ACTIVITY REPORT DECEMBER 1997

DUSHTHA SHASTHYA KENDRA (DSK)

Activity Report
December 1997

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July, 1998

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TABLE OF CONTENTS

List of abbreviations

DWASA	:	Dhaka Water and Sewerage Authority.
DCC	:	Dhaka City Corporation.
NFPE	:	Non-formal Primary Education Program.
DNFPE	:	Department of Non-formal Primary Education.
TSP	:	Technical Service Provider.
GOB	:	Government of Bangladesh.
ADB	:	Asian Development Bank.
NIAP	:	Netrakona Integrated Agricultural Project.
IFAD	:	International Fund for Agricultural Development.
NIPSOM	:	National Institute of Preventive and Social Medicine.
SAP-BD	:	South Asia Partnership-Bangladesh.
Thana	:	Police station.
AGM	:	Annual General Meeting.
HQ	:	Head Quarter.
MPH	:	Master in Public Health.
ARI	:	Acute Respiratory Infection.
CHW	:	Community health worker.
WB	:	World Bank.
UNDP	:	United Nations Development Program.
MOU	:	Memorandum of Under Standing.
TBA	:	Traditional Birth Attendant.
AMDA	:	Association of Medical Doctors of Asia.

EXECUTIVE COMMITTEE
DUSHTHA SHASTHYA KENDRA (DSK)
1996-98

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FOREWORD

We have much pleasure in presenting this activity report to our partners in development, as well as, to our well wishers and friends, both at home and abroad.

Dushtha Shasthya Kendra (DSK) was initially organized to address health care needs of the slum dwellers in Dhaka. Over the years based on experience, DSK has diversified its activities. As we write these few words, we are delighted to say that last activity period was very much productive for DSK. In this period, we have consolidated our efforts as well as have undertaken diversified programmes.

The period under review was a period of consolidation 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 its efforts to facilitate and consolidate peoples participation to achieve cherished goal of equitable development and sustainable environment in the society.

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

A sincere word of appreciation is due to our esteemed colleagues of executive committee and general body of DSK for their unfailing support and advises.

Shafiqueahmed

Barrister Shafique Ahmed
President
Dushtha Shasthya Kendra (DSK)

D Singha

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

EXECUTIVE SUMMARY

1. Dushtha Shasthya Kendra (DSK) has completed its journey of eighth year and now has been entering into its journey for the next year. It is good time to look back at the by-gone year and review the performance of the organization. Within a very short period of time, we will be entering into the tenth year of our existence; it will be of interest to review our success and failures in order to be effective and benefitful to our people in the coming millennium.

2. Our organization was formally floated to respond to the needs of urban poor in limited capacity back in 1989. Initially, it started with the program of primary health care in some of the slums of Tezgaon area. Over the years, in order to be more responsive and effective to the needs of urban poor, it has diversified its program content and its geographic coverage. The previous year was the most eventful in terms of increasing population and geographic coverage. During this reported period, the organization was active in thirteen thanas of six districts of Bangladesh. Population coverage has reached the number of forty-three thousand seventy-one (43,071).

3. Main area of activity was primary health care, revolving credit, non-formal primary education, pond aquaculture and skill development training.

4. Primary health care activity was stirred around well developed design, covering mainly four components clinic based activity (i.e. immunization, qualified consultation, essential drug supply and ante-natal care), home visit by health workers, water and sanitation on revolving credit basis and training of TBA's and health awareness training of women from the community. During the reported period, we have treated 43,614 patients who have attended our satellite clinics; at the same time, CHW's in urban areas have made numbers of visit to DSK's member borrowers. Total number of their visit has reached the figure of 25,208. Apart from that, disease prevalence rate shows the following tendencies; highest number of patients was accounted for ARI followed by other illnesses. Community participation in DSK's health program has reached the level of seventy-two percent. In absolute number, a total of Tk. 827,381/- was collected as health savings. Total amount of health expenditure (salaries, drugs and travel) was Tk. 989753/-; DSK could cover more than eighty percent of operational expenditure for health from the contribution of its member borrowers. Rest of the expenditure was done from the income of the organization. This is one of the creative programs, which is being experimented by the organization, and during the reported period, has reached certain level of success.

5. Revolving credit program has entered into its fifth year of operation. DSK is now dealing with more than eleven thousand borrowers (11,587). Outstanding amount of revolving credit has reached the amount of Tk. 17,956,199.00 Total

savings now amount to Tk. 6,584, 318.00. Total amount of capital fund involved, amounts to Tk. 18,863,379/- Total amount of disbursement has reached the figure of Tk. 69,386,000.00. Up to the reported period, DSK has earned Tk. 4,893,425/- as service charge from the revolving credit program. It is to be noted that many of the member borrowers have shown good entrepreneurial skills; they are now coming up with demands for bulky loans breaking the cycle of poverty. On the other hand, the hard core poor were not much benefited from this intervention. There is a need to devise new approaches to reach the hard core poor. All these stress the need for an evaluation of the performance of the ongoing credit program of the organization.

6. Availability of water and sanitation services in urban slums and squatters on revolving credit basis has gained strong momentum in the reported period. DSK has already constructed thirty water points in different slums of Dhaka City with the permission from DWASA and DCC. DSK has entered into a community contract with the respective slum communities through which communities are entrusted to pay the borrowed amount for construction of water points in twenty-four installments spread over in thirty months with six months grace period. This approach has attracted attention of many of the development partners, and has been highly appreciated for its innovativeness. WB RWSG-SA and Water Aid supported this project.

7. Non-formal primary education program has gained good momentum in the reported period. Apart from BRAC supported NFPE program, DNFPE has supported operation of one hundred thirty-five (135) non-formal schools in different thanas of Netrakona, Mymensingh and Dhaka districts. Geographically, one of the difficult places in implementaion of this program was Modan in Netrakona district. Besides, it was observed that where we have other ongoing program or branch in such places, management of NFPE program was comfortable. However, average attendance in government supported schools reached the level of twenty-six, and, in BRAC supported schools, it achieved the level of twenty-nine.

8. In the year '96-'97, DSK was able to cultivate four derelict ponds. Total number of cultivated ponds reached the figure of forty. Total size of leased land amounts to 30.75 acres. Total size of water body is about 17.35 acres. DSK provides interest free loan to member borrowers, and profit is being shared among borrowers (60%), owners (10%) and DSK (30%). Total number of borrowers in this activity is three hundred ninety-one, and among them, two hundred twenty-four are women. Apart from aquaculture-activity, these groups are involved also in revolving credit program. Total amount of credit disbursed among this group is Tk. 15,77,500/- (August '96-July '97).

9. DSK runs a small skill development

training section based at its Tezgaon office. Generally, training section imparts skill development training on sewing and dress making to the under-privileged women from slums and low-income areas. Till date, it has imparted training to one hundred thirty six women. Many of them are pursuing their professional carrier by borrowing necessary loan from DSK.

10. At present, there are two hundred and sixty-one (261) staff working with DSK. Among them, one hundred thirty-five are involved with DNFPE program. In the previous year, total staff of the organization numbered eighty-four (84). Co-ordinations of the project-activities are being done from Dhaka office. Staff number at the central level is eight, which is three percent of the total number of staff-members. Fifty-three point six (53.6) percent of the staff members are women. As of present, there is no woman staff-member at the top management level. However, a woman heads one of the urban branches.

Distribution of Staff at DSK		
Male	Female	Total
121	140	261

11. In the reported period, DSK has served in the capacity of Consultant with AMDA International (Japan).. Consultation of DSK was sought to set up micro-credit projects in Rwanda and Afghanistan. On the other hand, UNDP has recognized DSK as TSP for their global micro-credit program, Micro-start. The Government of Bangladesh referred DSK's project on water and sanitation to UN/ ESCAP as an innovative project. DSK was invited a resource organization to the International dialogue and national dialogues organized by Grameen Trust.

12. As per analysis, In the year '96-'97 DSK was successful in channeling almost ninety one percent (91%) of its budget in the benefit of target population. On the other hand, nine (09%) percent was spent as administrative cost. In '97-'98, financial year DSK was successful in channeling ninety three (93%) percent of its budget in the benefit of target population. Besides, seven percent (7%) was spent for administrative cost.

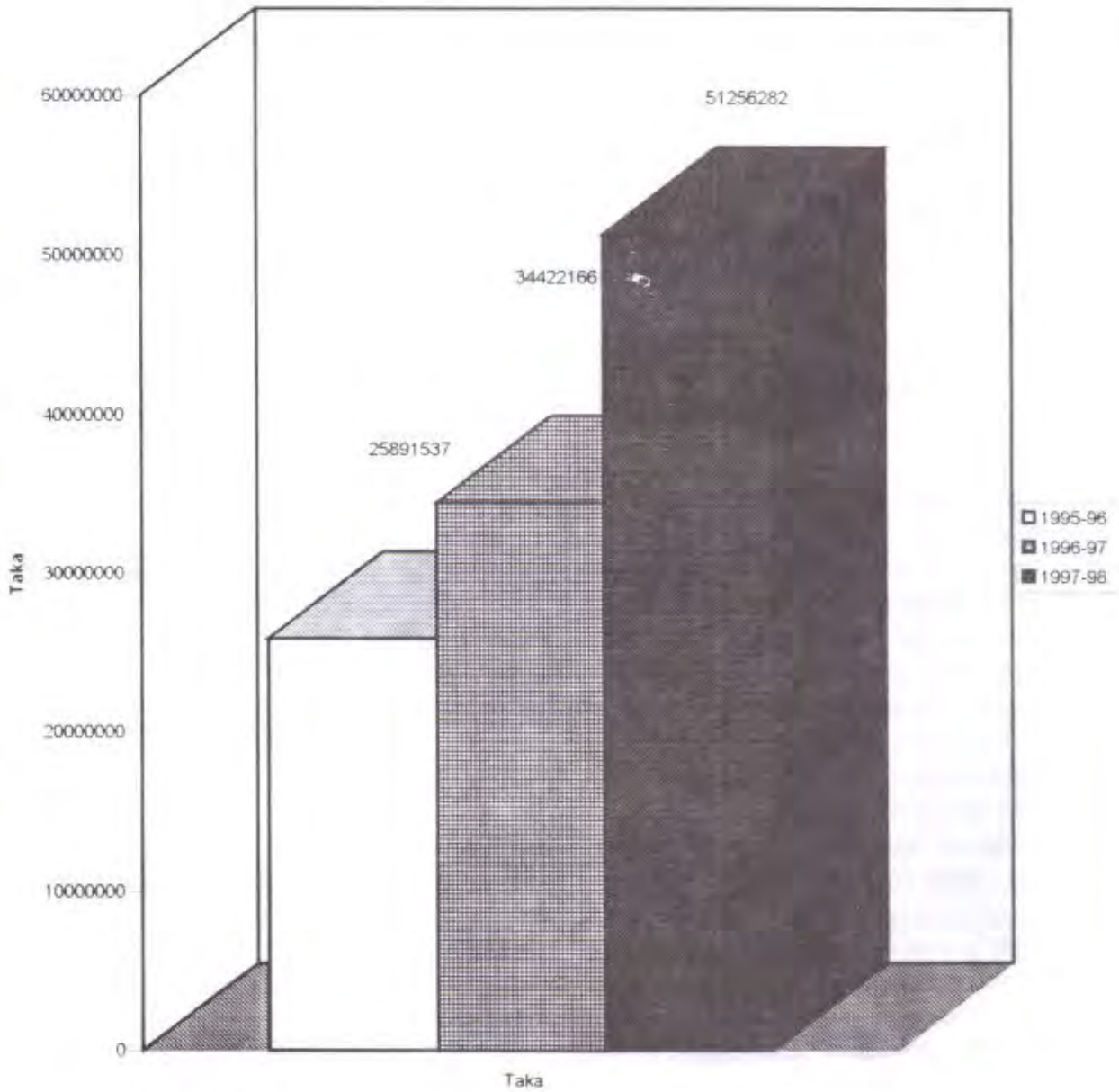
13. Organization's sustainability remains as one of the major concerns of the management of the organization. Present trend has created an environment in which it will be possible to proceed to further strengthening of the organization and provision of quality service with lesser cost.

14. During the reported period, organization has embarked upon a salary structure for the core program employees of the organization. Apart from that, some other staff-members have remained as project staffs of the organization (i.e. NFPE program, etc.).

15. During the reported period, DSK has

supported health care program from its own reserve fund and its income in Netrakona; DSK was also successful to establish a new branch at Kalmakanda primarily based on its own reserve and strength. This reflects the approach and attitude of the organization towards utilizing its reserves and strength.

Trends of expenditure in three years



Introduction

Dushtha Shasthya Kendra (DSK) is committed to address various social and economic problems of the economically depressed and vulnerable groups in general, of which the women constitute a specific category. DSK started its work in 1989. At birth, DSK's efforts were directed to address the health problems of the slum dwellers, specially the women and children. The main idea was to develop a health delivery system, which in the long run should be able to run on a self sustained basis. In the process, DSK gradually got exposed to various dimensions of `Development' and continously tried to design and adapt its policies and programs to address' `Development Question', and eventually evolved in its present form.

Social Environment

In Bangladesh, the scale and degree of poverty continues to grow in spite of two decades of planned development. Presently per capita annual income stands at US $ 256, which is one of the lowest in the world. Majorities of the rural households are functionally landless. Access to land through sharecropping and other forms of tenancy is also very limited. An employment possibility outside the farm sector is also extremely limited. As a consequence, many of the rural households are forced to migrate to the urban centers in search of job for sheer survival. Such involuntary migration, although offers some degree of assurance for food, however, had not made any positive impact on the country's macro poverty scenario. On the contrary, the rapid expansion of urban slums resulting from push as well as pull factors added a new dimension to the problem of poverty and development in general. According to available statistics, in 1988-89, 5.8 million urban population (which is 20 per cent) were categorized as extreme poor who fall below Poverty Line II, with an income sufficient to provide for only up to 1805 calories per capita (BBS 1992, quoted in GOB-ADB Study, 1996: 1-8). Again, among the urban poor, there is a sharp increase of female headed, households. The Bangladesh Household Survey Capability Program Report noted that in 1989, female headed households constituted 33 percent of the urban population, and of them 40 percent were categorized as extreme poor compared to its 10-15 per cent share among the maleheaded households (GOB-ADB Study 1996: 1-8).

Notwithstanding the problems mentioned above, the process of urbanization has given birth to an informal sector in cities small towns and even in villages. This sector is providing jobs to millions of people, and thus, a new economic dimension has been unleashed, and it supports and stimulates growth of the economy. A recent GOB-ADB study recognized that the urban informal sector which comprehends a number of small and micro enterprises and embodies a wide range of activities is no less important than the urban formal sector. According to this study, "without the linkage between the rural sector and urban sector through the significant role of informal sector of the urban area could not have been able to provide employment to a large number of civilian labor force and contribution of GDP by the urban section would have been much less than the present level" (GOB-ADB Study 1996; 2-16).

DSK, being involved in initiating changes in rural as well in urban areas for the last several years, has come to the realization that under employment is one of the fundamental problems faced by our people. Our analysis is that people are desperately looking for avenues and opportunities to use their talents and labor. In such endeavors, they are not running for subsidized or free services. In fact, historical analyses have shown that these economically depressed groups always worked hard for self-esteem and to imporve their material conditions.

Goals And Objectives Of DSK

DSK aims at building strong community organization which would eventually be able to plan, prioritize and implement its development programs through mobilization of its own resources or resources of the government and society upon which they have a legitimate claim. In order to achieve its goal, DSK is committed to :

- Render primary health care and family planning services to the urban and rural poor in general, and women and children, in particular.
- Undertake illiteracy eradication program among the children and adults.
- Exploit all potential options prevailing at the local level to generate gainful employment for the rural and urban poor, with special emphasis on expanding women's participation in the income-earning ventures.
- Channelize various production inputs, particularly disbursement of credit to the rural and urban poor for realizing the available employment - generation opportunities.
- Contribute to improving the living conditions of the urban slum dwellers, campaign about their right to live and provide legal assistance and shelter, if necessary.
- Sensitize the corporate sector, local government and the community in general about their role in the development process, facilitate and encourage collaborative arrangements.
- Launching of relief and rehabilitation program among the victims in the wake of natural calamities and disasters.

DSK's Approach and Strategy

In view of the above, and based on its experience, DSK has decided to blend health care program with income enhancement activities. It was envisaged that blending of income generation activity with primary health care should ultimately enhance the overal income of economically depressed groups. Accordingly, since January 1995, this approach of "blending health care with income- generation activity" was followed in the credit project for urban slums. The program is implemented through DSK's branch offices. A branch is a primary set up of DSKs credit operation, and covers around 1500 to 2000 members. In our analysis, if the

members weekly deposits Tk. 2.00 per head per week for health care, then this can cover two third of all recurrent expenditures, such as salaries of medical personnel, maintenance of clinic and cost of medicines. Rest of the expenditure is covered by service charges earned from the credit program. This health cum-credit program operates in two thanas of Dhaka city, mainly Tejgaon and Cantonment. Since January 1996, the program has been extended to the rural areas of Netrakona.

Another innovative component is community-managed water delivery system. In the slum areas of Dhaka City, there is no water supply from the government department (i.e. DWASA). The slum dwellers normally collect their water from public distribution points. DSK decided to intervene in this crucial area of water supply for the slum dwellers. On behalf of its organized groups, DSK opened a dialogue with the WASA, and convinced them to establish distribution points in two slums of Dhaka City. For management of this program, a MOU was drafted and agreed upon with the community. In the light of this, a committee was elected consisting of eight members (all women) and an advisory group comprising five male members. The committee has appointed personnel for operation and maintenance of the water distribution points, collection of money and payment of water bills to WASA. For financial management, a bank account is maintained by DSK and all transactions of the activity are made through this account.

Geographical Coverage

At birth, DSK started its activities in the slums of Dhaka City and has gradually expanded its work over other districts to address the problems of both urban and rural poor. Presently it is operating in the following areas :

District		Thana		Ward/ Union	Village / Slum
	No.	Name	No.	No.	No.
Dhaka	1	Tejgaon, Gulshan, Mirpur, Mohammedpur, Tongi Cantonment, Uttara	7	10	39
Netrakona	1	Durgapur, Kalmakanda, Modan	3	13	123
Gazipur	1	Joydevpur	1	1	7
Khulna	1	Daulatpur	1	1	4
Kishorganj	1	Sadar, Karimgonj	2	3	5
Mymensing	1	Valuka	1	1	6
Total	6		15	29	197

Program Summary

As stated earlier, at start DSK was concerned only with health problems of the slum dwellers in some selected areas of Dhaka City. Over the years, however, it has deversified its programs, and also directed its attention to reach the resource poor people of city slums as well as rural areas. We would like to describe and analyze various activities of DSK under two separate headings. Urban Development Program and Rural Development Program. We shall start with Urban Development Program.

Program Components	1996-97	Locations
Non-Formal primary education	4,350 persons	Dhaka city, Valuka of Mymensingh, Durgapur, Modan of Netrakona
Revolving credit program	11,587 persons	Dhaka city, Gazipur, Netrakona, Kishoreganj and Khulna.
Weter and sanitation	7,500 Persons	Dhaka City
Primary health care	22,685 persons	Dhaka City and Netrakona.
Fisheries	480 persons	Netrakona
Skill development training	25/batch	Dhaka city.

Description of Activities
Urban Development Program

Under the broad heading of urban development program, a number of activities are planned and implemented, these are :

a. Primary health care :
b. Water supply and sanitation ;
c. Revolving credit; and
d. Technical or vocational training cumenterprise development

Primary Health Care

Geographic location : At the present stage, we are running health care activities in Tejgaon, Cantonment, Gulshan, and Uttara thanas of Dhaka City.

Work Procedures

At the outset, the primary health care team conducted a reconnaissance survey to delineate the areas to be covered under the program and register the names of the families to be enrolled under the program. The registered families are normally the group members of DSK's credit program.

For registration of insured families, a registration form is introduced, and that contains the following information: basic demographic characteristics of the household member's, occupation and clinical health problems.

Main components of the program are :

- ❑ Clinic-based ;
- ❑ Outreach;
- ❑ Water Sanitation ; and
- ❑ Training : Health awareness and TBA training;

Clinic - based treatment of common diseases : Clinic-based curative service is organized mainly to serve those credit group members of DSK who has registered their names under the health insurance program. The health centers are open every day except on weekly and government holidays. On the working days, the clinics are open for three hours either in the morning or evening depending on the decision of the members.

The service is provided through several professional staffs, and that includes one health co-ordinator, two doctors, two full time nurses, one supervisor and seven community health workers (CHW).

Since September, 1996 till December, 1997, from two branches of Dhaka city (an amount of Tk. 315291/- from Tejgaon and Tk 169,358/- from Cantonment) in total Tk. 484,649/- was collected as insurance premium from 4106 member borrowers of our revolving credit program. Number of patients treated during the period was 24019; of which 44.82 percent were children. Again, when the number of adult patients is distributed according to sex, then it appears that, of the total adult patients, 86 percent was female, and the remaining 14 percent was male. The

following Table gives the details of the program.

During this period, satellite clinics in our project areas have achieved the following performance levels :

Period : May '96-December, '97

Total clinic days	Total number of patients	Male	Female	Child
714	24019	1705	11454	10860

Total expenditure for the program for 16 months (September '96- December '97) at Tejgaon branch was Tk. 237210.00. Of this 82.05 percent was covered by insurance premium. On the other hand, starting from October '96 till December '97, expenditure for the program at Cantonment branch was Tk. 353400/-. Of this 48 percent was covered by the insurance premium, which included salary of personnel, drugs, and travel. More than seventy percent of the total operational expenditure of urban health program was covered by insurance premium.

Antenatal care : During this period, 535 pregnant women attended our clinics. Among them, 363 (68 percent) returned for follow-up checks. Among them, several pregnant women were identified as high-risk cases, and of them, 243 women received doses of tetanus toxoid prior to delivery in our clinics; they also made three or more pre-natal visits during their last pregnancy.

Immunization : Immunization session takes place in satellite clinics under supervision of the community health nurse. We have partnership in immunization program with Dhaka City Corporation Zone-9. During the period, 243 pregnant women were fully immunized. Among the children of below two years, 413 were fully immunized.

Training traditional birth attendants (TBA) : TBAs are trained in safe deliveries and of risk pregnancy cases; so that they can make suggestion for calling of qualified Doctors. Our doctors and nurses train the TBA's. Upon completion of training, each TBA was provided with a safe delivery kit and their performances were closely monitored by the CHWs. Knowledge gained through monitoring is used in designing of follow-up and refresher courses.

During the reported period, four TBA training courses of 21 day's duration were organized. For this, training curriculum approved by UNICEF and Bangladesh Government was followed. In total, 54 TBA's has received basic training in this reported period.

Health, Education sessions with the Group Members : Activity-specific health education is provided by the CHWs. The program is organized on preventive and promotive health

care principles, such as immunization, health education, maternal and child health care, etc. Emphasis is on developing people's awareness about sanitation, personal hygiene, nutrition and maintenance of created/existing water points, tube-wells and latrines. For dissemination of knowledge and information on the above issues, weekly group discussions and periodical formal training sessions were organized.

On the meeting day, short health education talks were given covering various aspects of mother and child health, such as importance of mother's health :

- Three steps to keep mothers healthy (viz. i. better food, ii. no physical abuse and iii. fewer number of children);
- Four steps to keep babies healthy (Viz. i. colostrum not to be thrown away, continuation of breast feeding as long as possible, and weaning food at four months, ii. immunize at six weeks, iii. weigh the baby at a regular interval and iv. give ORS in case of diarrhea);
- Importance of personnel and general hygiene;
- Importance of immunization ;
- Importance of return visits for immunization ;
- Importances of ante-natal check up;
- Importances of small size family;
- Causes or sources of diarrhea, acute respiratory infection and its treatment with ORS and Co-trimoxazole.

During this period, we had organized four health awareness-training meetings for mothers 208 mothers attended the three days duration training programs.

Apart from the above, three workshops were organized to address various health issues. Credit group members, all women, attended the workshops.

However, health education, is not only limited to group discussion or workshops organized by the CHWs or other medical personnel. Health messages are disseminated also through group meeting that are organized around credit program.

Training of community health workers (CHW): A refresher's training program was organized for the community health workers, issues covered in the training were common diseases, nutrition, family planning, immunization, water and sanitation.

Community feedback meeting : During the reported period, eleven community feedback meetings were organized. In these meetings, 275, women were present. The participants have appreciated the program.

Reporting : A comprehensive report is produced in every quarter. This contains the following: disease patterns, number of patients treated, age and sex of the patients, premium collected, cost of drugs, etc.

On immunization-coverage, a separate report is prepared on monthly basis, and is forwarded to the Dhaka City Corporation.

Household visit : Community health workers have visited households to ensure proper health care. On an average, community health workers have to visit seventeen households per day. They impart following messages to households: diarrohea, acute respiratory infection and common diseases, family planning, general and personnel hygiene behaviors nutrition and other relevant related messages. During this period, our community health workers have visited targeted households as follows :

Activity	Tezgaon	Cantonment
CHW visit	9,761	19,019

Health manual

During this reported period, the health team has prepared and updated one health manual currently followed by DSK.

Assessment of health sustainability concept

This should be recalled that DSK specifically aims at building a sustainable health care program through implementation of its health project. The core concept of this project has in it an element of self-sustainability, making people's participatory process a reality for health care. This is tied with the revolving credit program, and uses community mobilization process led by the revolving credit component as its backbone; it tries to proceed forward along the lines of the postulated concept. As the project has passed a certain period, time has ripened to assess how much has been achieved? What is the reality that we are confronting with?

Current thinking : This should be mentioned that presently micro-credit institutions throughout the world generaly provide one product, general loan through its outlets; but this is a shallow approach. In order to make poverty alleviation efforts a success, there is a need for supply of a bigger variety of financial and non-financial services. From this point of understanding, it is important to look at the issues of primary health care more carefully; because, it is well argued that income earned by the depressed families washes away with the blow of an illness-related episode in the family. Specialists at Dhaka conclude that these amounts to thirty to forty percent of income earned in a year by a household (Sen BIDS '93).

Presently through our revolving credit outlet, we are offering one particular product-a small loan delivered to slum women in group setting and paid back in weekly installments over a year. It is very difficult to reach the very poor using micro-credit tool. In order to really put a dent in poverty-alleviation effort, it is necessary to devise a comprehensive health package that can help people to decrease their expenses incurred in relation to illnesses. In view of this, it is necessary for NGO's to respond to such realities with new products. In connection with this, Dushtha Shasthya Kendra is pilot testing its concept, main features of which and results so far available are narrated below.

Main features : Dushtha Shasthya Kendra runs its project operations through its branches. A branch usually covers 1500 - 2000 member borrowers. Members were conveyed this messages that in their lives, they

are experiencing illness-related crisis, and that governments are unable to help them. Hence, there is a need for a health care system, which will be able to cater to the health needs of the depressed groups. In view of the above, members were approached to save Tk. 2 for health care, which is non-refundable. Furthemore, it was envisioned that if member-borrowers deposit such an amount voluntarily, then the generated fund would be able to cover seventy-percent expenditure of running the health care component; the remaining thirty-percent of the expense could be covered from the ongoing income of the revolving credit program. The following health care facilities are offered :

Clinic-based facilities :

1. Doctor's service for treatment of common diseases.
2. Essential drugs supply.
3. Immunisation.
4. Antenatal care.

Community-based facilities :

1. CHW's household visits.\
2. Water supply (water points and tube-wells) and slab latrines installation on revolving credit basis.

Training

1. Health awareness training for women from the depressed communities.
2. Traditional Birth Attendant's training.

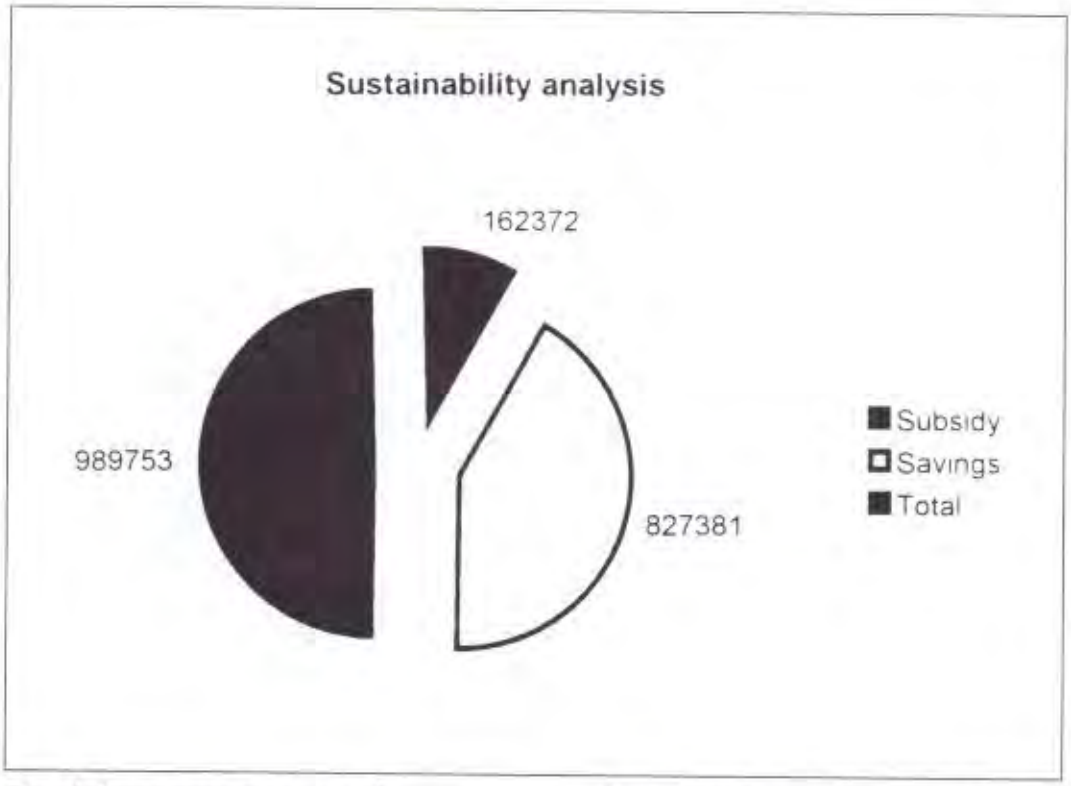
Clientele

DSK offers the aforementioned services to a member borrower and five of his family member i.e. parents of the borrower, husband/ wife, two of his/ her children.

Sustainability

In order to carry out sustainability analysis, we agreed to put the following costs as core expenditure of the presently run health care program; personnel salaries, drugs, travel and maintenance. As we agreed that this is a blend of revolving credit with health care, from that point of understanding, we also agreed that other costs, such as rent for office, stationaries, etc. will be shouldered by the ongoing credit program. The member borrowers purchase health cards as well.

Total cost of the program for 16 months (September, '96-December, '97) at Tejgaon branch was Tk. 2372210/- of this, 83.08 percent was covered by the insurance premium. On the other hand, starting from September, '96, till December, '97, cost of the program at Cantonment branch was 353400/-. Of this, 48 percent was covered by insurance premium, which included salary of personnel, drugs and travel. At Netrakona, till December, '97 (April '96-December, '97), an amount of Tk. 342732/- was collected as premium; through the premium 81.31 percent of the total program cost was covered. About eighty percent of the total operational cost of urban and rural health program was covered by insurance premium, which has provided confidence and strength to the approach.



Problems encountered

- In this model, we initially have committed to serve member borrowers along with five of his family members, which overburdens the program; may be it is comfortable to compress the model.

- In this model, we do not provide full requirement of drugs to the patient, as we believe that fifty percent of the drug consuming cost should be borne by the member borrower himself. This method allows for more effectiveness to the program and control of drug use. In order to decrease the burden of cost of drugs, a retail drug store along with the satellite health centre, could be established.

- Data of this period reflect that the project has covered more patients than in previous years. This has led to a rise of the cost for drugs. On the other hand, we had to increase staff salary in this period. All these have led to a decrease in the size of the participating share of member borrowers in the operational cost of health care component, in some places.

- Percentage of member borrowers actively taking part in the exercise reached the level of seventy-two percent .

- In order to motivate member- borrowers, sometimes our field staff draws a rosy picture about our health operation which is unrealistic; this creates some unnecessary illusion and unwanted debates between borrowers and the health

personnel when borrowers do not receive that flowery kind of services.

- Motivation of our field workers is crucially important. It is important that they should understand the dynamics of this model, its innovative aspect and usefulness. It is clear from three years experience that performance of our staff in motivating our borrowers increased many folds in the sub-sequent year of operation. At the start, many of them could not understand the whole spectrum and mechanism of activities, which is envisioned through this concept.

- In order to reach viability, at least ninety percent of borrowers should deposit health savings regularly.

- Another point is increase of coverage. The present structure is in a position to shoulder a load of two thousand borrowers without increasing cost of personnel and maintenance.

- A further problem is non-availability of such kind of model around us. We are the pioneers in this line; so, we have to proceed facing pain, difficulties and learning while confronting the realities.

Water Supply and Sanitation Program

The objective of the program is to improve the health status of the slum-dwellers through provision of safe water and sanitary facilities. However, it is well acknowledged that giving access to safe water particularly in the urban squatters is a formidable task due to legal, institutional and financial reasons. As a result, millions of urban poor are denied access to this vital basic need. Social intermediation by NGO's can play a facilitating role in ensuring this critical service delivery by acting as guarantor to large formal urban utilities and thus ensure a new service delivery mechanism that allow for cost recovery.

From that perspective, few years ago, DSK initiated construction of street hydrants in two slums of Dhaka City in cooperation with DWASA. In this endeavor DSK played the role of intermediary between the slum community and DWASA. Practical operation of the street hydrants (e.g. personnel, payment and maintenance) was vested on the community. Experience is encouraging. Community managed public utilities are functioning well. Payments of water bills are regular. Having come to know about our experiences, the UNDP/World Bank Regional Water and Sanitation group and Water Aid proposed to replicate this innovative water supply delivery model. During the reported period, we have completed construction of twenty-seven new water points in different slums and squatters of Dhaka City.

Main features of the approach

1. Projection meeting
   - ❑ discussion about the approach and methods of the project;
   - ❑ water-point mangement: formation of a community committee (Total No. 13 female-majority); women's participation ;
   - ❑ site-selection;
   - ❑ planning, design, estimate and construction;
   - ❑ construction-monitoring;
   - ❑ monthly meeting of water point management committee;
   - ❑ full cost-recovery;
   - ❑ regular payment of DWASA bills;
   - ❑ community responsibility: water point management and maintenance;
2. Water-point construction with provision of toilet facilities;
3. Supervision and monitoring.

Problems

1. One of the major problems is identification of land for water-point construction.

2. Usually different government and private offices and individuals, assuming that installation of water points beside their buildings or offices may create some gathering and problem, obstructs or tries to block installation of water points, if they are situated near their buildings or properties.

3. Providers of illegal connection i.e. DWASA pump operators, van drivers, technicians generally act against such approach, and try to create obstacles to installation of legal water-points.

4. Participation of the community and its capacity building is another big issue, whereas participation of the community is crucial to achieve good management of water-points. It was observed that if water supply and other community-based programs run parallelly in the same area, then program is more successful and community is more prepared to take over the management of the water-point operation.

5. Processing of permission from DWASA is time-consuming, and not all the levels of DWASA are aware of such approaches.

6. Delay in water-point connection following construction of reservoirs is also a problem.

7. A lot of illegal connections in different slums do exist, and even following establishment of legal connection, these do persist, first, they try to obstruct construction of legal water-points. On the other these connections at the same location negatively influences the good flow of water to newly constructed water-points. As they are not paying DWASA, so they do not have the problem of paying DWASA bills, hence, price might be much cheaper than legal ones.

8. Scarcity of water meters is also creating problems in realizing water bills and in doing correct estimate of water flow and payments.

9. DWASA was not able to provide meters for most of the water-points. Now revenue department people are informing us that they will charge an amount based on the house rents; If that happens, that will be a big problem for user; because, in that case bill will be unusually high. We strongly suggest to gear up supply of water meters to mitigate this problem.

10. Procurement of constructing materials is also problematic. In recent months, we are observing a rise in prices of cement and bricks. Apart from that, sometimes-skilled labor and van drivers, if hired from the community, charge higher than the market-rate, if not paid accordingly, they become unhappy.

11. While providing connection to specific points, we have to hire technicians. According to DWASA rule, officially we do not have to pay for the work, unfortunately we had to pay, and DWASA- technicians rate is hundred percent higher than the market-rate.

12. In many of the cases, we are installing water point near the roadside; in some places water mains is in the other side of the road. Securing DCC, road cutting permission is time consuming and sometimes they refuse to give such permissions. We are overcoming the situation by boring the road from one end to the other end. Sometimes we did it at nightime facing troubles and confronting police.

13. It was observed that at certain DCC manged water-points, DWASA charges were met from DCC-funds; we felt uncomfortable, because same type of project one on grant basis, another one on cost recovery cannot run simultaneously.

During the reported period, apart from construction of water-points, interest-free loan for sixty-eight shallow tube-wells and one hundred fifteen (115) slab latrines were distributed.

Branch	Tube-well	Slab latrine
Tezgaon	22	
Cantonment	68	93

Technical training (Sewing and Dress-making) Project

To impart vocational training to the slum women of Tejgaon area, a training centre was established in 1992; Till 1996-97 Period, a total of 136 women have been trained in tailoring and dressmaking. In this program, we had encouraged women to make dressess using Grameen textile materials, and these could be marketed through some selected shops of Dhaka City. It was envisaged that if the present contract system works-out, then soon the group would be able to run the unit on a self-sustainable basis. Unfortunately, this arrangement did not work because of absence of entrepreneurial insight and proper guiding support from our part; the project is, however, continuing training of women from slums and low-income communities. For day-to-day management of the centre, there are two staff-members-one looks after management and the other is responsible for technical matters.

Urban Revolving Credit Program

DSK has been operating revolving credit program through its three branches (Tezgaon, Cantonment, and Uttara) in Dhaka City. This program is being carried out in different slums of Tezgaon, Gulshan, Cantonment, Mohammadpur, Mirpur, Uttara and Tongi thanas. The Bank of Small Industries and Commerce (BASIC), Mondial Institute of Social Development (MISD), BILANCE, and Grameen Trust supports credit activities of our three branches.

Apart from that, we have invested Tk. 750,000 in the Palli Bio Centre project borrowing money from group fund. During this period, we were able to prepare a practical manual for our staff members working in the credit program. The program is implemented through groups. A group is formed with five members of similar economic status (not from the same family or relatives), of same age group, who enjoys multual trust and confidences. The members are jointly responsible for the total loan. The loan money is given in one installment, but repayment is done on a weekly basis. Weekly savings in a group fund are mandatory features of the system. The groups of five are eventually federated into a centre. Six to eight groups form a centre, and the centre gives the leadership in the program implementation and skill development.

Clientele Criteria : As policy, it was decided that credit should be advanced to women only. However, initialy we were compelled to take some male members in order to have an access to the community. The other criteria follwed in selection of members were:

a. Borrower members should be women.

b. Household income should be in the range of Tk. 1,500-2,000/per month;

c. The members of a group should be living in the slum at least for two years.

Training

For effective utilization of credit, the slum women are given a seven days' training that covers issues like, group organization and mechanism of credit operation. Through training in credit operation, members are made thoroughly conversant with rules and regulations of the program, which are similar to those of the Grameen Bank (GB). DSKs nineteen point programs are thoroughly explained. The responsibilities of the group chairperson and the centre chief are also explained. Participation in group savings program, health insurance scheme and learning to write names or able to put signatures are mandatory. Election of group chairperson and secretary of each group are completed before recognition of groups.

Group Recognition

Following successful training sessions, groups that has attained a certain level of discipline and become conversant with the mechanism of credit operation and are aware of its rules, procedures and the necessity of group organization are recognized as groups for enrolment under the program.

Compulsory Savings

Compulsory saving starts when the groups are recognized. Amount collected from each member varies in the range of Tk. 5 to Tk. 10, and that is recorded as individual savings. Besides that, five(5) per cent is deducted from loan amount as group tax at the time of disbursement, and that is accumulated in the group fund. Regular weekly savings and attendance at group meeting are the basic criteria to become eligible for receiving loan.

Program Coverage

Presently, DSK is operating its credit program in the following thanas of Dhaka city: Tejgaon, Gulshan, Cantonment, Mirpur,

A general picture of (urbon) revolving credit is being presented below(as on December 31, 1997):

Components	Tezgaon	Cantonment	Uttara	Total
No of member	2500	1782	1085	5367
No of borrower	2327	1652	926	4901
No of centre	62	47	27	136
Total disbursed	22,612,150.00	14,010,819.00	2,815,000.00	39,437,969.00
Total repaid	16,688,881.00	10,640,817.00	1523453.00	28,853,151.00
Outstanding	5,923,269.00	3,370,002.00	1,291,547.00	10,584,818.00
Savings	3,333,948.00	2,080,824.00	460,595.00	5,875,385.00
Repayment rate in %	97	93	100	96.66%

Mohammedpur, Uttara, and Tongi. In the slums of Dhaka, a total of 5367 people were organized into groups during this period, and of them, 4901 are borrowers. The members have mobilized Tk. 5,875,385.00/- as savings over the years. Total disbursement of credit has reached the level of Tk. 39,437,967.00/-.

Financing of the Program

The program is financed through mobilization of internal resources (i.e. group savings) and external finances obtained in the form of contribution and loans from national and international donor organization and financial institutions.

Of the total investment fund, Tk. 5,875,385/- is savings and group tax (35.67%), while Tk. 10,593,079.00 (64.33) is from external sources. Basing on the above capital fund, DSK has so far revolved Tk. 31,485,250/ as loan to 4,901 borrowers. Utilization of capital during this period was 210%.

Program Administration and Management

For effective monitoring and assessment of the program, the field staff prepares weekly and monthly reports. They submit their reports on project activities at regular weekly and monthly meetings covering the following issues :

- Achievement of individual targets within stipulated time;
- Regular repayment.
- Savings and discipline in the group; and
- Strengthening of group cohesion.

In addition to staff meeting, we have devised a system of regular discussion with center chairperson and vice-chairperson, group secretaries and assistant secretaries in order to enhance the solidarity of the groups and strengthen the umbrella forum. in its functioning. These regular contacts or meetings with community leaders facilitate the process of senzitizing the beneficiaries about importance of their leadership role in this whole exercise.

Staffing

In total, 27 staff members (15 female and 12 male) are involved in the credit program. In terms of academic training, they are quite diverse and the following Table gives an overview.

Qualification	Female	Male	Total
Masters	-	02	02
Graduate	02	03	05
Higher Secondary	13	04	17
Secondary	00	03	03
Total	15	12	27

Non-formal Education Program

DSK, with the support from UNICEF via DNFPE has started operation of thirty Non-formal primary schools in Uttara Thana of Dhaka City. The project is targeting working and street children's. Numbers of enrolled children are nine hundred. The project will continue for two years. The program is being administered and co-ordinated by the program coordinator directly from HQ.

Rural Development Program

Geographical locations : Three thanas of Netrakona, one thana of Gazipur, two thanas of Kishoregonj, one thana of Mymensingh and one thana of Khulna.

Activities planned and implemented under the broad heading of rural development program are ;

a. Primary health care ;

b. Revolving credit;

c. Pond aquaculture ;

d. Non-formal primary Education ; and

e. Palli bio-center.

Primary Health Care Program

The program is aimed to develop a participatory sustainable primary health care specially targeting the women and children. It is implemented in Durgapur and Kalmakanda thana of Netrakona district. It started in January 1996.

Work Procedures

At the outset, the primary health care team conducted a reconnaissance survey to delineate the area to be covered under the program and register the names of the familes to be enrolled under the program. The registered familes are normally the group members of DSK's credit program.

Program Component

Under the program, clinic-based treatment of common diseases is provided to the insured members. Two paramedics, one trained nurse and two CHWs through seven satellite clinics provide services.

Program Coverage

Till December, '97 (April '96-December '97), an amount of Tk. 342732/- (April, 96-March '97 Tk 285435/- + April '97- December '97 Tk 93949/-) was collected as premium. Through premium, 81.31 percent of the total program cost was covered. Number of patients treated during this period were 23,784 of which 16.52 percent were children and the remaining 83.5 per cent were adults. Again, among the adults, 65.59 percent were female. Total clinic-days were 621. Drugs worth Tk. 304834/- were dustributed (Aug '96-December '97).

Health Education Session with the Group Members

Activity-specific health education is provided by the CHWs. The program is organized on preventive and promotive health care principles, such as immunisation, health education, maternal and child health care, etc. Emphasis is on developing people's awareness of sanitation, personal hygiene, nutrition and maintenance of tube-wells and latrines. For dissemination of knowledge and information on the above issues, weekly group discussions and periodical formal training sessions were organized. On the meeting day, short health education talks were given covering various aspects of mother and child health.

Health education, however, is limited not only to group discussion or workshops organized by the CHW's or medical personnel. Health messages are disseminated also through group meetings, which are organized around credit program.

Reporting : A comprehensive report is produced in every month. This contains the

following disease/ symptom pattern, number of patients treated, age and sex group of the patients, premium collected, cost of drugs. etc.

Revolving Credit Program

The program is implemented through groups. A group is formed with five members of similar economic status (not from the same family or relatives), of same age group who enjoy mutual trust and confidence. The members are jointly responsible for the total loan. The loan money is given in one installment, but repayment is done on a weekly basis, instead of annually. Weekly savings in a group and group funds are mandatory features of the system. The groups of five are eventualy federated into a center. Six to eight groups form a center and the center, gives the leadership in the program implemention and skill development.

Clientele Criteria

As policy, it was decided that credit should be advanced to women only. However, initially, we took some male members in order to have an access to the community. Clientele criteria are slightly different in rural areas where :

a. Household income should be up to Tk. 1000/- per month, and

b. The members of a group should be living in the village at least for five years.

Training and Group Recognition

Seven day's training syllabus for the borrowers is similar to that of urban approach. Only exception is that, more emphasis is given for investment in rural economy.

Election of group chariperson and secretary of each group are completed before recognition of groups. Following successful training session, groups that have attained certain level of discipline and become conversant with the mechanism of credit operation and are aware of its rules, procedures and necessity of group organization are recognized as groups for enrolment under the program.

The Table below gives the details of the program as on December 31, '97.

Components	Durgapur and Lengura	Kalmakanda	Total
No of members	3324	928	4252
No of borrowers	2968	751	3719
Centre	160	33	193
Total disbursement	26,943,000.00	2,747,500.00	29,690,500.00
Total repayment	21,199,321.00	1,480,480	20809337.00
Outstanding	5,743,679.00	1,267,702.00	6097663.00
Savings	627,512.00	69,500.00	724,012.00
Group tax	1,361,375.00	133,750.00	1,495,125.00

Compulsory Savings

Compulsory saving starts when the groups are recognized. Amount collected from each member is Tk. 2 (currently raised to Tk. 5/-) Apart from this, Tk. 2 is collected as health savings that are recorded as individual savings. Besides that, five percent (5%) is deducted from the loan amount as group tax at the time of disbursement, and that is deposited to the group fund. Regular weekly savings and attendance in-group meetings are the basic criteria to become eligible for receiving loan.

Program Coverage

The program is implemented in two thanas of Netrakona district, namely, Durgapur and Kalmaknada, in Kishorganj Sadar thana and Daulatpur thana of Khulna.

In Netrakona area, 4252 people have been organized under the credit program, and of them, 3719 members (86.97 percent) are borrowers. Total money disbursed among the borrowers comes to Tk. 26907000 and, as on December 31, 1997 they have saved Tk. 2,219,137 as savings and group tax (21.89%); Amount of external financing to the program reached the figure of Tk. 8100000.00 (78.11%).

Kishoreganj Sadar Thana

DSK has started a small revolving credit program with support from BASIC bank in Sadar thana of Kishoreganj district; During the reported period, we have organized one hundred eighty three members under the project activity. Activity is being co-ordinated through a local office in Kishoreganj. There are two staff-members in the project. We have disbursed credit to eighty nine member borrowers till December 31, '97.

The following table gives an overview as on December 31, 1997.

Components	Kishoreganj branch
No of gruops	38
No of members	183
No of centres	9
No of borrowers	89
Credit disbursement	178,000.00
Amount repaid	25,360.00
Amount outstanding	99, 360.00
Savings	18,965.00

Daulatpur Khulna

BASIC is also supporting revolving credit component at Khulna. There are 480 member-borrowers in this project. Present number of borrowers is one hundred twenty. The project has disbursed Tk. 240,000/- as loan to these borrowers. Project activity is being co-ordinated through a project office at Daulatpur. There are three staff-members headed by a manager in the project.

The following table gives an overview as on December 31, 1997.

Compouents	Daulatpur branch
No of members	480
No of borrowers	120
No of centres	12
Savings	62,700.00
Credit disbursement	240,000.00
Amount repaid	89,800.00
Outstanding	150,200.00

Agricultural Credit Scheme for Small and Marginal Farmers

This project has targeted to form, train and disburse credit to four hundred marginal farmer groups. DSK has been contracted by NIAP/IFAD for a three years period. Credit operations will be supported by necessary fund from Agrani Bank. Each group shall consist of twenty members. Geographically, the project covers two thanas of Netrakona district, namely Durgapur and Kalmakanda. The project is being supervised through an area-office at Netrakona; total nineteen staff-members headed by a manager are involved in the project. Four of the staff-members are female. Formally, the project has started its activity in July, '97. The following Table reflects the progress of activity as on December 31, 1997.

Village	142
Union	15
Thana	02
Group formed	169
Member	3423
Female	3124
Savings	241420.00

Non-formal Education Program

The Non-formal Primary Education (NFPE) program was started in late 1994 at Durgapur. Initially, five schools were established, and gradually the number grew.

During the reported period, DSK has implemented a Non-formal education program with the support from BRAC/ DNFPE in Durgapur and Modan of Netrakona district and Valuka of Mymensingh district. One hundred fifteen Non-formal schools in total are being operated in these areas. Total number of enrolment has reached the figure of 3,450. Average attendance in these schools reached the level of twenty six. Average attendance at BRAC- supported schools also at Durgapur is twenty-nine. In DNFPE supported component, there are one hundred fifteen teachers and eight supervisors in Modan, and Durgapur. A manager is supervising them. The project-work at Valuka in Mymensingh is being supervised by the program co-ordinator from the head office.

Through BRAC supported schooling program, enrolled students will reach class three levels of the government-run primary education system. Upon completion of the three year course, they will be able to read, write and do certain level of mathematics. Furthemore, they will be aware of society and their environment. Apart from literacy and numeracy, there are scopes for development of extra-curricular activities, such as singing songs, dancing, recitation, sport, etc.

DNFPE supports functional literacy program. This is a twelve-month schooling in which only those are targeted who are devoid of the opportunity to enter a formal educational institution. Furthemore, in this learning process they will be aware of society and their environment. Through this approach, target people learn to read, write and do some primary level of arithmetic's. This program covers people of the 11-45 year's age group. Following completion of the literacy course, the organization tries to link them with different development programs.

Community participation is vital to run the schools effectively. In this context of primary education by community, we refer to the parents of the children, their friends and relatives who share and influence their lives. In order to ensure community participation, DSK facilitates formation of village committees consisting of four members, and they are

a. One interested father,
b. One interested mother,
c. One volunteer, and
d. One teacher representative.

The village committee is entrusted with the following responsibilities :

1. The committees should encourage and persuade the parents/guardians to send their children to school regularly.
2. The committee member shall see whether teachers are performing their duties regularly.
3. Members of the committee shall visit the school weekly and should talk to the teacher on matters related to the school and student attendance.
4. Village committee should organize monthly meeting of the parents. This should be a forum for exchanging opinions and ideas on education among parents, teachers and program organizers. DNFPE and BRAC support, the program.

Palli Bio-Center

It is a joint venture of DSK and Greameen Fund. The project is based on Bio-village concept. The mechanism for establishment of Bio-village would be the formation of Bio-village societies and a Bio-Center at the village level.

To promote sustainable human development through an integrated development approach to non farm employment, the project should essentially consist of income and emploment generation by:

a) Livestock and broiler chicken production;
b) Community fodder production;
c) Fodder Bank;
d) Recycling of Bio-waste;
e) Community aquaculture;
f) Integrated aqua-horticulture;
g) Flower/orchid production;
h) Homestead nutrition gardening; and
i) Marketing.

A scientific, technological, financial and managemant board co-ordinated by DSK's representative, Dr. Masudul Quader a professional from Agricultural field has involved government and other agencies with farmer village societies. A memorandum of understanding was signed with Grameen Fund, according to which they provide Tk.1,855,200.00 as part of Tk. 24,25,256, that is 70% of the equity fund. Dushtha Shasthya Kendra invested Tk.750,000.00 as part of Tk.10,39,395 that is 30% equity from its own resources. Location of the project is at Joydebpur, Gazipur. Initially, credit was provided to women for milch cow rearing. At present, loan for poultry and fisheries are being disbursed.

Community Insurance Scheme

It is an innovative approach through which animals life and health is insured. Five percent of the credit taken for purchasing animals are charged as insurance premium; which is payable at a time; the qualified doctors treat the sick animal and medicines are suppild as per requirement. In case of death, outstanding amount borrowed as loan is adjusted from the insurance fund, and loan is treated as repaid. Naturally, a poor borrower, after such a mishap, can easily apply for a new loan. This project so far paid Tk.68,924.00 against death claims, and Tk.56,192.00 for the animal health scheme. After meeting all these claims, this scheme has a reserve fund of Tk.158,124.00.

Marketing Support

Palli Bio Centre intended to provide marketing support to the milk producers, but price was competitive in the local market and majorities of the producers were not interested to sell the product to the project. However, the project tried to continue marketing over a period of a year with a small quantity of milk. It was observed that retail marketing in Dhaka City is profitable, If large scale collection from the remote areas adjacent to the project is done, along with the support of modern technology for carrying and preservation; then such a venture will be profitable for both the farmers as well as for the investors. Bio Centre has stopped its milk business, as it was not possible to prevent the loss due to rotting. During the short period of this business, Centre made a gross profit of TK.64,382.00. However, after payment of salary, carrying,packing and cost of rotten milk, net loss was Tk.17,028.00.

Local Sale Centre

To meet the necessity of the dairy and poultry farmers, a drug shop along with poultry feed has been opened. It is a fair price shop, which meets the need, not only the project clients but also that of other people who are in need of such services. Total TK.93,000.00 has been invested in this component. This component is also supposed to run on its own. Rent, salary and other expenses should come from its profit.

Staff position and other pieces of financial information are given in the Tables below :

Staffing

Qualifiction	Male	Female	Total
Masters	1		1
Graduate	1	1	2
Total	2	1	3

Palli Bio-Centre as on December 31, 1997.

Capital fund

Grameen fund	1,855,200.00
Dushtha Shasthya Kendra	750,000.00
No of member	327
Total disbursement	5,835,880.00
Savings	330000.00
Service-charge collected	470.761.00
Insurance fund after claim	158,124.00
No of milching cow	314
No of centres	28
Total income	6,28,885.00
Total expenditure	322,390.00
Excess income	306,495.00

Pond Aquaculture Program

In 1991, DSK started its aquaculture program in 10 leased private derelict ponds at Durgapur and Kalmakanda Thanas of Netrokona district. Since then, additional numbers of ponds were leased in, and at present the total stands at 40. These ponds are of small and medium size covering around an area of 30.75 acres of which water-area is 17.35 acres (Dec.'97)

The ponds were leased in for 10 years. For effective management and , to ensure participation, beneficiaries were organised into groups.Membership of the groups varied between 5-10. All the members were trained on principles of group formation savings and discipline.They were then given some basic orientation on pond aquaculture. Donors assisted this program in two ways: Firstly, leased derelict ponds were re-excavated through food-for-works program assisted by the World Food Program(WFP). Secondly, pisciculture program was set into motion investing savings fund of the beneficiaries,and later on, financial assistance was extended from SAP-BD fund('93-'95).

Under the terms of the lease, the pond-owners did not make any investment. All investment came from the groups either through mobilization of savings or through interest-free credit. For sharing of profit, the following principles were agreed upon: beneficiaries would get 60 per cent, DSK 30 per cent and the owner 10 per cent.

During 1996-97 production season, of the 40 ponds 39 ponds, were brought under production. One pond could not be used because of erosion of banks. On an average, in each pond, 1000-2000 fingerlings of 2-3 inch sizes were released. Species and stocking density per pond was as follows:

Species	Silver Carp	Katla	Rohi	Grass Carp	Mrigel	Total
Stocking Rate in%	15	20	30	20	15	100

A total amount of Tk. 15,058.00 was invested in fish cultivation. An amount of Tk. 84,456.00 was realized as profits of which Tk. 58,470/- went to members of the program. During the reported period, total number of members of this program was 391 of which 224 were female. Apart from income from the fish culture activity, an amount of Tk. 15,77,500.00 was disbursed as income generating loan to these groups.

Organizational Structure and Financial Administration

According to DSK constitution, the highest governing body in between the Annual General Meeting's (AGM's) is the Executive Committee (EC). This body is elected by the members of the organization in its Annual General Meeting for a two-year period. The committee is composed of eleven (11) members. All policy matters are discussed and approved by the EC in its meeting that is held once in two months. Often specific technical matters are also dicussed in the EC meeting. The executive head of the organization (i.e Executive Director) is appointed by the EC. The Executive Director in turn makes all appointments of staff with concurrence of the EC. On behalf of the EC, the Secretary General overviews the day-to-day affairs of the organization, and keeps the EC informed.

Staffing

One of the major strengths of the organization is commitment of young professionals in the development of the under privileged. They share DSK's vision of development and take active part in the process. Most of the staff started their carrier at DSK as volunteer or on an honorarium (part-payment) basis. During the reported period, the organization was successful in providing a standard salary scale for its employees. In order to disseminate the knowledge of its development goals, members of the staff are consulted frequently. present staff strength of DSK is 261, and their distribution among program and region are as follows :

Districts Program	Branches	No of staffs'96-97		Total
		Female	Male	
Central Co-ordination	Head Quarter	01	08	09
Revolving Credit	Cantonment, Dhaka	0	10	10
Revolving Credit	Tezgaon, Dhaka	06	05	11
Revolving Credit	Uttara, Dhaka	04	02	06
Revolving Credit	Sadarthana, Kishoreganj		02	02
Revolving Credut	Durgapur and Lengura Netrakona	04	14	18
Revolving Credit	Kalmakanda,Netrakona		05	05
Revolving Credit	Durgapur, Kalmakanda (NIAP)	04	14	18
Revolving Credit	Daulatpur, Khulna	01	02	03
NFPE	Uttara, Dhaka	30	02	03
NFPE	Bhaluka, Mymensingh	23	09	32
NFPE	Durgapur, Netrakona	38	22	60
NFPE	Modan, Netrakona	17	15	32
Health Care	Tezgaon, Dhaka	04	01	05
Health Care	Cantonment, Dhaka	06	01	07
Health Care	Durgapur and Kalmakanda, Netrakona	01	03	04
Water and Sanitation	Dhaka	04	04	
Skill Development	Dhaka	01	01	
Area Office	Netrakona	02	02	
Total		140	121	261

Till date, staff-strength and their quality is upto the expectation of the organization, and as yet, DSK did not face any problem or difficulty in carrying out its programs effectively, especially at the field level. A team of senior program staffs is assisting Executive Director. Although staff turnover is not a problem yet, given the nature of work, salaries are not competitive to attract professionals that are needed to meet the expanding demand of the organization.

Finance

The Executive Director directly supervises financial administration. A Finance section assists him. Finance section is staffed by finance professionals. The section takes care of the central accounts.Apart from that, at the branch level, finance administration is directly executed by accounts officers and accountants and supervised by managers. performance is periodically reviewed by monthly reporting and also through the internal and external auditors.

Partners of Development

Over the years, DSK has developed relationships with many donors. The active ones in this reported period are Grameen Trust, Palli Karma Sahayak Foundation (PKSF), Water Aid (UK), World Food Program, BRAC, BILANCE, UNDP/ World Bank Water Sanitation Group-South Asia (RWSG-SA), MISD, BASIC Bank, IFAD / NIAP and DNFPE. As stated earlier one important concern of DSK is to make its development programs sustainable basing them on mobilization of internal resources.

In order to achieve this goal, DSK is working towards:

1. Blending of programs, such as credit and health care.
2. Linking of DSK's operation with national financial institutions, like PKSF and commercial banks.
3. Development of strong community-based organisation of depressed groups, so that they can mobilize,plan,and implement their own development programs through mobilization of there own resources.

Publications

During the reported period,we have produced a training manual on health care and revolving credit to be followed by field staffs of the organization. Apart from that,ITDG journal,Waterlines has published an article about our experience of providing drinking water to urban slum settlements on cost recovery basis.

During the reported period,Dr. Anisur Rahman Siddique, Co-ordinator of DSK's health care program has successfully defended his MPH thesis with the title "Utilization of Health Care Provided by DSK-an NGO Working in Slum Areas of Dhaka City" from NIPSOM.

we were also able to publish a review article "Health care sustainability- is that a fantasy? "about our experience of health sustainability, and this was distributed to our development partners.

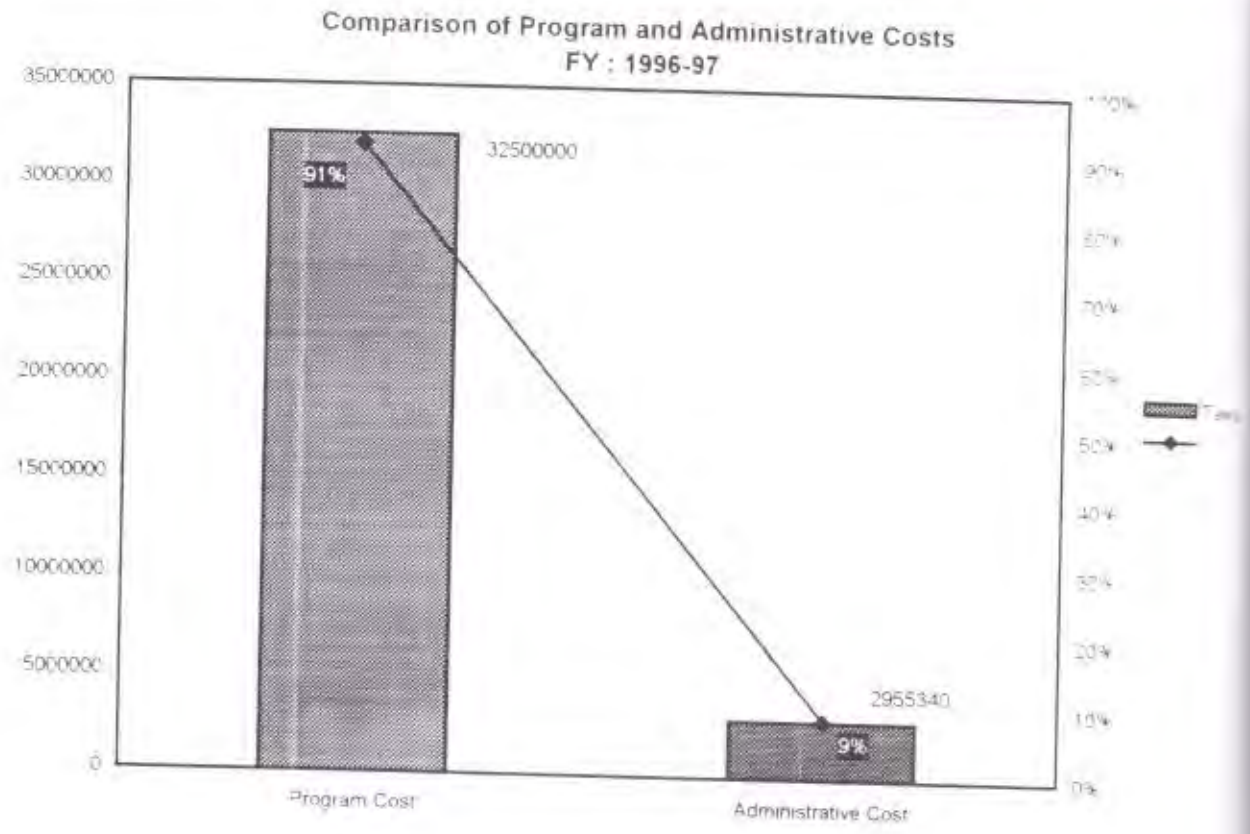
Later,this article had appeared in modified form in BPHC (Bangladesh Population and Health Consortiume) journal SOHOJOGI.

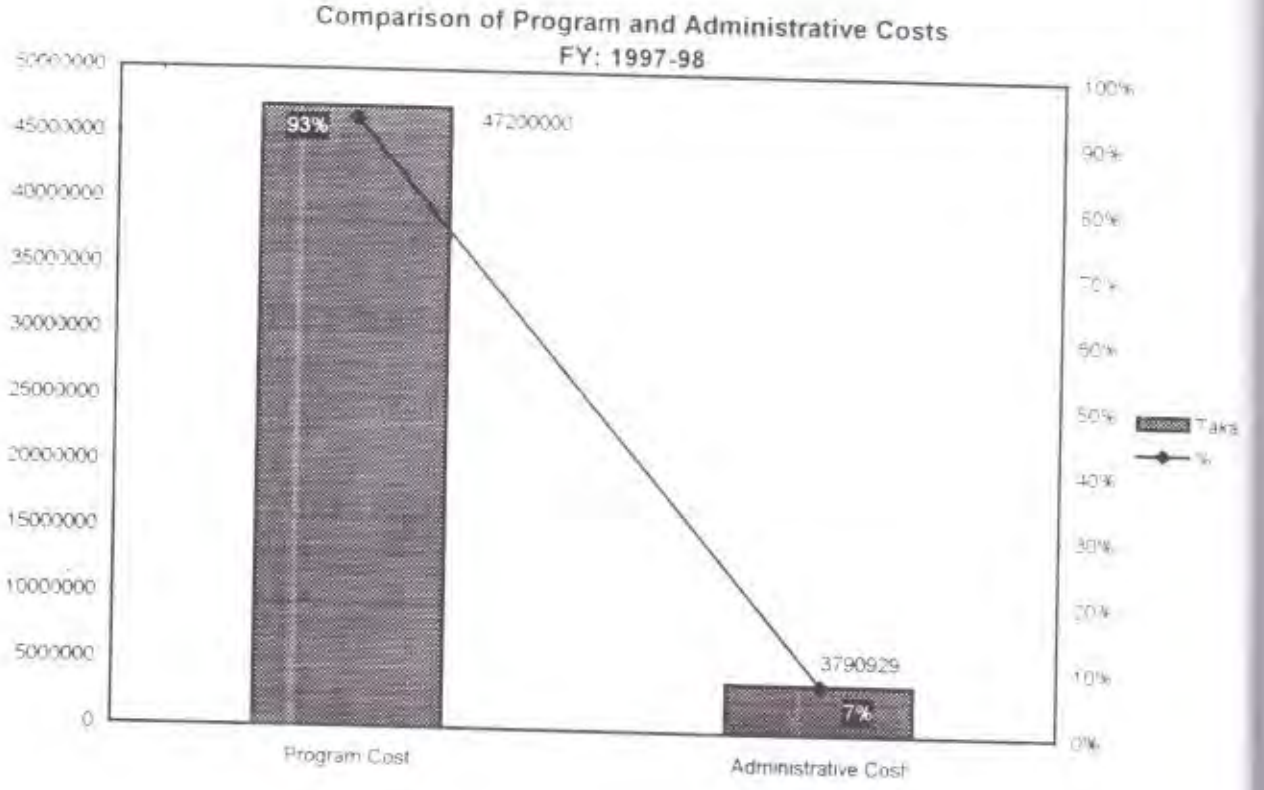
In Lieu of a Conclusion

Based on our ongoing monitoring and internal evalution, it could be safely stated that over the years, DSK has been successful in reaching the poor and socially disadvantaged sections of the urban and rural society.In the process,DSK has developed a healthy partnership with its clientele, and this is clearly reflected in their continued commitment to utilization and repayment of credit funds, developing a sustainable health care system, maintenance of the public water distribution system, organization of non-formal primary education centres,etc. The present partnership between DSK and its clientele has also paved the way for achieving self-sustainability. During the period under consideration, DSK has covered 66.69 percent of its program support and overhead cost jointly.

GENERAL BODY MEMBERS OF DSK
1996-98

SL.No	Name	SL.No	Name
1.	Barrister Shafique Ahmed	16.	Dr. Saqui Khandoker
2.	Dr. A.B.M.Abdullah	17.	Dr. Binaek Sen
3.	Dr. Anjan Datta	18.	Mrs. Noorjahan Begum
4.	Dr. Dibalok Singha	19.	Mr. Syed Amir Hossain
5.	Dr. Mahmudur Rahman	20.	Mrs. Najneen Sultana
6.	Mr. Habib Uddin Ahmed	21.	Mr. Emdadul Haque
7.	Dr. Masudul Quader	22.	Dr. A.S.M. Golam Mortuza
8.	Ms. Shagupta Yasmin	23.	Dr. Debapriya Bhattacharya
9.	Mr. Habibur Rahman(Tuku)	24.	Mr. Sherajuddin Dalim
10.	Dr. Quazi Towfiqul Islam	25.	Professor (Dr.) Nazmun Nahar
11.	Dr. Mustafizur Rahman	26.	Mrs. Mahfuza Khanam
12.	Mr. Jahangir Hossain Siddique	27.	Dr. Jawadur Rahim Wadud
13.	Md. Abu Sanee Alamgir	28.	Mr. Khairul Alam
14.	Mrs. Afia Khatoon	29.	Mr. Jasim Uddin
15.	Dr. Laila Arjumand Banu		


Comparison of Program and Administrative Costs
FY : 1996-97
35000000
30000000
25000000
20000000
15000000
10000000
5000000
0
91%
32500000
9%
2955340
Program Cost
Administrative Cost


Comparison of Program and Administrative Costs
FY: 1997-98
50000000
45000000
40000000
35000000
30000000
25000000
20000000
15000000
10000000
5000000
0
93%
47200000
7%
3790929
Program Cost
Administrative Cost

HLB

Toha Khan Zaman & Co.

DUSHTHA SHASTHYA KENDRA (DSK),
CONSOLIDATED BALANCE SHEET
AS ON 31 MARCH 1998

PARTICULARS	Note	AS ON 31-03-98	AS ON 31-03-97
PROPERTY AND ASSETS:			
FIXED ASSETS:	1.00	2,228,809	999,790
INVESTMENT:	2.00	878,000	550,000
CURRENT ASSETS:			
Revolving Loan Programme	3.00	19,496,696	12,504,263
Advances, Deposits & Prepayments	4.00	517,515	512,263
Receivables (Contra with Note- 13.00)	5.00	-	2,554,467
Other Receivables	6.00	401,535	-
Stock of Medicine	7.00	37,936	39,060
Cash in Hand	8.00	93,273	134,780
Cash at Bank	9.00	7,676,339	4,716,885
Total Taka:		31,330,103	22,011,508
FUND AND LIABILITIES:			
CAPITAL FUND:	10.00	11,801,440	6,923,819
DONATED FUND:	11.00	2,430,653	1,766,074
CURRENT LIABILITIES:			
Loan	12.00	2,190,465	2,095,765
Payables (Contra with Note- 5.00)	13.00	-	6,190,142
Others Payables	14.00	5,207,820	-
Group Tax Fund	15.00	3,329,725	2,092,195
Group Savings Fund	16.00	5,496,003	2,605,351
Health Insurance Fund	17.00	421,917	141,147
Provision for Interest	18.00	405,068	128,103
Provision for Audit Fee	19.00	40,000	-
SAP Project Running Fund		-	68,912
Liability for Medicine	20.00	7,012	-
Total Taka:		31,330,103	22,011,508

(Dr. Masudul Quader)
Treasurer, DSK

(Dr. Dibalok Singha)
Executive Director, DSK

(Barrister Shafique Ahmed)
President, DSK

1.00 Figures have been rounded off to the nearest taka.
2.00 Annexed notes from part of the accounts.
3.00 Signed in terms of our separate report of even date annexed.

Dated, Dhaka,
14 July 1998

(Toha Khan Zaman & Co.)
Chartered Accountants.

HLB

Toha Khan Zaman & Co.

DUSHTHA SHASTHYA KENDRA (DSK),
CONSOLIDATED RECEIPTS & PAYMENTS ACCOUNT
FOR THE YEAR ENDED 31 MARCH 1998

PARTICULARS	Note	1997-98	1996-97
RECEIPTS:			
Opening Balance:		4,851,665	3,354,219
Cash in Hand	6600	134,780	82,724
Cash at Bank	67.00	4,716,885	3,271,495
Fund Received from Donors	68.00	9,634,905	-
Received from Central Account (Contra)	69.00	8,970,326	16,434,290
Interest	22.00	178,097	4,162
Service Charges	23.00	2,829,575	2,277,555
Sales of Pass Books	24.00	52,645	11,647
Sales of Health Cards	25.00	2,610	9,400
Health Insurance Premium	30.00	108,949	-
Income from Clinic	70.00	9,100	248,881
Sales of Motor Cycle & Bicycle	31.00	20,300	-
Sales of Fishes	26.00	28,776	24,275
Income from Advertisement	32.00	41,410	-
Income from Training	27.00	90,671	7,178
Subscription & Donation	29.00	2,200	2,600
Sales of Old Computer	33.00	10,000	-
Received from Water Point	34.00	435,755	-
Other Income	71.00	972,539	668,120
Group Savings	72.00	3,815,546	2,157,239
Group Tax Received	73.00	1,666,350	1,159,360
Health Insurance Received	74.00	301,498	425,593
Loan Received from Project	75.00	6,965,577	462,401
Loan Received from Other Sources	76.00	6,415,859	3,413,298
Bicycle Installment Recovery	77.00	10,600	9,900
Advances Recovery	78.00	33,593	7,000
Loan Recovery from Beneficiaries	79.00	27,629,150	19,990,137
Loan Realization	80.00	20,000	-
Received from SAP-Bangladesh	81.00	20,000	-
Sales of Rice		14,008	6,126
Installment Realized from Tube-well & Latrine		-	149,095
Total Taka:		75,131,704	50,822,476

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Toha Khan Zaman & Co.

CONSOLIDATED RECEIPTS & PAYMENTS ACCOUNT: Contd.

PARTICULARS	Note	1997-98	1996-97
PAYMENTS:			
Salary and Allowances	36.00	3,962,916	2,135,692
Office Rent	37.00	558,323	236,695
Travelling and Conveyance	38.00	191,486	137,979
Entertainment	39.00	104,972	79,991
Printing & Stationery	40.00	255,502	325,016
Telephone, Fax, Email & Postage	41.00	85,136	64,265
Repairs & Maintenance	42.00	65,271	28,779
Interest	43.00	281,751	679,584
Bank Charges	44.00	15,410	8,428
Carrying Charges	45.00	25,030	3,470
Papers & Periodicals	46.00	5,739	11,163
License Renewal, Registration & Membership Fee	47.00	4,955	12,226
Utilities		-	37,843
Gas & Electric Bill	48.00	6,638	44,327
Audit Fee	82.00	26,000	26,000
Medical Expenses	50.00	264,038	101,693
Advertisement	51.00	5,600	2,075
Subscription & Donation	52.00	1,640	1,900
Insurance Premium		-	600
Miscellaneous		30,000	200,386
Expenses for Water Project	53.00	138,359	83,067
Expenses for Water, Khulna Branch		-	44,460
Amount Written off		-	2,436
Programme Expenses	54.00	950,714	572,325
Training Expenses	57.00	88,131	100,355
Loan Disbursement (Beneficiaries)	83.00	34,769,500	23,869,650
Advances & Deposits	84.00	313,345	113,563
Furniture & Fixture	1.00	114,416	72,036
Office Equipment	1.00	263,850	252,743
Bicycle & Motor Cycle	1.00	484,436	120,830
Capital Fund (Adjustment)		2,480	-

HLB

Toha Khan Zaman & Co.

CONSOLIDATED RECEIPTS & PAYMENTS ACCOUNT: Contd.

PARTICULARS	Note	1997-98	1996-97
Medicine Purchase		46,313	90,426
Land Purchase		-	5,000
Building & Construction	1.00	613,446	223,680
Telephone Installation		-	18,400
Investment	85.00	328,000	500,000
Loan Paid to Project (Contra)	86.00	6,965,577	235,500
Loan Refunded	87.00	5,229,593	3,750,504
Savings Returned	88.00	827,694	565,690
Group Tax Adjusted	89.00	428,820	170,702
Health Insurance Returned	90.00	19,576	140
Fuel & Oil	61.00	85,386	-
Electric Equipment	1.00	13,555	-
Payment of Liabilities	91.00	16,596	-
Computer Purchase	1.00	100,000	-
Black Board	1.00	34,500	-
Sign Board	1.00	9,895	-
Other Expenses	56.00	102,171	-
Service Charges Returned	92.00	139,550	-
Office Expenses	60.00	200,939	-
Latrine Point	1.00	111,054	-
Transferred to SAP-Bangladesh	93.00	40,000	-
Transferred to Project (Contra)	94.00	8,970,326	11,041,192
Water Point Connection Fee	62.00	63,290	-
Wooden Tools	1.00	173	-
Closing Balances:		7,769,612	4,851,665
Cash in Hand	8.00	93,273	134,780
Cash at Bank	9.00	7,676,339	4,716,885
Total Taka:		75,131,704	50,822,476

(Dr. Masudul Quader)
Treasurer, DSK

(Dr. Dibalok Singha)
Executive Director, DSK

(Barrister Shafiqur Ahmed)
President, DSK

1.00 Figures have been rounded off to the nearest taka.
2.00 Annexed notes from part of the accounts.
3.00 Signed in terms of our separate report of even date annexed.

Dated, Dhaka,
14 July 1998

(Toha Khan Zaman & Co.)
Chartered Accountants.