

# Annual Report 2019









# Annual Report 2019

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



## Population Services and Training Center

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## Message from the Chairperson

For the first time being the chairperson of Population Services and Training Center (PSTC) it's my privilege to write a message for publishing the 2019 annual report. By the time of publishing this report the world is passing through the most critical time ever in the history with the global pandemic due to COVID-19. PSTC, being one of the leading public health organizations in Bangladesh, has completed its glorious 41 years of journey since its inception in 1978. Over the period, PSTC has served over 10 millions of people for improving health, living condition and social security. To uphold equal rights for human being, it has been playing a significant role in promoting welfare and development activities by engaging children, parents, disadvantaged, young people and women & girls to bring positive changes in their lives.

Bangladesh has been for last five years since it entered in the era of the Sustainable Development Goals (SDGs) from a solid base with its 17 goals that include: ending poverty, ending hunger, ensuring health and well-being, ensuring inclusive and equitable education for all ages, achieving gender equity, ensuring clean water and sanitation, clean energy, decent work and economic growth, combating climate change and promoting peace, justice and strong institutions. In line with SDG targets, PSTC is determined to realize the SDGs through its programs by focusing on five thematic areas: Population Health and Nutrition (PHN); Youth and Adolescent Development (YAD); Gender and Governance (GAG); Climate Change and Adaptation (CCA); and Skills Education and Training (SET). PSTC has been implementing several innovative projects in the above mentioned thematic areas. I am happy to mention herewith that in the reporting year, 2019 PSTC has served over 2 millions of people from its 70 operational sites, 11 clinics and has been working in 17 districts of Bangladesh. I appreciate the contribution of 353 experienced staff members for serving around 30,000 mothers and babies for safe pregnancy and deliveries, 35,000 numbers of adolescent for improving their SRHR situation, helping around 12,000 women to overcome from the effect of GBV, trained 2,500 volunteers, teachers, hospital services providers to reduce the risk of disaster and developed 19 community paramedics for serving the mother and child.

In recent times, NGOs in Bangladesh work under funding constraints and challenges as government of Bangladesh has set a plan to lift its status from lower-middle to an upper-middle income country by 2021. In the contextual changed situation, recently PSTC has adopted a Strategic Framework for the period of 2020-2025. Considering PSTC Strategic Framework as a vehicle for change, the major areas of actions that PSTC has been planned are: i) upholding rights, ii) empowering communities through ensuring participation, iii) serving people, iv) performing excellently, and v) creating examples of team spirit.

We remain confident in our ability to effectively manage our operations. Upholding our values and moving forward, we place great significance in good cooperative governance practice, including consistent and transparent communication with our all partners.

Also, we remain grateful to the NGO Affairs Bureau, Government of Bangladesh, development, funding and cooperating partners for their continuous supports in 2019. On behalf of members of the governing body, we appreciate our program participants, facilitators, volunteers, field office staff and their hard work to bring positive changes in the lives of the people in Bangladesh. Without their dedicated services, it was not possible to meet the needs of the disadvantaged people.

I would like to take the opportunity to express my deepest thanks to our management team for their commitment and contribution in the past year.

On 23 December 2019, PSTC has smoothly transitioned into a new governing body comprised of members from diverse backgrounds. The newly elected governing body has been closely working with the management team to serve the people as a whole. However, as a new chairperson of the board I am congratulating all the members of new board. I am humbled and honored to work with these dedicated fellow members. And, for this year, we agreed 'rebuilding' will be our main focus for moving towards sustainability.

Finally, my heartiest thanks to all the PSTC's health workers, management for their dedicated work to fight against COVID-19 and I hope PSTC will work with government and development partners to overcome the pandemic situation. I am proud of the PSTC family working as a team. Together we can face any hurdle with confidence!

Dr. Md. Golam Rahman

2019 was an eventful year to say. Nationally we had new government, successively for the third time by the same party following the election held in end 2018 which gives us a continuum of progress in development sector. Internationally much talked ICPD +25 held and we all reviewed our journey from Cairo to Nairobi. For PSTC, the year was definitely a tumultuous year. Change in global strategy of support, donors' shift in interest, Bangladesh government's strong stand on various issues of development compelled PSTC management and Governing Body think differently. Thus forming new Strategic Framework (StratFrame) for PSTC was obvious.

In August 2019, PSTC entered into the 4th phase as one of the implementing partners in 'Urban Health' intervention through Ministry of Local government and Cooperatives supported by the Asian Development Bank. USAID supported 'Marking Innovations for Health' continued through Social Marketing Company. And PSTC's own initiative PSTC Model Clinic completed its first year of operation.

One of the successful projects of PSTC, SANGJOG completed its implementation for the vulnerable young key populations (VYKP) supported by the Embassy of the Kingdom of the Netherlands (EKN) in Bangladesh. Another youth initiative to stop 'Child Marriage' known as 'Hello I Am (HIA)' supported by IKEA Foundation through Rutgers continued with great momentum. By the end of the year, we received the good news of cost extension 'Unite for Body Rights (UBR)' with a request to host UBR Alliance's Program Support Unit (PSU) which is also supported by EKN.

PSTC was very active in different for a, especially on the issues of Gender, SRHR and young people. Observing International Women's Day collectively with different platforms like, Right Here Right Now (RHRN), Unite for Body Rights (UBR) and Hello I Am (HIA) consortia was much appreciated by the stakeholders for raising voices collectively for Women Empowerment (WE) and against Gender based Violence (GBV). The project to 'Create Space' for women to stand against Child Marriage and Violence against Women and Girls (VAW/G) continued in Faridpur with the support of Global Affairs Canada (GAC) through Oxfam UK.

The year was enthusiastic for PSTC as its work was recognized by the development partners. Plan International's trust on PSTC encouraged PSTC and its team players for starting two new projects in a row: Strengthening Urban Resilience Project, phase II (SUPR II), and Featuring Green Earth (FGE).

For the first time in PSTC's Community Paramedic Training Institute (CPTI) received huge responses in 2019 enrolment. Highest ever sixty six students' enrolment was a recognition of PSTC's quality dedication to provide skills education and training. Similarly, PSTC's sister concern, TRACE could organize two international training in Bhutan and India on 'Sexual Reproductive Health and Rights (SRHR)', one of the showcase training provided by PSTC.

The global recess in funding from development basket triggered PSTC in thinking which led PSTC to devise new StratFrame for 2020-2025, a 6-year framework that received Governing Body's (GB) nod at the end of the reporting year. The framework outlined PSTC's sustainability effort in three-prone ways: organizational, programmatic and financial.

PSTC relentlessly worked together with its partners to make interventions, advocated for the overall implementation of SRHR, especially women and young people in Bangladesh and with close collaboration with Government of Bangladesh. PSTC management thinks developing 'Plan of Actions (PoA)' based on approved StratFrame will help us moving forward in our unique way. PoA and StratFrame will be the key instruments for PSTC to stand with strength and build PSTC strong.



## Reflections from the Executive Director

A handwritten signature in blue ink, which appears to read 'Dr. Noor Mohammad'.

Dr. Noor Mohammad



Improved quality of life  
of disadvantaged  
people of Bangladesh.



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 a  
sustainable way.



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.



# Overview of PSTC

## Who We Are?

Population Services and Training Center (PSTC) is a non-government, not for profit voluntary organization. It has started its journey 42 years back, to improve the quality of life of the poor and socially disadvantaged people. It is the inheriting entity of its previous organization, Family Planning Services and Training Center (FPSTC) formed in 1978. It is –

- Registered with the Directorate of Social Welfare in 1995 and with NGO Affairs Bureau in 1996
- Affiliated with Directorate of Family Planning in 1997

## Evolution of PSTC and Prosperous Past History

PSTC evolves under the leadership of eminent citizen of the nation, former defense personnel, valiant freedom fighter, successful professional and endowed with Independence award [Shadhinata Padak] 2020, Commander (Rtd.) Abdur Rouf. He had been the first-ever Chief Executive of the then FPSTC. Later on he led the initiative to turn a project into an organization known today as PSTC and become the founder of the organization.

PSTC has earned significant achievements since its inception. It played a crucial role in the history of developing civil society organizations in Bangladesh while contributing not only in the formation but also in the development of around 82 NGOs, to supplement and complement national health, nutrition and population programs in the last 40 years. PSTC played a noteworthy role as the Member-Secretary of GO-NGO Coordination Committee, to augment coordination and collaboration between the government and non-government organizations. PSTC also acted as a key resource organization for Grants Management and Capacity Building for other national and local NGOs.

**PSTC Works for** the improvement and uphold the standard of livelihoods of poor and socially disadvantaged people by undertaking various programs and projects around the country

It has been implementing of various programs and projects particularly in the field of



**Population Health and Nutrition (PHN),**



**Youth and Adolescent Development (YAD),**



**Gender and Governance (GAG),**



**Climate Change & Adaptation (CCA) and**



**Skills Education and Training (SET).**

It has been in its operation through 108 offices with 56 clinics in 20 districts of Bangladesh.

PSTC is tirelessly working to ameliorate the health, and living conditions for the marginalized population of the country, ensuring gender equality through various sustainable health and social interventions, under the following thematic areas throughout the country.



## Operational Area and Workforce

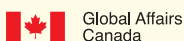
PSTC has been in its operation through 70 offices with 11 clinics and has been working in 17 districts of Bangladesh which are Dhaka, Gazipur, Faridpur, Kishoreganj, Brahmanbaria, Narsingdi, Chattogram, Cox's Bazar, Dinajpur, Rajshahi, Barishal, Jashore, Kushtia, Khulna, Jamalpur, Noakhali and Lakshmipur.

A number of 353 workforces are currently involved around the country to carry out the PSTC's missions. The male - female ratio is 1:2.

## Our Networks

PSTC is currently leading a Consortium 'Hello I Am' towards ending child marriage. PSTC also member of different national network on promoting child rights; youth leadership; gender equality, and health rights of which Unite for Body Rights (UBR); Girls not Bride (GNB), Share Net Bangladesh, Network for Ensuring Adolescents Rights and Services (NEARS), DAWN Forum, Bangladesh Shishu Adhikar Forum (BSAF); Coalition for Urban Poor (CUP); Health Rights Movement National Committee, STI/AIDS Network of Bangladesh; Voluntary Health Services Society (VHSS), Water Supply Sanitation Collaborative Council for Bangladesh (WSSCC'B) are significant.

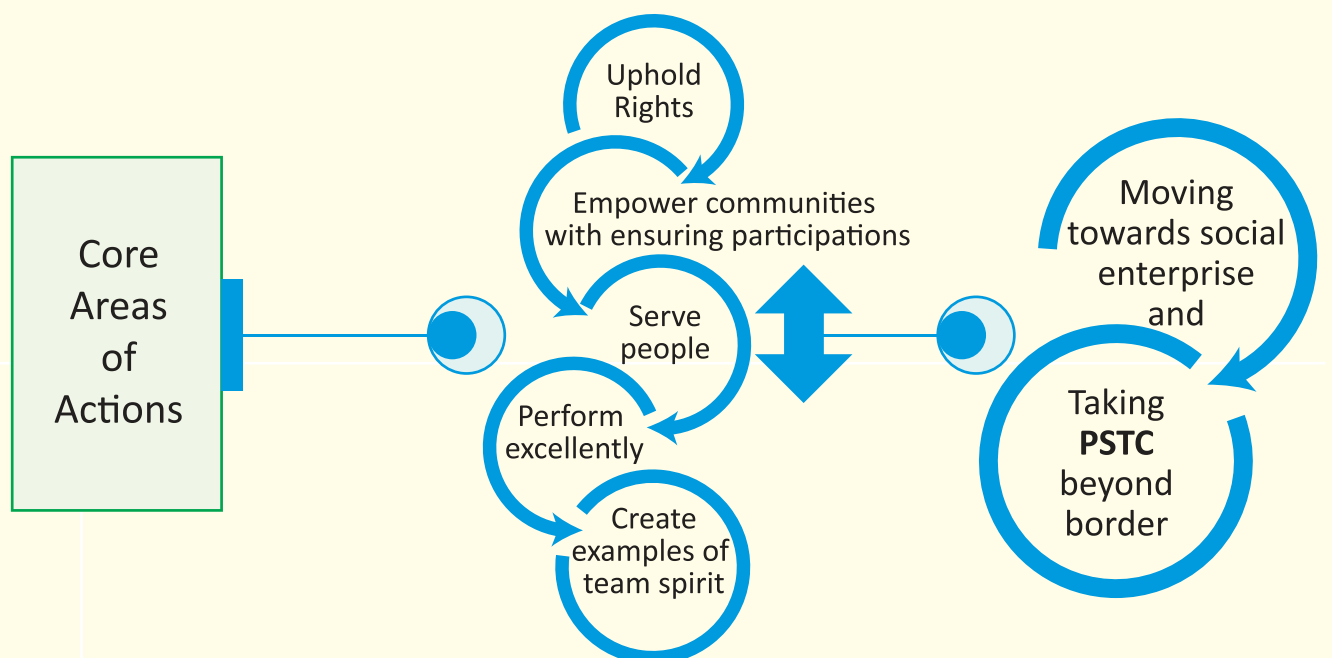
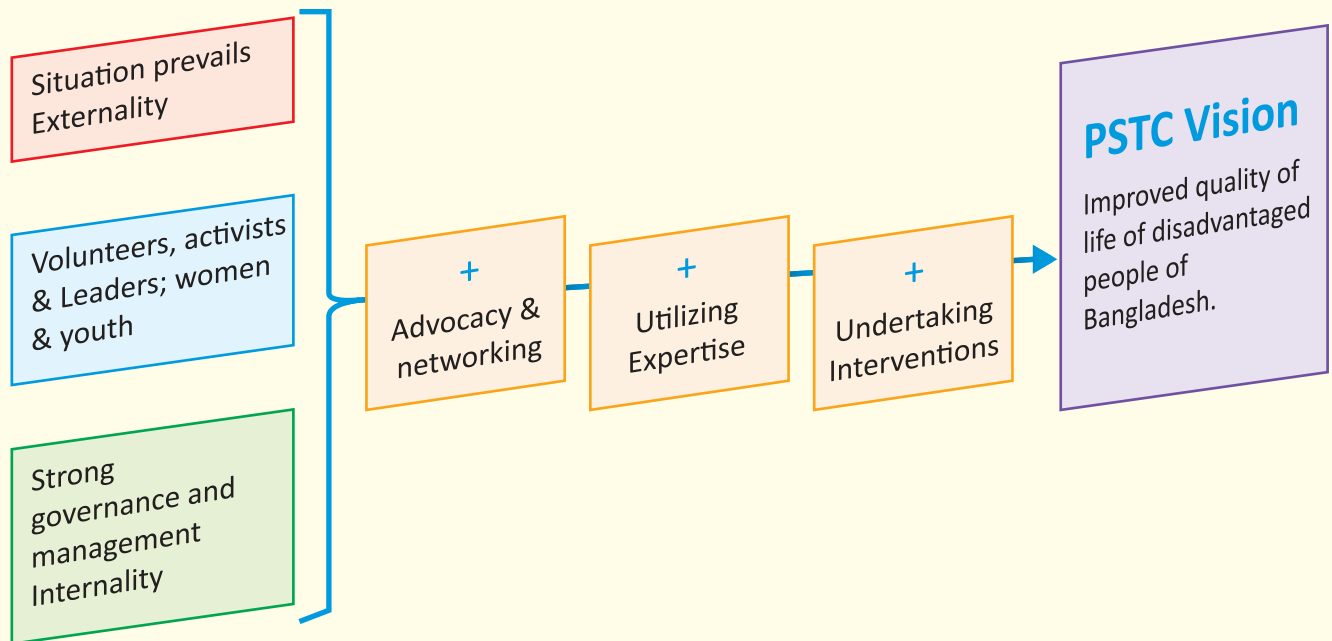
## Our Development Partners





## PSTC Strategic Framework for 2020 - 2025

Bangladesh in many aspects have achieved Millennium Development Goals (MDGs), and has been paving the path for the Sustainable Development Goals (SDGs) with the vision of being a middle-income country by 2021. With the shifting paradigm of the developing sector, recently PSTC has adopted its Strategic Framework for the period of 2020-2025 which is bold and aspirational vision of PSTC plans to achieve. The Framework is developed to respond global trends, local actions in line with socio-demographic status. The strategic direction to drive PSTC in future discourse have been determined utilizing PSTC's expertise developed in last four decades keeping young population in mind and taking the organization towards sustainability throughout all its programs and initiatives. The notion of working could be demonstrated in the following schematic diagram:



# Population Health & Nutrition



**Afford. Access. Attribute.**  
ensuring better health through providing quality service



## Afford. Access. Attribute.

PSTC being one of the leading public health focused organization acknowledges 'health' as a right and its stated objectives are to ensuring better health through providing quality services for all; to expand availability of client-centered affordable, accessible and attributable services and to motivate people to seek care based on their rights to health. Thus PSTC's one of the major thematic focuses is Population Health and Nutrition (PHN) services especially for underserved women and children in urban and semi urban areas for improving the quality of life of the people of Bangladesh. There exists a high level of commitment from the governing body of PSTC to bringing in primary health care (PHC) services close to the communities.

During 2019, PSTC provided high quality clinical services, and reached more than two hundreds thousands of people with health education & nutrition messages through its Urban Primary Health Care Service Delivery Project, PSTC Model Clinic and Marketing Innovation for Sustainable Health Development (MISHD) Project.

PSTC extended its cooperation to the local government of Bangladesh in implementation of Urban Primary Health Care Services Delivery Project (UPHCP) since 2000 with the financial support of Asian Development Bank. During 2019, PSTC was in operation in five Partnership Areas which are Dhaka South City (DSC PA-4-full 2019, PA-4- till June 2019, PA-5- till June 2019), Gazipur (GCC PA1 till June 2019), Rajshahi (RCC PA-2 till June 2019) and provided health care services from 23 Primary Health Care

Centers (PHCC) and 05 Comprehensive Reproductive Health Care Center (CRHCC) in the project areas.

The project aims to improve access, equity, quality, utilization and institutional sustainability of urban primary health care (PHC) services particularly for poor and women and children.

The project ensures ESD+ service package which contains- maternal care, population and family planning services, neonatal care, child health care, reproductive health care, adolescent care, nutrition, communicable and non-communicable disease control, limited curative care, behavior change and communication, diagnostic services and emergency transportation, Violence against women etc. Thus the project directly contributed to SDG-3: ensuring healthy lives and promote wellbeing for all ages; SDG-2: improving nutrition status, and SDG-5: towards attaining gender equality.

The urban poor of Bangladesh face more health risk than the rural poor. This may be attributed to fact that unlike rural areas, in urban areas there is no structured health facilities for the poor, the infant mortality rate is higher among slum children than non-slum children. The findings also show that there is a significant gap in health seeking behavior between the slum and non-slum populations

In order to ensure universal health coverage, PSTC with its long experiences on providing primary health care services in different city corporation areas, has initiated a primary health care and maternity clinic since August 2018 at Aftabnagar, Dhaka with its own fund named '**PSTC Model Clinic**'.





PSTC Model Clinic served mostly women, children's and adolescents who are disadvantaged and deprived financially and educationally. The goal of the project is to improve the health status of the urban population, especially the poor, through improved access to and utilization of efficient, effective and sustainable Primary Health Care (PHC) Services at an affordable cost.

During last year, PSTC Model Clinic ensured Comprehensive Maternal and Child Health Care through 24/7 quality services. The center incorporated all the attributable specialized services focus to ensure Essential Services Packages at an affordable cost. PSTC always prioritize quality of its clinical services and thus till now we had maintained 'o' maternal and infant mortality rate among 1076 safe deliveries.

Marketing Innovations for Sustainable Health Development (MISHD) program is another important venture of PSTC under its Population Health and Nutrition (PHN) component supported by SMC and USAID that aims to contribute to improvements in the health status of women and children in Bangladesh by increasing access to and demand for essential health products and services through the private sector. The initiative entitled 'Notun Din' community mobilization program since October 2012. In 2019 Notun Din continued its work to

improve the healthy development of the underprivileged people in 17 upazilas of 5 districts in 2 divisions throughout the country. Under this project, women were selected for entrepreneurs from the marginal community, commonly known as Gold Star Members (GSM). They were trained to enriching their knowledge on health and family planning, sharpening their skills on sales and distribution of health & family planning products as well as establishing themselves as change agents in the community.

Notun Din worked with married women at reproductive age (MWRA) and mother of under 5-years children to adapt healthy behaviours. It also connected the husbands of MWRA through different program sensitization activities, i.e., Mass Media Coverage, Folksong, Mobile Film Program etc. Adolescents are another priority group of Notun Din considering their future potential development. Notun Din sensitized adolescents at 13-19 age through education sessions on health and hygiene messages at school premises. It also involved community influential persons in support of the program through advocacy meetings and IPCs. PSTC has historical success in control population in Bangladesh. Notun Din raised awareness among newlywed couples on family planning and made access of Family Planning methods to delay child birth through trained Community Sells Agents. In this regard the project also oriented & motivated



Marriage Registers (Kazi) on improving their knowledge on delay marriage and thus reduce the population momentum. Different important national days relevant to population development were observed through rally, discussions and others innovative events.

In addition, PSTC has also been conducting a piloting of the cost effective Gold Star Member (GSM) activities in Belabo upazila under Narsingdi district since August 2018. The program increased access to affordable health & family planning products and services to expand use of Family Planning and improve health & hygiene practices through extensive marketing and BCC campaign at community level.

PSTC Notun Din and its GSMs also contributed by continuing the extensive sensitization for improving the nutritional status of children from marginal people through information, motivation and distribution of micronutrient powder 'MoniMix'.

Thus the Notun Din program of PSTC had contributed holistically for the population control, healthy development of adolescents and nutritional development of children from marginalized and hard to reach community of Bangladesh. The Government of Bangladesh recognized the contribution of Notun Din by rewarding PSTC Notun Din as the best NGO in 7 upazillas.

Notun Din Achieved Best NGO Awards: PSTC has received the 'The Best NGO' certificates in Monohardi Upazila of Narsingdi District; Pakundia, Hossainpur and Bajitpur Upazila of Kishoreganj District; Kamalnagar, Ramgati and Ramganj of Lakshmipur District along with the '2nd Best NGO' certificate for Katiadi Upazila of Kishoreganj District for improving the health status and increasing the Contraceptive Prevalence Rate (CPR) through implementing Notundin Program. Due to the outstanding achievement in family planning and health care related community mobilization program in these upazilas, Notundin program managed to attract the attention of local government officials to be considered as one of the excellent programs throughout the years.



## Serving Poorest of the Poor through Red Card Universal Health Coverage

*Hafiza Begum, (27 years) with 6 months pregnancy resided at Uttar Mugda with her husband, in-laws and a 10 years old son. Her husband 39 years old Towhidul Islam is a Rickshaw puller and only earning member for their family with monthly income barely reached Tk 6000. The maximum amount goes to pay out the monthly rent and food. Thus, their financial condition did not allow the luxury of spending on health care services for her essential pregnancy related care. The service promoter Asma Aktari used to pay a visit at Hafiza's house. She had tried to convince her to visit at the static clinic and consult with a medical doctor but she regretted. After several failed attempt, Asma talked with Field Supervisor and both of them again had tried to persuade her and her family members. Her husband told them that they could understand the necessities of Anti-natal care deliver at hospital but they were unable to bear expenses. Asma and her Field Supervisor talked with their Clinic Manager regarding this issue and requested her for a Red Card.*

*The Urban Primary Health Care Services Delivery project of PSTC has the mandate to ensure Universal Health Coverage. With the recommendation by Ward Commissioner, the clinic issued a red card for Ms. Hafiza and thus she had received all services during her pregnancy at free of cost. Now Hafiza is blessed with a beautiful and healthy baby girl.*





# Achievements

|                 |  |
|-----------------|--|
| <b>2,04,908</b> | clients were provided essential health care services from Primary Health Care Centers (PHCCs) and Comprehensive Reproductive Health Care Centers (CRHCC) of UPHCSD Project and PSTC Model Clinic |
| <b>63,746</b>   | clients were provided services totally free of cost through Red Card which is 32% of total clients   |
| <b>447,273</b>  | ESD+ services were provided from PHCCs and CRHCC of UPHCSD project and PMC   |
| <b>148,301</b>  | ESD+ Services were given totally free of cost which is 33% of total services   |
| <b>1,076</b>    | Safe Delivery were managed UPHCSD project and PMC  |
| <b>36,316</b>   | Pregnant women were served for ANC, PNC  |
| <b>7200</b>     | Neonate had received Essential Newborn Care  |
| <b>63,460</b>   | women of reproductive age (15-49 yrs.) provides modern contraceptive service   |
| <b>1,160</b>    | women of reproductive age (15-49 yrs.) provide long active/permanent method  |
| <b>63,452</b>   | <5 years children attended at facilities for Growth Monitoring, received Vitamin-A capsule during national campaign  |
| <b>30,688</b>   | <1 year children were vaccinated under EPI program   |
| <b>6,142</b>    | <5 years children attended for Diarrhoea received oral rehydration therapy (ORT) zinc and fluid  |
| <b>6,632</b>    | <5 years children of ARI cases treated by trained providers  |
| <b>12,476</b>   | children (5-16 years) received deworming treatment   |
| <b>12,336</b>   | Women of reproductive age (15-49 yrs.) who received TT   |
| <b>11,678</b>   | women of STI/RTI cases treated with syndromic approach guideline   |
| <b>1,605</b>    | women screening for cervical and breast cancer screening using visual inspections with acetic acid (VIA)   |
| <b>268</b>      | Women affected with violence were addressed through clinical services  |
| <b>209</b>      | patients were managed affected with Dengue Fever during the last year outbreak   |

# Youth & Adolescent Development



**Invest. Innovate. Intervene.**

investing in youth & adolescents help developing promising future



## Invest. Innovate. Intervene.

In order to facilitate better life for young people we need to invest for youth & adolescents, innovate new ways of intervening to overcome their problems and challenges. PSTC also thinks in the same line and believe investing in youth and adolescents help developing promising future.

The world cannot afford not to invest in young people [10-24 age group], the biggest segment [27% in the world, 17% in Bangladesh. Source: Lancet, 2011 and BDHS 2019] of population now-a-days. PSTC feels investing in young people also makes good economic and demographic sense. Especially when the issue of sexual reproductive health and rights issue comes. In the case of investing in adolescent girls and young women, the positive effects go beyond their participation, particularly in education, labor force and ultimately in decision making.

Innovate is the action verb that focuses on enabling young people to access accurate, credible and unbiased Sexual and Reproductive Health and Rights (SRHR) information in stigma free environments. PSTC beliefs in ensuring participation of the young people and to motivate young generation to come up with new ideas to improve the ways of life in overcoming the situation we are in, like, stopping child marriage, ensuring right information on SRHR and keep the youth & adolescents far away from all sorts of violence. To do this, we follow human rights based approach at the same time encourage young minds to think out of the box.

Culture sensitive programming is the right intervene technique that a community can undertake to realize the investment using innovative way. PSTC has been continuously

looking for innovative intervention/s to address the target population's problems and challenges. While PSTC explores the innovative interventions for the young people, PSTC moves with the vision – by the young people, for the young people, of the young people.

In 2019, PSTC continued working through three major projects known as Unite for Body Rights, Phase II (UBR II), Hello, I Am (HIA) and SANGJOG (Link Up).

UBR II project was in its last year of implementation in 2019. Following the human rights based approach (HRBA), the project concentrated in facilitating to uphold the body rights issues through which young people (at the age bracket of 10-24) would take informed decisions about their sexual and reproductive health (SRH) and have access to high quality, youth friendly sexual and reproductive health services within a supportive socio-cultural and political environment. The project targeted the young people living in poor rural and (semi) urban areas in 12 upazilas, irrespective of their age, gender, social background or sexual preference to know their rights. PSTC did work in two upazillas in Gazipur and Chittagong.

Since 2010 this initiative Unite for Body Rights (UBR) has been going on with the support from the Embassy of the Kingdom of the Netherlands (EKN) through an alliance known as URB Alliance where six national implementing partners (IPs) and three national technical partners (TPs) were involved. Besides two Dutch Technical Partners, namely, Rutgers and Simavi were also associated with this mega project. PSTC had been in the Alliance as one of the active implementing partners since the inception.



## Saving from forced marriage Sanjida continuing her study

*Sanjida Akter age 13 who is studying in class 7. She lives in Gazipur. She belonged to a very needy family. One day she went to her School to attend annual cultural function program. The function ended at 6pm as her house was quite far away from the school and also the road was not safe, one of her classmates Limon went with her. They have reached home by 7pm, however, some of the elderly people of her area saw Sanjida and Limon together and assumed they were in a love relationship. After that, both of their parents were called for action. While their parents have arrived, the locality have pressurized and enforced them to set their marriage right at that moment. Both of their parents got agreed. But Sanjida and Limon were not ready for marriage. Because it was not the right age for them for marriage. Even they were not involved in relationship, they were good friend of each other. They want to continue their study. Luckily, one of the community volunteers Shefali along with Munni, who is a network member of the adolescent group of Hello, I Am (HIA) project arrived at the scene. Initially, she talked with both the parents and discussed about the negative consequences of child marriage. Shefal has shared the bad experience of her sister who also got married at early age and how she has suffered throughout her life. But their parents didn't listen to her. Shefali didn't lose her hope. Next day, she went to HIA's project office and shared the story of Sanjida in details. One of the Project Associates (PA) of HIA project along with some of community leaders and Shefali went to Sanjida's house. They have sit with both of their parents and tried to convince them that Sanjida and Limon are not matured enough for a marriage. According to the law, child marriage refers marriage before 18 for girls and 21 for boys is not legal and a punishable act in Bangladesh. Later on, both of their parents understood the consequence of child marriage. Now Sanjida is continuing her study and pursuing herself to be in teaching profession.*





UBR's intervention stands mainly in three major pillars, namely, facilitating comprehensive sexuality education (CSE) in both in-school and out-of-school settings; providing youth-friendly services (YFS) on sexual and reproductive health; and creating enabling environment to ensure access to information and services for young people.

Since 2017, PSTC has been implementing another project titled, HIA centering young people. HIA has been working to create a supportive social environment that enables adolescent girls to enjoy their sexual reproductive health and rights, free from all forms of child marriage. PSTC not only implementing this initiative but also has been leading a consortium where other national NGOs, namely, Dustho Shasthya Kendra (DSK) and Reproductive Health Services Training and Education Program (RHSTEP) are included. BBC Media Action has been involved in the initiative to support through their expertise on communication material development. Dutch NGO, Rutgers has been coordinating the program from the Netherlands while IKEA Foundation has been the donor to support the initiative.

Life Skills education session, inter-generational dialogue, community campaign and utilizing the positive deviant people are the major approaches to facilitate the community to stop child marriage. HIA works in six upazillas where UBR project also exists and primary target group is female adolescents.

PSTC continued its work with young people in

2019 through another project known as SANGJOG [Link Up] which aimed to increase the Sexual and Reproductive Health and Rights (SRHR) of vulnerable young key people (VYKP) in Bangladesh through increasing better sexual practices and utilization of SRHR services by young people aged 15 to 24 years among the target groups of transport workers, pavement dwellers/street children, female sex workers and young people engaged in small trades and work as labor. It reaches Vulnerable Young Key Populations (VYKPs) through peer network.

Altogether a 3-year project had been in place since December, 2016. But the project started initially for 2 years later on extended for another year which came to an end in December 2019. SANGJOG had been in operation in seven districts of Bangladesh namely Chattogram, Cox's Bazar, Dhaka, Dinajpur, Gazipur, Jashore and Kushtia with the financial assistance from the Embassy of the Kingdom of the Netherlands (EKN).

During the implementation of SANGJOG, an emergency situation has been arisen in Ukhia, Cox's Bazar due to sudden influx of Rohingya population from neighboring country, Myanmar in August 2017. Considering the vulnerability of Rohingya Refugees for Sexual and Reproductive Health, SANGJOG has set up 2 Primary Health posts, focused on Adolescent Sexual and Reproductive Health and Rights at Balukahli and Kutupalong, Ukhia, Cox's Bazar.



## Young Girls are Most Vulnerable in Rohingya Camps

*Mariam an unmarried girl of 16 years old lives in Kutupalang, Bangladesh, the world's largest refugee settlement. From the last few days she was feeling nausea and vomiting. She also felt tired all the day. Moreover, in the last month she missed her period. Once she came to SANGJOG Health Post with a senior female relative. After having discussion with doctor and having a urine test it revealed that, she became pregnant. After a thorough discussions it also understood that it was due to sexual abuse while they were in Myanmar. Out of wedlock pregnancies are not accepted by the Rohingya population. So, Mariam and her relative became worried and scared. She was then linked with SANGJOG counselor. With vigorous mental health counseling it was decided by Mariam and her family representative to have an abortion considering social unacceptance in relation to unmarried pregnancy. Even they expressed that they would try for abortion at home with traditional methods. Then Mariam was counseled on health hazards of unsafe abortion and linked with a maternity center for safe abortion. Thus she relieved from her worries as well as of social, economic, physical and mental health consequences. After few days she became fully recovered.*

*Like Mariam significant numbers of young girls resides at Rohingya Camps having unwanted pregnancy without marriage were provided health and counselling services through SANGJOG health posts in Kutupalong and Balukhali of Ukhia, Cox's Bazar.*





# Achievements

49,861

Young People, VYKPs were reached during the reporting period in 2019 through its different activities focusing on SRHR and HIV/AIDS through UBR, HIA and SANGJOG project implementation

61,484

IEC, SBCC materials, modules, manuals were developed with SRHR information and distributed among young people to increase their knowledge

56

Radio show were developed on ASRHR issues and were broadcasted at the national level TV channel

16,931

Young people were connected through newly incepted interactive web page (Ucon) with SRHR information. A panel of experts also had responded about queries raised by young visitors on SRHR

17,039

Students from schools madrasa and VYKPs were orientated through Comprehensive Sexuality Education (CSE) sessions (MMW and others).

25,255

Parents, teachers, community leaders were sensitized on adolescent sexual and reproductive health needs that has contributed to create enabling environment to address the ASRHR issues

80,220

Young people were provided Health Care, Counselling, Reproductive Tract Infections (RTIs)/Sexually Transmitted Infections (STIs) services through UBR YFS center, Health camp and youth corners in Govt. health facilities

26,434

Radio show were developed on ASRHR issues and were broadcasted at the national level TV channel

# Gender and Governance



**Explore. Engage. Empower.**

promoting equality, eliminating violence against women & girls  
and establishing good governance



## Explore. Engage. Empower

With the target of promoting gender equality, eliminating violence against women & girls and establishing good governance, PSTC has been working for decades with several stakeholders. To explore the situation is a continuous effort of PSTC that contributes to violence against women and girls at the same time how we could overcome the concerned situation we are in. Having said concerned situation, we already know that it's a grave concern in Bangladesh. The exploration resulted to learn that child marriage is still one of the major concerns that confirms the gender based violence is a life cycle happenings.

In order to overcome the situation we are in, engage different stakeholders is one of the major strategies PSTC has been following. Especially, the victim of the curse, the women and girls' engagement is the forefront strategy to combat gender based violence. In this initiative the adolescent girls, their parents, the community gatekeepers, teachers, even the victims of child marriage and violence are our pool of engaged groups with whom we collectively try to come out of this unwanted situation.

Empower is the key word we believe to be at the center point of all of our interventions. Empowering women and girls could help stop child marriage at the same time can combat any type of gender based violence. Achieving gender equality also can become a reality through empowering women and girls. While PSTC talks about empowerment, it starts from providing life skills education, thereby empowering with knowledge, making available options for livelihood, thereby economic empowerment, ensuring participation in decision making.

PSTC focused its activity on gender and governance in 2019 through Creating Spaces (CS) project mainly through its interventions that are being implemented in Faridpur district. The words – Creating Spaces are literally meaning to take action to combat violence against women and girls with the target of reduced violence against women and girls and reduced prevalence of early and forced marriage in Bangladesh.

Since October 2016 this initiative Creating Spaces has been going on with the support from Global Affairs Canada through Oxfam UK. Part of one of the

Regional project which has been in implementation in several countries of Asia that include Bangladesh, India, Pakistan, Nepal, Indonesia and Philippines, In Bangladesh five partner NGOs, namely, Pollishree, BNPS, Usha, WE Can, and PSTC are the implementors. PSTC has been implementing the project at 12 unions of Sadar, Bhanga, and Modhukhali upazilas under Faridpur district.

Major interventions for the CS project include advocacy to reduce child marriage, raising voices raising against child marriage, life skills sessions for enhancing self-esteem of young girls, creating options for livelihood for women and girls through skills training and providing equipment towards that livelihood, and mass awareness to ensure the dignity of women and girls.



## Sufia Begum, An example of overcoming economic adversity

*Sufia Begum, aged 28 years old who lives in Faridpur. She belonged to a very needy family. She used to stay with her mother. Her parents got separated when she was a child. Then they returned to her uncle's house. They were fighting for survival. At one point of time they could not afford their daily needs. Then, her mother decided to work as a day laborer. Although they were not financially stable, still Sufia continued her education. But things did not go as it was expected. When Sufia was in class 10, her mother and uncle set an arranged marriage for her with a person who lived nearby village. Sufia was not prepared but they forced her for marriage. After her marriage she did not able to continue her study. After a year, she was blessed with a baby girl. Everything was going good with Sufia and her family but after sudden death of her husband, things became difficult for her. There were no food in their house and survival became a challenged. But Sufia did not lose hope and stood by her family. She decided to start working to support her family and her daughter. For a year, she has survived sewing 'nakshi khata'. After one year she bought a sewing machine, but her income was not enough as her service was very limited. She has no training on tailoring. One day she came to know about a free cost training on tailoring. The training was offering from PSTC for those women who wants to be independent. She enthusiastically joined in the training. In the training she met with Upazilla Social Welfare officer and shared her hurdle time of life and aspiration for financial empowerment. With the recommendation from upazilla social welfare officer, she got VGD card. She also received full free training from PSTC for three months. Now Sufia is a trained and skilled tailor. Her productivity and capacity has been increasing day by day. Her monthly Income is 3000-4000 BDT. Now Sufia starts her day with a smiling face and now she is confident enough to fulfil her family needs.*





# Achievements

9

Child marriage initiative stopped by the youth group members

2

UP member pledged to take every efforts to stop child marriage and take action for reducing VAW/G

15

women and girls became leader of community groups

5

women were capacitated as mentors

5

girls and women led the roles to stop child marriage

21

women and girls were linked with department of women affairs for skills training

9

Child marriage initiative stopped by the youth group members

3

women linked with private sectors for job as per their skills and qualities

2

experienced women linked with BLAST for getting their dower and Mediation

3

women and girls were assured to be enlisted for widow allowance from department of social services in in Madhukhali Upazila

3

Trained women and girls reported getting legal aid from referred organization

3

experience women get sewing machines as equipment for their livelihoods

10

women and girls received training and completed mentorship and get positive response to involve them with economic activities

# Climate change and Adaptation



**Connect. Contribute. Collaborate.**

responding to climate changes to reduce vulnerability and strengthening resilience



## Connect. Contribute. Collaborate

PSTC believes Climate Change is the crucial issue of present time. It is an urgent threat to humanity and connected with all other development agenda. Bangladesh's climatic features make it highly susceptible to many natural hazards e.g. drought, cyclones, earthquake. Earthquake has a great impact on urban areas rather than rural areas as a consequence of unplanned urbanization & high concentration of people and assets.

In the past few years, man-made hazard like Fire has also become very common disaster in urban areas particularly in Dhaka city with severe outcomes. In 2019, Bangladesh Government acknowledged that climate change problem has become the climate change 'emergence'. This means that we need to prioritize it like we have never done before.

Drawing on 41 years of experiences, PSTC has made significant efforts to reduce disaster vulnerability through significant investments in protecting lives. PSTC is thinking if we really going to adapt to climate change, our approach needs to be more collaborative and transformative. From this thought, under the thematic area of 'climate change and adaptation' PSTC has been captivating initiatives to advance climate solutions particularly in urban areas.

To uphold the aim of climate solutions one of the important strategy of PSTC is to Connect people. To reduce vulnerability of disaster PSTC connect diverse set of stakeholders' especially students, teachers and education workers, hospitals, garments, community volunteers, national and district representatives and

community people who are at risk.

To part of this, PSTC has started a project since 2017 titled Strengthening institutional systems and governance mechanisms for improved earthquake preparedness and disaster response / Strengthening Urban Resilience project (SURP)-II. The project is taken action to contribute for increasing institutional capacity to operationalize inclusive policy, frameworks and planning which minimize urban disaster risks particularly earthquake and fire.

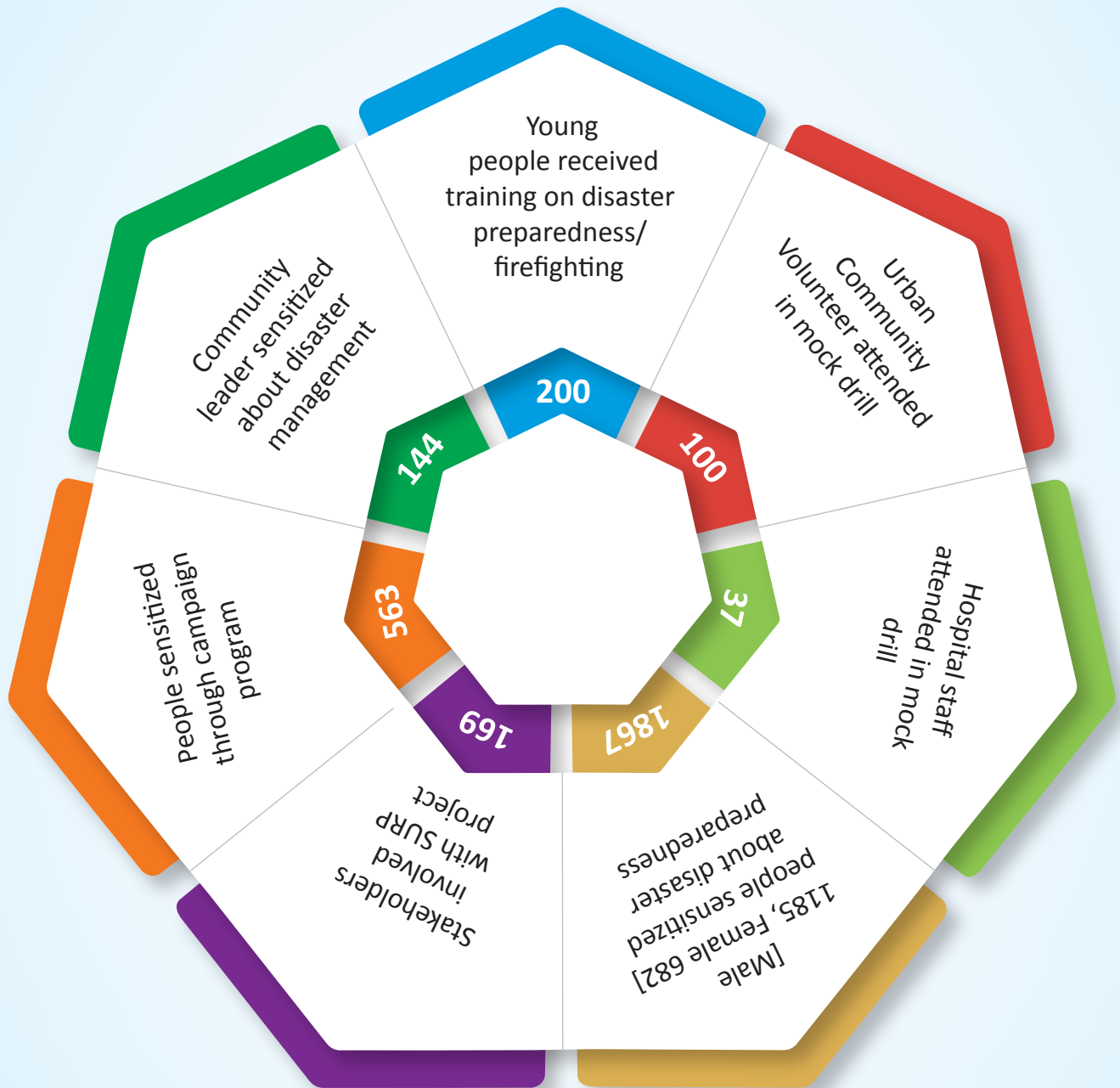
In addition, SURP-II project has been also focusing to collaborate with Ministry of Disaster Management & Relief (MoDMR) and Dhaka South City Corporation (DSCC), Bangladesh Fire Service and Civil Defence to strengthen urban governance on disaster management through multi-stakeholder engagement. PSTC also involves community volunteers to ensure community participation.

Moreover, this project is working to reduce the impact of urban hazards and risks in Bangladesh through the application of a systematic, inclusive and collaborative approach to enhance the earthquake preparedness and response capacities of urban stakeholders.

This is a consortium project implementing in partnership of Save the Children International (SCI) and Plan International Bangladesh (PIB) financed by European Commission - Civil Protection & Humanitarian Aid Operations – ECHO. PSTC is working under areas in Ward no. 47, 49, 58 & 59, Dhaka South City Corporation (DSCC).



# Achievements





# Skills Education and Training



**Learn. Lead. Live.**

providing skills, education and training help creating livelihood options

## Learn. Lead. Live.

Since inception, PSTC has special focus on learning particularly Skills Development, Education and Training to enhance professional efficacy of an organization. Competent human resources are essential for leading effective development initiatives towards improving life status of people. In 2019 PSTC has continued its services to support people to increase their technical skills and knowledge efficiency in applications of information, ideas, theories, and formulas to improve the lives and living condition of the people.

The organization has a renowned past in organizing, designing and imparting training curriculum and course through its Training and Communication unit. Recently PSTC Management has newly branded its Training and Communication unit in a new initiative named Training, Research & Consulting Enterprise (TRACE) for offering training to the professional, services providers, front line development workers, local level organizers, Community Volunteers and other segment of people. TRACE has already successfully organized national and international training courses for the professionals and community stakeholders.

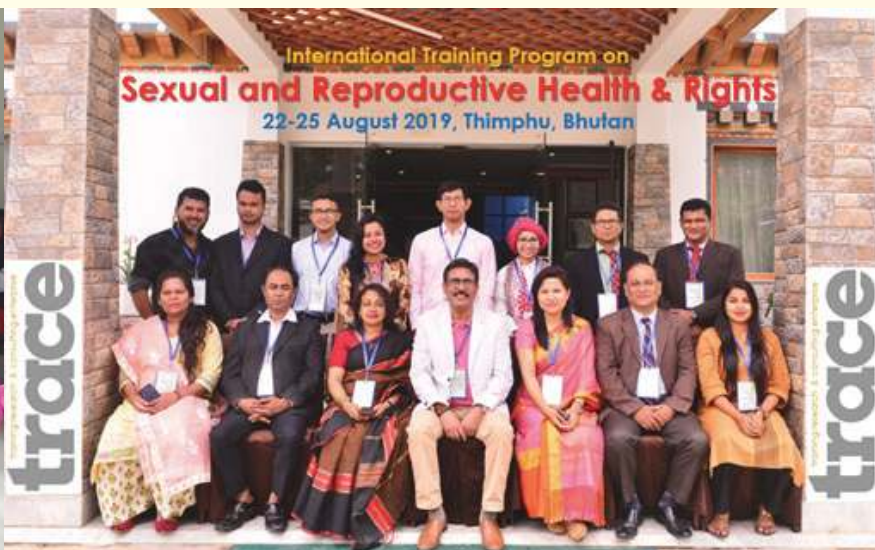
Appropriate Training venue is an inevitable part of training courses. With this point of view PSTC established its own training complex in 2010 on the 02 acres of land in a very calm and natural environment. The aim was to establish a development institution which will contribute to enhance the management capability of PSTC's different level staff and offer similar services to others organization working in the development sector in a cost effective manner.

The Gazipur complex is situated inside the vowel forest. The complex has 2 training halls with a capacity of 200 participants and one classroom has

a capacity of 40 participants. For residential training the complex has overnight accommodation for 62 participants, and dining facilities.

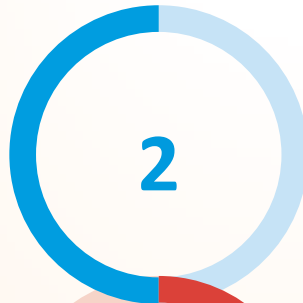
During the year 2019 different projects of PSTC and national & international development organizations conducted training in this venue by renting the facility, among them SMC, BCCP, DSK, CARE Bangladesh, UBR Alliance, ActionAid, Practical Action, NHSDP/ Pathfinder used this facility for their own program.

PSTC also has been operating the Community Paramedic Training Institute since 2012 with the permission and affiliation of the Nursing and Midwifery Council of the Ministry of Health and Family Welfare of Bangladesh. Maternal and Child mortality rate in Bangladesh is still significantly high. In this regard, the government of Bangladesh has taken the initiative to provide skilled health services at community level through Community Clinics. But there are huge shortage of skilled Community Paramedics in Bangladesh. In order to ensure maternal and child health care in rural areas of 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. Under this regulation, PSTC has initiated the 2-years long course 'Community Paramedic Training Institute (CPTI)' aiming to develop 'skilled paramedics' so that they can serve people who are poor and socially disadvantaged in the rural area of Bangladesh that will contribute towards the vision of PSTC 'improve quality of life of disadvantaged people of Bangladesh'. During last year 52 students were enrolled for the session July 2019-June 2021. At present 127 students are serving the country after completion of their course towards reducing Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR).



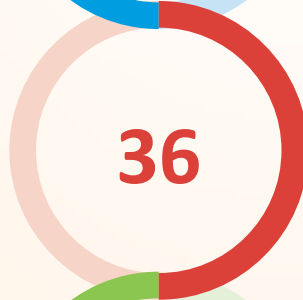


# Achievements



International training courses were organized by TRACE of PSTC on Sexual and Reproductive Health and Rights.

Professionals have obtained the special courses on Sexual and Reproductive Health and Rights and are now contributing in effective implementation of their assigned projects



Community level stakeholders (Teachers, Marriage Register, Public Leaders, Religious Leaders, and Young Volunteers) were trained and are now working for stop early marriage and prevent violence against women.

Students were enrolled for the session July 2019-June 2021 of Community Paramedic Training Institute (CPTI)



CPTI students have graduated and are now serving mother and children as a community paramedic registered with Nursing and Midwifery Council.

Trainings were organized for the professionals of different development organizations utilizing the PSTC Training Complex.



# PSTC Governing Body



**Dr. Md. Golam Rahman, Chairperson**

An educationist, media researcher and communication expert, Dr. Md. Golam Rahman is the Chairperson of PSTC. Dr. Rahman is the immediate past Chief Information Commissioner of the Information Commission of the Government of Bangladesh. He also served as the Chairman of Bangladesh Sangbad Sangstha (BSS), the State News Agency. Initially started his career as journalist, he moved to teaching profession and taught journalism and mass communication for more than four decades, mainly in the University of Dhaka. Dr. Golam Rahman was the Pro-Vice Chancellor of Daffodil International University (2014-15) and the Professor and Head of Department of Language and Communication Studies of the University of Technology, Papua New Guinea (2008-1010).

**A S M Mahbubul Alam, Vice Chairperson**

Former Secretary to the Government of the People's Republic of Bangladesh, Mr. A S M Mahbubul Alam is the Vice Chairperson of PSTC. During his long career in the civil service, Mr. Alam served as Deputy Commissioner of Kishoreganj. He had also been with the Bangladesh Parliament as Joint Secretary and different Projects' Director and worked closely with UN agencies like UNFPA, UNDP, and other development organizations like, World Bank, Asian Development Bank, etc.. He served in the Ministry of Information also and his last working ministry was the Ministry of Local Government, Rural Development and Cooperatives before his retirement. An urban and local govt. specialist Mr. Mahbubul Alam has been also providing his expert support to UNDP as an advisor.



**Gitali Badrunnessa Hasan, Treasurer**

A writer, director and well-known media personality, Ms. Gitali Badrunnessa Hasan is the Treasurer of PSTC. Popularly known as Gitali Hasan is a graduate of Chittagong University where she has her Masters in Sociology with Hons. Ms. Hasan initially started her career as Trainer in the arena of development field and became Master Trainer for Family Health and Counseling. Later she dedicated to writings and so far published more than 30 novels. She became associated with media more closely with the launching of Channel I and regularly writes and directs drama. Since 1997 Ms. Gitali writes Script for film and in 2006 she was awarded Kalakar Puroskar from India for her movie script writing O Amar Chhele. In 2013, she started directing movies with Priya Tumi Sukhi Hou.

**Dr. Mohammad Bellal Hossain, Member**

A population scientist, demographer, researcher and academician by profession, Dr. Mohammad Bellal Hossain is one of the GB members of PSTC and has been teaching in the Department of Population Sciences, University of Dhaka. He was one of the first recruits of the department and already in the profession for more than two decades. A sociology graduate of University of Dhaka with Hons, Dr. Bellal later had his second Masters from University of Sydney in STI/HIV Medicine and PhD in Public Health and policy from the London School of Hygiene & Tropical Medicine. Dr. Bellal also served as the department Chair during 2012-2015. Dr. Bellal Hossain is one of the senior Professors of the department and published many articles in the peer reviewed journals both home and abroad.







#### **Sanjeeda Islam, Member**

A youth and adolescent expert, nutrition specialist and development communication practitioner, Ms. Sanjeeda Islam has been in the development arena for more than three decades. Ms. Islam is also a GB member of PSTC. A graduate though in English literature from the University of Dhaka, she had her Master of Public Health (MPH) from NIPSOM topping the list of achievers. Ms. Sanjeeda started her career with Johns Hopkins University, Center for Communication Programs (JHU-CCP), initially as Senior Program Officer and subsequently as Director Programs. Her experience in communications helped her launching Bangladesh Center for Communications Programs (BCCP) along with other initiators. He provided her expert services to Save the Children Australia, UNICEF, Bill & Melinda Gates Foundation and many more organizations.

#### **Md. Wahiduzzaman Chowdhury, Member**

A public health expert and a very well-known professional in the area of public health, Mr. Md. Wahiduzzaman Chowdhury is also a GB member of PSTC. He is having about four decades of experiences working in both home and abroad. Mr. Wahid Chowdhury worked with The Asia Foundation for long, later he moved to Marie Stopes as General Manager in late nineties. He also served Afghanistan for about three years with Management Sciences for Health (MSH). A sociology graduate of University of Dhaka with Hons, Mr. Wahiduzzaman had his advanced Diploma in Public Health from the Johns Hopkins University, USA. He is expert on designing evidence based health projects which later on were being implemented with different donor supports like USAID, DFID, ADB, GIZ, EC and UNFPA.



#### **Advocate Rehana Begum, Member**

By profession a Lawyer, Ms. Rehana Begum has been in the law business for about two decades. She has been also serving PSTC as GB member in the current board. An affiliate advocate of High Court and Dhaka Judge Court, she also has been serving as Assistant Public Prosecutor of Dhaka Judge Court. Academically a graduate of Chittagong University in Political Science, she had her Law education from Sylhet. An active cultural personality, Ms. Rehana Begum is also a singer and lyricist. She is an enlisted Lyricist with Bangladesh Television and Bangladesh Betar. She is associated with many social works and organizations including PSTC.



#### **Dr. Noor Mohammad, Member Secretary**

An ex-officio Member Secretary of PSTC Governing Body, Dr. Noor Mohammad has been leading the organization, PSTC since Jan 2015. Dr. Noor has three masters in his credit: M.Sc. in Geography and M.Ed. from the University of Dhaka and MPH from the University of North Carolina at Chapel Hill, USA. He was awarded the Best Student Award for achieving highest grade point average in the session. Later on he did his PhD in Population Education. Having more than three decades of professional experiences and a known professional in the arena of Public Health, Dr. Noor has wide experiences of working with government, NGOs, INGOs, UN, research organizations, development agencies in different portfolios. This is to mention that Dr. Noor was also with Bangladesh Civil Service (7th Batch).



# Top Management



**Dr. Noor Mohammad**, Executive Director

Dr. Noor Mohammad has more than three decades of experiences both in programs and research in the field of Population & Development (P&D). He is one of the pioneer adolescent & youth specialists of Bangladesh. He has also had expertise in program design, developing MIS, facilitating research and training. Having had MSc, MEd, MPH, PhD in his credit Dr. Noor did work with govt., INGO, UN, and research organization.



**Dr. Md. Mahbubul Alam**, Head of Programs

Dr. Md. Mahbubul Alam has about two decades of experiences in the field of Public Health both in country and abroad with academic credit of MBBS & MPH. Dr. Alam is also well experienced in leading team, program development & management. He is also a clinician by profession and leading PSTC's Community paramedic Institute as Principal.



**Dr. Sushmita Ahmed**, Team Leader

Dr. Ahmed has more than 15 years of experiences on program implementation, advocacy and partnership building, monitoring and evaluation. She is an MBBS & MPH by academic background. Dr. Ahmed also developed her expertise on urban health, ending child marriage and nutrition.



**Zohurul Islam**, Team Leader

Mr. Zohurul Islam has about 29 years of experiences in the field of development activities with his Project Management and Training expertises. Mr. Islam also has vast experiences in community level enterprenurship development in the field of marketing innovation for sustainable health management. He is having double Masters in History and Business Administration.



**Anita Sharif Chowdhury**, Team Leader

Ms. Anita Sharif Chowdhury has about 18 years of experiences in working on reproductive health, maternal & child health and nutrition. She also have developed her expertise on Monitoring, Evaluation and Research. Ms. Chowdhury has Masters in Demography and Publcic Health in her credit. She has significant research publications in the similar field.





**Mohammad Azad**, Component Manager (HRA)

Mr. Mohammad Azad also has 29 years of working experiences with different national and international organizations in the field of human resources management. He is also having Masters in Mathematics with diploma in HRM.



**Kaniz Gofrani Quraishy**, Component Manager (GAG)

Ms. Kaniz Gofrani Quraishy has long experiences in the areas of project management and development in the field of Gender and Governance. She has taken active role in different national level women rights movements. She has Masters in Education and Public Health.



**Md. Tariqul Islam**, Manager (Internal Audit)

Mr. Md. Tariqul Islam is an expert on compliance & audit. He has long experiences on finance & accounts, internal control management and MIS. He has multiple academic qualifications in relation to his job and having LLB and Masters in Accounting. Mr. Islam is a certified general accountant (ACGA) and taking courses on Chartered Accounting (CACC).



**Syed Sirat**, Component Manager (Finance & Accounts)

Mr. Syed Sirat has good experiences of work with different national and international organizations in the field of finance and accounts management. He has been waiting for the award of his ACCA, and did his MSc. in Business and Management from UK.

# 2019 in Retro



Celebrating International Women's Day



Observing Bangla New Year



41st Anniversary Celebration

SRHR Training in Kolkata



16 Days of Activism





Drama: Development  
Caricature



Round Table Discussion on  
Adolescent SRHR



Annual Program  
Retreat 2019



Receiving Ambulance  
as a Gift for PMC

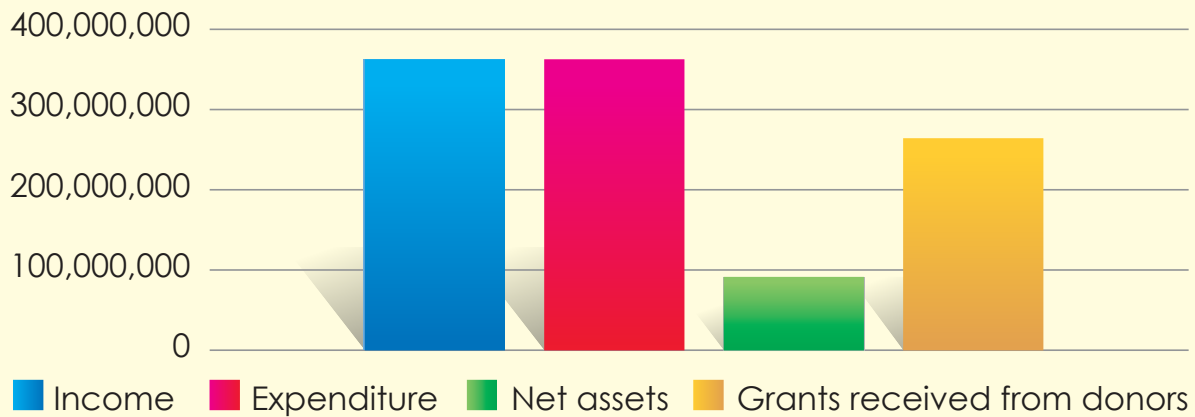


Transition of leadership

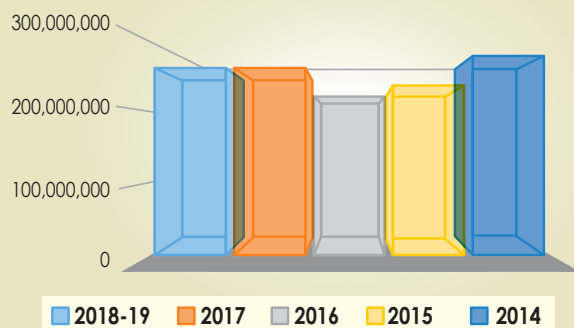
# Financial Highlight



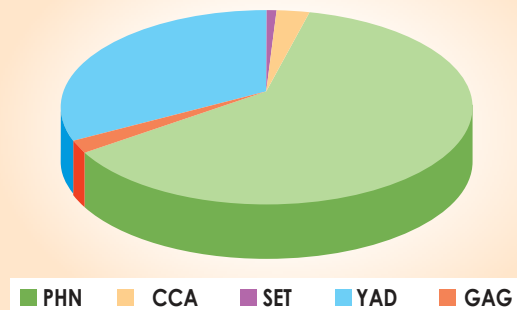
## Income and Expenditure of 2018-19\*



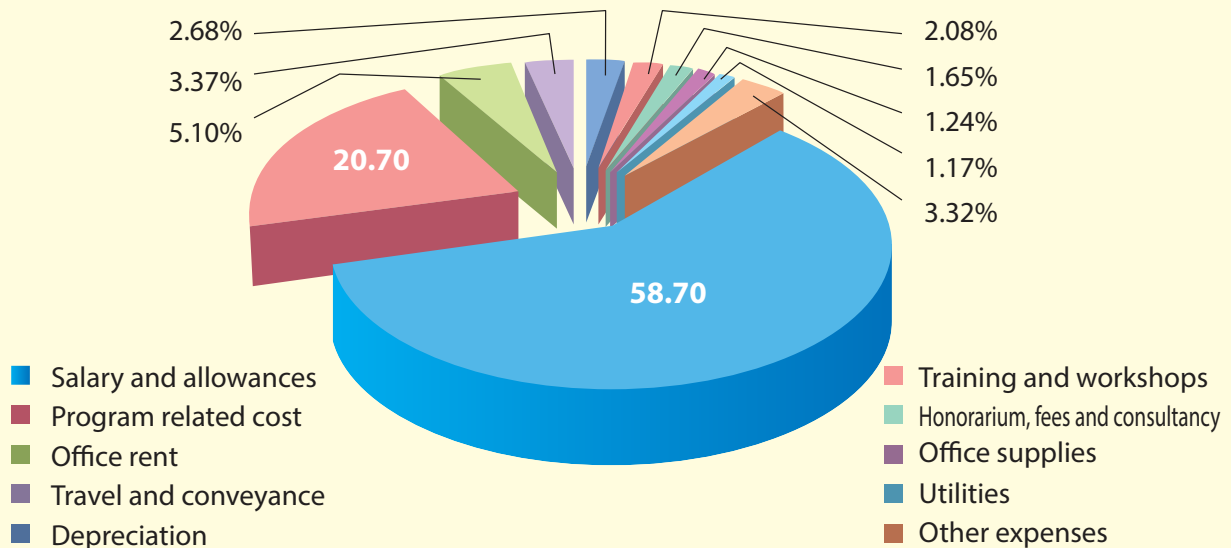
### Trend of donor funds



### Theme based fund allocation



## Expenditure Analysis





Population Services and Training Center

Statement of Financial Position (Balance Sheet)  
As at 30 June 2019

|   | 2019<br>BDT        | 2018<br>BDT        |
|---|--------------------|--------------------|
| <b>Assets</b>                             |                    |                    |
| <b>Non-current assets</b>                 |                    |                    |
| Property, plant and equipment             | 66,903,852         | 72,830,547         |
| Investment in micro credit programme      | -                  | 3,571,500          |
| Fixed deposit receipts (FDRs)             | 4,680,771          | 5,065,636          |
| <b>Total non-current assets</b>           | <b>71,584,623</b>  | <b>81,467,683</b>  |
| <b>Current assets</b>                     |                    |                    |
| Advances and prepayments                  | 8,095,722          | 4,486,466          |
| Advance against office rent               | 2,671,035          | 2,911,035          |
| Advance against secretarial work (FPAB)   | -                  | 3,400              |
| Cash and bank balances                    | 58,592,618         | 80,065,935         |
| <b>Total current assets</b>               | <b>69,359,375</b>  | <b>87,466,836</b>  |
| <b>Total assets</b>                       | <b>140,943,998</b> | <b>168,934,519</b> |
| <b>Capital fund and liabilities</b>       |                    |                    |
| <b>Capital fund</b>                       |                    |                    |
| Fund account                              | 91,769,610         | 94,002,753         |
| <b>Total capital fund</b>                 | <b>91,769,610</b>  | <b>94,002,753</b>  |
| <b>Current liabilities</b>                |                    |                    |
| Provisions                                | 49,174,388         | 74,931,766         |
| <b>Total current liabilities</b>          | <b>49,174,388</b>  | <b>74,931,766</b>  |
| <b>Total capital fund and liabilities</b> | <b>140,943,998</b> | <b>168,934,519</b> |

For and on behalf of Governing Body of Population Services and Training Center

Component Manager (F&A)



Dhaka, Bangladesh  
Dated, 28 November 2019

Executive Director

Treasurer

See annexed report of the date

S. F. AHMED & CO  
Chartered Accountants



Population Services and Training Center

Income and Expenditure statement  
For the year ended 30 June 2019

|  | 2019<br>BDT        | 2018<br>BDT        |
|--|--------------------|--------------------|
| <b>Income</b>                                      |                    |                    |
| Grants received from donors                        | 257,701,102        | 174,062,908        |
| Service charge and other income                    | 81,414,559         | 77,237,917         |
| General overhead recovery                          | 13,964,209         | 5,423,950          |
| Bank interest                                      | 1,668,988          | 631,999            |
| PSTC contribution                                  | 654,103            | 1,892,587          |
| Interest on FDR                                    | 210,775            | 162,924            |
| Gain/loss on sale of property, plant and equipment | 136,253            |                    |
| Annual subscription                                | 8,000              | 4,000              |
| Others   | 671                | 63,393             |
| <b>Total Income</b>                                | <b>355,758,660</b> | <b>259,479,678</b> |
| <b>Expenditure</b>                                 |                    |                    |
| Salary and allowances                              | 192,627,799        | 150,778,409        |
| Programme related cost                             | 67,917,211         | 29,118,593         |
| Service charge transfer                            | 18,066,665         | 17,814,614         |
| Office rent  | 16,745,433         | 9,979,494          |
| Travel and conveyance                              | 11,063,803         | 6,033,111          |
| Depreciation                                       | 8,796,008          | 4,652,336          |
| Overhead cost                                      | 8,322,301          | 2,907,788          |
| Training and workshop expense                      | 6,817,639          | 2,175,835          |
| Honorarium, fees and consultancy                   | 5,412,606          | 4,515,373          |
| Office supplies                                    | 4,072,362          | 4,405,622          |
| Utilities  | 3,832,287          | 3,327,970          |
| Repair and maintenance                             | 2,680,748          | 1,439,994          |
| Communication                                      | 2,351,528          | 1,425,686          |
| Fuel cost  | 1,931,320          | 1,388,099          |
| Printing and stationery                            | 1,864,295          | 1,558,334          |
| Head quarters shared cost                          | 789,191            | 375,804            |
| Bank charge and commission                         | 687,934            | 495,321            |
| Audit and consultancy fees                         | 501,000            | 505,000            |
| VAT and income tax                                 | 33,933             | 33,063             |
| PSTC contribution                                  | 25,740             | 1,742,587          |
| Postage and cleaning                               | 24,500             | 136,222            |
| Clinic supplies and medicine expenses              | 2,600              | 14,012,416         |
| General operating/administration cost              | -                  | 178,901            |
| Contingency  | -                  | 101,621            |
| <b>Total expenditure</b>                           | <b>354,566,903</b> | <b>259,102,193</b> |
| <b>Surplus for the year</b>                        | <b>1,191,757</b>   | <b>377,485</b>     |

For and on behalf of Governing Body of Population Services and Training Center

Component Manager (F&A)

Executive Director

Treasurer



Dh: Bangladesh  
Dated, 28 November 2019

S. F. AHMED & CO  
Chartered Accountants

# Population Services and Training Center

## Receipts and Payments Statement For the year ended 30 June 2019

|                                       | 2019<br>BDT        | 2018<br>BDT        |
|---------------------------------------|--------------------|--------------------|
| <b>Receipts</b>                       |                    |                    |
| <b>Opening balances</b>               |                    |                    |
| Cash in hand                          | 359,068            | 209,118            |
| Petty cash                            | 144,301            | 104,291            |
| Cash at banks                         | 76,106,609         | 77,788,134         |
| FDR                                   | -                  | 4,923,589          |
|                                       | <b>76,609,978</b>  | <b>83,025,132</b>  |
| Grants received from donors           | 275,597,624        | 181,881,492        |
| Service charge and other income       | 81,414,559         | 77,237,917         |
| Annual subscription                   | 8,000              | 4,000              |
| PSTC contribution                     | 654,103            | 1,892,587          |
| General overhead recovery             | 13,964,209         | 5,423,950          |
| Bank interest                         | 1,668,988          | 631,999            |
| Interest on FDR                       | 210,775            | 162,924            |
| Encashment in FDRs and other savings  | 3,501,807          | -                  |
| Advance realisation                   | 4,785,353          | 293,492            |
| Advance realised against office rent  | 240,000            | -                  |
| Loan from PSTC                        | 17,290,000         | 10,818,849         |
| Loan from others                      | -                  | -                  |
| Loan realised/refund                  | 15,267,125         | 21,784,750         |
| Sale of fixed assets                  | 557,000            | -                  |
| Other receipts                        | 671                | 63,393             |
| <b>Total receipts</b>                 | <b>491,770,192</b> | <b>383,220,485</b> |
| <b>Payments</b>                       |                    |                    |
| Salary and benefits                   | 219,426,364        | 147,490,191        |
| Honorarium, fees and consultancy      | 5,241,388          | 4,515,373          |
| Travel and perdiem/local conveyance   | 10,978,843         | 6,033,111          |
| Training and workshop                 | 7,228,322          | 1,765,152          |
| Office rent                           | 16,745,433         | 9,979,494          |
| Utilities                             | 3,811,778          | 3,327,970          |
| Printing and stationery               | 1,864,295          | 1,558,334          |
| Office supplies                       | 3,816,790          | 4,405,622          |
| Clinic supplies and medicine expenses | 2,600              | 14,012,416         |
| Communication                         | 2,343,728          | 1,431,166          |
| Repair and maintenance                | 2,657,108          | 1,446,341          |
| Fuel cost                             | 1,851,314          | 1,388,099          |
| Postage and cleaning                  | 24,500             | 136,222            |
| Bank charge and commission            | 660,621            | 495,321            |
| Program related cost                  | 67,226,357         | 30,315,706         |
| Contingency                           | -                  | 101,621            |
| VAT and income tax                    | 33,933             | 33,063             |
| Overhead cost                         | 8,322,301          | 2,907,788          |
| Head quarters shared cost             | 789,191            | 375,804            |
| General operating/administration cost | -                  | 178,901            |













### Population Services and Training Center

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