



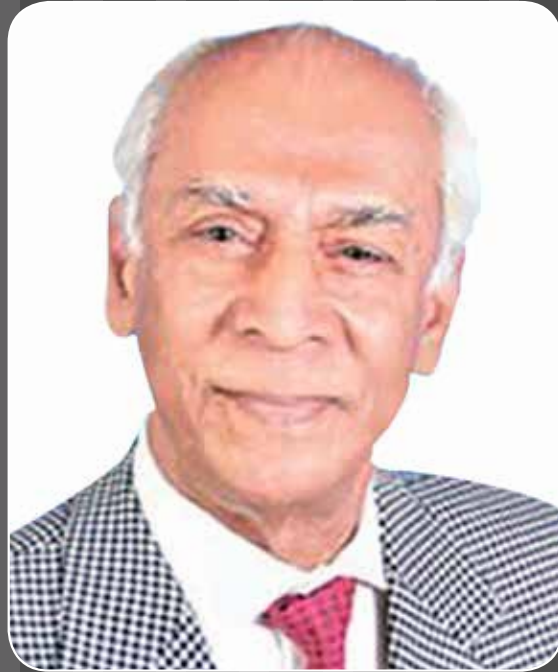
ANNUAL REPORT

2014



Population Services and Training Center





**PSTC mourns the eternal departure of its
Founder Commander (Rtd.) Abdur Rouf who
passed away on 27 February 2015**

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Acronyms				
A	AAB	Action Aid Bangladesh	MoLGRD & C	Ministry of Local Government, Rural Development & Cooperatives
	ADB	Asian Development Bank	MoSW	Ministry of Social Welfare
	AIDS	Acquired Immuno Deficiency Syndrome	MR	Menstrual Regularization
	ANC	Antenatal Care	N	NGO Non-Governmental Organization
	ARH	Adolescent Reproductive Health	NHSDP	NGO Health Services Delivery Project
	ARI	Acute Respiratory Infection	NIPHP	National Integrated Population and Health Program
	ARISE	Appropriate Resources for Improving Street Children's Environment	NND	NGO Network for National Development
B	BCC	Behavior Change Communication	NSDP	NGO Service Delivery Program
C	C/S	Caesarean Section	NVD	Normal Vaginal Delivery
	CBO	Community Based Organization	P	PA Partnership Area
	CD	Communicable Diseases	PHC	Primary Health Care
	CDD	Chronic Diarrheal Disease	PHCC	Primary Health Care Clinic
	CHSWGGA	Comprehensive Health Services for Working girls and Youth-Adolescents	PNC	Postnatal Care
	CIDA	Canadian International Development Agency	PO	Partnership Organization
	CRHCC	Comprehensive Reproductive Health Care Center	PRA	Participatory Rural Appraisal
	CSE	Comprehensive Sexuality Education	PREWASH	Poverty Reduction through Environmental Water Sanitation and Hygiene
	CSO	Civil Society Organization	PSC/JSC	Primary School Certificate / Junior school Certification
	CWG	Community Watch Group	PSTC	Population Services and Training Center
D	DCC	Dhaka City Corporation	R	RFSU Riksförbundet för Sexuell Upplysning (The Swedish Association for Sexuality Education)
	DFID	Department For International Development (UK)	REFLECT	Regenerated Freirian Literacy through Empowering Community Technique
	DPHE	Department of Public Health Engineering	RMG	Ready-Made Garments
	DSCC	Dhaka South City Corporation	RTI	Right to Information Act
E	EKN	Embassy of the Kingdom of the Netherlands	RCC	Rajshahi City Corporation
	ESP	Essential Service Package	S	SH Sexual Harassment
	EPI	Expanded Programme on Immunization	SIDA	Swedish International Development Authority
	EEHCO	Enhancing Environmental Health by Community Organization Project	SMC	School Management Committee
F	FP	Family Planning	SMT	Senior Management Team
	FPSTC	Family Planning Services and Training Center	SRH	Sexual and Reproductive Health
G	GB	Governing Body	SRHR	Sexual, Reproductive Health and Rights
	GBV	Gender Based Violence	STD	Sexually Transmitted Disease
	GoB	Government of Bangladesh	STI	Sexually Transmitted Infection
	GAVI	Global Alliance of Vaccines and Immunization	T	T&C Training and Communication
	GCC	Gazipur City Corporation	TB	Tuberculosis
H	HATI	HIV/AIDS Targeted Intervention	TBA	Traditional Birth Attendant
	HIV	The Human Immunodeficiency Virus	TOT	Training of Trainers
	HRM	Human Resource Management	U	UCHCP Urban Community Health Care Project
I	IAHNSGW	Increasing Access to Health and Nutrition Services among Garments Workers and their Family Members in Urban Area	UFHP	Urban Family Health Partnership
	ICPD	International Conference on Population and Development	UNDP	United Nations Development Program
	IEC	Information, Education and Communication	UNFPA	United Nations Population Fund
	IPC	Inter Personal Communication	UNICEF	United Nations Children Fund
	IPDPD	Innovative Program for Disadvantaged People's Development	UPHCP	Urban Primary Health Care Project
L	LCC	Limited Curative Care	USAID	United States Agency for International Development
	LGED	Local Government Engineering Department	USG	Ultrasonography
M	MCH	Maternal & Child Health	V	VAW Violence against Women
	MDG	Millennium Development Goal	VDG	Vulnerable Group Development
	MJF	Manusher Jonno Foundation	W	WAB Water Aid Bangladesh
	MNCH/FP/N	Maternal, Newborn, Child Health, Family Planning and Nutrition	WaSH	Water, Sanitation and Hygiene
	MoHFW	Ministry of Health and Family Welfare	WATSAN	Water and Sanitation
	MoLE	Ministry of Labor & Employment		



A. K. M. Ruhul Amin

Chairperson

Mr. Amin was a govt. high official and served as an Additional Secretary of GoB



Mosleh Uddin Ahmed

Vice Chairperson

Mr. Ahmed was a public health professional for long years and served different national and international organizations including USAID in Bangladesh



Lulu Bilkis Khanom

Treasurer

Ms. Khanom was a development worker and served the Ahsania Mission Bangladesh



Md. Rezaul Karim

Member

Mr. Karim was a finance specialist for long years and served the different USAID supported organizations.



Prof. Md. Golam Rahman, PhD

Member

Prof. Rahman is an academia and currently he is the Pro Vice Chancellor of Daffodil international University.



Dr. Akhter Banu

Member

Dr. Banu was an academia and served the University of Dhaka as a Chief Research Associate.



Fayeze Md. Mostaque

Non-Member Secretary of GB

Mr. Mostaque served PSTC for long years and delivered his duties and responsibilities in different port-folios, finally as an Executive Director for more than a year.

Noor Mohammad, PhD

Executive Director

**Showkat Ara**

Director of Finance & Admin

**Sheikh Md. Nazmul Hassan**

Project Director of NHSDP

**Sharif Mostafa Helal**

Director, Programs

**Zohurul Islam**

Project Director of MIH

**Mahbuba Haque Kumkum**

Project Manager of UBR

**Dr. Md. Mahbubul Alam**

Team Leader of HAPS





Population Services and Training Center

Message from the Chairperson

It is my privilege to write a message for publishing this annual report for the period of January to December, 2014.

This report summarizes the activities of the Population Services and Training Center (PSTC) carrying out during the mentioned period.

PSTC has made a long journey from its small beginnings in 1978 and has been running for glorious 37 years with facing so many successes as well as challenges.

The organization is committed to serve the poor and disadvantaged people in both urban and rural areas of Bangladesh by undertaking various programs and projects with special focus on Primary Health Care, Sexual and Reproductive Health and Rights, Safe Water, Sanitation, Education, Youth Development, Governance and Rights.

Despite many challenges, especially political instability in 2014, PSTC has continuously contributed to improve the lives of Bangladeshi peoples.

I have to acknowledge the role and contribution of the stakeholders from different level, in particular community people. Without their cooperation and confidence in PSTC, it would have been impossible to work on some of the initiatives as the grassroots level and national level. I am thankful to all the members of the general body and staffs for carrying out their responsibilities to bring dynamism to the organization and fulfill the community requirement. I would like to express my gratitude to all of its development partners and the government of Bangladesh involved in the results highlighted in the reports.

In conclusion, though it is the report for 2014 and it took bit of time in 2015, we are in heavy hearts on the eternal departure of our Founder, Commander (Rtd.) Abdur Rouf whom we have lost in early 2015. We, the PSTC family, deeply mourn his departure. It is not too much to say that PSTC has progressed successfully because of his constant struggle based on his huge love for the country. We carry out his intention and continue to work towards further progress within the organization, which in turn, will contribute for the nation.

A. K. M. Ruhul Amin
Chairperson, PSTC



Population Services and Training Center

From the Desk of the Executive Director

I have the honor in writing this preface for Annual Report 2014 of PSTC. The successes that we achieved and the challenges that we faced professionally, these deserve special mention of my predecessor, Mr. Fayez Md. Mostaque and the dedicated staff members of PSTC.

PSTC is going to celebrate its 40th years of birth anniversary just after three years. During these long-years journey in the arena of development field, it has already garnered country wide recognition – both from the beneficiary side and development partner's end. We feel that we have been working as 'Change Agent' for the society we are in. I believe that it is the time we look back and continue our journey with a renewed spirit.

Scaling up the health program around the country especially through, NHSDP, UPHCSDP and UCHCP remained a highlight of our operations in 2014. Its approaches contributed to improve the health condition of poor and marginalized people and to decrease maternal/infant's mortality and malnutrition. We served millions of mothers and children, women and adolescents to recover and restore in their unwavering lives which directly created positive impact on accomplishing the MDGs. The year also saw PSTC's contribution to develop cadre of health professionals particularly, competent Paramedics through its CPTI initiative.

Embodied with a vision of inclusiveness, we operated the Integrated Development Program in 2014 to address the issues of saline and flood-prone and other marginalized communities both in urban and rural areas, especially in Khulna, Kishoregonj and surrounded areas with a composite package of water & sanitation, health & education, poverty reduction & livelihood and social development activities. It initiated new technology which is safe, low cost, sustainable and eco-friendly sanitation system to see how to apposite comprising with existing system. At the same time, such proper sanitation system confirmed hundreds of female students' attendance in learning sessions especially, while menstruating. Along with installation of water supply system & sanitation facilities, PSTC encouraged community, mostly women - to take the lead in improving their Water, Sanitation and Hygiene behavior.

To realize the dignity and human rights of the people, PSTC guaranteed active participation of the citizens in the governance process and management system to ensure the responsibility, transparency and accountability of the services providers of both public and private sectors. Addressing its core principle, PSTC was dedicated for protecting and promoting human rights of the poor/ marginalized through empowerment and mobilizing communities to raise their voice in making the service providers aware and be accountable.

The year also saw PSTC's initiatives for Child, Adolescents and Youth Development. PSTC helped young people to become aware of their rights and empowered adolescents to take decisions of their lives. PSTC approached not only the youth in schools/ educational institutions but also out of school/ poor and marginalized youth in the community so that these services were accessible for each and every adolescent. Through UBR and BALIKA projects, emphasis was given to life skill sessions to strengthen their self-confidence and speak their mind, especially say 'No to child marriage' and 'Yes to education, occupation and Sexual and Reproductive Health Rights (SRHR)' issues. PSTC worked with families, communities 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.

In future, PSTC will focus more on Child, Adolescents and Youth who are more than half of the whole population and will pose new challenges for Bangladesh in the coming days, especially, on SRHR issue. With an appropriate approach and work collaboratively with other stakeholders, PSTC hopes that 2015 will mark another milestone of its innovations dedicated to establish a comprehensive support and enabling environment for the rights of adolescents and the youths on SRHR issues.

Finally, we would like to apologize for little bit delay in publishing this report. This happens because of the 'transition of leadership' at PSTC. We look forward for getting continuous support from the stakeholders, as we use to get for last 37 years, taking PSTC forward.

Noor Mohammad, PhD
Executive Director

Background

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 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 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.

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.

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

Thematic Area / Projects

PSTC works in seven basic thematic clusters and currently implements 30 projects under these seven following clusters- .

- Health Service Delivery
- Climate change and Environmental Health
- Child, Adolescent and Youth Development
- Governance and Rights
- Training and Communications
- Disaster Preparedness and Management
- Poverty Reduction and Livelihood

Number of Staffs

A number of 1439 workforces are currently involved around the country to carry out the PSTC's missions. The male – female ratio is 1:2.

Operational Area

PSTC has been in its operation through 108 offices with 65 clinics in 23 districts under the seven divisions (Dhaka, Chittagong, Rajshahi, Khulna, Barisal, Sylhet and Rangpur).

Management and Operation

A seven-member Governing Body (GB), elected for two years, works actively for setting up the priorities, standards and reviewing the overall policy guideline 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 program and projects. He is joined by number of Directors, Senior Management Team (SMT) and a group of qualified and experienced professionals to run the programs and projects undertaken by PSTC.

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).

Development Partners



collaboration with WASTE Netherland, GlaxoSmithKline (GSK), Kadoorie Charitable Foundation, mPower, CIDIN, GIZ, NSU, IED, Water Aid Bangladesh, Bangladesh Bank, Ministry of LGRD, Ministry of Health & Family Welfare (MoH&FW), SIDA, DFID, European Commission for Humanitarian Aid and Civil Protection, World Bank, ADB and so on in the reporting period 2014.

Executive Summary

PSTC reached millions of poor and marginalized people in 2014, registering significant achievement in many project areas. In this reporting period PSTC implemented **30 projects** under **07 thematic clusters**.

Health Services Delivery

PSTC's one of the major focuses is healthcare especially for underserved women and children in urban and semi urban areas. In its **65** clinics, **over 1.7 million** people received various health services. PSTC served **30%** or more of the total customers with free for charge or partial fee.

Through the effective promotion and referral linkage especially with Traditional Birth Attendant (TBA), the total number of service provided such as Maternal Care, Antenatal Care (ANC), Postnatal Care (PNC), Family Planning (FP) were significantly increased.

For example, **7,109 babies** were born in its clinics and it supported hundreds of home deliveries. Also, **1.6 million ANC, 50,000 PNC, 4,000 Menstrual Regularization (MR)** were provided. It definitely contributes to improve the mothers and children's morbidity, mortality and malnutrition.

In each project, to ensure the sustainable improvement in health, nutrition and FP status & behavior, PSTC conducted various activities e.g. satellite clinics, health camps and educational sessions in schools and communities.

Climate and Environmental Health

Inadequate access to water and sanitation facilities, poor waste management and unhygienic practice are having profound effect on health as well as social and economic well being of the population in the project working area.

In 2014, PSTC implemented 6 projects in urban slums and rural areas alongside government, schools, communities and local groups. **Over 1.2 million** people in 10 Unions in 4 Districts and Dhaka South City Corporation (DSCC) benefited from its activities.

PSTC installed / renovated toilets, safe water facilities, brick drain and footpaths. **21 Innovative toilets, 6 Deep Tube Wells** and various Water Supply / Sanitation facilities were installed and renovated, in the reporting period,

Along with the installation, it encourages community, mostly women—to take the lead in improving their Water, Sanitation and Hygiene situation. Moreover, to ensure sustainability of the interventions, PSTC always operated each of the activities such as needs assessments, site selection, construction and repair with the participation of community people and other stakeholders. PSTC supported them to form the operation management committee and deposit contribution for operation & management (O&M).

Child ,Adolescent and Youth Development

PSTC helped young people become aware of their rights which aimed to empower adolescents to take decisions of their lives. In 2014, it implemented two projects. One is committed to ensure Sexual Reproductive Health and Rights (SRHR) services and education for young people and the other aimed to provide better life opportunities for rural girls through the educational package and delay their age of marriage.

Both projects use innovative method for life-skill development and empowerment so that adolescents can strengthen their self confidence and take decisions of their lives. PSTC worked with families, communities and governments to create an enabling environment.



In 2014, PSTC reached **76,000** Youth and Adolescents and **140** Schools, Colleges and Madrasha in **5** Districts. **56,000 SRH related Services** i.e. **43,600 counseling Services** provided from PSTC Youth Friendly Clinics. In addition, **Over 5,500 people** received various Training for Capacity development.

Governance and Rights

PSTC dedicated to protecting and promoting human rights of the poor and marginalized through empowerment and mobilizing communities to raise their voices and play active role. And its projects are engaged in making the service providers of both public and private sectors aware and in ensuring transparency and accountability.

In particular, to meet the social demand, PSTC implemented two new projects. Action against **Sexual Harassments** and **GBV** and ensure the safe environment. Its process also included empowering women and societies as well as to approach both public and private sector to ensure the responsibility.

Total number of Beneficiaries was **0.4 million people**. More than **60 CBOs** established. They hold regular meetings and PSTC conducted capacity building trainings.

PSTC also gave steady results in the projects under other programs such as **Training and Communication, Disaster Preparedness and Management** and **Poverty Reduction and Livelihood**. .

In this reporting period, PSTC launched **5 new projects**, Babu-Barta Project supported by the U.S. Department of State (DOS), IAHNSGW Project supported by GSK and CARE

Safe City Project and She Can Project supported by Action Aid Bangladesh (AAB), and Department for International Development (DFID), of the UK CHSWGGA funded by PSTC itself.

Annual turnover in 2014 was BDT **446,896,722** (Taka Forty Four Core Sixty Eight Lac Ninety Six Thousand Seven Hundred and Twenty Two). PSTC's contribution will continue to be profound in the coming years.



HIGHLIGHTS 2014

Since its inception, PSTC's one of the major focuses was health care services especially for underserved women and children in urban and semi urban areas.

It provided high quality clinical services through its statistic and satellite clinics, and reached hundreds of thousands people with health education & nutrition messages.

Its approaches contributed to improve the health condition of poor and marginalized people and to decrease maternal/infant's mortality and malnutrition.

65 clinics 1.7 million Customers it served Over 7,000 babies were born in PSTC facilities 1.6 million Antenatal Care (ANC), 50,000 Postnatal Care (PNC), 4,000 Menstrual Regularization (MR) Provided

NGO Health Service Delivery Project (NHSDP)

With supports from NHSDP/ USAID/ Pathfinder, PSTC implements this project since 1997 which aims to be self-sufficient in both technically and managerially in the provision of essential health services.

Through this project, Essential Service Delivery (ESD¹) to the targeted beneficiaries are provided through **24** static clinics and **325** Satellite Clinics in 13 wards of DCC and 06 (six) municipalities outside Dhaka. **157** Community Service providers (CSP) are working in community as volunteer.

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

Its slogan is '**We never decline single client because of money**'. Thus, total poor customer Served **337,356** (free for charge and partial charge), which **39%** of the total.

In 2014, a number of total **1,300,368** beneficiaries were served though this intervention which is **70,000** increased from the previous year.

Urban Primary Health Care Service Delivery Project (UPHCSDP)

To improve the health status of the urban population, especially for the slum poor, mother & children, through improved access to and utilization of efficient, effective and sustainable Primary Health Care (PHC) Services, the government started the project called Urban Primary Health Care Project (UPHCP) ² since 1998. PSTC joined this journey 2000.

² Urban Primary Health Care Project (UPHCP) : In 2012, the name of the project has been changed to Urban Primary Health Care Service Delivery Project (UPHCSDP)

PSTC has taken over five Partnership Areas which is Dhaka South City (DSC PA-1, 4, 5), Gazipur (GCC PA-1), Rajshahi (RCC PA-2) and established **23** Primary Health Care Centers (PHCC) and **05** Comprehensive Reproductive Health Care Center (CRHCC) in the project areas.

PSTC provides various clinical services based on the national expanded ESD package (ESD+) of the GoB and community approach.

Since this project is designed that at least 30% of each services are provided free of charge to poor people, PSTC already provided a total of **811,687** units Services with full free and partial charges (**533,316** units Services provided with full free by **Red Card**³ and **92,464** Service provided with partial service charge /fee.)

³ RED CARD is a family card distributed to the poor household which assures that each member of the card holder family will get all services free of cost from the project clinics.

In the reporting period, a number of **740,023** patients visited these clinics and PSTC provided **1,719,542** units of services in the total of 28 clinics.

Urban Community Health Care Project (UCHCP)

Through this project, PSTC provides primary health care services by establishing **1 static** and **8 satellite clinics** at community level in DSCC especially slum areas. The project's main goal is to ensure the improved health services to Children, Adolescents, women and men of target areas.

Since PSTC conducts meeting with TBA (Traditional Birth Attendant) to establish referral linkage and promote institutional delivery, the TBAs often refer and tag along with ANC, PNC mothers for PSTC health services and in comparison with 2014, there are significant rise in the number of institutional delivery in 2014.

During the reporting periods, a total **6,656** patients (**1,716** children of five or under and **4,818** female) received services through this project which increased remarkably compare to the patients treated in 2013.

Marketing Innovation for Health Project (MIH)

As a partner of Social Marketing Company (SMC), PSTC implements MIH Project in the name of "**NOTUNDIN**" with the aim to contribute to sustained improvements in the health status of women and children especially who is poorer, marginalized by increasing access to and demand for affordable family planning & essential health products and services through the private sector.

An amount of **7,523, 205 BDT** was credited to SMC by selling its products through **224** Community Sales Agents (CSAs) ⁴.

⁴Community Sales Agents (CSA) are selected from local people by giving priority to the women, especially who is poorer, marginalized, willing to run social business and run family by themselves. They deliver **the Notundin messages** and SMC's health & FP products among community people in the remote rural villages.

Through this project, PSTC focuses on improving the knowledge on reproductive and healthy behaviors. In 2014, PSTC conduct several sessions on "**NOTUNDIN**" **message**⁵ for a total **302,461** people such as Married Women of Reproductive Age (MWRA) and husband



/ Caregivers of under 5 aged children / Workers / School Adolescents .

In addition, for creating mass community awareness, PSTC developed awareness raising program such as Palagan, Local Cable Network, Wall Painting, Mobile Film Program (MFP).

• Five key messages of Notundin is "Healthy timing and spacing of pregnancy, first 1000 days care, safe motherhood, adolescent reproductive health, tuberculosis"

HIV/AIDS Prevention Service for Brothel Based Sex Workers and their Clients (HAPS)

The principal target population of the project is the brothel based sex workers who are, considered as 'high risk' population for HIV/AIDS in 10 districts. PSTC as lead and it's associate Community Health Care Project (CHCP) implement the HAPS project to achieve the main goal 'Getting to zero: zero new HIV infection, zero discrimination and zero AIDS related death'.

PSTC and CHCP run DIC (Drop in Center) in each brothel and provide support and services such as free condoms distribution with proper use method, peer education (one-to-one / group session), counseling, STI diagnosis, treatment and referral of Voluntary Counseling & Testing Center (VCT) etc.

In this reporting period, **4,627,659** Male condoms dispensed. In DICs, **10,102** STI cases, **7,220** sexual health /speculum check up, **18,217** cases of STI and HIV Counseling, **9,495** General Health cases was treated and **430** cases was referred to VCT. The Peer educators conducted total **112,734** One-to-One sessions, **8,830** group sessions (**36,990** participants).



Case study

"I am a Conscious Mother"

Rahima is a resident of Nobur basti, one of Dhaka slums. She gives her statement with pride that now she is a conscious mother. She is a member of ideal mother group and a peer supporter of other mothers.

When she was newly married she didn't get any family planning information and she became pregnant. At her first pregnancy, she never received ANC.

At delivery she suffered with labor pain for 3 days before she admitted in hospital for operation. She delivered a son with low birth weight.

After she came to this slum, she received pregnancy care from PSTC clinic in her second pregnancy and gave birth safely. As she learn how to take care of baby in ideal mother session, she received EPI for baby, practiced exclusive breast feeding and complementary feeding of child as well as the daily care which is very important for healthy life.

Now she became a confident mother. She tries to focus other new mother's attention on maternal care and new-born care according to her own experience.



Increasing Access to Health and Nutrition Services among Garments Workers and their Family Members in Urban Area (IAHNSGW)

The project purpose is to establish a sustainable and comprehensive health and nutrition delivery model which can be replicated to ensure the access / availability of those services and information to garment workers and their families.

It also aims to system strengthening and promote multi sector partnership for developing a sustainable health service delivery model, collaborating with garment factory owners, garments workers, BGMEA (Bangladesh Garment Manufacturers & Exporters Association), municipality / city corporation authority, and local NGOs.

It started from October 2014 in 3 garment factories in Gazipur with the support of GSK and CARE Bangladesh.

A total number of **15,000 people** (mostly female- 5000 RMG workers and 10,000 family members) receive services e.g. specialized treatment and treatment through mobile clinics, medicines in subsidized price, nutritious foods, training on several health and SRHR issues, etc.

Sexual Reproductive Health Care (SRHC) Project

The main objective of this project was to improve SRHR status among the Garments workers & young people (age 14 -24) and to provide Adolescent Reproductive Health (ARH) & Sexual Reproductive Health (SRH) related health services from "SRHC Clinic", PSTC.

The targeted beneficiaries were **the working girls / women** who have less access to comprehensive services and information.

on SRH cares and as well as primary health care in a caring, respectful, culturally acceptable manner in urban and pre-Urban areas of Bangladesh.

During the project period from March 2010 to February 2014, PSTC established "**SRH clinic**", an Information Corner on SRHR and operated Satellite clinics in the project areas. Under this project activities, PSTC conducted various sessions/meetings for garment workers, young people and peer volunteer to build their capacity to enjoy reproductive health care, services, information and their rights.

Comprehensive Health Services for Working girls and Youth-Adolescents (CHSWGGA)

As part of keeping on-going activities of SRHC, PSTC ran this project by its own funds to ensure quality services of PSTC clinics (SRH Clinic in Badda and SRH clinic in Boardbazar, Gazipur) for adolescents, young and the general people. As pilot basis, PSTC focused on improving the existing services to meet the demand of



beneficiaries and creating awareness activities to increase utilization of its health facilities. Youth & Adolescents Groups were formed and Peer Educators were developed to keep uphold their knowledge level on SRHR issues. They hold awareness session in community and schools, house visit & interpersonal counseling.

Babu-Barta Project

From August 2014, PSTC started a new project called "Babu-Barta" in 10 Surjer Hashi Clinic as base of activity. This project is focused on providing pregnancy related messages and knowledge to under-served pregnant females for their essential awareness that leads to betterment of their health as well as the health of their children.

It also approaches and brings communities together to make supportive environment for pregnant mother/ women.



Case Study

“Care herself, Care the others”

Koli is the eldest daughter of a peasant of Phulbari, Mymensingh having attractive shrivel hair.

Her father was an only earning man in the family and it was very difficult for him to run the family. For her family, Koli came to Dhaka with hearing of large income from garment factory.

But misfortune follows her and due

to lake of experience, she was caught by an agent and sold to a Sardarni of Jamalpur brothel. She became a bonded sex worker and started a new unwanted life.

One day, she had suffered from irregular menstruation and pain at the abdomen. PSTC's peer educator noticed that and came to the DIC with her. The doctor identified her as pelvic inflammatory diseases (PID) patient and provided necessary drugs for free. The counselor, at the same time, advised her not to have sex without a condom. She abided by their advice. She kept coming for follow up treatment, took the medicines regularly and became free from illness.

Now, Koli becomes an idol to her fellow peers. Like Koli, they come to the DIC for the services including information of STI and HIV/AIDS, medical treatment and also use condom in their sex acts.





HIGHLIGHTS 2014

Inadequate access to water and sanitation facilities, poor waste management and unhygienic practice are having profound effect on health as well as social and economic well being of the population in the project working area.

People live in a congested & unhygienic living space here water borne diseases and diseases due to unhygienic living condition are the main health-risk challenges. In addition, women are forced to spend large parts of their day fetching water from a distance in this area- no matter her physical conditions. The lack of safe, separate and private sanitation and washing facilities in schools is one of the main factors preventing girls from attending school, particularly when menstruating. Since most of the hard core poor have no toilet, they use open defecation.

PSTC implemented 6 projects in 2014 alongside government, schools, communities and local groups to ensure sustainability of our impact in the long term. Along with Installation of water supply system & sanitation facilities, it encourages community, mostly women, to take the lead in improving their Water / Sanitation / Hygiene situation.

PSTC worked for **Over 1.2 million** in **10 Unions** in **4 Districts** and **DSCC** benefited. **21 Innovative toilets**, **6 Deep Tube Wells** and various Water Supply / Sanitation facilities were installed and renovated.

Promoting Environmental Health for Rural School and Community (PEHRSC) Project

PEHRSC project is being implemented at the Botiaghata upazilla of Khulna District. It aims to improve water and sanitation situation in the area and build the capacity of low income community people particularly the poorest women, child, other vulnerable groups and school students for ensuring healthy practice.

In this project, PSTC established Pond Sand Filters (PSF), Deep tube well (DHTW), Rain Water Harvesting System (RWHS), water supply in public places and toilets in both schools and public places.

Sanitation Technical for Enterprises (SANTE) Project

PSTC-SANTE project took the initiative to develop new technology, safe, low cost sustainable and eco-friendly toilets with the local entrepreneurs/masons and to see how to suitable option comprising with existing system.

Under this project, PSTC implemented activities in Pakundia Upazilla under the Kishorgonj District.

To identify appropriate technology for sanitation high water table area, rocky areas and flood prone areas, PSTC developed and established three different types of latrine models and piloted them in the communities.

In parallel, the local level entrepreneurs / masons were selected and trained as part of the sustainability strategy of the project outcome. They established the rural sanitary park and constructed demo toilets to promote innovative technology and to increase the sanitation coverage among a wide audience.

Promoting Environmental Health for the Urban Poor (PEHUP) Project

PSTC implemented PEHUP project for ensuring access to safe drinking water, improved sanitation and adoption of desired hygiene practices for low income community and slum dwellers under DSCC and Chittagong City.

In that area, There had been no water reservoir and slum dwellers had to depend on the illegal (private owned) water connection with a bacterial contamination.

They had no hygienic latrines and moreover, most of the people are less aware on hygiene behavior so that practice level is very poor. This situation caused various water borne diseases.

During the project period, PSTC installed and renovated **Safe water supplies lines** and **Sanitation with septic tank**. It also constructed **long brick drain and footpaths**.

In addition, capacities of the community people were developed by using different type of PRA tools (focus group discussion, social mapping, wealth being ranking etc).

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

It is common in the country that sex workers (SW) are deprived from different government services especially in Water and sanitation facility since long.

PSTC worked in Tangail brothel to improve health and poverty status of sex workers through enhancing access to safe and adequate water, improved sanitation and hygiene promotion. In addition, under this project, PSTC supported SWs to raise their voice to realize the human rights through mobilizing and strengthening their CBOs and establishing strong linkage with local authorities.

For sustainable better hygiene practice, large numbers of sessions were conducted among the beneficiaries who included SWs, their families, Adolescent/Child etc.

Case study



"Ambia's Story"

Ambia Khatun, around 30 years old woman, lives in village-Kodialia (Moddha Para), Chandipasa Union. She is a mother of three kids but her husband is no more.

Her family had used an unhygienic toilet with very dirty clay and the rings & slab were broken. Excreta exposures were moving here and there. There was dirty clothing surrounding instead of wall.

PSTC provided a demo toilet to Ambia as a poor and women headed family.

When an orientation was organized in her house before toilet installation, Ambia did know well about the function of the innovative toilet.

The toilets doesn't have gas pipe since gas and waste water is defusing into soil. "Never seen such type of toilet without gas pipe" she said. Her neighbors were laughing at session.

PSTC and entrepreneurs/masons explained them about the innovative technology for better understanding. Ambia and neighbors also contributed the construction.

Now Ambia understand the strong point of the toilet and the maintenance method. She keeps her toilet clean and supports neighbors for better hygiene behavior.

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

EEHWE had a comprehensive approach to Improve of Primary Health Care, environmental health (safe water, sanitation and hygiene) and livelihood opportunities for women and marginalized Community.

During the project, various kinds of facilities were installed such as **Twin pit latrines / bathroom**, **Submergible pumps** and **Drainage systems**. Additionally, clinic was established to provide primary health care and SRH services with community ownership.

People became more active to get social services, such as VGD, birth registration, livelihood training and financial loan. They start to take initiative for act against community issue including GBV.

Climate Variability Social Changes and Dengue Disease in Bangladesh

In collaboration with the North South University of Bangladesh, PSTC implemented a study on better understanding of the role and interaction between climatic, ecological, biological, social and human behavioral determination of Dengue diseases transmission in Dhaka city.

PSTC worked in DSCC, focusing especially, on the low income group and educational institutes.

Case Study

"Essential Need for Healthy Life"



The slum "City Polly" locates in DSCC. Most of the people work as cleaners and the others are rickshaw puller, day labor, garments worker and house worker.

At the moment, 536 families, 2125 people lived in City Polly. They were not aware about hygiene & sanitation. They put daily waste beside their houses. Also they did not have any drainage system. As a result, in rainy season water doesn't stream out and

it makes temporary flood. Sometimes people didn't go to work or the school. They suffered by various diseases i.e. typhoid, diarrhea, fever, asthma, skin disease etc. by the use of unsafe water and sanitation. Child and elder people extremely suffered. While developing Community Action Plan with PSTC, CBO member strongly appealed the demand for safe water, toilet and critical demand for drain and footpath.

Slum inhabitant and PSTC altogether discussed with the DSCC for their support. But no any budget projection in the DSCC. So DSCC requested to PSTC to solve the problem. Thus, PSTC made much account of community contribution such as cost sharing system, management committee.

With involvement of slum dwellers and Stake holders, PSTC constructed 1080 ft long Brick Drain and 750 ft Footpath at City Polly in 2013. Also, PSTC conducted several sessions on Water, Sanitation and Hygiene (WaSH) program. City Polly is now free from stagnant water, unplanned solid waste and pollution. People are enjoying friendly pathway. They continue their practice of solid waste management. Furthermore, they have developed their living standards and increase income.

Mohammad Liton, inhabitant of City Polly, says with confidence, "Now we are happy. The environment was changed. Our disease was reduced. We are enjoying good and healthy life."





HIGHLIGHTS 2014

PSTC helps young people become aware of their rights which aim to empower adolescents to take decisions of their lives. PSTC approaches not only the youth in schools / educational institutions but also out of school / poor and marginalized youth in community so that these services are accessible for each and every adolescent.

Through these projects, emphasizes are given to life skill session to strengthen their self-confidence and speak their mind, especially say 'Yes' or 'No' about marriage, education, occupation and Sexual and Reproductive Health Rights (SRHR) issues.

PSTC works with families, communities and governments to create an enabling environment that support and promotes the right of adolescents to act on and advocate for their own SRHR issues.

In 2014, PSTC reached **76,000 Youth and Adolescents 140 Schools, Colleges and Madrasha** in **5 Districts 56,000 SRH related Services** i.e. **43,600 counseling Services** provided from **PSTC Youth Friendly Clinics Over 5,500 people** received various Training for Capacity development.

Unite for Body Rights (UBR) Project

SRHR are basic human rights. All people must have equal access to SRH services & education and the freedom to choice/inform about their sexuality. In Bangladesh, the access of service is limited for different reasons such as traditional norm, stigma, discrimination of women/girls, lack of knowledge, remoteness, high costs, low quality, unfriendly /gender insensitive behavior of providers and belief for traditional practices.

SRH education is also a very sensitive issue. Young people have no access to accurate information about SRHR. Since this is exacerbated by taboos, embarrassment, disapproval and lack of open discussion by adults, it is hard for young people to get proper support when it is most needed.

UBR is committed to ensure **SRHR services and education** for young people and strengthen collaboration with other partners of SRHR Bangladesh alliance¹.

¹**SRHR Bangladesh alliance** Family Planning Association of Bangladesh (FPAB), Dushta Shasthya Kendra (DSK), Christian Hospital Changdraghona (CHC), Reproductive Services Training and Education Programme (RH Step) and PSTC.

Case Study



“Breaking the border”

I'm Hasna Hena Majumder, a student of Higher Secondary Level. My father is a businessman and mother is a housewife. We live at Batali Hill, Lalkhan Bazar, Chittagong.

From the very beginning of my life, I had no chance to go out from my house except school. I love to play with others and go to different places. I want to do something for my friends, the poor people and the society. But my guardians did not like that. So I had no chance.

Three years before, in 2011, I met a female staff of PSTC in my house. She discussed about the project with my parents and she convinced them to permit me to join UBR. By this chance, I've got new window to know the outside of my house.



The project objectives are to Increase utilization of comprehensive SRH Services, to Increase and delivery of **Comprehensive Sexuality Education (CSE)** and Reduction of Sexual and gender-based violence. PSTC work in Gazipur and Chittagong city and approach **68** schools colleges and madrasahs as well local communities.

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

It is estimated that 2 out of every 3 women are married before the legal age of 18. The practices are influenced by community norms and beliefs, poverty, dowry culture and lack of productive opportunities. They mostly don't attend the school and forced into sexual relationship when they are not physically or emotionally ready. Childbearing causes disease or malnutrition, morbidity and mortality of mother & children.

The overall goal is to provide better life opportunities for rural in & out-of-school girls aged 12 to 18 through **the educational package in Literacy, Life skills, Livelihoods** and Community mobilization to delay the age of marriage. This is also a research project to find the impact of different approaches to delay marriage and child bearing by using safe spaces.

The direct beneficiaries are total **8640** in and out-of-school girls aged 12-18 in **72** unions of **3** districts (Khulna, Satkhira and Narail).





I had lot of questions—body, society, relationship, birth process, human rights. By attending the six topics of SRHR session of UBR, I've learnt about that. The staffs encouraged me to form group with my friends. In this process, I've taken the experience of organizing people and getting leadership. It was very exciting.

Now I am working as Youth Organizer of UBR in Chittagong and already have formed five groups with 100 girls. I'm conducting SRHR session for girl groups. I have also helped my male friends to organize boy groups. We made wall magazine and organized rally & meeting on i.e. World Women's Day, Population Day.

I'm also the "Vice-Chairperson" of Youth Forum. Furthermore, I did a presenter in the discussion meeting of Youth Day at Chittagong Press Club Auditorium in 2014.

My guardians are proud of me. They understand that if women get the opportunity, they can lead the society.

With the support of PSTC staff, I have come to be able to break the silence on women's issue of our society. Now many community people know about me and they don't deliver any bad comment about my activity. I've realized that our determination and strict attitude helps us to win the rivalry situation of family and the society.



Case Study

"Naive, but a true dreamer"

"On the day of result declaration of PSC and JSC examination-2014, I was damn busy to find out individual's results of my younger brothers and sisters through internet.

As I am a regular participant of BALIKA center, I could use center's laptop and modem freely for this purpose. My brothers and sisters were so happy that they find their results without any hassle and without a single penny. I was also very happy."

Says Meera Mondol (pseudo name), who lives in Dacope union under Dacope Upazila.

Not only Meera, there is few adolescents are able to operate internet as well as operate basic computer in the Union. BALIKA project operates livelihood arm education for over 120 girls in this union.

Most of them are habitant from adjacent village where surrounded by river and connected many other canals without having electricity facilities. Due to inefficiency of electricity facilities, peoples often go to 5 kilometers ahead Upazila Sadar for related work. There is no computer education center and internet browsing center.

After rolling intervention in BALIKA center, adolescent sighed and anxious whether they can manage and learn this type of education. But after couple of weeks, they were curious and happy to gathering IT knowledge, such as operating windows, internet browsing, Skype.

As a result, they are now more attentive, more committed on their livelihood knowledge along with general study.

Meera also stated,

" My father is a village kobiraz (Traditional Healer) and my mother is a common housewife. It is such difficult to learn computer and IT based knowledge for a poor family. But now I am very much

determined to continue my study. I would like to serve my community through IT based education and services."





HIGHLIGHTS 2014

Ensuring basic human rights lies at the heart of development. Despite the fact that Bangladesh has capability to develop, poor governance obstructs the realization of human rights and the development of the country in many ways. In addition, there is a tendency to make little of the labor's rights and customer's demand by owners / service providers in private sector such as garment factory.

Active participation of the citizens in the governance process and management system is important to ensure their responsibility, transparency and accountability for realizing the dignity and rights of the people. PSTC focus on both the demand and supply sides. It is dedicated to protecting and promoting human rights of the poor / marginalized through empowerment and mobilizing communities raise their voice and play active role. And its projects are engaged in making the services providers aware about the human rights and people's demand so that they become to be accountable.

Furthermore, to meet the social demand, PSTC implement two (02) new projects against Sexual Harassments and GBV. Its process also includes empower women and society as well to approach both public and private sector to ensure the responsibility. Total number of Beneficiaries is **0.4 Million people**. More than **60 CBOs** established. They hold regular meetings and PSTC conducts capacity building training.

Demand for Improvement of Service through Accountable and Responsive Institution (DISARI)

In general, due to lack of proper information, mass people are not aware about their rights and services available even offered by the government.

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.

DISARI project aims to improve their awareness about the health, education, agriculture and social safety net, especially rights of the people as well the responsibility of service providers.

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

OHR Project aims to ensure the rights and to improve work place safety & security through mobilizing workers, factory owners, local administration & policymakers in Gazipur.

It supports community people and workers preferably women garment workers, to aware s about OHR and capacitated them so that they can claim their rights by themselves. It also approaches the factories and local administration to arise responsibility, as well policy makers to formulate and implement public policies regarding OHR.

To ensure the rights of the garments workers, the PSTC establishes and operates 3 (three) types of centers i.e. Labor Resources Center (LRC)¹, Loko Kendra & Reflection-Action Center² and Early Childhood Development Center³.

¹Labor Resource Center (LRC) is a platform and a labor centric organization where workers get together and share their problems at the factory level. It has a committee with workers, factory managers/supervisors and local leaders. Committee plays a role to solve the problems through discussion, awareness rising and policy advocacy. Additionally, Poor & underprivileged women can receive training for better productivity & employment.

²People's Organizations (Loko Kendra) & Reflection-Action Center is the places are where local community people learn and solve the issues about not only OHR but also general social issues such as GBV, women and child rights, child health & care. They get training for capacity building to claim their rights to the factories and local government.

In particular, to support low-literacy, low-educated people, Reflection-Action Center uses Regenerated Freirean Literacy through Empowering Community Techniques (REFLECT). This participatory technique helps them to find / share their local issues and learn various things without complex materials.

³Early Childhood Development Center (ECD) support children's physical and mental development by various programs e.g. pre-primary education, reading/writing, painting and sports. Parents and community people also come to improve their literacy so that helps them in getting job as well learning human rights.

The RERED4 sub project under Citizen Action, Result, Transparency and Accountability (CARTA)

As third party monitoring agency, PSTC implemented CARTA project to ensure accountability in the Solar Home System (SHS) Program and collecting the feedback of the system users by increasing their knowledge and skill. CARTA also aims at capacity building of communities to engage into public projects and ensure their accountability and effectiveness.

Along with the monitoring, it formed and mobilized SHS user groups and provided training for daily self-maintenance as well community capacity training for claiming / realizing their rights.

It constantly provided suggestions to POs for improving the service delivery and interacted with users, POs and other stakeholders.

Case Study

"Enjoy the National Holiday"

"Now we enjoy holidays, such as Shaheed day, Independence Day and Bijoy Dibosh (Victory day)." One of the members of Nanduayan LRC told.

Workers in the LRC are able to get informed about their rights, leave as per labor law, occupational health & safety and the ways how to realize the rights etc.

There were few tiles factory workers who got informed that they are entitled to many leaves including on different days. They did not enjoy because the factory management did not allow those leave.

To solve the issue, members of LRC called monthly meeting where workers, factory manager, lineman, ward commissioner, local leaders and more others attended. In the meeting, manager & members of the LRC read out the labor rights. Hearing the complaints, commissioner concluded that worker's holiday is compulsory and factories must accept it.

As a result, managers of the factory conceded the workers' claim and made effective the leaves at the factory. In similar way, workers are enjoying their rights with the initiatives of LRC.

As a result, capabilities of SHS users in the maintenance and repair are developed and POs' changed the service better.

Since SHS performance was improved and gap or misunderstandings between users and POs were reduced, the Sales was increased that was positive for achieving national target on renewable energy use.

Now community people are well organized and capable of identifying / solving their own problems. Such community bondages considered as important social capital for the sustainability of the project.

'Rural Electrification and Renewable Energy Development (RERED) project is funded by World Bank to increase access to electricity through SHS and other renewable energy mini-grids in rural areas of Bangladesh, as well as to promote more efficient energy consumption.

Mukho – Mukhi (Face to Face Dialogue) MPs and Constituents Working Face to Face in Eradicating Poverty and Strengthening Primary Education

The purpose was to strengthen the relationship between Members of Parliament (MPs) and civil society to conduct effective advocacy on national policy issues.

It also created opportunities such as District Public Policy Forums (DPPFs), Public hearings to make law-makers and constituents identify the deficiencies in existing policies, law and procedures. PSTC implemented this project in 2 upazilas of Kishoregonj district.

Gender Base Violence

If the city is safe for women, it is safe for all. "Action Aid Bangladesh (Partner NGO) study reveals that 49% women feel unsafe outside including streets and public transport and 14% women face sexual violence in their work places."

Harassment on the streets and in other public spaces means that many Bangladeshi women living in cities feel continuously unsafe and anxious. The fear is deeper as women experience multiple discriminations as a result of sexual violence.

Women's fear of violence impedes their movement, limits their use of public spaces and restricts them from enjoying their life and rights to live in peace. When these rights are realized, women and girls can get and enjoy educational, economic and political opportunities.

Campaign for making city safe for Women and Girls (Safe city) Project

PSTC implements Safe City project in seven slums of Narayanganj city. It aims to make the city safe for women and girls through disseminating information on their rights, to ensure gender responsive public service (the transportation system, police, local government and urban planning authorities) and to make Govt. sensitized to amend policies and legislations related to anti-sexual violence in public place and gender responsive urban planning.

To do so, various activities e.g. communication and linkage with targeted duty bearers such as police, local government, urban development authority and transport authority are established, while lobbying with the city corporation for ensuring gender responsive public service etc. are undertaken to mobilizing the community and capacity building through group formation and training.

****See more info at the face book of Safe City Campaign**

<https://www.facebook.com/SafeCitiesforWomenBangladesh?fref=nf> (You will get all the TVC and others communication materials there)

She Can Project

As a related project of Safe City project, PSTC implements She Can project in 7 divisional city of Chittagong / Rajshahi / Rangpur / Sylhet / Barisal / Khulna District and 5 Slums of Narayanganj City.

The main objective of this project is – to mobilize and organize women and girls in 7 cities to challenge violence in public places and to make them aware for demanding gender responsive public services from duty bearers. It is, in fact, supportive project of Safe City.



5. Training and Communication

Community Paramedic Training Institute (CPTI)

As parts of core mission, PSTC operates Community Paramedic Training Institute (CPTI) as it's one of the sister concern with a view to develop health professionals, especially, Paramedic so that they can serve poor and socially disadvantaged people. Statistics reveals that there is huge shortage of health professionals in the country where PSTC imparts this 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.

PSTC Training Program

Since its inception, PSTC's one of the major focuses is providing training. This training institute is experienced in implementing various types of training programs. As its experience and reputation grew,

PSTC offers courses for different stakeholder's need, which include Health especially MNCH/ FP/N, Population, Gender, Adolescent Reproductive Health, Water and Sanitation, Development finance and other areas of different development sector.

A skilled and experienced faculty team works to achieve the aims and based on the requirements, the team members develop various types of curriculum to serve the purpose. These courses are designed for GOB officials, as well as staff of non - government and private organizations.

PSTC's Training Facilities

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

In addition, PSTC uses the facilities of its partners' /Networking NGOs' around the country as/when required as the member of many networks.

Training Complex of Gazipur

PSTC also has its own training complex at **Masterbari, Kaultia, Gazipur**, near Dhaka. The complex is situated inside the vowel forest, a calm and quiet place. There is training halls with **200** participant capacities with **60** accommodations, dining and other meeting facilities.

This training complex is opened for the entire National and international development organizations for conducting their own training programs in this venue by renting the facilities.



HIGHLIGHTS 2014

6. Disaster Preparedness and Management Program

Disaster Preparedness and Management Building a Disaster Resilient Bangladesh, DIPECHO-VII

Bangladesh is one of the most natural disaster prone countries all over the world. Due to the geographical existence, many kinds of disaster are regular phenomenon. Together with the impact of the climate change, intensity of the hazard, in particular earthquake and deep-rooted poverty, both individual and institutional preparedness is very much essential.

To increase resilience and establish a culture of disaster risk reduction among communities and institutions vulnerable to natural hazards, PSTC implemented DIPECHO-VII in Dhaka.

PSTC provided various support with mainly focusing on capacity building of service providers such as city corporation officials and community people.

In this project, Disaster Management Committees (DMC) has been formed and developed and trained a large number of ward volunteers for making them available in emergency.

PSTC also provided necessary training for stakeholders and support to develop disaster response plan for the communities and schools as well.



HIGHLIGHTS 2014

7. Poverty Reduction and Livelihood

Development Finance

The goal is to initiate and encourage deprived people to access in finance for lessening the poverty and eradicate the scarcity from the society.

PSTC organize the rural poor, exclusively for women, into groups and promote the financial support program including counseling about livelihood / financial as per their needs. With its empowerment they can initiate / expand their income generation activity and improve the economical status and quality of life.

In reporting period **572 women** received its support and use the financial support for e.g. rearing livestock, growing vegetables and making handicrafts.

It started in 2003 and reached more than **7,000 people** in total.

Health Service Enterprise

PSTC has been implementing a program by it's own funds for generating revenue from Health Service Enterprise by charging fees for **Ultrasonography (USG)** services since July 2002.

USG Machines are set up in two clinics in Dhaka where PSTC runs Urban Primary Health Care Delivery Project (UPHCSDP).

1. Nagar Matrisadan (CRHCC) in Noth Mugda under UPHCSDP PA4
2. City Maternity Center in Dhalpur under UPHCSDP PA1

Most of the customers are poor and they are offered subsidized prize to access this service.

Khan Wahab Shafique Rahman & Co.
Chartered Accountants.

Population Services and Training Center (PSTC)

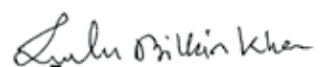
Consolidated Statement of Financial Position

As at December 31, 2014

Particulars	Notes	Amount (In Taka)	
		31.12.2014	31.12.2013
PROPERTY AND ASSETS:			
A. Non-current assets		89,367,156	90,667,936
Property, plant and equipments	7	80,745,656	85,046,436
Investment	8	3,571,500	3,571,500
Fixed Deposit Receipts (FDRs)	9	5,050,000	2,050,000
B. Current assets		90,736,606	116,904,926
Advance & Pre-payments	10	2,780,992	3,348,290
Advance against office rent	11	2,546,000	542,540
Pre-paid for Secretariat work (FPAB)		3,400	-
Cash and cash equivalents	12	85,406,214	113,014,096
Total Property & Assets: (A+B)		180,103,763	207,572,862
FUND AND LIABILITIES:			
Fund Account	13	180,007,513	193,050,290
Loan Account	14	10,000	(600,000)
		180,017,513	192,450,290
Current liabilities			
Audit Fee provision		86,250	-
Advance grants received	15	-	15,122,572
Total Fund and Liabilities		180,103,763	207,572,862

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


Executive Director


Treasurer

Subject to our separate report of even date.

Dated: June 28, 2015
Dhaka


Khan Wahab Shafique Rahman & Co.
Chartered Accountants



Khan Wahab Shafique Rahman & Co.
Chartered Accountants.

Population Services and Training Center (PSTC)

**Consolidated Statement of Comprehensive Income
For the year ended December 31, 2014**

Particulars	Notes	Amount (In Taka)	
		2014	2013
A. Income:			
Grants received from donors	16	245,089,667	477,330,775
Revenue generated/Service charge		136,331,766	70,064,604
Fund received		34,840,733	254,280
General overhead		11,481,741	17,004,013
PSTC contribution		9,750,712	14,530,000
PSTC contribution as facilities development		-	1,500,000
Received from training center		7,037,336	6,589,725
Bank interest		1,460,846	1,209,797
Other receipts		35,218	100
Miscellaneous receipts		129,011	685,252
Profit on sales of Motor Vehicles (Annexure - 01)		727,192	-
Annual subscription		12,500	20,500
Total Income : (A)		446,896,722	589,189,046

B. Expenditure:

Salary and benefits	224,284,899	238,785,742
Honorarium, fees and consultancy	6,171,166	5,622,397
Travel and per diem/local conveyance	13,836,888	13,089,238
Training and workshop	7,490,299	28,408,625
Transport operating cost	1,392,523	2,662,819
Fuel cost	1,047,827	-
Communication	2,583,228	2,911,843
Office rent	16,663,189	22,141,587
Utilities (Elec./Gas/WASA)	5,750,339	5,268,063
Consumable (Printing and stationery)	2,539,980	5,290,886
Office supplies	4,538,803	2,761,532
Clinic supplies and medicine expenses	19,144,955	19,660,819
Repair and maintenance	4,532,724	5,533,814
Programme related cost	45,290,068	115,876,781
Overhead cost	3,515,622	10,478,074
Management Fee	2,117,380	-
Head Quarters shared cost	13,329,358	2,417,899
Service charge transfer	62,328,446	9,982,780
Other expenses- Postage, Cleaning, Bank charge	1,637,543	3,013,195
Bank Charge & Commission	1,834,294	0



Khan Wahab Shafique Rahman & Co.
Chartered Accountants.

Contractual Service	285,800	-
General operating/Administration cost	101,421	1,139,106
VAT and Income Tax	6,108	5,352
PA contingency	510,638	121,444
Office renovation	267,631	129,349
Grants refund to project account	-	1,005,407
Audit fee	699,150	433,233
PSTC contribution as facilities development	-	1,500,000
PSTC contribution	7,017,394	14,530,000
Bank Interest refund to B.Bank	32,180	-
Paid on Rental Equipment	69,300	-
Depreciation	10,920,346	12,165,503
Total Expenditure : (B)	459,939,500	524,935,488
Excess of Income over Expenditure : (A-B)	(13,042,778)	64,253,558
Total	446,896,722	589,189,046

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

Executive Director

Lulu Miliha Khan
Treasurer

Subject to our separate report of even date.

Dated: June 28, 2015
Dhaka

Khan Wahab Shafique Rahman & Co.
Chartered Accountants





Population Services and Training Center

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