



ANNUAL REPORT 2016



**Population Services and
Training Center**



Annual Report 2016



Population Services and Training Center

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Acronyms

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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
	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	DusthaSasthya 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
N	NASP	National AIDS and STD Program			

Vision Mission & Values

Vision

Improve quality of life of disadvantaged people of Bangladesh.

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.

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.



Annual General Meeting on progress



Governing Body Meeting going on





Message from the Chairperson

2016 has been a remarkable year for PSTC, it is my honor and privilege to be writing this piece for the 2016 Annual report. I would like to share with you the progress Population Services and Training Center (PSTC) as an organization has made over the last year 2016.

PSTC has made an outstanding journey from its small beginnings in 1978 and has been running for glorious 38 years with lots of success and contribution to serve the poor and disadvantaged people in both urban and rural areas of Bangladesh.

PSTC has mainly focused its program according to five core thematic areas with the aim to serve the marginalized and disadvantaged communities in Bangladesh. This reporting year, we have served over 2 million underserved women and children through our 54 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 2016.

Sustainability and community mobilization has been a priority while implementing each of the project. 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.

At PSTC, we feel it is crucial to acknowledge the role and contribution of all the stakeholders and development partners who have trusted us and our work for over the last three decades. Without whom 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 extend 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

In 2016, Population Services and Training Center (PSTC) has completed its 38 years of long journey and has acted as a catalyst to achieve improved quality of life of disadvantaged people of Bangladesh. Bangladesh in many aspects have achieved Millennium Development Goals (MDGs), and has been paving the path for the Sustainable Development Goals (SDGs) with the vision of being a middle-income country by 2021.

With the rebranding process in 2015, this year PSTC has focused on redesigning its strategies to align its work with the shifting paradigm of the developing sector. For which we have developed a Tailor-Made Training (TMT) programs in collaboration with Management Development Foundation (MDF) to build the capacity of our senior and mid-level staff members. PSTC's new strategy focuses on sustainability throughout all its programs and initiatives.

To ensure universal health coverage, in 2016 PSTC through our health programs such as NHSDP and 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.

With the growing young population, PSTC has been making considerable strides in Youth and Adolescent Development. 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 right of adolescents to act on and advocate for the youth's SRHR issues.

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 38 years in taking PSTC forward.

Noor Mohammad, PhD
Executive Director



Governing Body



Dr. Md. Golam Rahman
Vice-Chairperson



Mosleh Uddin Ahmed
Chairperson



Md. BadrulMunir
Treasurer



Dr. Akhter Banu
Member



Kazi Ali Reza
Member



Gitali Badrunnessa
Member



Lulu Bilkis Khanom
Member

Top Management Team



Dr. Md. Mahbubul Alam
Team Leader
Sangjog, SET



Dr. Noor Mohammad
Executive Director



Dr. Sushmita Ahmed
Team Leader
Health



Mst. Susmita Parvin ACMA
Chief Finance Officer



Dr Subrata Chakraborty
Project Director



Zohurul Islam
Project Manager



Kaniz Gofrani Quraishy
Program Manager



Md. Azad
Component Manager
(HRA)



Zakera Hannan Rubayat
Project Manager



Samanandro Prosad Chowdhury
Project Coordinator



Shiropa Kulsum
Project Coordinator

Organizational Overview

Population Services and Training Center (PSTC) is the inheriting organization of Family Planning Services and Training Center (FPSTC) which was created by a government order in 1978. It is -

- a non-government, not for profit voluntary organization;
- registered with the Directorate of Social 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 has been working for the improvement and uphold the standard of livelihoods of poor and socially disadvantaged people by undertaking various programs and projects particularly, health service focused projects around the country.

Thematic Area / Projects

- Population, Health and Nutrition (PHN)
- Youth and Adolescent Development (YAD)
- Gender and Governance (GAG)
- Climate Change and Adaptation (CCA)
- Skills Education and Training (SET)

Number of Staffs

As many as 1,199 personnel are currently involved around the country to carry out the PSTC's missions. The male - female ratio is 1:2.

Operational Area

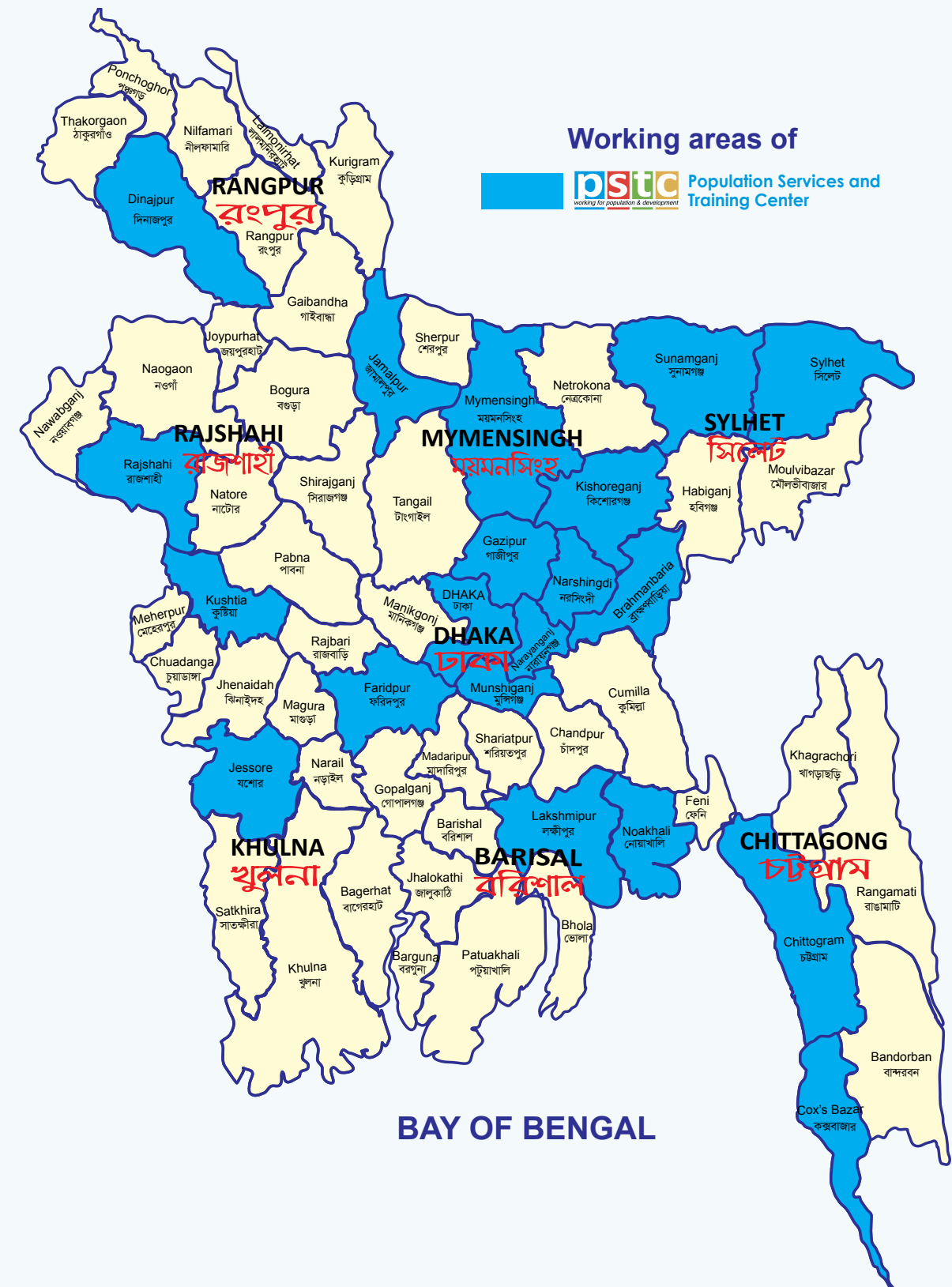
108 offices including 54 clinics in 20 districts under the eight divisions (Dhaka, Chittagong, Rajshahi, Khulna, Barisal, Sylhet, Rangpur and Mymensingh).

Membership of Different Network

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) and Coalition for Urban Poor (CUP).

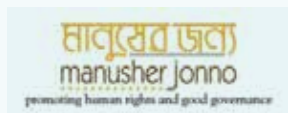
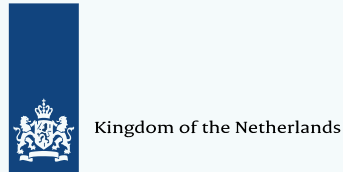


Operational Area



Development Partners

Collaboration with WASTE Netherland, GlaxoSmithKline (GSK), Kadoorie Charitable Foundation, Population Council, mPower, CIDIN, GFATM/BRAC, GIZ, Pathfinder International, NSU, IED, Water Aid Bangladesh, Bangladesh Bank, Ministry of LGRD, Ministry of Health & Family Welfare (MoH&FW), Ministry of Labor and Employment and Forest (MoEF), SIDA, DFID, USAID, European Commission for Humanitarian Aid and Civil Protection, World Bank, ADB, UNICEF, UNDP, UNFPA and so on.



Awards and Achievements

Youth Forum in Chittagong, UBR has set up an independent youth club at the current youth presidents house.

Highlights 2016

- Population, Health and Nutrition (PHN)
- In 2016, over 2 million customers, especially under served women and children were served through 54 clinics and satellite clinics,
- Over 8,700 babies were born in PSTC facilities
- Another 279,157 women received Antenatal Care and Postnatal Care at PSTC facilities
- Youth and Adolescent Development (YAD)
- PSTC provided 22,847 health related services to adolescents and youths
- Among them 9,116 were provided reproductive health related services, 4,716 were provided free counseling services

Gender and Governance (GAG)

- 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

Climate Change and Adaption (CCA)

24,300 community members were directly benefited through installation of 75 safe water facilities and 20 sanitation facilities both at school and out of school

315,316 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

Skills Education & Training (SET)

85 students graduated from our Community Paramedic Training Institute (CPTI), which have been running with the approval of Bangladesh Nursing Council. There are two training facilities within our head office based in Niketon, Dhaka



Population, Health & Nutrition (PHN)

NGO Health Service Delivery Project (NHSDP)

To complement governments effort to strengthen and ensure healthcare for underprivileged communities, PSTC through NHSDP have been providing health services to the underserved. NHSDP-PSTC aims to become technically and managerially self-sufficient in the provision of essential health services. NHSDP during the reporting period provided ESP services through the Ongoing static, Satellite clinics and CSPs by maintaining Coverage and Uptake, Quality, Equity and Institutional strengthening and to increase the use of ESP services provided by the service delivery outlets especially for the poor in sustainable way. The five-year project ending in September 2017 has been implemented in Dhaka, Bhairab, Kishoreganj, Narsingdi, Brahmanbaria, Narayanganj and 3 upazila (Belabo, Monohordi and Raipura) under Narsingdi district through **24 SurjerHashi Clinics** and **346 satellite clinics**.

In the reporting period, NHSDP provided **859,232 customers** with **1,258,707 services** of which **238,597 services** were free of charge and **437,780 services** were partially free of charge.

A Healthy Mother, A Healthy Community

Honufa Begum, 27-year old pregnant mother from Belabo whom Surjer Hashi Clinic Support Group (SHCSG) couldn't motivate. However, SHCSG had counselled Honufa's family on ANC, four ANC visits and 5 danger sign during pregnancy.

Honufa was suffering from vomiting, weakness and other health problems. When she visited Surjer Hashi Clinic for pathology services she was counselled about the importance of Breast Feeding and PNC-

which she was unaware off. She shared her knowledge with the family members and relatives, neighbors' and increased their awareness about the ANC, PNC, Breast feeding in the community. Honufa delivered a healthy baby boy who was breastfeed. She later came to the clinic for the baby's EPI.

BabuBarta

Babu-Barta Project aims to provide pregnancy materials to underserved females of reproductive age group for their empowerment that leads to betterment of their health as well as the health of their children. The 2-year project which ended July 2016 was being implemented in Dhaka North City Corporation, Dhaka South City Corporation, Narayanganj City Corporation, Bhairab, Kishoreganj, Madhobdi and Narsingdi.

A total of **225 Mom's club** were formed with low- income pregnant women and eligible couple during the project period. BabuBarta is a month by month guide to a healthy pregnancy which has been specifically designed for lower-income and lower- literacy populations with the goals of educating expecting mothers on maternal health. It also aims to promote encouraging & supportive behavior among community members including their husbands. Each session is designed as per the messages from the book and the clubs became platform to encourage members to learn together, share experiences and practice proper Maternal / New Born Child care. A total of **15,097 low income women** and **4,238 pregnant mothers** were identified and empowered over the project period.

Moreover, in collaboration with NHSDP project and SurjerHushi Community Support Group (SHCSG) members the initiative aims to bring communities together to support pregnant and new mothers. Their involvement has had positive impact in terms of creating accessibility to health facilities and services for the community members.

Marketing Innovation for Health Project (MIH)

In partnership with Social Marketing Company (SMC), Population Services and Training Center (PSTC) has implemented the five-year Marketing Innovation for Health (MIH) Project in the name of "NOTUNDIN" from 1st October, 2012. The project aims to contribute to sustained 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. Under Kishoregonj, NarshingdiMunshigonj and Madaripur district, in a total of 56 unions MIH was implemented **where 163,460 married women of reproductive age (MWRA), 94,096 caregivers of under 5 children, 1,616 community birth attendant (CBA) and 25,853 school enrolled adolescent girls & boys** participated. Approximately **57,449 husbands** have participated in group meetings with MWRA. A total of **224 rural poor women** are engaging as small scale entrepreneur through doing social business and the project have developing a changing pattern among the community influential.



Urban Primary Health Care Service Delivery Project (UPHCSDP)

The model of primary clinic followed is thought to be reasonable and at affordable charge. It also a unique model of Public Private Partnership for providing health care to the urban poor, especially to the mothers and children. Positive impact / image developed among the people about health service organized by the GOB and City Corporation.

PSTC has taken over five Partnership Areas which are Dhaka South City (DSCC PA-1, 4, 5), Gazipur (GCC PA-1), Rajshahi (RCC PA-2) and 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 incorporated 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 reporting period, it had served a total of **830,583 customers** and provided **1,648,190 services** in 28 clinics.

The project was designed such that at least 30% of each service provided were free of charge to poor people. In 2016, it provided a total **1,088,402 services free of charge** to the poor patients (534,894 services provided were full free by Red Card) and **147,426 services** provided were charged with partial fee. In this reporting period a total of **148,709 Antenatal Care (ANC)** and **51,551 Postnatal Care (PNC)** services were provided through the CRHCC.

The Local Government Division in collaboration with PSTC since 1998 till 2011 had implemented two Urban Primary Health Care Project which evolved into Urban Primary Health Care Services Delivery Project (UPHCSDP). The five-year project aims to improve the health status of the urban poor population, especially the poor, through improved access to and utilization of efficient, effective and sustainable Primary Health Care (PHC) Services. Community members believe that PSTC facilities are the place for modern primary health care service for the community.



NFM TB Control Program (GFATM)

To support governments efforts to control TB, PSTC through 6 Microscope Center and 13 Directly Observed Treatment, Short-Course (DOTS) Centre are diagnosing and providing TB related services to clients in Dhaka City Corporation. Advocacy has been an integral part of the initiative, through community mobilization and TB awareness campaigns in the community to



Urban Community Health Care Project (UCHCP)

The project UCHCP ending June 2016 aims to improve the health status of children and people in low-income community in the Dhaka South City Corporation, through creating and enabling environment where they could participate and have a sense of ownership to enjoy a primitive, preventive and curative health care service in a life cycle approach. One of the main objectives of the project was to reduce mortality and morbidity of mother and children under 5.



In the reporting period, PSTC has provided **5,342 females** and **1,972 children under the age of 5** with primary health care services through 1 static clinic and 4 satellite clinics. Since community awareness is considered a core component of the project, it provides counseling, Behavior Change and Communication (BCC) session related to maternal / child health. Under the project adolescent girls are also provided sessions on SRHR issues, especially on personal hygiene. were provide services. 647 women came to the clinic for ANC services and 95 women for PNC services.

Demand Generation of LARC and PM methods in the Urban Areas (DGLAFP)

PSTC in collaboration with Engender Health is working on generating demand among urban slums population to increase the use of Long Acting Reversible Contraceptives (LARC) and Permanent Methods (PM). Since January 2016, PSTC has been working on implementing DGLAFP in Dhaka, Narayanganj, Gazipur, Mymensingh, Jamalpur, Rajshahi, Rangpur, Sylhet, Barishal, Bagerhat and Jessore districts. This 15 month projects aims to increase the acceptance by 25% among the urban slums population of the selected areas about long acting and permanent methods of contraception. Monitoring has been an integral part of the project to ensure volunteers performance and quality of services provided through referral.

A total of 640 volunteers were trained in creating awareness about LARC and PM methods in the community especially among couples at reproductive age. A total of 14,795 clients were referred for LARC and PM methods during the reporting period of 2016. Of which **10,695 were Injectable, 3,135 Implant, 507 IUD, 315 Tubectomy and 143 NSV**. On average, a volunteer was able to convince 12 clients into using LARC and PM methods excluding injectable. However, injectable are very popular among the clients, **on average 36 clients are convinced each year by a volunteer to use LARC and PM methods including injectable**.

Halima devoted her life to help others



56 years old Halima Begum from Jamalpur has been working as a health worker in Mridhapara in Jamalpur City since 1987. Halima was a person who always wants to work in the health-related fields to help the people of the community. Through her hard work, dedication and kindness she has made herself popular in her community. As a volunteer in 2016, Halima joined PSTC family

through DGLAFP Mayer Hashi-II Project.

While implementing DGLAFP project, the project supervisory sought out to the local influential people and individuals working in the health sector. Since Halima had immense experience working in the area, she was one of the individuals the supervisor spoke to. PSTC's work inspired her to join and provide family planning services to the community. Though as significant it is, in 5 months she accomplished about 16 implants, 19 IUD and 1 Tubectomy in her own records she shared enormous service inputs of hers to the other members in her group in Mridhapara, Jamalpur.

Youth and Adolescent Development (YAD)

Unite for Body Rights (UBR) Project

The Unite for Body Rights (UBR) program in Bangladesh has focused on improving SRHR knowledge and access to services, by providing Comprehensive Sexuality Education (CSE) in and out of school, improving health providers' capacity to provide Youth Friendly Sexual and Reproductive Health (YFSRH) services, and working with communities to create a more supportive environment in which young people can exercise their Sexual and Reproductive Health Rights (SRHR).

The second phase of the UBR program (UBR2) builds on the UBR's first phase strategy. Since January 2016 UBR2 is being implemented in Gazipur and Chittagong district targeting both married and unmarried adolescents and youths within the age bracket 10 to 24 years of age.

In the reporting period 18,131 health services were provided to adolescents and youth from the Youth Friendly Health Service (YFHS) centers. Adolescents and youth also received free 4,716 counseling through schools and Youth Friendly Service (YFS) center. In addition, during the reporting period, 12,069 adults received health and counselling services from the centers.

Ayesha and changing perspective

18-year-old Ayesha continuing her education after her marriage was concerned since her husband wanted a baby and she wasn't ready to conceive. She knew the baby would have ruined her educational life and she was not able to share her worries or frustration with anyone. In search of relief Ayesha came across health camp notice on the school notice board. At the UBR health camp, she met with a counselor with whom she felt comfortable and without hesitating she shared her issues and feelings. After conversation with her and her husband, counselor informed them about early pregnancy and its consequences at her age.

For further information, counselor had advised both to visit the PSTC-UBR clinic for further any information.

Counselor stretches an overview about the health consequences of early pregnancy for a teenage girl. After understanding the consequences of early pregnancy, Ayesha and her husband were convinced and decided not to take baby so early. They decided that after Ayesha completes her school certificate examination they would conceive. Now Ayesha is continuing her education.



Independent youth club by the community girls

Motijhorna, Chittagong

When did the UBR youth center been withdraw from our area in the 2nd phase of UBR, we really felt unhappy for losing it. It was our space to unwind, we use to go their regularly and had good times with our friends, read books, play games. But most importantly it was a safe place to get support and proper information regarding our SRH issues. And we haven't any space where we can go and have passed good time only for us!

From that day, we -the youth forum group member of this area- were thinking how we can go forward? There are 100 of girls who have had different attachment with the youth center. So, when we did meet each very common topic of discussion was about our youth center.

After a month, Area Coordinator, PSTC-UBR Program raised the issue, how we could continue our activity after this project? Since we knew the project has a limited time frame and would not run forever, meaning at a point support and resource for the organization would reduce. In that meeting he proposed, whether is it possible to form our own platform or club which can help us continue the activity we are doing and to make ensure of the youth's development in a sustainable way.

After that meeting we were thinking of arranging a program to discuss with the girls. And then, on June 12, 2016 we had arranged a courtyard meeting where (Area Coordinator) again met us and have had a long discussion with the girls. Our group members asked him to continue his support that we had through the UBR program. But he shifted the discussion in a new dimension that, how we can help ourselves in the long run. Then we did group discussion among the participants and finally came up with a proposal that, we can form our own club! Our objectives to form this club were:

1. Working for development of our SRHR situation
2. Develop Sanitary Napkin production system
3. Karate Training
4. Provide Income Generating (IG) training among the girls
5. Develop linkage with different stakeholders to mobilize recourse for youth development.

After the meeting, we started discussing with other girls and group members about forming our very own youth club. And at last 40 of us got associated and established a youth club which will run by our own small contribution. We have decided the name of the club to be "WE CAN" (Amrao Paree). Now we are 40 girls as member and we formed a formal executive committee of 6 members.

One of our guardian already donate us 02 sewing machine for the training. Now we are collecting donation from the well-wisher. We hope that we can make a real change in our life!

HasnaHenaMajumder
UBR Youth Forum Chairperson



Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents (BALIKA)

Evidence generating project to delay marriage- BALIKA has been implemented by PSTC in collaboration with Population Council. The three year and four-months project which ended in February 2016 was aimed to provide better life opportunities for rural in and out-of-school girls aged 12 to 18 through: Literacy, Life skills, Livelihoods in 72 Unions of 9 Upazila of Khulna, Narail and Satkhira districts. Community mobilization activities were an integral part of the project across three arms in all the project areas. Using a randomized control trial research design, a total of 96 villages were distributed equally in four arms- three intervention arms and one control arm. The study tested the impact of different approaches to delay marriage and childbearing using safe spaces. Through awareness-raising campaigns about legal age of marriage and consequences of early marriage the project aimed to delay early marriage.

PSTC has completed set up of BALIKA centers in 72 Unions, Training on basic life skills and gender rights and awareness, education and livelihood for community facilitators (in and out of school), and formed Local Support Group (LSG). PSTC organized session for girls, community mobilization through meeting with parents & LSG and advocacy meeting and monitoring

activities at 72 intervention areas of the project. A total of 9,689 adolescent girls participated in the study however the project has impacted over 50,000 community members including family members of the girls, local leaders and other stake holders from the surrounding areas.

Hira became an information service provider

14 years old Hira Mandal, student of class VIII from Dacope was unaware about the use and functions of computer and browsing internet. When her JSC results were out, she had to wait for a day to two or call her relatives who lived in Khulna city for her results. Under PSTC- BALIKA project, Hira was enrolled in livelihood intervention in D. S. Girls High School, Dacope. She had regularly participated in the sessions, and her curiosity towards laptop bought her to the session before time so that she had extra time with the laptop. Hira was a fast learner, as soon as she was introduced with internet

despite the inadequate internet connection, she mastered internet browsing.

Hira said, "BALIKA center and the sessions I got changed my life. Now I felt proud to use laptop and browse internet. My result in school got better than before. Teachers, my friends even villagers know me well." Hira now understand the necessity to learn the use of modern equipment and wants to develop a career in computer engineering.



Gender and Governance (GAG)

Health Sanitation Hygiene Improvement and Women Empowerment (WE)

Through the Women Empowerment (WE) project, PSTC has implementing initiatives to ensure safe water, sanitation, drainage and effective solid waste system to improve the environmental health conditions in the community. Since 2016 WE has been creating mass awareness to positive change of behavior and attitude to reduce violence against women in Chanpara. Approximately 15,349 community members are participating to improve their environmental health, of which 50 percent are females. However, the project indirectly improves environmental health of 29,000 disadvantage community members in the surroundings.

During the reporting period, 4 garbage vans in four clusters of Chanpara were provided to introduce solid waste system as practice among the 800 families, 500 ft drains were installed improving drainage system

and released from water logging for 300 families living in the surroundings. Four gender and VAW training for 88 REFLECT group participants were organized gain the gender awareness skills and learning about women's rights, understanding the consequences of VAW.

18 REFLECT circle groups were formed each group consisted 30 members; of which 9 circles established as 'safe space' for women. Engaging community members through several committees such as Cluster CBO, VAW committee, Adolescents boys and girls club and creating ownership have eased the project implementation.

Chanpara VAW Committee save Mimi's life

18-year-old garments worker Mimi Akhter from a family of garments worker was being tortured for dowry after marriage. Without her parents' consent, she had married a garment worker from the same area and within few months into the marriage she was regularly physically and mentally tortured by her in laws family members for dowry. When the tortured became

unbearable she shared her story with her mother who later shared with PSTC's Reflect Circle Facilitator of WE Project because she knew that PSTC is working for women empowerment. On learning about Mimi's problem, the reflect circle facilitator communicated with the Local Violence Against Women

(VAW) Committee and jointly informed Zakir's family regarding the law and legal action against dowry. After a long conversation, Zakir's family realized their mistakes and ensured to all that they did not do this in future. Currently Mimi is very much happy in her husband's family. Changed husband's perception and their family realized their mistakes.



Demand for Improvement of Services through Accountable and Responsive Institutions (DISARI)

In 2013, DISARI commenced in 40 unions under Narsingdi, Kishoregonj and Gazipur district to address the lack of awareness and develop accountability and responsiveness among the service providers.

Due to lack of proper information lack of transparency, accountability and responsiveness of service providers, people are yet to access quality health services, adequate education, proper support for agricultural production and the safety net program such as VGD (Vulnerable Group Development) etc.

Since community members are not aware about their rights and services available even offered by the government. The three year DISARI aims to improve communities' awareness about the health, education, agriculture and social safety net, especially rights of the people as well the responsibility of service providers.

Community awareness is ensured through community mobilization, suggestion box at Health Centers, Upazila Agriculture Office, Public hearing, Citizen charter in health centers, Community Score Card in Govt. Primary schools, RTI camp, Regular follow up concerned government office, Training/Refreshers training on Roles and responsibility of union standing committee, community clinic management committee, SMC and so on.

As a result of the DISARI program, 82 different government institutions were monitored was using social accountability. Over 4,000 community members have actively participated

in different initiatives under the project. 1,325 people were involved in monitoring health, agricultural extension, education, safety-net services using social accountability tools. 2,957 people received the support and more than 990 mandated committees are having meeting regularly. A total of 1,055 recipients were enlisted for safety-net services through participatory process.

Use of Right to Information (RTI) Act 2009

"Under the Act, I applied for information and the duty officer instantly provided me the required information. This is an excellent system and people can get possible information easily. I believe transparency and accountability to be ensured if this Act is executed properly".

~Mr. Shahidul Islam

Bokhterpur village

The RTI Act 2009 was initiated to ensure transparency and enhance flow of information for people from all paths of the society. It benefitted many especially the marginalized because of the legal provisions the service provider was more accountable.

PSTC in collaboration with MJF under the DISARI project have conducted RTI camp at different areas targeting community people. The camps aim is to create awareness of people's right to information and how to seek information as per RTI Act 2009.

According to government sources the number of application by RTI Act 2009 has increased significantly in the past few years. On average, approximately 15 people using the prescribed form apply and receive positive response. Though in specific circumstances information is withheld, yet people have understood its effectiveness and importance.

She Can

PSTC has been working towards women empowerment and ending sexual violence against women in Bangladesh. She Can aim to empower communities especially women to break away from social injustices and societal norms. The four-year project from November 2014 to October 2017 takes a collective approach to reduce violence against women and girls (VAWG) in public spaces. She Can

through Community Watch Group (CWG) meetings, interactive theatre, transport awareness campaign, advocacy and liaison with the government empowers women and girls of the communities.

The She Can project is being implemented at 2 slums in each of the 6 divisional cities: Chittagong, Rajshahi, Rangpur, Sylhet, Barisal, Khulna District and in addition 5 slums of Narayanganj City. A total of 8,941 women and 7,929 adolescent girls participated in She Can activities in this reporting period.



Figure 5: Situation Analysis and MoU submission to the Mayor of Chittagong City Corporation

Reparation of Lamp Posts Provides Security to Women and Girls in Chittagong

She Can have been working in UdayanGoli slums in West Madarbari Ward of Chittagong city where men and women have been holding minimal paid wages and are deprived of many basic rights and facing immense challenges in their everyday life. On a situation analysis conducted with the help of the Community Watch Group members, it was found that the locality had as insufficient lamp posts, water logging in rainy season among many other issues. Due to the insufficient functioning street lamps, teenage girls and women were facing insecurity, especially they feared of leaving their house at dark.

CWG members gave a charter informing the issue of insufficient lamp posts and nonfunctional lamps to the Ward Councilor and City Mayor and demanding to manage lamp post in selected area for making the places secured for girls and women.

City Mayor and the Ward Councilor took necessary steps to ensuring community's security. In consultation with the CWG members, Ward Councilor spoke with the necessary officials of local electrification board and asked to repair the lamp posts and arrange for new lamp posts as per the need. This gave new aspiration and a sense of ownership among the members of the locality. The teen girls and women could walk around safely. CWG members and other people expressed their gratitude to PSTC-She Can Project since they were facing difficulty in generating a conversation with appropriate government bodies in this regards.

Climate Change and Adaptation (CCA)

Promoting Environmental Health for Rural School and Community (PEHRSC)

With the aim to improve water and sanitation situation in Khulna between April 2013 and March 2016, PEHRSC built the capacity of vulnerable and low income community members especially the poor women, child, school students to ensure healthy practice. The four-year project ending in March 2016 has installed the following facilities:

- 32 Deep tube well (DHTW)
- 28 Pond Sand Filters (PSF)
- 14 Rain Water Harvesting System (RWHS)
- 1 Water Supply in public place (WSPP)
- 9 public toilets (combined for male & female)
- 11 school toilets (combined for boys & girls)

With the assistance of different stakeholders, safe water and sanitation facility sites were identified and during these meeting objectives and the condition for providing the facilities including proper site selection, site visit, responsibility for construction, maintenance and other relevant issues were discussed.

Community members were engaged through voluntary participation for sustainability and maintenance. Different trainings were provided on maintenance repair and how to utilize the deposit so that they can maintain by themselves for long period. Over the project period a total of **24,300 community members** (schools 4,638, Public places 3,246, and community 16,416) were covered through safe water and sanitation facilities.



Enhancing Inclusive Disaster Resilience in Bangladesh (DIPECHO VIII)

To enhance the resilience of most at risk groups to the recurring and escalating disaster risks by advancing the DRR institutionalization process in Bangladesh. Enhancing inclusive disaster resilience in Bangladesh (DIPECHO VIII) aims to strengthen and replicate the Community Based Disaster Preparedness, School Based Disaster Preparedness and Resilient livelihood initiatives. The project has been implemented from May 2015 to August 2016, in Dhaka South City Corporation to strengthen and expand institutionalization of Disaster Management Committees (DMC) by enforcing implementation of Disaster Management Act (DM Act) and Standing Orders on Disaster (SoD).

Policy advocacy related work for institutionalization of the CDBP model will be one of the important areas of intervention under this Action. This initiative will transfer skills to Master Trainers at District and Upazila, to conduct inclusive Community Risk Assessments (CRA), Urban Risk Assessment (URA) and develop inclusive Risk Reduction Action Plans (RRAP). The process develops Master Trainers at District, Upazila, and City Corporations and conducts inclusive CRA and URA and develops inclusive RRAP. District Disaster Management Committee (DDMC) will strengthen its capacity to outreach to Upazila and urban Wards. In addition, endorsement of Ward Disaster Management Committee (WDMC), Disaster Risk Reduction (DRR) Curriculum, Risk Informed Planning Guidelines, and Hyogo Framework in Action (HFA) would assist in monitoring the progress in addressing the issues related to water logging, which will contribute to achieving the overall objective of the action.

Over the project period, a total of 3,152 community members participated in the project activities and has indirectly impacted 315,316 community members.

Skills Education and Training (SET)

Community Paramedic Training Institute (CPTI)

To assist Government of Bangladesh's efforts in developing skilled community health workers to ensure Primary Health Care Services, PSTC initiated Community Paramedic Training Institute (CPTI). CPTI aims to develop cadre of skilled community health workers to ensure maternal and child health care services in the rural areas of Bangladesh.

Due to significant shortage of health professionals in the country, PSTC has developed a two-year long course with the affiliation of Bangladesh Nursing Council to address the existing need of health professional. PSTC has a group of expert health professionals and well-equipped class-room facilities with libraries to conduct this course. Student who completed Secondary School Certificate (SSC) with science background is eligible to apply. Till date, **85 students** have graduated from the institute and are currently serving the poor and socially disadvantaged community members of all ages to ensure healthy living and promote well-being in the communities.



PSTC Enterprises

PSTC's Training Unit and Complex

PSTC 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 and Gazipur, Dhaka. The Gazipur complex is situated inside the vowel forest, a calm and quiet place. The complex has a training hall with a capacity of 200 participants and two classrooms have a capacity of 40 participants per room. For residential training the complex has overnight accommodation for 62 participants, and dining area. This training complex is opened for all national and international development organizations for conducting their own training programs in this venue by renting the facilities.

Since its inception, one of PSTC's major focus was on providing training, the institute has experience in implementing different types of training program 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. In the reporting period, a total of 32 PSTC staffs participated in three separate trainings on Change and Quality Management, Monitoring and Evaluation and Strategic Planning. These trainings were organized at three different levels:

- 12 Senior Management and Governing Body members were trained on Change and Quality Management for 9 days in Sri Lanka with the aim to capacitate the team to deal with the organizational change situation and will become "change agents" to facilitate organizational learning.
- 20 Mid-level Managers were trained on Monitoring and Evaluation for a week in PSTC's training facility, Gazipur. The M&E training aims to develop evidence-based documentation and reporting, which could lead to transparency within PSTC and between stakeholders through information and knowledge sharing.
- A combination of 20 participants from prior two trainings were later trained on Strategic Planning in Dhaka for a week. This workshop was aimed to create a one PSTC vision and develop a draft strategic plan and action plan for the coming years.

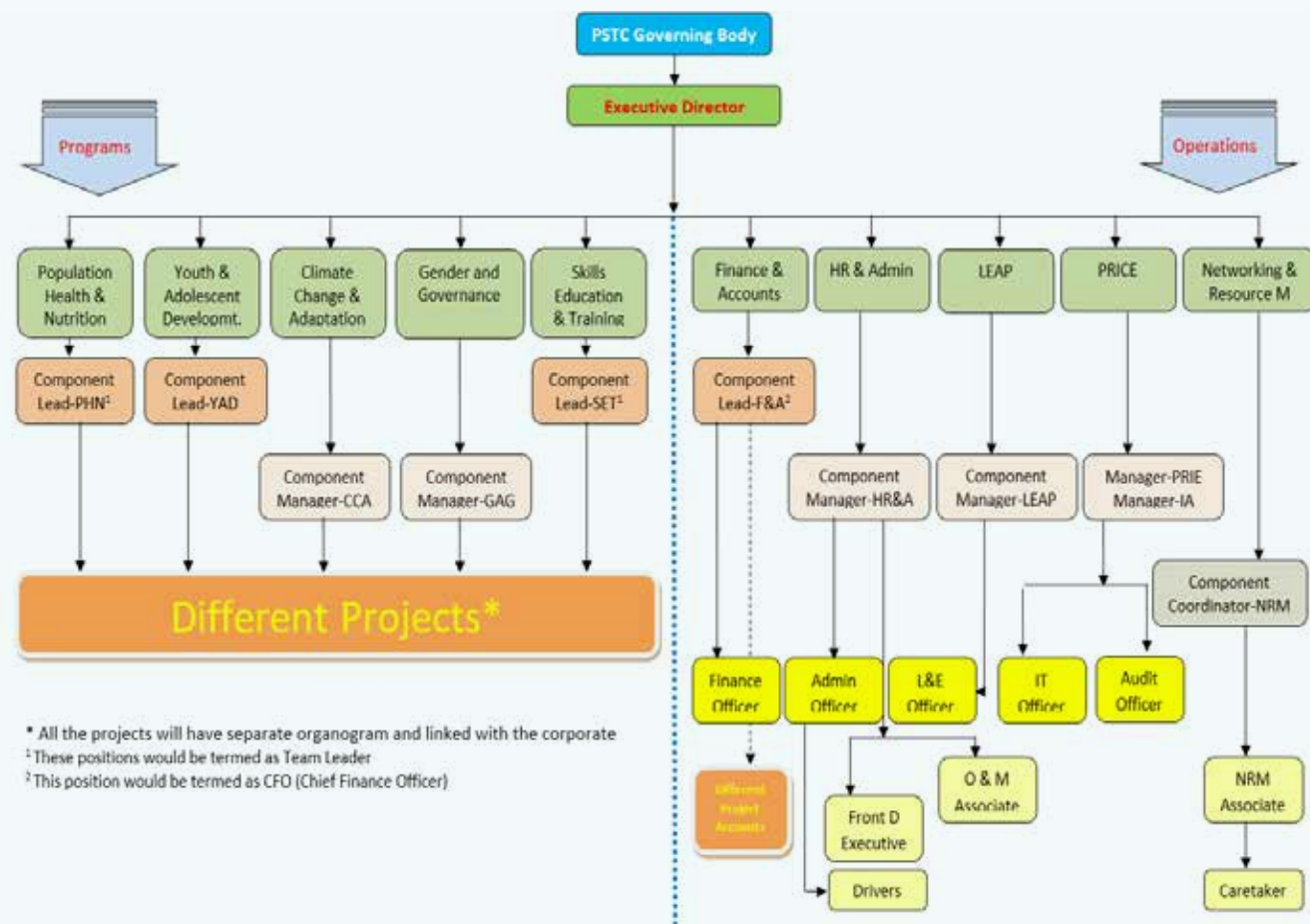


Health Enterprise

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), three of which were recently installed in 2015. The clinics are in Dhaka (Mugda, Dhalpur, Postagola, Khilgaon), and Gazipur.

In 2016, PSTC provided services to a total of 1,221 clients- since most of the customers are poor the services were offered at a subsidized rate.

PSTC's Organogram



FINANCIAL HIGHLIGHTS



J.U. AHMED & CO.
Chartered Accountants

Population Services and Training Center (PSTC)

Consolidated Statement of Financial Position
As at December 31, 2016

Property and Assets	Notes	2016 Taka	2015 Taka
Non-current assets			
Property, plant and equipment	7	77,852,466	76,212,378
Investment	8	3,571,500	3,571,500
Fixed Deposit Receipts (FDRs)	9	4,732,566	7,057,617
		<u>86,156,532</u>	<u>86,841,495</u>
Current assets			
Advances and Pre-payments	10	1,625,182	2,246,927
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	100,275,211	49,187,537
		<u>104,505,293</u>	<u>54,039,364</u>
Total Assets		<u>190,661,825</u>	<u>140,880,859</u>
Fund and Liabilities			
Fund Account	13	183,191,838	140,495,859
Loan Account	14	1,060,000	385,000
		<u>184,251,838</u>	<u>140,880,859</u>
Current liabilities			
Provisions	15	6,409,987	-
Total Fund and Liabilities		<u>190,661,825</u>	<u>140,880,859</u>

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

Suzanita
24.08.17
Chief Finance Officer

[Signature]
Executive Director

[Signature]
Treasurer

Signed in terms of our report of even date.

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

Dated: August 24, 2017
Dhaka

J.U. AHMED & CO.
Chartered Accountants

Population Services and Training Center (PSTC)

Consolidated Statement of Comprehensive Income
For the year ended December 31, 2016

Income	Notes	2016 Taka	2015 Taka
Grants received :			
Grants received from donors	16	223,679,441	238,362,107
Revenue generated/Service charge		184,922,554	145,625,774
		<u>408,601,995</u>	<u>383,987,881</u>
Other received :			
Annual subscription		9,500	14,500
PSTC contribution		5,472,653	18,936,956
Income from training center		-	1,451,010
General overhead		4,445,357	8,281,805
Bank interest		973,265	588,486
Interest on FDR		395,466	1,158,746
Others		8,373	314,254
		<u>11,304,614</u>	<u>30,745,757</u>
Total Income		<u>419,906,609</u>	<u>414,733,638</u>
Expenditure			
Direct cost :			
Training and workshop		2,398,156	4,000,912
Clinic supplies and medicine expenses		30,171,465	21,234,645
Programme related cost		25,588,335	34,529,041
		<u>58,157,956</u>	<u>59,764,598</u>
Indirect cost :			
Salary and benefits		193,475,664	239,174,760
Honorarium, fees and consultancy		8,698,368	8,100,496
Travel and per diem/local conveyance		8,825,280	12,570,892
Office rent		15,623,393	11,829,410
Utilities (Elec./Gas/WASA)		5,836,630	2,979,013
Consumable (Printing and stationery)		1,457,062	2,226,478
Office supplies		4,761,099	4,156,071
Communication		2,589,797	2,312,571
Repair and maintenance		3,733,950	5,290,019
PA contingency		156,905	656,289
Transport operating cost		-	389,584
Other expenses - Postage and Cleaning		485,177	963,388
Bank charge and commission		1,648,218	1,839,866
Balance carried forward		<u>247,291,543</u>	<u>292,488,837</u>

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Chartered Accountants

Notes	2016 Taka	2015 Taka
Balance brought forward	247,291,543	292,488,837
Loss on sale of furniture and fixture	-	212,050
Loss on sale of motor vehicle	-	7,959
Loss on sale of equipment	-	2,328
Office renovation	-	7,836,607
VAT and Income Tax	125,344	134,079
Overhead cost	1,392,512	5,307,818
Head Quarters shared cost	1,235,510	1,360,071
General operating/Administration cost	1,565,883	8,421,395
Service charge transfer	61,892,195	52,069,447
Audit fee	292,255	110,000
Fuel cost	1,951,780	1,865,864
PSTC contribution	34,026	14,468,498
Depreciation	11,108,233	10,195,740
	<u>326,889,281</u>	<u>394,480,694</u>
Total Expenditure	385,047,237	454,245,292
Surplus/(Deficit) for the year	34,859,372	(39,511,654)
Total	419,906,609	414,733,638

Note: Revenue generated/Service charge and other received are for subsequent use of development/ expansion of the programme of PSTC.

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

Suzanika
24.08.2017
Chief Finance Officer

[Signature]
Executive Director

[Signature]
Treasurer

Signed in terms of our report of even date.

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

Dated: August 24, 2017
Dhaka