



ANNUAL REPORT

2015



## *Prepared By:*

Dr. Md. Mahbubul Alam  
Team Leader, SET

Susmita Parvin  
Chief Finance Officer

Dr. Sushmita Ahmed  
Team Leader, PHN

## **With Assistance from:**

Mahpara Rob  
Program Associate

Kazi Shihab Hossain  
IT Support Executive

## **Reviewed and Edited By:**

Dr. Noor Mohammad  
Executive Director

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# A c r o n y m s

|          |              |  |          |                     |  |
|----------|--------------|--|----------|---------------------|--|
| <b>A</b> | <b>AAB</b>   | Action Aid Bangladesh                                  | <b>F</b> | <b>FP</b>           | Family Planning  |
|          | <b>ADB</b>   | Asian Development bank                                 |          | <b>FPAB</b>         | Family Planning Association of Bangladesh                      |
|          | <b>AIDS</b>  | Acquired Immune Deficiency Syndrome                    |          | <b>FPSTC</b>        | Family Planning Services and Training Center                   |
|          | <b>ANC</b>   | Antenatal Care   | <b>G</b> | <b>GB</b>           | Governing Body   |
|          | <b>ARH</b>   | Adolescent Reproductive Health                         |          | <b>GBV</b>          | Gender Based Violence  |
| <b>B</b> | <b>BCC</b>   | Behavior Change Communication                          |          | <b>GoB</b>          | Government of Bangladesh                                       |
| <b>C</b> | <b>C/S</b>   | Caesarean Section Delivery                             |          | <b>GCC</b>          | Gazipur City Corporation                                       |
|          | <b>CBDP</b>  | Community Based Disaster Preparedness                  | <b>H</b> | <b>HATI</b>         | HIV/AIDS Targeted Intervention                                 |
|          | <b>CBO</b>   | Community Based Organization                           |          | <b>HFA</b>          | Hyogo Framework of Action                                      |
|          | <b>CHC</b>   | Christian Hospital Chandroghona                        |          | <b>HIV</b>          | Human Immunodeficiency Virus                                   |
|          | <b>CIDA</b>  | Canadian International Development Agency              | <b>M</b> | <b>MDG</b>          | Millennium Development Goal                                    |
|          | <b>CRA</b>   | Community Risk Assessment                              |          | <b>MMW</b>          | Me and My World  |
|          | <b>CRHCC</b> | Comprehensive Reproductive Health Care Center(UPHCSDP) |          | <b>MoHFW</b>        | Ministry of Health and Family Welfare                          |
|          | <b>CSE</b>   | Comprehensive Sexual education                         |          | <b>MoLE</b>         | Ministry of Labor & Employment                                 |
|          | <b>CSO</b>   | Civil Society Organization                             |          | <b>MoLGRD&amp;C</b> | Ministry of Local Government, Rural Development & Cooperatives |
|          | <b>CWG</b>   | Community Watch Group (Safe City & She Can)            |          | <b>MoSW</b>         | Ministry of Social Welfare                                     |
| <b>D</b> | <b>DCC</b>   | Dhaka City Corporation                                 |          | <b>MoU</b>          | Memorandum of Understanding                                    |
|          | <b>DMC</b>   | Disaster Management Committees                         |          | <b>MR</b>           | Menstrual Regularization                                       |
|          | <b>DFID</b>  | Department For International Development (UK)          | <b>N</b> | <b>NASP</b>         | National AIDS and STD Program                                  |
|          | <b>DPHE</b>  | Department of Public Health Engineering                |          | <b>NGO</b>          | Non-Governmental Organization                                  |
|          | <b>DRR</b>   | Disaster Risk Reduction                                |          | <b>NHSDP</b>        | NGO Health Services Delivery Project                           |
|          | <b>DSCC</b>  | Dhaka South City Corporation                           |          | <b>NVD</b>          | Normal Vaginal Delivery  |
|          | <b>DSK</b>   | Dustha Sasthya Kendra                                  | <b>P</b> | <b>PA</b>           | Partnership Area (UPHCSDP)                                     |
| <b>E</b> | <b>EKN</b>   | Embassy of the Kingdom of the Netherlands              |          | <b>PHC</b>          | Primary Health Care  |

|          |                |  |          |               |  |
|----------|----------------|--|----------|---------------|--|
|          | <b>PHCC</b>    | <b>Primary Health Care Clinic (UPHCSDP)</b>  | <b>U</b> | <b>UCHCP</b>  | <b>Urban Community Health Care Project</b>         |
|          | <b>PNC</b>     | Postnatal Care   |          | <b>UFHP</b>   | Urban Family Health Partnership                    |
|          | <b>PSTC</b>    | Population Services and Training Center  |          | <b>UNDP</b>   | United Nations Development Program                 |
| <b>R</b> | <b>RCC</b>     | Rajshahi City Corporation  |          | <b>UNFPA</b>  | United Nations Population Fund                     |
|          | <b>RFSU</b>    | Riksförbundet för Sexuell Upplysning (The Swedish Association for Sexuality Education) |          | <b>UNICEF</b> | United Nations Children Fund                       |
|          | <b>RHSTEP</b>  | Reproductive Health Sexual Training and Education Program                              |          | <b>UPHCP</b>  | Urban Primary Health Care Project                  |
|          | <b>RMG</b>     | Ready-Made Garments  |          | <b>USAID</b>  | United States Agency for International Development |
|          | <b>RRAP</b>    | Risk Reduction Action Plans  |          | <b>URA</b>    | Urban Risk Assessment                              |
|          | <b>RTI</b>     | The Right to Information Act   |          | <b>USG</b>    | Ultrasonography                                    |
| <b>S</b> | <b>SBDP</b>    | School Based Disaster Preparedness   |          | <b>VAW</b>    | Violence against Women                             |
|          | <b>SH</b>      | Sexual Harassment  |          | <b>VGD</b>    | Vulnerable Group Development                       |
|          | <b>SIDA</b>    | Swedish International Development Authority  | <b>W</b> | <b>WAB</b>    | Water Aid Bangladesh                               |
|          | <b>SMC</b>     | School Management Committee  |          | <b>WaSH</b>   | Water, Sanitation and Hygiene                      |
|          | <b>SMT</b>     | Senior Management Team (PSTC)  |          | <b>WATSAN</b> | Water and Sanitation                               |
|          | <b>SoD</b>     | Standing Orders on Disaster  |          | <b>WDMC</b>   | Ward Disaster Management Committee                 |
|          | <b>SRH</b>     | Sexual and Reproductive Health   |          |               |  |
|          | <b>SRHR</b>    | Sexual, Reproductive Health and Rights   |          |               |  |
|          | <b>STD</b>     | Sexually Transmitted Disease   |          |               |  |
|          | <b>STI</b>     | Sexually Transmitted Infection   |          |               |  |
| <b>T</b> | <b>T&amp;C</b> | Training and Communication   |          |               |  |
|          | <b>TB</b>      | Tuberculosis   |          |               |  |
|          | <b>TBA</b>     | Traditional Birth Attendants   |          |               |  |
|          | <b>TOT</b>     | Training of Trainers   |          |               |  |



## Message from the Chairperson

It is an honor and privilege in writing this message for the 2015 Annual report. I am delighted to share with you the progress Population Services and Training Center (PSTC) as an organization has made over the past year of 2015.

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.

In the year of 2015, PSTC has smoothly transitioned into a new governing body comprised of members from diverse background. The newly elected governing body has been closely working with the management team to serve the marginalized and disadvantaged communities in Bangladesh.

In 2015, we have served over 3 million underserved women and children through our 65 clinics and different facilities; in addition we also delivered approximately 7000 babies at our facilities. 42, 560 adolescents and youths were also provided services including health service, counseling and reproductive health services in 2015.

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.

A handwritten signature in black ink, appearing to read 'Mosleh Uddin Ahmed'.

**Mosleh Uddin Ahmed**  
Chairperson, PSTC



## From the Desk of the Executive Director

2015 was a year of transition for PSTC. Transition of leadership at the Executive Director level and a new board was elected in August 2015. These transitions have definitely some impact in the overall PSTC works. Furthermore, after about 37 years of journey, PSTC shifted its head office from Mouchak area to Niketon, Gulshan. PSTC also gone through a rebranding process and we have changed our logo in this endeavor. Within next two years, PSTC will be celebrating its 40 years of anniversary.

The long journey from the inception in the development sector has already earned country wide recognition from different stakeholders and development partners. The work done by PSTC acts as a catalyst for the betterment of the society. I believe that it is the time to take along our prior experience and continue our journey with a renewed spirit.

PSTC has also reorganized its thematic areas based on the needs of the communities and in line with its mission and vision. From 2015 onwards, PSTC would be focusing on five core thematic areas: Population Health and Nutrition (PHN), Gender and Governance (GAG), Youth and Adolescent Development (YAD), Climate Change and Adaptation (CCA) and Skills Education and Training (SET).

In 2015, we have served millions of mothers and children, women and adolescents to recover and restore in their unwavering lives through our health programs such as NHSDP, UPHCSDP and UCHCP. With an innovative sanitation system, which promotes safety, sustainability and eco friendliness at low cost has resulted in ensuring attendances of hundreds of girls at educational institute.

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, this year we have decided not to go for printing the report, rather we will upload the report in our website for public reading. We look forward for getting continuous support from our stakeholders in taking PSTC forward.

  
Dr. Noor Mohammad  
Executive Director



## Governing Body and SMT

### Management and Operation

A seven-member Governing Body (GB) are elected for two years who work 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 Non-member Secretary of 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.





## Organisational 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 -

- o a non-government, not for profit voluntary organization;
- o registered with the Directorate of Social Welfare in 1995 and with NGO Affairs Bureau in 1996;
- o affiliated with Directorate of Family Planning in 1997;
- o 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.

### 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. It adheres to the systems, inculcates the culture of integrity, modesty and team spirit

### Thematic Area / Projects

PSTC works five basic thematic clusters and currently implements 27 projects under these five following clusters-

- o Population, Health and Nutrition (PHN)
- o Climate Change and Adaptation (CCA)
- o Youth and Adolescent Development (YAD)
- o Gender and Governance (GAG)
- o 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 with 65 clinics in 23 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 ShishuAdhikar Forum (BSAF) and Coalition for Urban Poor (CUP).

## Development Partners

Collaboration with Kadoorie Charitable Foundation, Population Council, mPower, CIDIN, GFATM/BRAC, Pathfinder International, Ministry of Local Government Rural Development and Cooperatives (LGRD), Ministry of Health & Family Welfare (MoH&FW), DFID, USAID, World Bank, ADB, UNICEF, UNDP, UNFPA and so on.



## Highlights 2015

### Population, Health and Nutrition (PHN)

In 2015 1.78 million customers, especially underserved women and children were served through 65 clinics, over 7000 babies were born in PSTC facilities

Another 1.65 million women received Antenatal Care and Postnatal Care at PSTC facilities

### Youth and Adolescent Development (YAD)

During 2015 PSTC provided health services among 42, 560 adolescents and youths

Among them 1,444 were provided reproductive health related services, 35,683 were provided counseling services, 5,633 were provided other health care services

### Gender and Governance (GAG)

36,860 beneficiaries were reached through She Can and Safe City program to empower women and girls

7,000 people in total directly benefited by PSTC to lessen the poverty and to eradicate the scarcity from the society through encouragement for deprived people to access financial support

### Climate Change and Adaption (CCA)

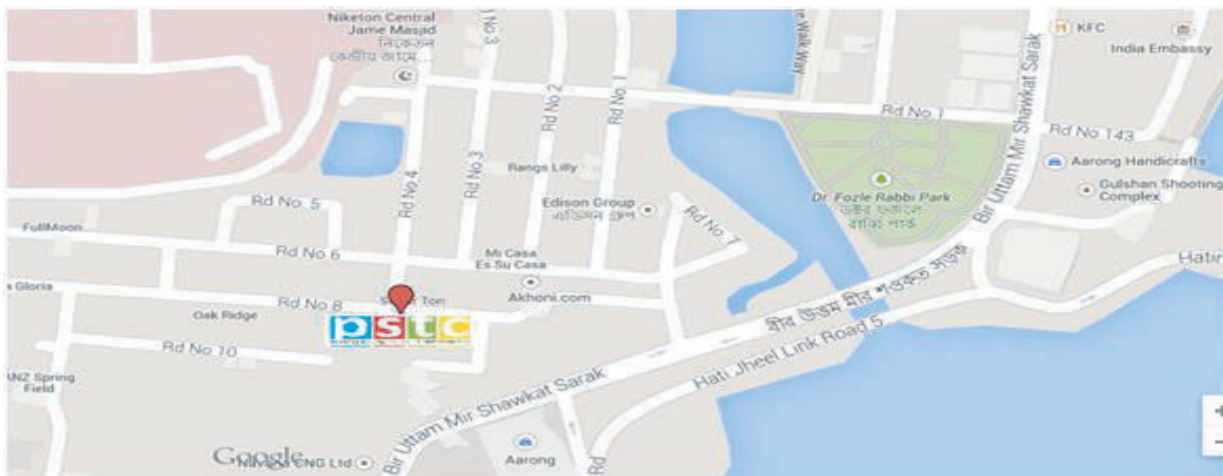
21,830 beneficiaries were directly benefited through installation of 75 safe water facilities and 95 sanitation facilities both at school and out of school

31,5316 beneficiaries 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)

47 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, Gulshan

In addition our own Gazipur Complex can accommodate 44 participants simultaneously for training purpose. Different organizations are utilizing our spaces for their meeting and trainings/workshops



# Population, Health and Nutrition (PHN)

## NGO Health Service Delivery Project (NHSDP)

NHSDP initially began in August 1997 and is currently in its 5th phase starting January 2013. It is a three-year project primarily located in **13 wards of DCC** and **6 municipalities** outside Dhaka. NHSDP aims to become technically and managerially self-sufficient in the provision of essential health services with the support from NHSDP/ USAID/ Pathfinder.

We provide Essential Service Delivery (ESD) to the community through **24 static clinics** and **341 Satellite Clinics**.

During this reporting period, a total of **1,391,699 recipients** were served under this intervention which has increased by 90,000 from the previous year.

In 2015, a total of **695,849 poor recipients** (46%) were served either free of charge or partially charged under the intervention.

### **Red Flag Hoisting**

*To create awareness among the community members regarding the presence of pregnant women in a house the red flag hoisting intervention was initiated. The flag operates as an alert for assistance as and when needed especially after 28 weeks of pregnancy which can be very critical in some cases. In addition to increasing awareness the flag also helps to increase the importance of taking care of the pregnant woman, ensure that the necessary services are provided by the services providers as well as the enthusiasts' community peoples. Monorhorpur SurjerHashi Clinic has been providing the Red Flags like the other clinics implemented by PSTC. The flag visible from outside helps create sympathy among the respective peoples who are supportive of the pregnant mothers. Before hoisting the flag, purpose and importance of the hoisting were explained to the family of the pregnant woman, community people, local elected people and GoB counterparts. The Surjer Hushi Community Support Group (SHCSG) plays an important role in this regards.*

*Initially, community members of Monorhorpur SHC were reluctant on hoisting red flags among their community, but communication and community understood the value and effectiveness of the initiative. The community leaders, GoB officials (DDFP of Narshingdi, Mayor of Madhobdi Pourosova, Counsellors of Madhobdi Pourosova) were also brought to the same platform of hoisting a red flag. This events helped to motivate the local community to hoister more flag in the areas. Mayor, DDFP, SHCSG hoisting a red flag. From this incident was evident that involving community leaders and relevant counterparts would help reach and motivate the community members more efficiently.*



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 (Ucj) Mart/Pharmacy and Ambulance Service.





## Babu-Barta Project

The goal is 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 started from August 2014 and were being implemented in Dhaka North City Corporation, Dhaka South City Corporation, Narayangonj City Corporation, Bhairab, Kishorganj , Madhobdi and Narsingdi.

A total of **225 Mom's club** were formed with low- income pregnant women and eligible couple in 2015. A book "**BabuBarta**" was distributed in the club and sessions were conduct. 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 BabuBarta Book. Now the Mom's club became the platform to encourage members to learn together, share experiences and practice proper Maternal / New Born Child care.

Moreover, in collaboration with NHPDP project and Surjer Hushi 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.



*Mom's Club meeting with the mothers*

### *Moyna and her dream family*

Moyna four years ago delivered twin babies, however within hours of delivery the babies died. During her pregnancy then she didn't receive any medical attention specially since her in-laws were unaware and ignorant about her critical health condition. When I was handed her case, she was five months pregnant and it was at turning point into unhealthiness. She was repeating her prior mistake and hadn't been to a doctor for her regular checkup. With inappropriate medical attention and care, her health was further deteriorating. Seeing her condition, I handed her the BabuBarta book and asked her to carefully read it. Upon reading the book, both Moyna and her husband found it to be very enjoyable and helpful. After few weeks, we went to the doctor for follow up. Now she is under regular doctor checkup, cautious about her health. She is very thankful to Babu Barat book which empowered her and her husband with the appropriate information and knowledge about maternal health. Moyna had just delivered a healthy baby son. With her husband and son Moyna is very happy.

## Urban Primary Health Care Service Delivery Project (UPHCSDP)

Since 2000, PSTC in collaboration with GOB has been implementing Urban Primary Health Care Project (UPHCP). It aims to improve the health status of the urban population; especially the poor, mother & children through improved access to and utilization of efficient, effective and sustainable Primary Health Care (PHC) Services.

PSTC has taken over five Partnership Areas which are Dhaka South City (DSC 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)**. 234 Satellite clinics has also been set up at the community level.

Every center provides various clinical services based on the national expanded ESD package (ESD+) of the GOB and CRHCC provide reproductive & Emergency Obstetric Care (EOC) services. In reporting period, it had served a total of **602,091 customers** and provided **1,800,514 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 2015, it provided a total **1,302,553 services free of charge** to the poor patients (541, 862 services provided were full free by Red Card ) and 760, 691 services provided were charged with partial fee.

Community members believe that PSTC facilities are the place for modern primary health care service for the community. The model of primary clinic followed is thought to be reasonable and at affordable charge.

It is 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. In 2015 special events such as Safe Motherhood Day, World Population Day, World Health Day were celebrated.



*Group Meeting of Youth Friendly activities in school for Adolescent Girl*

*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.*



### ***Romana fighting all odds***

26 years old Ms Romana lives with her husband in Boroda Joydebpur, Gazipur. Her Husband Shafique Mia works in a Tobacco company as day labour and running a family with the small income had been difficult. A doctor visit was a luxury for them which they couldn't afford despite her two miscarriages. Both Shafique and Romana were confused and depressed regarding their situation.

Romana thought that she would never be able to conceive again. One day

Romana had a visit from Helena Akter, FWA, PHC-2, during their conversation Romana had mentioned her prior miscarriages and fears of not being able to conceive in the future.

Helena had referred her to Rainbow clinic, satisfied with the staffs and services being provided at the clinic Romana decided to avail these services. Romana initially received counselling sessions and later met with a doctor. After through checkup and discovering prior health conditions, doctor had advised her to take cautionary measures.

As per doctor's advice Romana was in full rest and had successful conceived again after 9 months. Now she has been advocating for Rainbow Clinic, referring other pregnant women to the clinic so that they can avail the primary health care services necessary for a pregnant mother.



## Urban Community Health Care Project (UCHCP)

The project UCHCP (July 2015 to 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.

PSTC provides 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. During the reporting period, PSTC provided **250 BCC session** at community level and **4,265 people** attended.

In the reporting period, there has been significant increase in female and children under 5 recipients. More women came to the clinic for ANC and PNC and parents brought their children for primary health care.

### *I want to be independent*



20 years old Fatema is second sister among 4 siblings from Outfall slum, Jatrabari/ (Demrai). As a student of grade six, Fatema joined an adolescent group where information regarding food & nutrition, balanced diet, care of pregnant mother, gender, child rights changes of the body during adolescence, personal hygiene and so on were discussed. As time passed she conducted sessions for new adolescents in the group. In grade eight she was suddenly informed that her father had fixed her marriage. She shared the news and her concerns with her fellow-group members. Later it was also shared it with a PSTC health worker who had conducted

prior health related sessions in group. On learning about Fatema's early marriage, the health worker met with Fatema's father and shared the negative impact of adolescent marriage and early pregnancy. The health worker also informed them regarding the law and legal action against under age marriage. After a long conversation, the father realized his mistakes and encouraged Fatema to continue her studies. Currently Fatema is a teacher at a local primary school and also continuing her higher education, following on the footsteps of her dream.

## Marketing Innovation for Health Project (MIH)

Since July 2012, PSTC as a partner of Social Marketing Company (SMC), has been implementing MIH Project in the name of "NOTUNDIN". The four-year project, ending June 2016 aims to develop a sustainable approach to improve health status of women and children by increasing access to and demand for affordable family planning & essential health products and services through the private sector. To ensure the access to the essential health products in Kishoregonj, Narshingdi, Munshiganj and Madaripur a total of **224 community Sales Agents (CSA)** were selected from local people. For CSA, priority was given to the women, especially who are poorer, marginalized and willing to run a social business and her family by herself. In the reporting period there were a total of **194 female CSA** and 30 males.

They were trained in delivering the Notundin3 messages and SMC's health & family planning products among community people at the remote rural villages. In this reporting period, sale status increased and a total of **BDT 18,510,522** worth products (246% increase from 2014) were sold by CSA in **5 Upazilas**. In 2015, PSTC conducted several sessions & meetings on Notundin message for Married Women of Reproductive Age (MWRA), husbands and caregivers of under 5 aged children, and working and school going adolescents. In addition, for community awareness different campaigns and programs were developed such as Palagan, Local Cable Network, Wall Painting, Mobile Film Program. With these efforts, PSTC's "Notundin" has awarded Best NGO Award the next NGO-2015 by government official at Katiadi upazila in Kishoregonj.



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

### ***Joshna Begum- an entrepreneur***

Joshna Begum is a Community Sales Agent (CSA), working under Notundin program in Monohordi Upazila, Norsingdi. She has been fighting against the gender barriers and norms placed around a woman since childhood. She had experienced early child forced marriage and her life stood still behind the four walls. Her dreams shattering before her eyes, having no other choice she ran away from her husband's house. She later found a job at a garments factory. From one promotion to another, Joshna was promoted as a supervisor in the garment factory. Joshna started her 'Social Business' under 'Notundin' program with BDT 300, which she managed from stipend her son got from school. Now she is a successful CSA.

Last month she received product of BDT 35000 worth. Her average income is BDT 4000-5000 per month as she mentioned. *"I sell product even in bus when I travel. When I go to visit relatives, I usually take product with me."*

She is a popular person in her community. She is involved with other NGOs as social service volunteer and have been active member in different local level committees of civil society organizations (WASH Committee, Kendra Prodhan, Manobadhikar, Aynshikkha, Shastha Sebika). She is a TBA and also renders family planning counseling, ANC/PNC service, diabetic check-up, blood pressure check-up, weight measuring and many more.

She has received training on cattle rearing, poultry rearing and so on. Her success reflects on the increase of her property. Moreover, she runs a small grocery shop at her home. She has planned to reconstruct her fence-made house to a brick-made one. She wants to go further and further doing such social business.



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

PSTC in association with Community Health Care Project (CHCP) which has implemented the "HIV/AIDS Prevention Services for Brothel Based Sex Workers and their Clients" project from November 2012 to November 2015 under the National AIDS and STD Program (NASP) of the Ministry of Health and Family Welfare. The project was aimed to contribute in Government of Bangladesh's efforts to achieve zero new HIV infection, zero discrimination and zero AIDS related death.

The main objective of this project is to prevent HIV and STIs among the brothel based sex workers. Under the project services such as BCC on HIV and STI prevention, free distribution and usage of condoms, STI diagnosis & treatment and referral to voluntary counseling and testing (VCT), negotiation skills. Advocacy is a vital component of the project to reduce stigma and discrimination and improve rights of sex workers. It also engages community networks and outreach workers to carry forward HIV prevention messages and STI/VCT services. A total of 3800 Sex Workers in 12 brothels were addressed as per the requirements. But in the amendment, made between NASP & PSTC-CHCP on March 31, 2015, the total number of target population is 3,500 Sex Worker.

### ***Tumpa Feels safer to come back to brothel***

Tumpa Saha, a 19 years old sex worker in Rothkhola brothel, Faridpur. She belonged to a reputed family where father was a government employee railway, elder brother is a police man and the younger brother runs a golden jewelry shop which is their family business. Tumpa, the youngest among three siblings, passed her Secondary School Certificate exam with GPA 4.2. At the age of 16, she was kidnapped by their family business partner over business dispute. She was raped and few days later when her health was deteriorating they had left her on the railway tracks. A kind-hearted man rescued her and brought her back to her family member. Initially her family members were happy on her return but excluded her family for societal norms. However, with the increasing social pressure her family started to disregard her. When the stigma became unbearable, with the help of a pimp she came to the brothel. She started sex work under a Sardarni as a Chhukri. One day, in a police raid she got caught and later was admitted into “Kishori Unnoyon Kendro”- the Government shelter home. There she received different vocational training such as tailoring, block-boutique, Karchupi, cooking and saloon. She fled the shelter home based on her fear of being sexually harassed after receiving a job offer of a household assistant. She along with few other girls she fled back to Faridpur brothel again and started sex trade as an independent sex worker. Later Tumpa under the HAPS project received training on HIV and AIDS awareness, STI, and condom demonstration. She became aware and familiar with the usage of condoms. She received treatment from the clinic supported by the project. Now she is leading a healthy life. She dreams of a welloff life by establishing a handicrafts enterprise where other sex workers can get job and live in a stigma free society.

### ***Tangail brothel is a model of HIV prevention and the Human Rights movement for Sex Workers***

During the 90's, Care Bangladesh initiated, a first ever HIV prevention program among brothel based sex workers in Kandapara, Tangail. It was for the first time the human rights of the sex workers were placed under the light till then sex workers were highly stigmatized in the society. They were the most disadvantaged group, considered as a social outcast, deprived from basic rights, facilities and amenities. In 2004, PSTC-CHCP has started working in the Tangail brothel with HIV prevention program through HIV/AIDS Targeted Intervention (HATI) project which is being continued as HAPS. The consortium also provided STI services, counseling, human rights activities, self-help group formation. It helped to reduce violence, create social access, movement against brothel eviction and so on. The consortium provided technical support to submit writ petition against brothel eviction during this reporting year. The high court declared judgment in favor of the sex workers and ensured the land for them which are remarkable.

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

The major objectives of the IAHNSGW project was to establish a sustainable and comprehensive SRH and nutrition delivery model which could be replicated to ensure consistent access and availability of health and nutrition services and information. The project aims to create awareness among the garment workers and their families related to improved health, nutritional wellbeing and GBV emergency and promote productivity.

The project has a multi sectoral sustainable partnership model collaborating with garment factory owners, garments workers, local govt. health facilities & local self-govt. different private health service providers/institutions. In practical, a model for delivery of health service would be developed which would ensure that conveniently timed and affordable health services were provided. In addition, this model would also establish participatory contribution for sustainability from each stakeholder's level.

The IAHNSGW is a one-year project (October 2014- October 2015) at three garments factory- Panache Knitted Creations Ltd, Jeacon Garments Ltd/ Concord group and Summer Dress Ltd. at Gazipur. In total **15,000 participants** benefitted from the project, of which **5,000 were Garments Workers** and remaining were family members.

### *Dream come true for Bulbuli*

Bulbuli, a widow from Jamalpur district joined the Summer Dress Ltd. as Streaming Assistant and supports a family of five with her monthly salary of BDT 5,600. After the death of her husband, she was struggling to support her family and her daily life. At that moment, she was compelled to migrate, with the help of her sister she was fortunate to found a job at this garment factory. Upon hiring, Bulbuli found her life to be in a better condition. She admitted her kids in schools and was able to feed them three times in a day.

One day during the lunch break, Bulbuli was on her way home to have her lunch with her kids and suddenly she fell in a drain. She was quickly taken to the factory's health clinic where they gave her primary care and shifted her to the mobile clinic of the IAHNSGW project. After initial examination, the doctor immediately referred Bulbuli to Chowrasta Modern Hospital & Diagnostic Center- a local private health clinic who had signed an MoU with PSTC for providing prioritized services with a subsidized price) based in Gazipur Sadar.

After thorough investigation, the doctor confirmed about the fracture and gave necessary medication and treatment at subsidized rate. Partial expenses were provided by the PSTC and Bulbuli paid the remaining. The factory contributed towards Bulbuli medical emergency by approving her leave with pay even though as per the Human Resource Policy there was no provision for leave with pay for her. Soon after, Bulbuli recovered and resumed her work, she was satisfied with her prompt and subsidized treatment.

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

In 2015, PSTC provided **4,823 services**, most of the customers are poor and were offered this service at a subsidized rate.



# Youth and Adolescent Development (YAD)

## Unite for Body Rights (UBR) Project

Unite for Body Rights (UBR) was initiated by Dutch SRHR alliance, to implement programs in Bangladesh with experienced non-government organizations (NGOs). As part of it, an alliance has been formed at Bangladesh comprising Population Services and Training Center (PSTC), Family Planning Association of Bangladesh (FPAB), Reproductive Health Sexual Training and Education Program (RHSTEP), Dustha Sasthya Kendra (DSK) and Christian Hospital Chandroghona (CHC) to carry out the program successfully. The five-year Unite for Body Rights (UBR) Program was launched formally in November 2010. The project was implemented in Gazipur and Chittagong targeting married and unmarried youth between the ages of 10 to 24 years and women of reproductive age.

The project aims to reduce sexual and gender-based violence and increase acceptance of sexual diversity and gender identity through increasing utilization of comprehensive Sexual and Reproductive Health Services and dissemination of Comprehensive Sexuality Education. It also aims to develop capacity of Bangladeshi NGO's and research organization to work in collaboration for improving SRHR at the country level through: information sharing, linkage building among programs in possible areas, linkage building between programs and research.

### Changing Views

Priya a student at Roufabad Madrasha, also a member of Me and My World (MMW) group in the Roufabad Youth Center.

*"Initially MMW course started with some very common issue related with my life and gradually deepens into sensitive issues which are related to sexuality, love, relationship and gender."*

The course helped Priya to understand many of the social issues and the sessions were very interesting which she attended regularly. Priya along with 2 other friends Roshni and Rosy participated in the session regularly, during a session use of "Condom" struck out at first. *"What is Condom was the first question I asked the facilitator"*. The use and benefits of condom were

discussed alongside the implications of HIV/AIDS and its preventive measures. After all the information sharing, curiosity grew among the participants in the session so *"we wanted to see how a condom looked like and how to use it"*.

A month later during a lesson in the madrasha, the teacher was providing misleading information regarding HIV/AIDS and due to our MMW sessions we quickly corrected the issue. We also shared the incident with our MMW facilitator and from now on we share all the information we gather from the MMW session among peers.





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

In collaboration with Population Council, PSTC is implementing the BALIKA project to provide better life opportunities for rural in and out-of-school girls aged between 12 to 18 years. Through the three arms: **Literacy, Life skills, Livelihoods** and Community mobilization trainings have been initiated in Khulna, Narail and Satkhira districts. There is also Community mobilization activities are going on across the three arms through awareness-raising about legal age of marriage and consequences of early marriage. 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 will test the impact of different approaches to delay marriage and childbearing using safe spaces. The four-year project started from November 2012 till February 2016 provided critical qualitative and quantitative evidence of women's voice regarding marriage, pregnancy, family planning and so on. 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 project.

### Dipika's return to regular schooling

Fifteen-year-old Dipika from Baliya village of Tala Upazila had to drop out of schooling since they could not afford high school education due to poverty. In 2014 BALIKA center was established at a primary school near Dipika's house where she became a member of out-of-school girl group at the center. She regularly attended the two-hour sessions at the center every week. Since the center which was randomly assigned the education arm, Dipika received trainings on Mathematics, English and life skills. She was very inspired by the digital contents used in the English, Mathematics and life skills session. *"I feel life skill is very important for every girl since it helps us better negotiate, communicate and adapt to situations. It helped me think positively and creatively, it also helped to ease the way I process mental and emotional stress."* Upon realization of her mistake, she had expressed her interest and has convinced her parents to return to schooling for the next session. *"BALIKA session changed my mind and gives me the inspiration for new life. I hope every girl in our village has the opportunity to participate in these sessions and it would inspire them for new life- free from early marriage."*

## Gender and Governance (GAG)

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

Due to lack of proper information, communities in Bangladesh are not aware about their rights and services available even offered by the GoB. 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) and so on. Project aims to improve their awareness about these four issues, especially rights of the people as well the responsibility of service providers. The has been implemented in three areas of Bangladesh: Narsingdi, Kishoregonj and Gazipur.

In reporting period, many progresses were observed including **1,325 people** involved in monitoring health, agricultural extension, education, safety-net services using social accountability tools and approximately **80 GoB institutions** monitored. In 2015 PSTC also provide capacity building support and training on Roles and Responsibility to service providers and mandated committee members. **940 people** received the support and more than **900 mandated committees** are having meeting regularly. A total of **1,055 recipients** were enlisted for safety-net services through participatory process.

Implementation of the project has developed motivation and mobilization among community members to avail various services from local service centers after attending Client Association (stakeholder/supporter group) and group meetings. In addition, PSTC installed and updated several tools like Citizen Charter in Union Health and Family Welfare Center (UH&FWC), Community Score Cards at Govt. Primary Schools, Suggestion Box in health and agriculture offices and initiated Participatory Selection Process for VGD. They are playing positive role in the concerned locality.

## She Can

PSTC has been working towards the empowerment of the women and ending sexual violence against the women of Bangladesh. Women and girls of the communities are empowered through the She Can project to organize and take collective action against VAWG in public spaces. It has developed networks and coalition among women and girls, and as a unit have been demanding State accountability and action for gender responsive policies and public services. The four-year project starting November 2014 has been implemented in six



divisional cities Barisal, Rajshahi, Rangpur, Chittagong, Sylhet, Khulna and in Narayanganj, Dhaka. In the reporting period a total **16, 870 girls and women** participated (8941 women and 7929 girls).

### *From Palashpur slum*

Palashpur is a big slum area of Barisal city and more than 45,000 people live in this slum. Women from this locality faces a lot of social stigma and norms such as dowry, physical torture, early marriage, and sexual harassment. A month ago, Liya (fake name) was sexually assaulted on her way back to home by four to five rowdy youths of the locality. Feeling helpless, Liya started screaming for help in the hope of getting some help from passerby. Fearing mob attack, the attackers fled the scene. Upon knowing about the incident CWG member of SHE CAN Project Julekha helped her get justice. The perpetrators were identified and punished by the ward councilor.

## Campaign for making city safe for women and girls (Safe city) Project

The initiative aims to make the city safe for women and girls through disseminating information on their rights, ensure gender responsive public services. It also aims to make Govt. sensitized and amend policies and legislations related to anti-sexual violence in public places and gender responsive urban planning. During the reporting period, the initiative has been implemented in Dhaka South City Corporation and Narayanganj City Corporation.

Various activities including communication and linkage between relevant stakeholders such as police, local government, urban development authority and transport authority have been established. 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.

## Promoting Social Responsibility on Occupational Health rights Project (OHR)

OHR Project aims to ensure the rights and to improve work place safety & security through mobilizing workers, factory owners, local administration & policymakers. The project was initiated in January 2006 to supports community people and workers preferably women garment workers. It was implemented in Gazipur to create awareness in regards to OHR and empower the workers 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.



## Development Finance

With the aim to lessen the poverty and to eradicate the scarcity from the society through encouragement for deprived people to access financial support. PSTC organized groups for the rural poor, exclusively for women and promote the financial support program including counseling about livelihood as financial as per their needs. With its empowerment, they can initiate and expand their income generating activities to improve their quality of life and socio-economic status. **7,000 people** in total directly benefited by PSTC to lessen the poverty and to eradicate the scarcity from the society through encouragement for deprived people to access financial support.

## Climate Change and Adaptation (CCA)

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 wellbeing of the population in the project working area.

In addition, women are forced to spend large parts of their day fetching water from a distant water source. Even in pregnancy period, low income are women bound to fetch water from a distant source. Moreover, 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 during menstruation. A total of six projects have been implemented during 2014 which not only provides facilities but also encourages communities--mostly women to take the lead in improving their water and sanitation situation.

Ensuring access to safe drinking water, improved sanitation and adoption of desired hygiene practices improves human wellbeing and dignity. We have been work alongside government, schools, communities and local groups to ensure that our impact is sustainable in the long term.

## 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. The project aims to build the capacity of low income community people particularly the poorest women, child, other vulnerable groups and school students for ensuring healthy practice. In reporting period, following facilities were completely installed:

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

For construction & site selection, PSTC conducted meetings with bazaar committee, school teachers & School Management Committee (SMC) and community people. We engage the community members to ensure their needs are incorporated and build ownership & voluntary participation for sustainability among them. In the meetings, PSTC described its objectives and the condition to provide the facilities including proper site selection & site visit, responsibility for construction, maintenance and other relevant issues.

In addition, management committees were formed to maintain these facilities. Information regarding maintenance repair and how to utilize the deposit so that they can maintain by themselves for long period were provided by PSTC through different trainings. Now each of them developed the committee and maintains the facilities regularly with sense of ownership. School students also willingly take charge of clean-up and maintenance their new toilets. Apart from installment, PSTC made efforts to create awareness on WATSAN/WASH issues and build capacity among the community people, especially women and children.



Field staffs conducted hygiene session among schools and public places. The major themes were hygiene and cleanliness at personal level (including menstrual) and at domestic level, 5 critical times for hand wash, safe water use and so on. Household visits also have conducted to monitor the behavioral change, hygienic practice in household level and improve which was very helpful for rapport building among the community people.

It was observed that people in target area became more aware regarding the hygiene and cleanliness issues and continues the practices.

## Enhancing Inclusive Disaster Resilience in Bangladesh (DIPECHO VIII)

Building a disaster resilient Bangladesh initiative is now moving towards 'Enhancing inclusive disaster resilience in Bangladesh' after endorsement and successful implementation of the Community Based Disaster Preparedness (CBDP) institutionalization model. The project is being implemented from May 2015 to August 2016, in Dhaka South City Corporation. Objective of the initiative is 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). 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. The initiative will facilitate in securing the funding from Government's Annual Development Plan allocation and other resources. Standardized approach emphasizes consolidation, and replication of the community-led inclusive processes as per the CBDP institutionalization model, School Based Disaster Preparedness (SBDP) approach, resilient livelihood practices and advocating for policy implementation and accountability. These models have been endorsed by Government to build community resilience by enhancing the capacities of institutions and government agencies at different level. Policy advocacy related work for institutionalization of the CBDP model will be one of the important areas of intervention under this Action. In addition, endorsement of WDMC, DRR Curriculum, Risk Informed Planning Guidelines, and 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.

### ***Tahmina better equipped to handle disaster***

Tahmina Sultana, Head Teacher of Kobbadsardar Govt. Primary School in Sutrapur, Dhaka has been engaged with disaster related project under the DIPECHO VIII. She had recently found her knowledge regarding fire and earthquake were incorrect and she was very puzzled regarding the types of disaster related information she didn't know off. After a two-day training on SBDP, she now feels she is well equipped with the necessary information to ensure her students are prepared for urban disasters such as earthquakes and fires. The training helped to create awareness regarding safety plans and places, ways to disconnect electricity and gas line during the earthquake and fire incident. Emergency Telephone numbers have been provided to all to be utilized at proper time. After the training, she had developed a school plan for disaster and conducted a School Risk Assessment.

*"I will make sure that my students and their parents are awared and prepared through parents meeting, class session, mock drill, drama and video documents. I also like to grateful to Action Aid Bangladesh and PSTC DIPECHO VIII for including preparedness program in my schools as technically support."*



## Skills Education and Training (SET)

### Community Paramedic Training Institute (CPTI)

In order, to ensure maternal and child health care in rural areas Bangladesh Ministry of Health and Family Welfare approved a policy on Community Paramedic Course to develop cadre of skilled community health workers in the year 2009. With this aim PSTC is operating Community Paramedic Training Institute (CPTI) since 2012 under the Nursing Council of Bangladesh. Till now **47 students** has graduated from the institutes working in different locations of Bangladesh in ensuring Primary Health Care Services.



### 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) and other necessary accessories like photocopy, board, pointer and all materials at Niketon, Dhaka. In addition, PSTC uses the facilities of its partners' and networking NGOs' around the country as and when required.



### Training Complex of Gazipur

PSTC also has its own training complex at Gazipur, Dhaka. The complex is situated inside the vowel forest, a calm and quiet place. There are training halls has a capacity of 200 participants and 60 accommodations, dining and other meeting facilities. This training complex is opened for national and international development organizations for conducting their own training programs in this venue by renting the facilities.

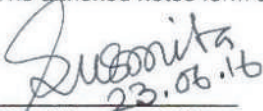
Population Services and Training Center (PSTC)

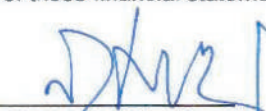
Consolidated Statement of Financial Position

As at December 31, 2015

| Property and Assets                  | Notes | 2015<br>Taka       | 2014<br>Taka       |
|--------------------------------------|-------|--------------------|--------------------|
| <b>Non-current assets</b>            |       |                    |                    |
| Property, plant and equipment        | 7     | 76,212,378         | 80,745,656         |
| Investment                           | 8     | 3,571,500          | 3,571,500          |
| Fixed Deposit Receipts (FDRs)        | 9     | 7,057,617          | 5,050,000          |
|                                      |       | <u>86,841,495</u>  | <u>89,367,156</u>  |
| <b>Current assets</b>                |       |                    |                    |
| Advances and Pre-payments            | 10    | 2,246,927          | 2,780,992          |
| Advance against office rent          | 11    | 2,601,500          | 2,546,000          |
| Pre-paid for secretariat work (FPAB) |       | 3,400              | 3,400              |
| Cash and cash equivalents            | 12    | 49,187,537         | 85,406,214         |
|                                      |       | <u>54,039,364</u>  | <u>90,736,606</u>  |
| <b>Total Assets</b>                  |       | <u>140,880,859</u> | <u>180,103,763</u> |
| <b>Fund and Liabilities</b>          |       |                    |                    |
| Fund Account                         | 13    | 140,495,859        | 180,007,513        |
| Loan Account                         | 14    | 385,000            | 10,000             |
|                                      |       | <u>140,880,859</u> | <u>180,017,513</u> |
| <b>Current liabilities</b>           |       |                    |                    |
| Audit fee provision                  |       | -                  | 86,250             |
| <b>Total Fund and Liabilities</b>    |       | <u>140,880,859</u> | <u>180,103,763</u> |

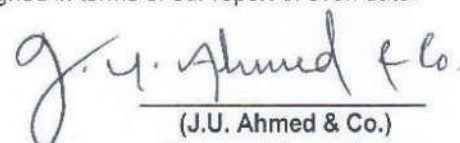
The annexed notes form an integral part of these financial statements.

  
 23.06.16  
 Chief Finance Officer

  
 Executive Director

  
 Treasurer

Signed in terms of our report of even date.

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

Dated: June 21, 2016  
 Dhaka



Population Services and Training Center (PSTC)

Consolidated Statement of Comprehensive Income  
 For the year ended December 31, 2015

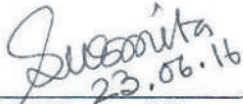
| Income                                | Notes | 2015<br>Taka       | 2014<br>Taka       |
|---------------------------------------|-------|--------------------|--------------------|
| Grants received from donors           | 15    | 238,362,107        | 279,930,400        |
| Revenue generated/Service charge      |       | 145,625,774        | 136,331,766        |
| Annual subscription                   |       | 14,500             | 12,500             |
| PSTC contribution                     |       | 18,936,956         | 9,750,712          |
| Income from training center           |       | 1,451,010          | 7,037,336          |
| General overhead                      |       | 8,281,805          | 11,481,741         |
| Bank interest                         |       | 588,486            | 1,460,846          |
| Interest on FDR                       |       | 1,158,746          | -                  |
| Other receipts                        |       | 314,254            | 35,218             |
| Miscellaneous receipts                |       | -                  | 129,011            |
| Profit on sale of motor vehicles      |       | -                  | 727,192            |
| <b>Total Income</b>                   |       | <b>414,733,638</b> | <b>446,896,722</b> |
| <b>Expenditure</b>                    |       |                    |                    |
| Salary and benefits                   |       | 239,174,760        | 224,284,899        |
| Honorarium, fees and consultancy      |       | 8,100,496          | 6,171,166          |
| Travel and per diem/local conveyance  |       | 12,570,892         | 13,836,888         |
| Training and workshop                 |       | 4,000,912          | 7,490,299          |
| Office rent                           |       | 11,829,410         | 16,663,189         |
| Utilities (Elec./Gas/WASA)            |       | 2,979,013          | 5,750,339          |
| Consumable (Printing and stationery)  |       | 2,226,478          | 2,539,980          |
| Office supplies                       |       | 4,156,071          | 4,538,803          |
| Clinic supplies and medicine expenses |       | 21,234,645         | 19,144,955         |
| Communication                         |       | 2,312,571          | 2,583,228          |
| Repair and maintenance                |       | 5,290,019          | 4,532,724          |
| PA contingency                        |       | 656,289            | 510,638            |
| Transport operating cost              |       | 389,584            | 1,392,523          |
| Other expenses - Postage and Cleaning |       | 963,388            | 1,637,543          |
| Bank charge and commission            |       | 1,839,866          | 1,834,294          |
| Loss on sale of furniture and fixture |       | 212,050            | -                  |
| Loss on sale of motor vehicle         |       | 7,959              | -                  |
| Loss on sale of equipment             |       | 2,328              | -                  |
| Programme related cost                |       | 34,529,041         | 45,290,068         |
| <b>Balance carried forward</b>        |       | <b>352,475,772</b> | <b>358,201,536</b> |





| Notes                                     | 2015<br>Taka        | 2014<br>Taka        |
|---|---------------------|---------------------|
| Balance brought forward                   | 352,475,772         | 358,201,536         |
| Office renovation                         | 7,836,607           | 267,631             |
| VAT and Income Tax                        | 134,079             | 6,108               |
| Overhead cost                             | 5,307,818           | 5,633,002           |
| Head Quarters shared cost                 | 1,360,071           | 13,329,358          |
| General operating/Administration cost     | 8,421,395           | 101,421             |
| Service charge transfer                   | 52,069,447          | 62,328,446          |
| Audit fee                                 | 110,000             | 699,150             |
| Fuel cost                                 | 1,865,864           | 1,047,827           |
| Contractual service                       | -                   | 285,800             |
| Bank interest refunded to Bangladesh Bank | -                   | 32,180              |
| Paid on rental equipment                  | -                   | 69,300              |
| PSTC contribution                         | 14,468,498          | 7,017,394           |
| Depreciation                              | 10,195,740          | 10,920,346          |
| <b>Total Expenditure</b>                  | <b>454,245,292</b>  | <b>459,939,499</b>  |
| <b>Excess of Expenditure over Income</b>  | <b>(39,511,654)</b> | <b>(13,042,778)</b> |
| <b>Total</b>                              | <b>414,733,638</b>  | <b>446,896,722</b>  |

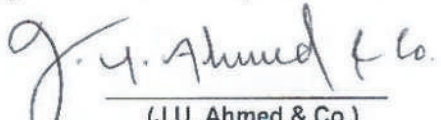
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 23.06.16  
 Chief Finance Officer

  
 Executive Director

  
 Treasurer

Signed in terms of our report of even date.

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

Dated: June 21, 2016  
 Dhaka





