
ANNUAL REPORT 1991-93



DUSHTHA SHASTHYA KENDRA (DSK)

EXECUTIVE COMMITTEE

Dushtha Shasthya Kendra (DSK)

1994-1995

President	:	Barrister Shafiq Ahmed Bar-at-law
Vice president	:	Dr A. B. M. Abdullah, Ph. D.
Vice president	:	Dr Anjan Dutta Ph.D.
Secretary General	:	Dr. Dibalok Singha M. D.
Joint Secretary	:	Dr. Mahmudur Rahman M. D.
Treasurer	:	Dr Masudul Quader Ph. D.
Organising Secretay	:	Mr. Habibuddin Ahmed
Members	:	Dr Quazi Toufiqul Islam Ph. D
		Mr. Habibur Rahman
		Dr. Mustafizur Rahman Ph. D.
		Mr Khairul Alam



DSK, Dhaka
T: 8102888 Fax: 8802-880088

FOREWARD

I have much pleasure in presenting this bi-annual report to our partners in development, as well as, to our well wishers and friends, both home and abroad.

Dushtha Shasthya Kendra (DSK) was initially organised to address health care needs of the slum dwellers in Dhaka.

Over the years based on experiences, it has diversified its programme activities.

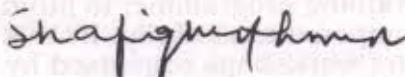
As I write these few words, I am delighted to say that especially last bi-annual period was very much productive for DSK. In this period, we have consolidated our efforts, as well as has, diversified its programme natures.

The period under review was a period of initiation of blending our health care activities with credit programmes. At this juncture of time in comparison to previous period, we have expanded our coverage and staff reserve.

In looking forward DSK will further carry on working to expand its coverage and will try to further reflect peoples aspiration in its programmes. On the other hand DSK will further intensify to facilitate and consolidate peoples processes to achieve cherished goal of equitable development and sustainable environment in the society.

In closing, I thank management and the staff for their dedication and hard work.

A sincere word of appreciation is due to my esteemed colleagues of executive committee of DSK, for their unfailing support and advices.



Barrister Shafiq Ahmed

President

Executive Committee

Dushtha Shasthya Kendra

FROM SECRETARY GENERAL

Introduction

In 1988 Dushtha Shasthya Kendra (DSK) started its journey to address different development problems of slum dwellers, especially to address acute primary health care needs of slum inhabitants. Over the years programme arsenal of DSK, has been diversified, now its programme covers, Primary health care, Women's revolving credit programme, Training on professional skill making, Fisheries, Homestead plantation, Enterpreunership building etc.

Programme

Programme activities of the organisation may be divided in two groups:

1. Activities covering urban development issues. Our urban initiatives at slums of Tejgaon, now has expanded to Mirpur area of Dhaka city. DSK's urban development initiatives covers :

Primary health care, women's revolving credit programme, Training on professional skill making.

On the other hand rural project of the organisation at Durgapur and Kalmakanda of Netrokona district covers following components :

Women's revolving credit programme, Psciculture, Homestead plantation, Training of landless peasant women on awareness building and enterpreunership development.

Apart from this we had carried out relief and rehabilitation activities at Banshakhali and Anowara thana's of Chittagong district in 1991 and in flood effected areas of Netrokona district in 1993.

Staff

During the reporting period, number of staffs of the organisation has increased rapidly and now its number, stands at twenty four.

Staff development

As policy, organisation has always stressed staff training programme, to build motivated committed staffs to run programme components skilfully. In this background our staffs has taken part in number of workshops organised by South Asia partnership-Bangladesh; Topics of the workshops, covered following themes, i.e. sustainable development, women in development, Finance management, Basic development concepts, Group formation, Revolving credit programme etc.

A special staff training programme was organised for Durgapur staffs, as part of the SAP-assisted project at Durgapur. One of our staff was selected by United Nations volunteer programme, to work as volunteer in SRILANKA.

Our Development Partners

In this reporting period stichting kinder post Zegels Nederland, Stichting Redt Kinderen Nederland, The Royal Netherlands Embassy, AMDA-JAPAN, Grameen Trust, Palli Karma Sahayak Foundation, World Food programme, has given invaluable support to fund our programmes.

DSK has become an associate member of CITYNET at this period.

In the background of increasing eviction of slum dwellers, we became an active member of Asian Coalition for housing rights (ACHR), a regional NGO coalition aiming to address housing rights issue in the Asia-Pacific region.

Through our efforts and initiatives Coalition for housing rights, Bangladesh was formed; Number of NGO's, academics and professionals are taking active part in the activities of the platform. In the reporting period, DSK was also active attending meetings of the NGO coalition for the urban poor.

Training, Seminar, Dialogue, Study Tour, and meeting

In the beginning of 1992, we had organised a seminar on low cost housing-exploring possibility of jute as building material. Theme paper was presented by Dr. A. B. M. Abdullah, prominent Jute scientist and Vice president of DSK. Seminar was participated by professionals, Government officials and NGO representatives. ACHR representative late Mr. Romesh Manandhar was also present in the seminar.

Faculty of Architecture of the Catholic University of Leuven, Belgium, and King Mongkut Institute of Technology, jointly organised a workshop on low cost housing at Bangkok (1991). Mr Habibuddin Ahmed, Treasurer of the organisation, took part in the workshop.

In this period joint secretary of the organisation Dr. M. Rahman and Mr Hamidul Islam participated in different workshops organised by ASIAN CENTRE at Bangkok. Topics of the workshops were : Women in development and Private sector initiative in development. (1992-93)

Mr Khairul Alam, organising secretary of the organisation took part in the study tour on Community Mortgage, Programme, in the Philippines, organised by ESCAP. (1991)

Grameen trust organised a national dialogue programme on Grameen's model, in February 1993. Secretary General Dr. Dibalok Singha and executive committee member Dr Masudul Quader participated in it. UNDP, UNCHS and government of Bangladesh jointly organised a policy level workshop on Urban and shelter in Bangladesh (sept 1993) DSK was represented by Dr Dibalok Singha Secretary General of the organisation. ACHR's annual meeting in early

1993 and Ministerial conference on Urbanization in Asia Pacific region organised by ESCAP in November 1993, was participated by Secretary General of DSK, Dr Dibalok Singha. CITYNET a platform of local authorities and NGO's in Asia-Pacific region, organised its third congress at Bombay in late November 1993. Dr. Masudul Quader executive committee member represented DSK in the congress. Dr. Dibalok Singha, Secretary General of the organisation, presented a keynote paper on Urbanization, Eviction, Housing rights: Bangladesh perspectives, at a seminar organised by Coalition for housing rights Bangladesh. (oct 1993)

In recent date ACHR organised a workshop on Land Sharing. Dr. Zahiduzaman and Ms Asma Begum took part in the workshop. (1994)

Visitors

In this time Swiss Red Cross representative Mr Claude Ribaux, Mr Jacques Mader and Mr Bijoy Borua visited our organisation and had discussion on different development issues; In early 1993, Mr Phil Harding, Social development adviser, aid management office of British high commission, at Dhaka visited our urban development programme and exchanged views on different development problems faced by slum dwellers.

Mr Rajesh Shah, representative of ACHR visited Dhaka in late December 1993 at our invitation. Main objective of his visit was to understand problems and nature of urbanization in Bangladesh. He had a thorough discussion on above the me with our executive team, headed by Barrister Shafiq Ahmed.

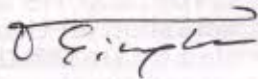
Our Weaknesses

This is true that in initial period, we had little understanding about whole magnitude of developmental issues in depth. Over the years, we had to work and our mistakes made us efficient and experienced. Now in coming days mix of responsibility towards our people, our society, professionalism, commitment and our past experience, will help us to overcome our deficiencies.

Future Plan

As we look forward, one of the prime objective of our organisation will be to increase our coverage and side by side ensure, to certain extent sustainability of our programmes. Keeping this in mind we feel blending of health care and revolving credit programmes will ensure sustainability to these components. For better understanding please refer to enclosed reports, reflecting details of different programme components.

As I conclude, I take this opportunity to thank our development partners home and abroad for their warm support and cooperation. I am extremely grateful to honourable members of the executive committee of DSK, for their valuable support and advices. Warm appreciation to our colleagues for their hard work.



Dr. Dibalok Singha
Secretary General
Dushtha Shasthya Kendra (DSK)

Annexure—1

**QUARTERLY PRIMARY HEALTH CARE
PROGRAMME REVIEW**

PERIOD: JAN-AUGUST 1993

(1ST AND 2ND QUARTER COMBINED)

Section Coordination : Dr Zahiduzzaman

Primary Health Centers

DSK primary health centers are situated in two different slums i.e. at Begunbari and Basti N. 14 near Tejgaon Railway Station.

Services Rendered

1. Treatment of common diseases
2. Essential drug supply.
3. Programme on environment sanitation.
4. Drinking water supply.
5. Traditional birth attendants training programme.
6. Training of beneficiaries on primary health care awareness.
7. Facilities for minor surgery at central clinic.

working schedule:

Each primary health center works five days a week, in evening time for two hours.

Patient Service fees

Registration fee has been fixed at Tk. Five for initial visit and TK. Five for each subsequent visits. (Increased in september 1993)

Coverage:

Till date around seven hundred fifty five families are covered through operations of health centers.

Assesment of different programme components:

In view of analysis made through analyzing health cards of the registered patients following diseases were found prevalent among children and women i.e. Respiratory tract infection,, Scabies, Haelmenthiasis, Diarrhoea and Dyspepsia.

Acute Respiratory tract infection (ARI)

Physicians and Nurses treating acute respiratory tract infection usually follow WHO guidelines. Health education with the use of flip chart is continuing.

Skin Diseases

Especially scabies remains one of the major reason for seeking medicare in health centers. Neem soap will be introduced in next quarter as part of the treatment.

Haelmenthiasis

This also remained as one of the major ailment to seek medicare in the health centers. Probably this needs more household attention, excess to fresh drinking water and health awareness campaign.

Diarrhoea

Analysis of our data shows decline of diarrhoeal diseases among registered patients. Possibly this is due to availability of pure drinking water through DSK's assistance and greater awareness about diarrhoeal diseases folowing health care training.

Essential Drug Supply

DSK supplies some essential drugs to its clients. Drug supply operation

needs re-evaluation and in-future drugs may be supplied on minimum retail price rate.

Following are the Guidelines for drug supply :

- a. Drugs supplied mainly covers diseases, which are prevalent in the community. patients receives around fifty percent of the drugs they required.
- b. This is thought that they will buy rest of the amount through their earnings.
- c. A drug registrar has been maintained accordingly.

Programme on Environment, Sanitation and Drinking Water supply

Sanitation

This is one of the main areas where DSK project puts its major attention. Every body is fully aware that no drainage and sanitary system are available in the slums. Infectious disease processes are very much related to poor sanitation and absence of drinking water supply.

In this first quarter, assesment has been done about needs of slab latrines. in next quarter latrines will be disbursed on a revolving credit basis.

Drinking Water.

Arrangement of Tap water in Basti N 14 through community participation running adequately. Community management system should be improved. Water bills are so far paid regularly.

Community managed drinking water delivery system

Basti No. 14 near Tajgaon Railway Station

Period Oct 1992-Aug 1993

Population: 255 Households

Criteria for operating piped water system :

1. Initially a projection meeting was held in basti N 14 in view to explain vision of DSK's understanding in facilitating a water connection to that slum and role of the community in this process.
2. Community was appraised of following things for which they would be responsible :
 - a. Formation of a committee, responsible for the maintenance of the water tap.
 - b. Regular payments of water bills.
 - c. Appointment of two persons, who will be responsible for collection of water fee's, maintenance and regular reporting.
 - d. Fifty paise will be charged per five litre of jar of water.
 - e. Fee's collected should cover following components: Water bills, monthly salary of personnel, maintenance, and gradual repayment of security money deposited by DSK.
3. a. DSK will regularly supervise and monitor. proper functioning of water tap through field staffs of the organisation.
- b. DSK will declare it self as guarantor of the project before government authority, will deposit required money and be responsible for construction, related to installation of Tap.

INCOME			EXPENDITURE			
Period	Fee's	Water bills	Personnel	Rent for land	Miscellaneous	Balance
4.10.92-21.4.93	26287.00	7690.29	12600.00	3500.00	1866.00	630.71
21.4.93-27.6.93	8833.00	2289.00	3600.00	1000.00	350.00	1394.00
27.6.93-30.8.93	8926.00	2223.34	3600.00	1000.00	780.00	1322.66

NB. Personnel: 1800 per month

Rent for land: 500 per month

Training

In this period DSK has successfully introduced and added Traditional Birth Attendant (TBA) training programme to its health operation. Already three batch of TBA'S has completed their training. Certificate giving ceremony was attended by Dr. A.S.M. Kamal, Project Director, TBA Training project of Family Planning Directorate, Government of Bangladesh. This has assumed that through trained TBA'S operation, DSK will be able to improve effectiveness of its health package in the benefit of slum pregnant women.

Health awareness training for beneficiaries

In this period fifty five women beneficiaries has undergone a three days training programme on different aspects of primary health care: Topics covered:

(a) Women in development (b) Common diseases and simple ways of their prophylaxis. (c) Nutrition, (d) Family planning, (E) Water, Sanitation and understanding about role of DSK as organisation, and importance of community organisation.

DSK plans to train around one hundred slum women in this year.

Innovative points in the design:

1. DSK runs its health operation in the evening time, keeping access of urban poor to health services after their normal working days.

2. DSK has started a women's credit programme for slumwomen with a view to integrate and blend its health programme with credit to ensure long term sustainability, to its health operation.

CLINIC: BASTI NO-14 FROM : JAN-APRIL, 1993

CLINIC DAY	SERVICE CHARGE COLLECTED	PERIOD	TOTAL PATIENT ATTENDED	CHILD	ADULT
27	257.00	JAN-APR	159	103	56

Breakdown of diseases by age status

CHILD	ADULT	
	MALE	FEMALE
103	7	49
64.77%	4.40%	30.08%

Breakdown of diseases by age status in Children

0-1 Yr.	1-5 Yr.	5-15 Yr.
40	42	221
38.85%	40.77%	20.38%

Breakdown of diseases in Children

RTI	SKIN DISEASES	HAELMENTHIASIS	DIARRHOEAL DISORDER	OTHERS
55	22	15	10	5
51.40%	20.35%	14.01%	3.34%	4.67%

Breakdown of diseases in Female

RTI	SKIN DISEASES	HAELMENTHIASIS	DIARRHOEAL DISORDER	DYSPEP SIA	OTHERS
22	7	8	7	6	7
38.59%	12.28%	14.03%	12.28%	10.52%	12.28%

BEGUN BARI CLINIC:

JAN-APRIL, 1993

CLINIC DAY	SERVICE CHARGE COLLECTED	PERIOD	TOTAL PATIENT ATTENDED	CHILD	ADULT
32	857.50	JAN-APR	338	183	155

Breakdown of diseases by age status

CHILD	ADULT	
	MALE	FEMALE
183	69	86
54.14%	20.41%	25.44%

Breakdown of diseases by age status in Children

0-1 Yr.	1-5 Yr.	5-15 Yr.
45	66	72
24.59%	36.06%	39.34%

Breakdown of diseases in Adult Out of 161 Cases

RTI	SKIN DISEASES	HAELMENTHIASIS	DIARRHOEAL DISORDER	DYSPEP SIA	OTHERS
51	42	15	9	33	11
31.67%	26.08%	9.31%	5.59%	20.49%	6.83%

CLINIC: 14 NO Basti

Breakdown of diseases by Gender status

Period, July - Dec, 1991

Diseases	Male	Female	Child	Total
Respiratory				
Truct infection	5	17	46	68
	(7.35%)	(25%)	(67.65%)	(100%)
Diarrhoea	1	5	21	27
	(3.70%)	(185.52%)	(77.78%)	(100%)
Skin deseases (scabies)	6	10	26	42
	(14.29%)	(23.81%)	(61.90%)	(100%)
Others	17	26	33	76
	(22.36%)	(34.21%)	(43.42%)	(100%)

Comparison
Period: May-August '1993

Total Clinic Day	Total Patient Attended	Service Charge Collected	Child	Adult
25	201	383/=	122	79

AGE GROUP

0-1Yr	1-5Yr	5-15Yr	Male	Female
45	49	28	19	60
36.88%	40.16%	22.95%	24.05%	75.94%

Breakdown of diseases in Children

RTI	SKIN DISEASES	HAELMENTHIASIS	DIARRHOEAL DISORDER	ANAEMIA	OTHERS
51	27	17	26	3	2
40.47%	21.42%	13.49%	20.63%	2.38%	1.58%

DISEASES IN ADULT

RTI	SKIN DISEASES	HAELMEN- THIASIS	DIARRHOEAL DISORDER	DYSPEPSIA	UTI	OTHERS
25	8	8	9	11	16	8
29.41%	9.41%	9.41%	10.56%	12.94%	18.82%	9.41%

CLINIC: BEGUN BARI
Period: May-August '93

Total Clinic Day	Total Patient Attended	Service Charge Collected	Child	Adult
34	657	1285/=	355	302

AGE GROUP

0-1Yr	1-5Yr	5-15Yr	Male	Female
118	151	86	107	195
33.23%	42.53%	24.22%	35.43%	64.56%

Break down of diseases in Children

RTI	SKIN DISEASES	HAELMENTHIASIS	DIARRHOEAL DISORDER	ANAEMIA	OTHERS
190	63	38	37	19	14
40.47%	21.42%	13.49%	20.63%	2.38%	1.58%

BREAK DOWN OF DISEASES IN ADULT

RTI	SKIN DISEASES	HAELMEN- THIASIS	DIARRHOEAL DISORDER	DYSPEPSIA	UTI	OTHERS
81	43	40	23	68	33	24
25.96%	13.78%	12.81%	7.37%	21.59%	10.57%	7.69%

Annexure—2

DRUGS STOCK

Period 1992-1993

As On Sept 1993

SI No	Name of drugs	Opening Balance	Purchase Quantity	Value	D&DS Kit	Despatch	Stock
1.	Cap. Ampicillin	nill	3000	7210.50	500	1110	2390
2.	Cap. Amoxicillin	nill	3000	9073.50	nill	2230	770
3.	Tab. Penicillin	3000	nill		4000	3310	690
4.	Tab. Co-trimoxazole	1000	1000	1311.00	1000	1950	1050
5.	Tab. Metronidazole	1000	nill		5000	2000	4000
6.	Tab. Mebendazole	500	nill		2000	1272	1228
7.	Tab. Paracetamol		5000	2472.50	3000	3000	5000
8.	Tab. Diclofenac sodium	40	1100	531.30	nill	1010	130
9.	Tab. Hyosine Nbutyl Bromide	nill	1300	852.15	nill	885	415
10.	Tab. Vit B-Complex	nill	4500	1707.75	nill	2360	2140
11.	Tab. Thiamine	nill	nill		1000	200	800
12.	Tab. Folitab	880	1000	471.50	4000	2190	3690
13.	Tab. Riboflavin	nill	2000	100.00	nill	2000	nill
14.	Tab. Aluminium Hydro-oxide	200	nill		3000	2000	1200
15.	Tab. Salbutamol	100	nill		500	400	200
16.	Tab. Nevaquin	nill	100	125.00	nill	80	20
17.	Tab. Malacide	nill	60	348.78	nill	60	nill
18.	Tab. Antihistamine	nill	2500	460.00	nill	2300	200
19.	Ascabiol lotion	nill	6 Pc	132.00	36Pc.	42 Pc.	nill
20.	Chloramphenicol Eye drop.	5pc	nill		75Pc.	49 Pc	31 Pc.
21.	Whitefield ointment	10 pc	nill		120Pc.	120 Pc	10 Pc.
22.	Cap. Imotil	400	nill		nill	100	300
23.	Syrp. Ampicillin	5 Pc	100 PC.	3472.00	nill	63 Pc	42Pc.
24.	Syrp. Amoxilin	nill	200 PC	7832.00	nill	143	57Pc
25.	Syrp. Penicillin	nill	30 PC	474.00	nill	29Pc	1Pc.
26.	Syrp. Metronidazole	nill	150 PC	3205.50	nill	97Pc.	53 PC
27.	Syrp. Mebendazole	nill	200 PC.	2564.00	nill	124 PC	76 PC
28.	Syrp. Paracetamol	nill	300 PC	3204.00	nill	120 PC	180Pc.
29.	Syrp. Co-trimoxazole	nill	150 PC	2838.00	nill	140 PC	10Pc.
30.	Syrp. Antihistamine	nill	200 PC	2378.00	nill	170 PC	30Pc.
31.	Drop. Vit B Complex	nill	100 PC.	1400.00	nill	100 PC	nill
32.	Drop. Amoxicilin	nill	150 PC	3604.50	nill	100 PC	50Pc
33.	Drop. Ampicilin	nill	100 PC.	2359.00	nill	50 PC	50 PC
Tk.				58126.98			

Annexure 3

Urban Women's Revolving Credit Programme

Section Coordination: Dr. Masudul Quader

Introduction

Initially DSK was floated to address health care problems faced by slum dwellers; Later in view to increase capability of slum women, to cope with the situation, it was thought to blend health care programme with revolving credit.

Women's revolving credit programme was initiated, following our participation in national dialogue programme organised by Grameen Trust (1993). Following figures will reflect present status of women's revolving credit programme:

1. No of Groups : 73
2. No of Centeres : 12
3. Total No of members : 355
4. Total No of recipients : 141
5. Women Men ratio : 81: 19
6. Repayment rate : 100%
7. Savings accumulated : 17,470.00
8. Total amount disbursed : 3,05000.00
(as on 31 DEC 1993)
7. Fund sources : 1. Grameen Trust (GT)
2. SRK-NL

Table-1

No	Purpose for Borrowing	Number Borrowers	Amount Borrowed
1.	Sewing machine purchase	6	12,000
2.	Vegetable Vendor	15	31,500/-
3.	Rice Trading	10	19,500/-
4.	Pan cigarette, Shop Keeping	4	09,500/-
5.	Grociary shop.	5	12,500/-
6.	Stationary Shop	4	08,000/-
7.	Rikshaw Van	4	08,500/-
8.	Rikshaw	39	87,000
9.	Cloth Trading	21	42,000/-
10.	Pheta (Cake) Making.	5	11,000
11.	Firewood Shop.	2	4,000/-
12.	Chera, Muri Business	2	5,000/-
13.	Chicken Hawker	1	2,000/-
14.	Molasis Trading	1	2,000/-
15.	Tailoring	1	2500

16. Envelop making	1	1500
17. Baby Cycle making	1	2000
18. Furniture Shop	1	2500
19. Laundry	1	2500
20. Lace for ambroideries	1	2500
21. Baby Garments Trading	1	2000
22. Electric Machanics.	1	2500
23. Fish Trading	1	2500
24. Hair cutting Sallon.	1	2500
25. Restaurant	1	2500
26. Plastic/Utensil/Materials Trading	2	4500
27. Quilt shop	1	2000
28. Push cart	1	2000
29. Spare Parts for Rickshaw shop	1	2500
30. Milk vandor	1	2000
31. Pickles making	2	4500
32. Driving licence	3	6000

Table-2
Monthly disbursement
Period : May-Dec' 1993
Month

Month	Number of Borrowers	A mount Borrowed
May	7	Tk14,000.00
June	13	Tk26,000.00
July	15	Tk30,000.00
August	20	Tk44,000.00
September	28	Tk69,000.00
October	18	Tk38,000.00
November	16	Tk34,000.00
December	24	Tk48,000.00
Total	141	Tk3,05,000.00

Annexure 4

Activity Report

Training Centre on garments manufacturing.

Year- 1993

Section coordination : Habibuddin Ahmed.

Participants

Women from low income group, slum women and girls.

Technical Facilities

1. It occupies a rented room near DSK office 400 sqft.
2. Training centre is equipped with modern sewing machines, total six with other accesories.

3. A trainer with an assistant, imparts training to the trainees. Training centre operates 3 hrs a day for 3 days a week. They are trained on cutting and sewing of garments for the childrens, and some other national dresses for women.

Fees

So far training imparted are free of charge.

Course Capacity

Course capacity is around twenty person.

Course Length

Each course runs for three months. Two courses has been performed in the year 1992. Third batch shortly going to complete their training.

In the year 1992 thirty women and girls were trained in this centre. Now they persue their home based garments manufacturing programme independently on a commercial basis.

Certificate

A certifiacte has been a warded to all trainees who has completed the course successfully.

Problems

1. It would be of great benefit if training centre could offer some credit for the trainees on a revolving basis. That would mean exhaustive capacity utilization of the programme.

2. Presently centre runs on a part time basis three days a week. It would be of benefit if it runs on a full time basis.

3. In view to retain more sustainability training centre could run a small garments production unit on a commercial basis.

Annexure-5

Durgapur-Project

Section coordination : Hamidul Islam

Background

Initially some committed persons from the area, started a small project aiming to address poverty issues. They organised landless peasant women, in groups started motivation and savings. Later the Royal Netherlands Embassy facilitated their development effort, supporting a project which was composed of a small rice mill, land and a small credit component to cover fifty landless peasant women. These process was also facilitated by Dr Dibalok Singha, in view of depressed socio-economic condition of the area. After some period, activists were of view to merge their organisation with Dushtha Shasthya kendra (DSK). Thus DSK's Durgapur project came into being. Now apart from Rice mill, there is a office building which is the project office of DSK, through this office DSK runs different socio-economic programmes i.e. women's revolving credit, fisheries, homestead plantation, training and enterpreunership building; Mr. Hamidul Islam, M. Sc, presently runs our local unit in the area. We feel that above background information, will bring more clarity and justification of our operation at Durgapur and kalmakanda.

Women's revolving credit programme at Durgapur

as on Oct 1993

No of Group	: 42
No of Centres	: 7 Centeres
No of members	: 220
Amount disbursed	: 143,100.00
Amount repaid	: 55,130.00
Savings accumulated	: 20,512.00
Repayment rate	: 100%
All women borrowers	
Source of Fund	: SAP-Bangladesh

Psciculture in private derelict Ponds at Durgapur and Kalmakanda

Introduction

In view of production oriented development programme, to improve nutritional status and to achieve a sustainable development goal DSK engaged itself in psciculture programme at Durgapur and kalmakanda.

1. Inorder to materialise it, DSK leased, about fifty derelict private ponds in the area. It has been planned that all these derelict ponds will be reexcavated in a phased manner.

2. Through DSK's effort groups, were formed, comprising five members in each. These are mixed groups representing landless peasant women and men. Four groups are responsible for each pond, in a random fashion. Weekly meeting, savings and discipline were stressed.

3. To date about twenty five derelict ponds wers reexcavated and went under active psciculture programme Reexcavation was done through Food for works. programme (F F W).

4. All inputs i.e. fish fries, fertilizer, fish feeds etc were supplied by DSK.

5. Field workers of DSK, were responsible for supervision, monitoring and technical training of borrowers.

6. DSK staffs under went training on psciculture at Joysagar Fish project of Grameen Bank.

7. Profit sharing was done as mentioned below:

a. Beneficiaries : 60%

b. Owners : 10%

c. DSK : 30%

8. Number of beneficiaries: 455

9. Savings accumulated : 50,462 (DEC 93)

Table 3

Fisheries in 1992

Savings	Fund Invested	Fish fries Supplied	N. of Ponds and area developed	Investment Return	supervision
30,824.00 (Dec '92)	TK. 14, 837.00 Fishfries - fertiliser 9705.00 - 5132.00	22,000	N 10 (9.76 acre)	24,733	Satisfactory

Comments

1. This has been clearly reflected that programme was profitable and succesful.

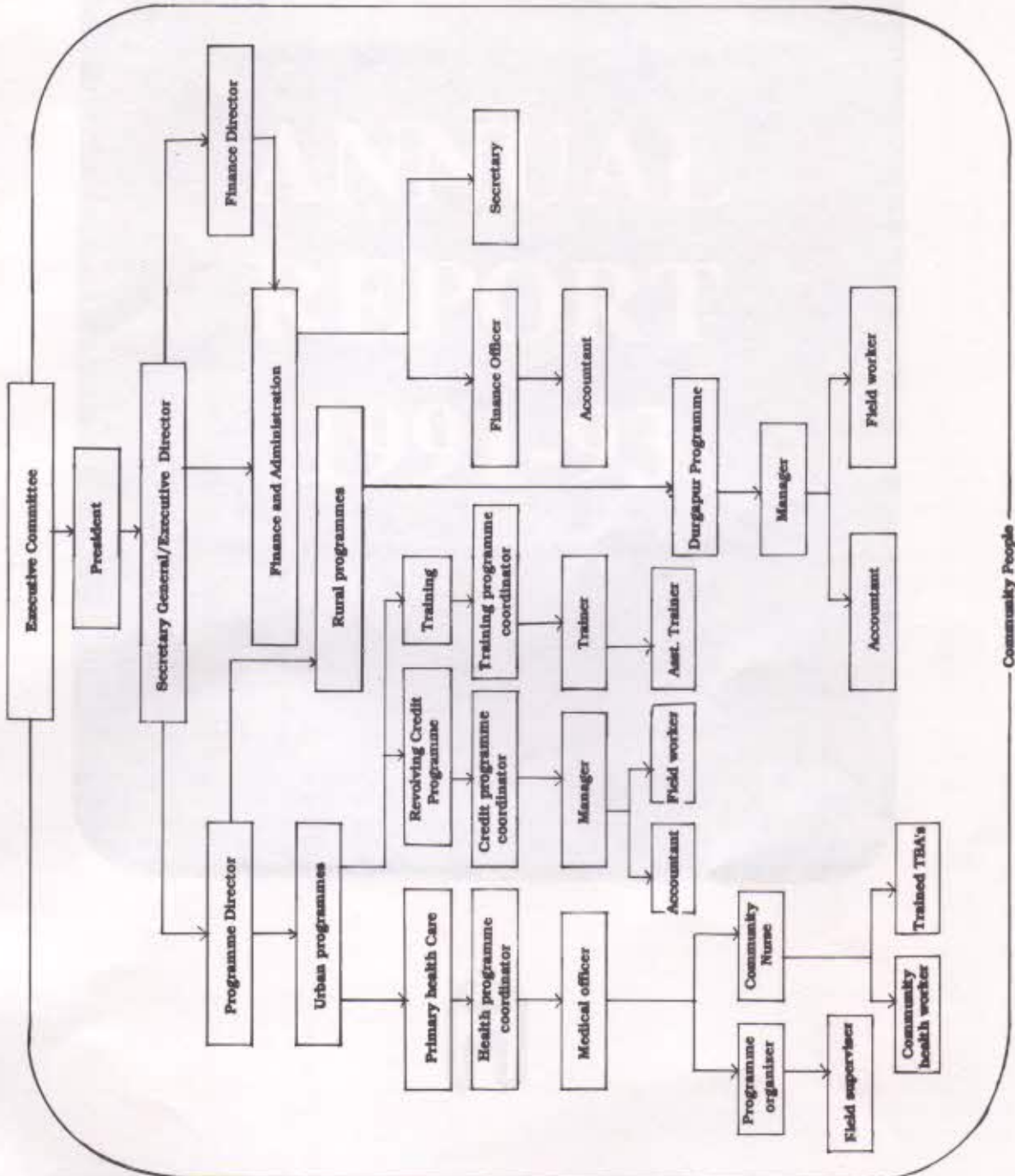
2. It could be more successful if there would be further monitoring and supervision. (There was lack of supervision and lack of fish feed supply.) Which could gear more production.

3. It was noted that profit sharing per person was not that much benefitful.

4. To make the programme more benefitful. cultivation would follow a four months of production cycle. which will boom more production and profit.

5. In coming years we should follow "High production, High profit and low investment"

Organogram



Community People