



Annual Report 2018

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



Population Services and Training Center

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PSTC Founder
Commander (Retd.) Abdur Rouf

Evolution of Population Services and Training Center (PSTC)

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

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Acronyms

A	AAB	Action Aid Bangladesh		NGO	Non-Governmental Organization
	ADB	Asian Development bank		NHSDP	NGO Health Services Delivery Project
	AIDS	Acquired Immune Deficiency Syndrome		NSV	Non Scalpel Vasectomy
	ANC	Antenatal Care		NVD	Normal Vaginal Delivery
	ARH	Adolescent Reproductive Health	P	PA	Partnership Area
B	BCC	Behavior Change Communication		PHC	Primary Health Care
C	C/S	Caesarean Section		PHCC	Primary Health Care Clinic
	CBDP	Community Based Disaster Preparedness		PM	Permanent Methods
	CBO	Community Based Organization		PNC	Postnatal Care
	CIDA	Canadian International Development Agency		PSTC	Population Services and Training Center
	CRA	Community Risk Assessment	R	RCC	Rajshahi City Corporation
	CRHCC	Comprehensive Reproductive Health Care Center		RFSU	Riks förbundet för Sexuell Upplysning
	CSAs	Community Sales Agents		RHSTEP	Reproductive Health Sexual Training and Education Program
	CSE	Comprehensive Sexuality education		RMG	Ready-Made Garments
	CSO	Civil Society Organization		RRAP	Risk Reduction Action Plans
	CWG	Community Watch Group		RTI	The Right to Information Act
D	DCC	Dhaka City Corporation	S	SBDP	School Based Disaster Preparedness
	DMC	Disaster Management Committee		SH	Sexual Harassment
	DFID	Department For International Development		SIDA	Swedish International Development Agency
	DPHE	Department of Public Health Engineering		SMC	School Management Committee
	DRR	Disaster Risk Reduction		TMT	Top Management Team
	DSCC	Dhaka South City Corporation		SoD	Standing Orders on Disaster
	DSK	<i>Dustha Sasthya Kendra</i>		SRH	Sexual and Reproductive Health
E	EKN	Embassy of the Kingdom of the Netherlands		SRHR	Sexual, Reproductive Health and Rights
F	FP	Family Planning		STD	Sexually Transmitted Disease
	FPAB	Family Planning Association of Bangladesh		STI	Sexually Transmitted Infection
	FPSTC	Family Planning Services and Training Center	T	T&C	Training and Communication
G	GB	Governing Body		TB	Tuberculosis
	GBV	Gender Based Violence		TBA	Traditional Birth Attendant
	GoB	Government of Bangladesh		TOT	Training of Trainers
	GCC	Gazipur City Corporation	U	UCHCP	Urban Community Health Care Project
H	HATI	HIV/AIDS Targeted Intervention		UFHP	Urban Family Health Partnership
	HFA	Hyogo Framework of Action		UNDP	United Nations Development Program
	HIV	Human Immunodeficiency Virus		UNFPA	United Nations Population Fund
I	IUD	Intrauterine Device		UNICEF	United Nations Children's Fund
L	LARC	Long Acting Reversible Contraceptive		UPHCP	Urban Primary Health Care Project
M	MDG	Millennium Development Goal		USAID	United States Agency for International Development
	MMW	Me and My World		URA	Urban Risk Assessment
	MoHFW	Ministry of Health and Family Welfare		USG	Ultrasonography
	MoLE	Ministry of Labor & Employment	V	VAW	Violence against Women
	MoLGRD&C	Ministry of Local Government, Rural Development & Cooperatives		VGD	Vulnerable Group Development
	MoSW	Ministry of Social Welfare	W	WAB	Water Aid Bangladesh
	MoU	Memorandum of Understanding		WASH	Water, Sanitation and Hygiene
	MR	Menstrual Regularization		WATSAN	Water and Sanitation
	MWRA	Married Women at Reproductive Age		WDMC	Ward Disaster Management Committee
N	NASP	National AIDS and STD Program	Y	YFSRH	Youth Friendly Sexual and Reproductive Health

Our Vision

Improved quality of life of disadvantaged people of Bangladesh.

Our Mission

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

Our Values

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





2018 is the remarkable landmark of Population Services and Training Center (PSTC). This year PSTC has completed its 40 years of journey since its inception in the year 1978. It is an honor and privilege for me being the chairperson of the organization to share the progress that Population Services and Training Center (PSTC) has made in the year 2018 towards its mission to improve the quality of life of the disadvantaged people of Bangladesh.

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

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

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

In the 40 years of eminent journey, PSTC has served about 3.5 million poor and disadvantaged people in both urban and rural areas of Bangladesh and contributed to improve the health, social security and living conditions for people of Bangladesh through undertaking different projects under its 5 thematic areas. PSTC has 33 clinics, 70 offices and 758 employees. During the year 2018, PSTC provided health services over 3 million women and children through its clinics, satellite clinics and other facilities; in addition, we also delivered approximately 8,745 babies at our facilities. PSTC has also served over 70,946 adolescents and youths under various outreach programs and health initiatives in 2018. Around 20,000 women and girls were empowered through PSTC's gender and governance initiatives.

PSTC always extend its hand in any humanitarian crisis. In the year 2018, we have continued providing services to the Rohingya Population in Bangladesh through to health cares.

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

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

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

Mosleh Uddin Ahmed
Chairperson, PSTC

With the end of the year 2018, Population Services and Training Center (PSTC) have reached at the point where we touched the milestone of 40 years of our glorious journey. In this long journey, PSTC has acted as a catalyst to achieve improved quality of life of disadvantaged people of Bangladesh.

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

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

To ensure universal health coverage, in 2018, PSTC through our health programs such as UPHCSDP has uplifted lives and health conditions of millions of mother, children, adolescents and women. The year also saw PSTC's contribution to develop cadre of health professionals particularly, competent Paramedics through its CPTI initiative along with PSTC Model Clinic.

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

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




Noor Mohammad, PhD
Executive Director



Dr. Md. Golam Rahman
Vice-Chairperson



Mosleh Uddin Ahmed
Chairperson



Md. Badrul Munir
Treasurer



Kazi Ali Reza
Member



Lulu Bilkis Khanom
Member



Professor Belal Hossain
Member



Gitali Badrunnessa
Member



Dr. Noor Mohammad
Member Secretary



Dr. Md. Mahbulul Alam
Head of Programs



Dr. Noor Mohammad
Executive Director



Dr. Sushmita Ahmed
Team Leader, Health



Mst. Susmita Parvin
Chief Finance Officer



Dr Subrata Chakraborty
Project Director, NHSDP



Zohurul Islam
Project Manager
MIHSD



Kaniz Gofrani Quraishy
Program Manager
UBR II



Md. Azad
Component Manager
HRA



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



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



Shiropa Kulsum
Project Coordinator
Women Empowerment

Organizational Overview

Population Services and Training Center (PSTC) is a non-government, not for profit voluntary organization. It has started its journey to improve the quality of life of the poor and socially disadvantaged people, 40 years back. It is the inheriting entity of its previous organization, Family Planning Services and Training Center (FPSTC) since 1997 and affiliated with the Directorate General of Family Planning as well as registered with Directorate of Social Services in 1995 and NGO Affairs Bureau in 1996, respectively.

PSTC has earned substantial achievements since its inception. It played a significant role in the history of developing civil society organizations in Bangladesh while contributing not only in the formation but also of the development of around 82 NGOs, to supplement and complement national health, nutrition and population programs in the last 40 years. PSTC played 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's is tirelessly working to ameliorate the health, and living conditions for the socially disadvantaged and the poor of the country, ensuring gender equality through various sustainable health and social interventions, under the following thematic areas throughout the country.



Thematic Areas and Ongoing Projects of PSTC



Population Health and Nutrition (PHN)

- Urban Primary Health Care Service Deliver Project (PA-1), Dhaka
- Urban Primary Health Care Service Deliver Project (PA-4), Dhaka
- Urban Primary Health Care Service Deliver Project (PA-5), Dhaka
- Urban Primary Health Care Service Deliver Project (PA-2), Rajshahi
- Urban Primary Health Care Service Deliver Project (PA-1), Gazipur
- Marketing Innovation for Sustainable Health Development (MISHD) project
- PSTC Model Clinic



Youth and Adolescent Development (YAD)

- Unite for Body Rights (UBR 2) Project
- Hello I AM (HIA) Project
- SANGJOG Project



Gender and Governance (GAG)

- Creating Space (CS) Project



Climate Change and Adaptation (CCA)

- Strengthening Urban Resilience Project



Skills Education and Training (SET)

- Community Paramedic Training Institute
- PSTC Training Complex, Gazipur

Operations and Management

Governance

The Governing Body (GB), oversees policy guidelines of the organization by setting up priorities and organizational standards. The seven member GB, elected for two years, is keenly involved in the implementation of different activities and set up strategies on a regular basis.

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

Operational Area and Workforce

PSTC has been in its operation through 70 offices with 33 clinics in 17 districts under the seven divisions (Dhaka, Chattogram, Rajshahi, Khulna, Barishal, Sylhet and Rangpur) of Bangladesh. It has completed office setup and full admiration under the leadership of a fulltime District Coordinator in following 17 Districts of the country which are Dhaka, Gazipur, Faridpur, Kishoreganj, Brahmanbaria, Narayanganj, Narshingdi, Sylhet, Chattogram, Cox's Bazar, Rangpur, Dinajpur, Rajshahi, Barisal, Jashore, Kushtia and Khulna.

A number of 758 workforces are currently involved around the country to carry out the PSTC's mission and vision. The male – female ratio is 1:2.





Corporate Management Unit

Accountability and transparency is always the top priority of PSTC. In order to achieve positive changes and organize our different projects properly, PSTC has below management units:



Finance & Accounts (F&A)



Networking and Resources Mobilization (NRM)



Human Resources & Administration (HRA)



Publication, Research, Information Technology & Compliance (PRICE)



Legal, Estate and Procurement (LEAP)

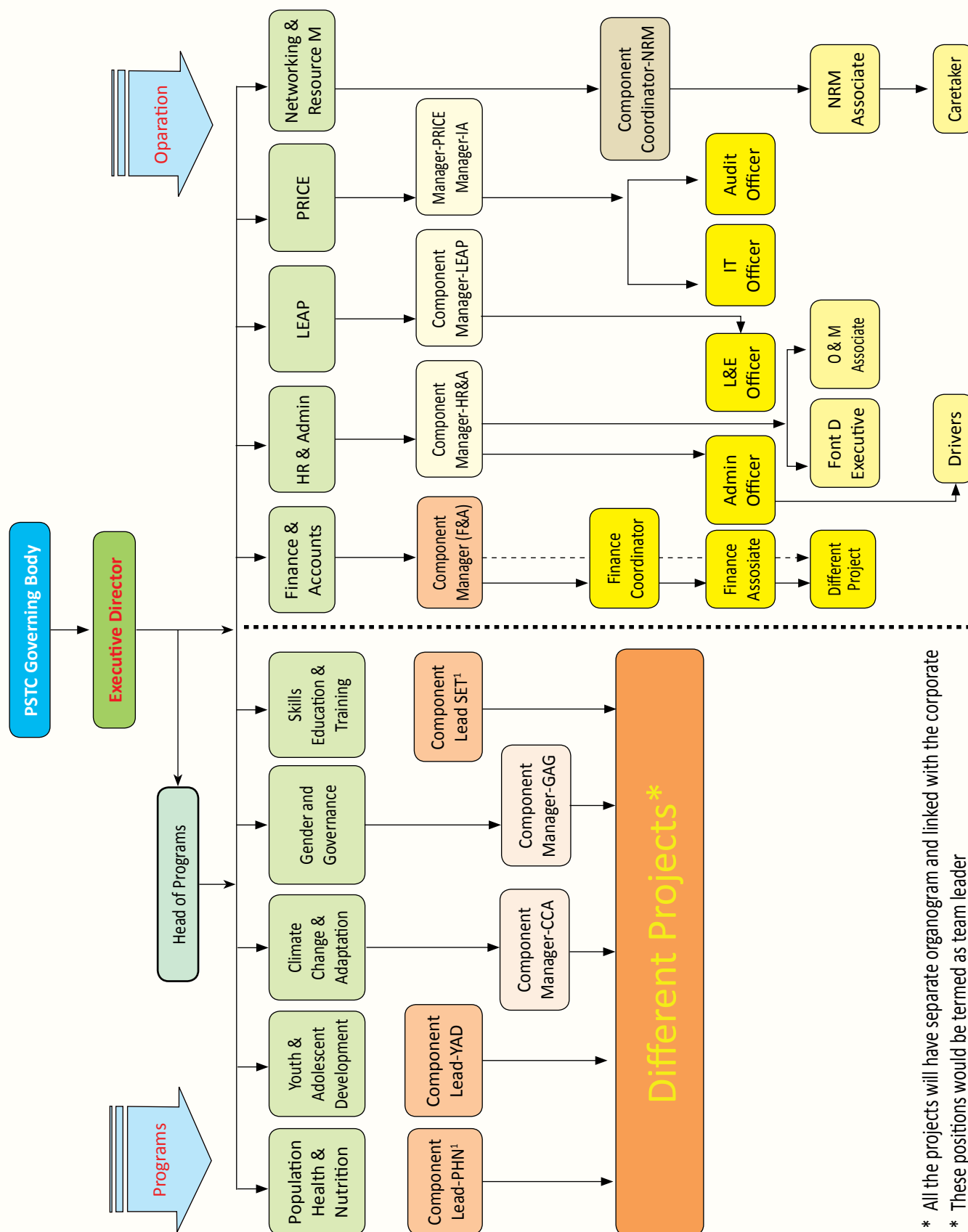
Policies of PSTC

PSTC is guided by its 16 policies Plans, Mannuals and/a strategies adapted based on national and international standard. List of PSTC's standards are:

- HR Management Manual
- Gender Policy
- Child Protection Policy
- HIV and AIDS at workplace Policy
- Ethics and Integrity Policy
- Fraudulence and Whistle blowing Policy
- Preventing Human Trafficking Policy
- Conflict of Interest Policy
- Staff Retention Strategy
- PSTC Succession Plan
- Financial Management and Accounting Manual
- Pricing Policy
- PSTC Expenses Policy
- Cost Sharing Policy
- Resource Mobilization Strategy
- PSTC Contingency Plan



PSTC's Organogram



* All the projects will have separate organogram and linked with the corporate

* These positions would be termed as team leader

Membership of Different Networks

PSTC gives the highest importance for establishing bi-lateral and multilateral partnerships and collaborations with different networks both in country and abroad. PSTC is currently member of Health Rights Movement, STI/AIDS Network of Bangladesh, Unite for Body Rights (UBR), Voluntary Health Services Society (VHSS), Association for Development Agencies in Bangladesh (ADAB), Water Supply Sanitation Collaborative Council for Bangladesh (WSSCC'B), Network for Ensuring Adolescents Rights and Services (NEARS), DAWN Forum, Bangladesh Shishu Adhikar Forum (BSAF) and Coalition for Urban Poor (CUP), Share Net Bangladesh, Girls Not Bride (GNB), Hello I Am (HIA) Consortium, etc.

Development Partners



Helping you live better



Population, Health and Nutrition (PHN)





Population, Health and Nutrition (PHN)

Projects implemented under Population, Health and Nutrition (PHN)

Urban Primary Health Care Services Delivery Project (UPHCSDP)

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

Highlights 2018


- In 2018, over 2 million customers, especially underserved women and children were served through 33 clinics and satellite clinics,
- Over 8,000 babies were born in PSTC facilities
- 199,200 women received Antenatal Care and Postnatal Care at PSTC facilities

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

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

The overall goal of the 5 year project is to improve the health status of the urban population, especially the poor, through improved access to and utilization of efficient, effective and sustainable Primary Health Care (PHC) Services.

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



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

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

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

Marketing Innovations for Sustainable Health Development (MISHD)

Population Services and Training Center (PSTC) is implementing Community Mobilization Program "Notundin" under the Marketing Innovations for Sustainable Health Development (MISHD) Program in partnership with Social Marketing Company (SMC). The aim of the program is to contribute to sustainable improvements in the health status of women and children in Bangladesh by increasing access to and demand for essential health products and services through the private sector. This USAID supported project started the journey in November 2016 and will be continuing till July 2021. PSTC is implementing the program in 155 unions under 16 upazilla in 5 districts of Dhaka & Chittagong divisions.

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

The year 2017 was very important for implementing the project to achieve the highest performance in marketing of products through capacity building training and motivational activities for the selected Community Sales Agents. Raising awareness through orientation session, day observation among community people also had a tremendous effect on improvement in using essential health products. In order to create enabling environment, PSTC continues to implement the community level activities through advocacy meetings with community influencing people like; UP chairman & members, local religious leaders, teachers, health workers, NGOs, etc.

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

PSTC Model Clinic

Urbanization is occurring at a rapid pace in Bangladesh, with the urban population expanding by 35 percent between 2001 and 2011, at an annualized growth rate of 3 percent. By 2050, more than half of the country's population is expected to reside in urban areas.

The urban health system puts inadequate emphasis on equitable access to quality care, continuity of care, patient-centeredness, and patient rights. The system also lacks a culture of accountability. Services for comprehensive reproductive health care services are not widely available.

Population Services and Training Center (PSTC) has long experiences on providing primary health care services in different city corporation areas. With this experiences PSTC has started a primary health care and maternity clinic from August 2018 at Aftabnagar, Dhaka with its own fund named ``PSTC Model Clinic''. It is 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.

Objectives of the project is to improve:

1. Access to and use of primary health care services in the catchment area by affordable and low cost.
2. The quality of primary health care services in the catchment area; and
3. The cost-effectiveness, efficiency, and institutional and financial sustainability for the urban primary health care delivery system to meet the needs of the urban poor.

Below services are provided by the PSTC Model Clinic:

- Gynecological Health Care Services,
- Pre and post obstetrics management (ANC Checkup, PNC Follow-up and Immunization),
- Neonatal Management (Neonatal Checkup and Immunization),
- Primary Emergency Care,
- MR and D&C/PAC,
- Family Planning,
- STI Management,
- Infertility Management,
- Adolescents Health Management,
- Counseling,
- Communicable disease,
- Operation Theatre Facilities,

- Pathology Services,
- Ultrasonography,
- Pharmacy Services,

Events:

PSTC Model Clinic had successfully organized Vitamin – A Plus Campaign Program which was held on 09th February 2019. In the program no. of 467 children had given Vitamin – A Plus Capsule. Very shortly PSTC Model Clinic will organize a Free Health Campaign Program (Routine Health Check up, Blood Grouping, Blood Sugar Test Etc.)

Success and Prognosis:

From August 2018 to February 2019 no. of 2435 clients had treated successfully. The number of clients are increasing gradually day by day due to their better hospitality.

Up Coming Services:

In future PSTC Model Clinic has planning to deliver more services. These are listed below:

- ❖ 24 Hrs. Indoor Services (Normal Vaginal Delivery and Caesarian Section)
- ❖ Via Test and Peps Smear Test
- ❖ ECG Services
- ❖ Nebulization
- ❖ EPI (Govt. Program)



Case Study



Change Agent for Ensuring Facility (CRHCC) Based Delivery

Ms. Komla at late 60s, lives in a ward of Rajshahi City Corporation (RCC) near to PSTC's Comprehensive Reproductive Health Care Center. She is well known in her area, for assisting home delivery and neonatal care. In her neighborhood, anyone having pregnancy relevant complaints, usually comes to Komla for suggestions. Our field staff assuming she could be a potential change agent to increase percentage of delivery by Skilled Birth Attendants (target 42.1% to 65% by 2022). The Field Supervisor went to Komla and shared information regarding our CRHCC's services and facilities. They also invite her to visit at our Comprehensive Reproductive Health care Center. She became one of the community members representation group and regularly attended different type of meetings. She learnt about our services and facilities better, while attending the meetings. Nowadays, if any woman and child goes to Komla for suggestions, she refers them to our hospital without any hesitation. If necessary, she also recommends a particular patient to us in case of his/her requirement of financial assistance. Komla mentioned that after becoming one of our resource persons, she feels content while serving her people better and making primary health care accessible to the poor in the community and saving life of mothers and infants.

Youth and Adolescent Development (YAD)





Youth and Adolescent Development (YAD)

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

Unite for Body Rights (UBR) Project

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

The goal of this project is that all young people, living in poor rural and (semi) urban areas in 12 upazillas, irrespective of their age, gender, social background or sexual preference know their rights, take informed decisions about their sexual reproductive health and have access to high quality, youth friendly sexual reproductive health services within a supportive socio-cultural and political environment.

Highlights 2018

- PSTC provided over 43,203 number of health related services to adolescents and youths
- Among them over 11,444 were provided counseling services

Main activities of UBR project are train teachers to deliver Comprehensive Sexuality Education in schools, train Youth Officers to deliver Comprehensive Sexuality Education, Provide Youth Friendly Sexual and Reproductive Health Services through UBR health clinics, train health workers on Youth Friendly Service Delivery according to national standards, Train local female entrepreneurs on MHM messaging and Youth Friendly sales techniques, organize SRHR sessions for parents, men, community and Government stakeholders, Build capacity of community stakeholders and young people to support our advocacy strategy, Advocate for inclusion of CSE in Teacher Training Curriculum and of YFSRHR service provision in national Health Worker Training Curriculum.

In this reporting period 43,203 health services were provided to adolescent and youth those were also received 11,444 counseling on Puberty, SGVB, Psycho-social, tele-counseling and others issues through YFS centers.



Story



A story of a teenager

Unite for Body Rights program organizes school based health camps in every month. Being a counselor, I used to provide services in this kind of events. In one such events, one of the students named Priota (pseudonym) studying in high school, came to the health camp to talk with me, and said she would prefer to go the clinics she scared to talk at school.

The following day she came to our clinic and shared her story. Priota, a student of class VIII liked a girl named Koli who was a year senior to her in school. She mentioned that she had feelings towards her and thought that she was in love with that girl. Priota was very confused regarding this unusual feeling for a 'same sex'. Some of her close friends knew about this. Hence she was being bullied by her friends in various ways. She became mentally upset and frustrated. She was embarrassed and confused as how to maintain a normal social interactions with others. She then had several counselling sessions at UBR clinic in order to make herself feel comfortable and manage the stress. I talked about sexual diversity issues to relate and made her understand of such 'unusual feelings' are not uncommon in the society and there are many girls like her all around the world.

She gradually started to manage her stress better after few more sessions. Meanwhile she was offered a membership of youth forum as one of the post required to fulfill due to graduation of a member. She agreed to join as a youth organizer (YO) and got herself involved in the project, which helped her to recover further. Since then, she had been working with UBR as Youth Organizer.

SANGJOG

A program for better SRHR for young people vulnerable to HIV in Bangladesh

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

The overall goal of the project is to increase the Sexual and Reproductive Health and Rights (SRHR) to vulnerable young key people in Bangladesh through increasing better sexual practices and utilization of SRHR services by young people aged 15 to 24 years among the target groups of transport worker, pavement dwellers/street children, floating female sex workers, young people engaged in small trades and work as labor. SANGJOG aims to make a significant change to the integration of vital sexual and reproductive health and rights (SRHR) interventions and is working on to generate important evidence to aid the broader SRHR/HIV integration movement.

Reaching the Young People

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

During this reporting period, an emergency situation raised in Ukhia, Cox's Bazar due to sudden influx of Rohingya population from Myanmar. Considering the vulnerability of Rohingya Refugees for HIV and AIDS, SANGJOG has organized 2 Primary Health Care center focused on Adolescent Sexual and Reproductive Health and Rights at Balukahli and Kutupalon, Ukhia, Cox's Bazar.

Activities Performed

- SANGJOG reached total 50,380 numbers of adolescent and young people through its different activities focusing on SRHR and HIV/AIDS.
- SANGJOG supported the health care needs 19,991 numbers of young people through referral services.
- 168 number of service providers were capacitated from the identified health services center on SRHR and RTIs/STIs and HIV/AIDS as per national standard protocol.
- SANGJOG reached 553 number of stakeholders from different level that include community leaders, political leaders, government stakeholders to create enabling environment.
- SANGJOG provide health care services focusing SRHR needs among 19,917 number of Rohingya people from Balukhali and Kutupalong health camps.

Case Study



I feel proud when I think I am a teacher !

'The experience of working with SANGJOG project has given me the opportunity to utilize my potentiality and made my life meaningful to me' – Tahmina, a peer educator of SANGJOG project from Jashore expressed her feelings like this.

Tahmina (pseudonym) is a 21- year girl. Earning of her father was not enough for the living expense of her family. After her SSC she had started working in a bakery where she had co-worker with different sexes. Tahmina could understand that co-workers are used to visit nearby brothel. So she felt embarrassed to work with them. She came to know about SANGJOG project that it supports the workers. She attended different field session and expressed her interest to work with SANGJOG. She felt thrilled when she got opportunity to work with SANGJOG. Because now she could understand about vulnerability of her co-workers and could speak with them very easily to make them understand about their risk of HIV.

In the 'refresher capacity building training for peer educators' she mentioned that peer educators are teachers as they teach other peers, and she felt proud of it. Opportunity of working with SANGJOG gave her enough knowledge about Sexual and Reproductive Health. Now she is changing other's risk behaviors through her knowledge and learnings.

PSTC's Responses on Rohingya Refugee Crisis

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


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

A total of 9455 patients (3395 males and 6060 females) from the Balukhali health camp and 10,462 patients (4646 males and 5816 females) from the Kutupalong health camp of all ages received services in the year 2018.

Hello I Am (HIA) Ending child marriage

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

The objective of HIA is to create a supportive social environment enables adolescent girls to enjoy their sexual reproductive health and rights, free from all forms of child marriage. Several agencies of the Government of Bangladesh and different national and international agencies are working to combat this problem of high child marriage rate in Bangladesh. As part of this effort, PSTC acting as a host as well as implementing agency of Hello I Am project with other two implementing partner organization, DSK and RH Step. Rutgers, providing technical support and project funded by IKEA foundation, Netherland. Hello I Am Goals are following; Fewer girls are married before age 18; Fewer girls give birth before age 20; More adolescent girls remain in school



Through a multi-component approach involving edutainment and community engagement, Hello, I Am seeks to address the socio-cultural norms underlying the continued practice of child marriage in Bangladesh. Through a series of media and face-to-face programmes, Hello, I Am will empower young men and women to take action against child marriage and encourage parents and community leaders to become more supportive of girls' aspirations. As a result of the programme, thousands of girls will eventually be able to make their own decisions about their educations, bodies, marriage and motherhood. There will be fewer child marriages and early pregnancies, and more girls will remain in school and finish their education.

Vision and Outcomes

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

Target group and beneficiaries

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



Case Study



Hello I Am (HIA) adolescent volunteers Stopped Hazera's Early Marriage!

A girl named Hazera Begum, an adolescent girl of 15 years old living in Bohoddarhat community of ward#6, Chattogram City Corporation. Her father Mr. Abdur Rob was a day labor and mother Shufia Begum was a maidservant. Hazera was the first child of her parents along with two sisters and one brother. She was studying in BRAC School and passing her life cherishing a lot of dreams of a better future. But a social curse, child marriage became a barrier of her dreams. Hazera's parents were getting many marriage proposals for her and suddenly her dreams were beginning to fade. On the other hand, her parents took the decision to arrange her marriage to get relief from their poverty. But she did not want to get married and she felt helpless for this kind of unexpected proposal.

On 20th September 2018, Hazera's parents arranged her marriage. She realized that her dream will be shattered due to early marriage. She became puzzled. Few members of adolescent girls group of Hello I Am were living in the area where Hazera resided. They got the news of Hazera's forced marriage and decided to help her. Four adolescent volunteers of HIA went to her house along with the project staffs and tried to convince her parents to stop the marriage. They informed her parents how the marriage would be harmful for Hazera. They also discussed regarding the consequences of child marriage. Project staff of HIA also told them that, child marriage is a legal offense and they might be punished if they arranged this marriage. But Hazera's parents were not convinced to stop the marriage. They were determined to get her married as early as they could.

In this situation, the girls group informed the local chandgaon police station. The OC (Officer-in-Charge) with his police force went to Hazera's house and finally were able to stop the marriage. Hazera found a new hope of her life and made her parents realize that early marriage is violation of right and also a punishable crime.

Gender and Governance (GAG)





ender and Governance (GAG)

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

PSTC has been implementing the project 'Creating Spaces to Take Action violence Against Women and Girls (Creating Spaces)' with the support from Oxfam GB & Global Affairs Canada since October 2016 and will be continued till March 2021.

The goal of this project is to reduced violence against women and girls and reduced prevalence of early and forced marriage in Bangladesh.





Objectives:

- Strengthen engagement of key religious, community, private sector and political actors and youth in advancing women's leadership, women's rights and in reducing violence against women and girls.
- Greater access to support services and economic opportunities for women and girls affected by violence and early and forced marriage.

Highlights 2018

- 2915 community members were reached through various PSTC outreach programs which empowers community to fight against gender based violence and enhance transparency and raises awareness about rights of people
- Increased use of innovative knowledge, including best and emerging practice, and accountability system to end violence against women and girls.

PSTC has been implementing the project at 12 Union in Sadar, Bhanga, and Modhukhali upazila under Faridpur district. Total number of targeted household of PSTC is 71652 around the project cycle. Total number of direct beneficiary is 7500.

5000 trained community members are now acting as change agent with PSTC towards improving positive attitudes and behaviors and to prevent Violence against Women and Girls (VAWG). 54 women and girls who have experienced valance were improved Economic Skills, Knowledge and Capacity.

Case Study



Reshma has returned to her family

"How do I go to school now! Everybody will condemn me, I feel ashamed" said Reshma. She lives in Hamirdi union at Bhangaupazilla, Faridpur. She is 13 year old and student of class eight in Hamirdi Pilot High School. Her mother's name Rabeya Akter and Father's name Rokib Mridha. He is a farmer and Rabeya Akter is a home maker. They have three children and Reshma is the third one.

But few days ago (Date was 02 April 2019, Time 8.00 pm) one night, his third daughter Reshma had been missing. Mr. Rokib was worried and searching his daughter continuously. Yet he could not find his daughter anywhere. At the stage of searching he found out that his daughter Reshma had gone away with their neighbor, Rashed Khan. Mr. Rashed Khan was married and he was 40 years old and father of a son who was also married. Family of Mr. Rokib Mridha fell in disaster. He did not understand what to do. Next day Mr. Rokib Mridha went to Reshma's school and talked with her teacher. Assistant teacher Miss. Kamrunnahr Sathigot concerned of this thing because of her connection with gender program at Creating Spaces Project of PSTC and informed project officer Mrs. Lutfunnahar regarding the mishap. Mrs. Lutfunnahar, PO, CS advised her to go to BLAST (Bangladesh Legal Aid & Services Trust) office and talked over phone with who was the responsible person at BLAST local office Mrs. Shiropa about that type of cases. That day, Reshma's father Mr. Rokib Mridha came to BLAST office and with cooperation of BLAST he filed a case in Bhanga Thana. One month later Reshma and Rashed Khan came back to his house and Reshma was feeling shy and also crying about herself how she would go to school.

In Cooperation of PSTC, BLAST and school teacher Sathi, Reshma's family get her back. Her father said, "Without your help, I would have not got my daughter back. I am deeply thankful to all of you".

Climate Change and Adaption (CCA)





Climate Change and Adaptation (CCA)

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

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

The aim of the project is to increase institutional capacity to operationalize inclusive policy, frameworks and planning which minimize urban disaster risks particularly earthquake and fire.

Increased exposure to disasters in a mega city like Dhaka heightens need for developing the resilience of the city and its population. The rapidly expanding capital city, as a result of growing population and rural-urban migration, means city dwellers, especially the poor, are even more vulnerable to disasters due to an increasing urban population exposed to risk. The marginalized and most vulnerable groups of people include children, youth, women, elderly, disabled and ethnic minorities as well the poor.

Highlights 2018

- 14000 community members were reached to enhance the resilience of most at risk groups to the recurring and escalating disaster risks by advancing the Disaster Risk Reduction (DRR) institutionalization process
- 200 trained Community Volunteers are now ready for immediate response in any disaster crisis in Dhaka South City Corporation.

The needs assessment conducted by Save the Children International and Plan International Bangladesh identifies the underlying risks and vulnerabilities of urban communities living in Dhaka North and Dhaka South City Corporation. These include: Earthquakes, Fires, Weak construction, Industrial hazard and Floods.

The goal of this project is to further develop national and ward level systems, plans and co-ordination mechanisms to strengthen preparedness and response capacities for key urban disaster risks in Dhaka and Narayanganj.

This project is working on creating evidence to advocate for increased efficiency of government implementation,

local level community bodies such as the Ward Disaster Management Committee (WDMC), Community volunteers, women and child groups. It is a consortium project jointly with Save the Children Bangladesh. The project financed by European Commission - Civil Protection & Humanitarian Aid Operations – ECHO.

During the reporting year, 6004 total number of customers has been served in four ward disaster management committees have been formed under this project and the committees are ready now to play a key role at the ward level to face any disaster. One of the goals of this project is to prepare the hospital to response for any disaster. Many hospitals have no experience in the management of large casualties at the local level. Initially, Mugda General College and Hospital and Manowara Orthopedic and General Hospital are being prepared to face earthquake in the project area.

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

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



Case Study



Ward Commissioner came forward to get rid of litigation!

A workshop on slip roll out with participation of slip committee was held on 30 August 2018 at Brahmanchiron Government Primary School at 49 no. ward of Dhaka City Corporation. The workshop was organized by PSTC's SURP project. Upazilla Education Officer Selina Khatun, Assistant Education Officer Parveen Sultana, female ward counselor Lovely Chowdhury, slip members of the school, representatives from PSTC and Plan International Bangladesh attended the workshop. In the workshop, the attendees proposed that there should be list of precautions and preparation for the students of the school, so that they could tackle disaster and this list should be completed by slip members. Head mistress of the school RawshanAra spoke about another big problem. She informed that a case was going on regarding the school land and the school authority cannot bear the expense of the case anymore. Lovely Chowdhury announced that the authority have to run the school without any interruption, she would be helping them. At the local level discussion the problem became solved with involvement of local authorities. The school authority has now got rid of from the litigation.

Skills Education and Training (SET)





Skills Education and Training (SET)

Community Paramedic Training Institute (CPTI)

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)' on 2012 with the permission and affiliation of the Nursing and Midwifery Council of the Ministry of Health and Family Welfare of Bangladesh. The aim of PSTC's CPTI is to develop 'skilled paramedics' so that they can serve people who are poor and socially disadvantaged in the rural area of Bangladesh that will contribute towards the vision of PSTC 'improve quality of life of disadvantaged people of Bangladesh'.

Objective: To assist the Government of Bangladesh in developing skilled community health workers for the

Highlights 2018

- 118 students enrolled from our Community Paramedic Training Institute (CPTI), which have been running with the approval of Bangladesh Nursing Council. The Institute is based in Aftabnagar, Rampura, Dhaka with well-equipped training room and residential facilities attached with PSTC Clinic.
- In 2018, PSTC has organized 11 trainings on different development issues in PSTC Training Complex at Gazipur.

implementation of government's health program particularly ensuring Primary Health Care Services.

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

The 2 years course of CPTI consisted of 4 semesters and the session starts from July every year. Total Course fee is Taka 84,000/student divided into 4 semesters as Tk. 26000, Tk. 16000, Tk. 16000 and Tk. 26000 respectively.

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

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

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

Till date 65 students are graduated from the institute and are serving to ensure the Sustainable Development Goal: healthy lives and promote well-being for all at all ages of the people of Bangladesh.

PSTC organizes sponsorship to support the student of CPTI every year. The IKEA Foundation is supporting the students of 2018-2019 session. Student will get admission by July 2019 for the 2019-2020 session.

PSTC Training Complex

PSTC training complex was established in 2010 on the 02 acres of land. 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.

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

During this report period different projects of PSTC and national and international development organizations conducted training in this venue by renting the facility, among them BCCP, CARE Bangladesh, UBR Alliance, ActionAid, Practical Action, NHSDP/ Pathfinder used this facility for their own program. In this reporting year the following courses were held at the venue;

SL	Course Name	No of participants	Client Name
1	Workshop	17	TDH Netherland-Bangladesh,
2	Workshop	13	PSTC-HIA
3	QPRM	35	PSTC-NHSDP
4	Workshop	18	PSTC
5	Interactive Session on Time Management	25	PSTC
6	MMW, Training	22	PSTC-HIA
7	MMW, Training	08	PSTC-UBR
8	Edutainment with HIA	07	BBC-Action Media
9	PD Workshop	05	PSTC-HIA
10	Training on SBCC & market development	40	SMC
11	Training	16	PSTC-Creating Space

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

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

TRACE (Training research and consulting enterprise) Since inception, PSTC is mandated to provide training for enhancing knowledge and skills of its supported and other NGO leaders, managers and staff in a better and efficient way. In this circumstances PSTC Management introduced a new initiative named Training, Research & Consulting Enterprise (TRACE) for offering training to the Program Managers, Medical Officers, Paramedics, Accountants, Office Managers, Community Volunteers, NGO Leaders, Field Workers, Village Organizers, Counselors, Service Promoters and other segment of people.

In this reporting year, TRACE conducted some training in and out of country. So far in 2018 TRACE has conducted different in country trainings on various topics; like, Communicative English, Report Writing, Capacity Building and Preventing Child Marriage. An international training was also organized by TRACE in Kathmandu, Nepal on Sexual Reproductive Health and Rights (SRHR).





Financial Summary

FINANCIAL HIGHLIGHTS



Population Services and Training Center (PSTC)

Consolidated Statement of Financial Position As at June 30, 2018

	Jan. 17 - Jun. 18 Taka	Dec. 31, 2016 Taka
Property and Assets		
Non-current assets		
Property, plant and equipment	72,830,545	77,852,466
Investment	3,571,500	3,571,500
Fixed Deposit Receipts (FDRs)	5,065,636	4,732,566
	<u>81,467,681</u>	<u>86,156,532</u>
Current assets		
Advances and Pre-payments	2,848,462	1,625,182
Advance against office rent	2,911,035	2,601,500
Pre-paid for secretariat work (FPAB)	3,400	3,400
Cash and bank balances	80,065,935	100,275,211
	<u>85,828,833</u>	<u>104,505,293</u>
Total Assets	<u>167,296,514</u>	<u>190,661,825</u>
Fund and Liabilities		
Fund Account	94,002,752	183,191,838
Loan Account	(1,638,004)	1,060,000
	<u>92,364,748</u>	<u>184,251,838</u>
Current liabilities		
Provisions	74,931,766	6,409,987
Total Fund and Liabilities	<u>167,296,514</u>	<u>190,661,825</u>



 Component Manager (F&A)



 Executive Director



 Treasurer

Population Services and Training Center (PSTC)

Consolidated Statement of Comprehensive Income
For the period January 01, 2017 to June 30, 2018

Income	Jan. 17 - Jun. 18 Taka	Jan. 16 - Dec.16 Taka
Grants received :		
Grants received from donors	435,856,961	223,679,441
Revenue generated/Service charge	252,724,334	184,922,554
	<u>688,581,295</u>	<u>408,601,995</u>
Other received :		
Annual subscription	11,000	9,500
PSTC contribution	4,348,991	5,472,653
General overhead	14,102,016	4,445,357
Bank interest	2,196,959	973,265
Interest on FDR	395,191	395,466
Others	114,333	8,373
	<u>21,168,490</u>	<u>11,304,614</u>
Total Income	<u>709,749,785</u>	<u>419,906,609</u>
Expenditure		
Direct cost :		
Training and workshop	22,475,352	2,398,156
Clinic supplies and medicine expenses	28,654,141	30,171,465
Programme related cost	62,858,626	25,588,335
	<u>113,988,119</u>	<u>58,157,956</u>
Indirect cost :		
Salary and benefits	468,067,948	193,475,664
Honorarium, fees and consultancy	15,025,217	8,698,368
Travel and per diem/local conveyance	17,787,929	8,825,280
Office rent	28,032,617	15,623,393
Utilities (Elec./Gas/WASA)	9,059,335	5,836,630
Consumable (Printing and stationery)	2,977,582	1,457,062
Office supplies	28,268,204	4,761,099
Communication	4,169,423	2,589,797
Repair and maintenance	3,616,126	3,733,950
PA contingency	269,098	156,905
Other expenses - Postage and Cleaning	228,886	485,177
Bank charge and commission	2,735,687	1,648,218
VAT and Income Tax	67,166	125,344
Overhead cost	7,748,275	1,392,512
Head Quarters shared cost	1,609,622	1,235,510
General operating/Administration cost	178,901	1,565,883
Service charge transfer	75,337,036	61,892,195
Audit fee	576,250	292,255
Balance carried forward	<u>663,775,302</u>	<u>313,795,242</u>

	Jan. 17 - Jun. 18 Taka	Jan. 16 - Dec.16 Taka
Balance brought forward	663,775,302	313,795,242
Fuel cost	3,481,589	1,951,780
PSTC contribution	2,191,791	34,026
Depreciation	15,502,070	11,108,233
	<u>684,950,752</u>	<u>326,889,281</u>
Total Expenditure	798,938,871	385,047,237
Surplus/(Deficit) for the year	<u>(89,189,086)</u>	<u>34,859,372</u>
Total	<u>709,749,785</u>	<u>419,906,609</u>

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



Component Manager (F&A)



Executive Director



Treasurer

Population Services and Training Center (PSTC)

Consolidated Receipts and Payments Statement
For the period January 01, 2017 to June 30, 2018

	Jan. 17 - Jun. 18 Taka	Jan. 16 - Dec.16 Taka
Receipts		
Opening balances		
Cash in hand	35,996	105,678
Petty cash	451,762	364,141
Cash at banks	99,787,453	48,717,718
FDR	4,732,566	7,057,617
	<u>105,007,777</u>	<u>56,245,154</u>
Grants received from donors	493,318,412	225,670,476
Revenue generated/Service charge	252,724,334	184,922,554
Balance received from closing project	-	700,693
Annual subscription	11,000	9,500
PSTC contribution	4,348,991	5,472,653
General overhead	14,102,016	4,445,357
Bank interest	2,196,959	973,265
Interest on FDR	395,191	395,466
Advance realized	377,075	700,893
Loan from PSTC	16,765,251	18,940,670
Loan realized /refunded	27,054,750	8,484,404
Other receipts	114,333	8,373
Total Receipts	<u>916,416,089</u>	<u>506,969,458</u>
Payments		
Salary and benefits	395,307,004	189,715,525
Honorarium, fees and consultancy	15,151,057	8,572,528
Travel and per diem/local conveyance	17,903,391	8,709,817
Training and workshop	22,064,669	2,398,156
Office rent	28,032,617	15,623,393
Utilities (Elec./Gas/WASA)	9,060,595	5,835,370
Consumable (Printing and stationery)	2,977,582	1,457,062
Office supplies	29,860,123	4,698,995
Clinic supplies and medicine expenses	28,654,141	28,841,652
Communication	4,177,891	2,581,329
Repair and maintenance	3,621,961	3,728,115
Fuel cost	3,574,701	1,858,667
Other expenses - Postage and Cleaning	228,886	485,177
Bank charge and commission	2,735,687	1,648,218
Programme related cost	63,766,578	24,680,383
PA Contingency	289,098	156,905
VAT and Income Tax	67,166	125,344
Overhead cost	7,748,275	1,392,512
Head Quarters shared cost	1,609,622	1,235,510
General operating/administration cost	178,901	1,565,883
Balance carried forward	<u>636,809,945</u>	<u>305,310,541</u>





	Jan. 17 - Jun. 18 Taka	Jan. 16 - Dec.16 Taka
Balance brought forward	636,809,945	305,310,541
Advance paid/refunded	1,440,355	79,148
Advance against office rent	469,535	-
Building construction/renovation cost	773,951	107,961
Computer and UPS	1,446,410	98,650
Furniture and fixture	2,769,129	170,455
Equipment	5,490,660	4,534,648
Grants refunded to donors	217,426	754,695
Loan to other project (PSTC)	19,257,500	22,853,724
Loan refunded to PSTC	27,260,505	3,896,350
Service charge transfer	75,337,036	61,892,195
Audit fee	576,250	292,255
PSTC contribution	2,191,791	34,026
Fund transfer to CHCP/PIP/DSK and RH step	13,671,144	849,332
Fund transfer to project	43,572,881	1,087,701
Total Payments	831,284,518	401,961,681
Closing Balance		
Cash in hand	379,069	35,998
Petty cash	124,301	451,762
Cash at banks	76,106,610	99,787,453
Project Advance	3,455,955	-
FDR	5,065,636	4,732,566
	85,131,571	105,007,777
Total	916,416,089	506,969,458


 Component Manager (F&A)


 Executive Director


 Treasurer

Note

Note



Population Services and Training Center

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