaboratively with other stakeholders, PSTC hopes that 2018 will mark another milestone of its innovations dedicated to establish a comprehensive support and enabling environment for the rights of poor and socially disadvantaged people.

Financial Summary

FINANCIAL HIGHLIGHTS



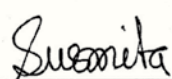
J.U. AHMED & CO.
Chartered Accountants

Population Services and Training Center (PSTC)

Consolidated Statement of Financial Position
As at December 31, 2017

Property and Assets	Notes	2017 Taka	2016 Taka
Non-current assets			
Property, plant and equipment	7	75,924,655	77,852,466
Investment	8	3,571,500	3,571,500
Fixed Deposit Receipts (FDRs)	9	4,923,589	4,732,566
		<u>84,419,744</u>	<u>86,156,532</u>
Current assets			
Advances and Pre-payments	10	1,721,591	1,625,182
Advance against office rent	11	2,601,500	2,601,500
Pre-paid for secretariat work (FPAB)		3,400	3,400
Cash and bank balances	12	78,101,543	100,275,211
		<u>82,428,034</u>	<u>104,505,293</u>
Total Assets		<u>166,847,778</u>	<u>190,661,825</u>
Fund and Liabilities			
Fund Account	13	93,625,268	183,191,838
Loan Account	14	780,705	1,060,000
		<u>94,405,973</u>	<u>184,251,838</u>
Current liabilities			
Provisions	15	72,441,805	6,409,987
Total Fund and Liabilities		<u>166,847,778</u>	<u>190,661,825</u>

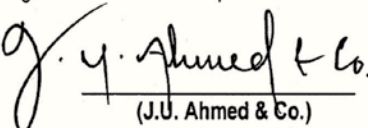
The annexed notes form an integral part of these financial statements.


Chief Finance Officer


Executive Director


Treasurer

Signed in terms of our report of even date.


(J.U. Ahmed & Co.)
Chartered Accountants

Dated: June 24, 2018
Dhaka

J.U. AHMED & CO.
Chartered Accountants

Population Services and Training Center (PSTC)

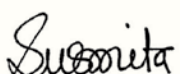
Consolidated Receipts and Payments Statement
For the year ended December 31, 2017

	Notes	2017 Taka	2016 Taka
Receipts			
Opening balances			
Cash in hand		35,996	105,678
Petty cash		451,762	364,141
Cash at banks		99,787,453	48,717,718
FDR		4,732,566	7,057,617
		<u>105,007,777</u>	<u>56,245,154</u>
Grants received from donors		311,436,920	225,670,476
Revenue generated/Service charge		175,486,417	184,922,554
Balance received from closing project		-	700,693
Annual subscription		7,000	9,500
PSTC contribution		2,456,404	5,472,653
General overhead		8,678,066	4,445,357
Bank interest		1,564,960	973,265
Interest on FDR		232,267	395,466
Advance realized		83,583	700,893
Loan taken from PSTC		4,790,697	18,940,670
Loan from others		1,155,705	1,617,500
Loan realized from project		5,270,000	6,866,904
Other receipts		50,940	8,373
Total Receipts		<u>616,220,736</u>	<u>506,969,458</u>
Payments			
Salary and benefits		247,816,813	189,715,525
Honorarium, fees and consultancy		10,635,684	8,572,528
Travel and per diem/local conveyance		11,870,280	8,709,817
Training and workshop		20,299,517	2,398,156
Office rent		18,053,123	15,623,393
Utilities (Elec./Gas/WASA)		5,732,625	5,835,370
Consumable (Printing and stationery)		1,419,248	1,457,062
Office supplies		25,254,501	4,698,995
Clinic supplies and medicine expenses		14,641,725	28,841,652
Communication		2,746,725	2,581,329
Repair and maintenance		2,175,620	3,728,115
Fuel cost		2,186,602	1,858,667
Other expenses - Postage and Cleaning		92,664	485,177
Bank charge and commission		2,240,366	1,648,218
Programme related cost		33,450,872	24,680,383
PA Contingency		187,477	156,905
VAT and Income Tax		34,103	125,344
Overhead cost		4,840,487	1,392,512
Head Quarters shared cost		1,233,818	1,235,510
General operating/administration cost		-	1,565,883
Balance carried forward		<u>404,912,250</u>	<u>305,310,541</u>

J.U. AHMED & CO.
Chartered Accountants

Notes	2017 Taka	2016 Taka
Balance brought forward	404,912,250	305,310,541
Advance paid/refunded	179,992	79,148
Building construction/renovation cost	720,315	107,961
Computer and UPS	1,446,410	98,650
Furniture and fixture	2,352,936	170,455
Equipment	4,402,261	4,534,648
Grants refunded to donors	9,986	754,695
Loan to other project (PSTC)	6,705,000	22,853,724
Loan refunded to PSTC	4,790,697	3,471,350
Loan refunded to other	-	425,000
Service charge transfer	57,522,422	61,892,195
Audit fee	71,250	292,255
PSTC contribution	449,204	34,026
Fund transfer to CHCP/PIP	6,060,000	849,332
Fund transfer to project	43,572,881	687,701
Balance transferred to PSTC - Urban	-	400,000
Total Payments	533,195,604	401,961,681
Closing Balance		
Cash in hand	209,118	35,996
Petty cash	104,291	451,762
Cash at banks	77,788,134	99,787,453
FDR	4,923,589	4,732,566
	<u>83,025,132</u>	<u>105,007,777</u>
Total	616,220,736	506,969,458

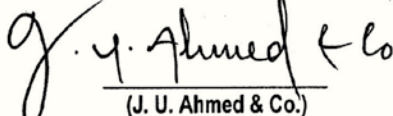
The annexed notes form an integral part of these financial statements.


Chief Finance Officer


Executive Director


Treasurer

Signed in terms of our report of even date.


(J. U. Ahmed & Co.)
Chartered Accountants

Dated: June 24, 2018
Dhaka



**Population Services and
Training Center**



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