

ACTIVITY REPORT DECEMBER - 2000



DUSHTHA SHASTHYA KENDRA (DSK)

ACTIVITY REPORT
DECEMBER - 2000

Table of Contents

Executive Committee of DSK	3
Introduction	4
Goals, Objectives and development approaches of DSK	4
DSK at a glance	6
Program activities	7
Geographical coverage	8
Activities	9
• Primary Health Care (PHC)	12
• Micro Credit project	14
• Agricultural projects	16
• Non Formal Education	16
• WATSAN project and Water point model details	21
• About Dushtha Shasthya Hospital (DSH)	28
• Palli Bio-center	29
• Training Cell	30
• Emergency Relief	30
• Small projects	31
Partners of Development	31
Management of the Organization	31
Finance	31
Publications	33
Annex :	
Organogram	34
Balance Sheet	36
Receipts and Payments Statement	38
General Body Members	40

December 2001

Compilation: Executive Director, Dushtha Shasthya Kendra (DSK)
Dushtha Shasthya Kendra (DSK)
5/8 Sir Syed Road, Mohammadpur, Dhaka -1207
Phone: 88-02-9128520, Phone/ Fax : 88-02-8115764
E-mail : dsk@citechco.net / dskhq@citechco.net Web page: www.dsk-bd.org
Printed by Mati Ar Manush

EXECUTIVE COMMITTEE
DUSHTHA SHASTHYA KENDRA (DSK)
2001 – 2003

SL. No	Name	Designation
1.	Barrister Shafique Ahmed Bar at-law	President
2.	A.B.M. Abdullah Ph.D (Chemistry)	Vice President
3.	Anjan Dutta Ph.D (Economics)	Vice President
4.	Dibalok Singha MD	Secretary General
5.	Mahmudur Rahman MD	Joint Secretary
6.	Habib Uddin Ahmed MA	Organizing Secretary
7.	Masudul Quader Ph.D (Agriculture)	Treasurer
8.	Emdadul Haque FCA	Member
9.	Md Khairul Islam MA	Member
10.	ASM Golam Murtuza Ph.D (Economics)	Member
11.	Nazneen Sultana MA	Member

Directors

Dr. Dibalok Singha	Executive Director
Masudul Quader Ph.D	Director (Program)

Coordinators

Hamidul Islam	Coordinator (Credit)
Irshad Mahmud	Coordinator (Finance and Accounts)
Kolimullah Koli	Coordinator (WATSAN)
Afroza Daliya	Coordinator (Education)
Dr. SB Anowara Ali	Chief Medical Officer DSH

Introduction

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. DSK has already completed its journey of tenth year and has entered into its eleventh year of existence. Dushtha Shasthya Kendra is committed to address various social and economic problems of the economically depressed and vulnerable groups in general of which women constitute a specific category. DSK formally started its work in 1989 informally main core group of people started working since mid eighties. The main aim was to develop a health delivery system which in 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 continuously tried design and adapt its policies and programs to address "Development Question" and eventually evolved in its present form.

Goal 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 :-

Objectives of the organization

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.

Linking various production inputs, particularly disbursement of credit to the rural and urban poor for realizing the available employment-generation opportunities.

Contribute to improve the living conditions of the urban slum dwellers, campaigning about their right to live and providing 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 development approaches

Since inception DSK aims at building strong community organization with strong participation of women in its leadership that 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 view of the above objectives DSK has continuously searched for innovative approaches. Thus, DSK has decided to blend primary health care program with income-enhancement activities. Since January 1995, this approach of "blending health care with income-generation activity" has been followed in the credit project for urban slums. From January 1996, this was extended to the rural areas of Netrokona. Under this approach group-members (around 1500 to 2000) of a branch deposit Tk. 2.00 per head per week for health care. This amount of contribution can cover bulk of recurrent expenditures, such as salaries of medical personnel, maintenance of clinic and cost of medicines. Left over expenditure is covered by service charges earned from the credit program.

Another innovative approach is *community-managed tap water supply from DWASA / CWASA for the slum people of Dhaka / Chittagong City*. Because slum dwellers are not treated as legitimate client by DWASA for water supply and they normally collect their water from public distribution or from other private points. In this situation a group of people have found their way to do a highly profitable water business in the slums through an underselling in collaboration with the WASA field staffs.

In order to ensure water supply to the slum people under a legal framework, DSK decided to construct several Water Points (WPs) with active participation of the slum community sponsored by the donor. For overall management of water point a committee consisting of eight members (all women) and an advisory group comprising five male members was formed for each of the WPs. Till now, 63 of such WPs are in operation, two are under construction and many more are in pipeline.

Though started from the Dhaka City, DSK expanded its activities in other districts covering both urban and rural areas for pursuing the same goals and approaches to the extent possible within the given financial as well as organizational capacities. Depending on geographic locations project activities of DSK have been broadly identified as (1) Urban Development Program and, (2) Rural Development Program. In the following summary Urban and Rural Development Program activities of DSK along with coverage of specific locations has been presented in a combined form.

DSK at a glance December 2000

DSK was established as a NGO back in 1989. Before that a group of social and professional activists started some voluntary health care activities in Dhaka slums from mid eighties. Over the years DSK has evolved in its present form.

DSK programs are as follows: -

- Primary health care program
- Non formal education program
- Revolving credit program
- Hospital project
- Training Cell
- WATSAN project
- Palli Bio Center

Small projects: Agricultural project, Fisheries project, Dress making and sewing project

In the bygone period **geographically** DSK was present in eight districts of Bangladesh. In this period twenty-six thanas were reached via DSK activities.

Primary health care program follows a specific design. Generally DSK health care is tied with revolving credit program. According to approach members enrolled in the program have to pay a premium for the health services offered. In the reported period we have treated 29788 (Jan -Dec'00). Patients those who attended our clinic in Netrakona, Dhaka and Khulna. CHW's has visited 12058 households in Dhaka and Khulna. DSK's health program has received 59% of support from communities enjoying the service.

Non formal education program is supported by Government of Bangladesh and a small part by BRAC. In the by-gone period total number of education centers opened by DSK were 459 (2000). Among them 190 learning centers have finished their length of operation and 105 are continuing and 85 centers are in preparation. Education project was spread over in Netrakona, Dhaka, Rajshahi, Chittagong and Narsingdi.

Revolving credit program now covers nearly twenty thousand members (19995). Outstanding amount of revolving now stands at Tk 46865057. Total savings now stands at Tk 19326611.0 DSK covers target members via twelve branches in different location's. Repayment rate stands at 97%.

Agriculture projects main target is to support small farmers to effectively develop homestead gardening and thereby improve nutrition of their families. In the reported period agriculture projects were implemented in Netrakona and Kishorganj districts.

Fisheries projects were implemented in Netrakona and Kishorganj districts. Total four derelict ponds were re-excavated in this period. These ponds were cultivated via target group members.

Sewing and dress making projects is an attempt to train women from slum and low-income communities to train women on specific trade and ease their entry into job market. In this period total 143 women were trained in dress making and sewing techniques.

WATSAN project till this period completed installation of 75 water points, 112 hand pumps, 286 slab latrines, three sanitation blocks, six community latrines and one integrated project. All these activities are based on the approach of strengthening CBO's, women leadership, behavioral change communication, financial and social sustainability.

A **training cell** was established in 1999 main targets were to address the training needs of the organization. In relation to that a training calendar was produced and implemented. Main training courses conducted were pre service training, Credit management and follow up, Health hygiene training, Accounts management, Project management, WATSAN staffs training, Hospital management, project management and follow up, Gender and development, Education project and its implementation. Total 142 participants attended different training courses. Most of the staffs were exposed to training on gender and development.

Total number of **staffs** at DSK now stands at 421 among them full time staff 211 and part time staff 210.

Budget for the year 2000 –2001 was Tk 105918815.00 Audited figure for the same period stands at Tk 185461751.00

Principal **donors** in this by gone period were Water Aid UK, CORD AID, Swiss Red Cross (SRC), Plan International, Helen killer International (HKI), PKSf, BASIC Bank, Government of Bangladesh (DNFE), PLAN International ;

Program activities

- Main programs of DSK are as follows: -
- Primary Health Care Program: -
 - PHC project
 - Water and Sanitation Project
- Hospital Project
- Revolving Credit Program
- Non –formal education program
- Small projects
- Training Cell
- Palli Bio Centre

Geographical Coverage:

At birth, DSK through its activities in the slums of Dhaka City 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:

No of Districts 8		No. of Thanas 26 (November '00)	
Name of Districts			
1.	Gazipur	Sadar, Sripur,	
2.	Netrokona	Durgapur, Kalmakanda, Purbadhala, Modan	
3.	Kishoreganj	Sadar, Karimganj, Itna	
4.	Mymensingh	Ishorganj	
No. of Urban Cities		No. of Thana	No. of Wards
1.	Dhaka City	Cantonment, , Kafrul	15, 16
		Tejgaon, Gulshan, Ramna,	20, 36, 37, 38, 39,
		Mohammadpur	46
		Mirpur, Pallabi,	4, 2, 5, 6, 15, 17
		Uttara, Tongi	1, 2, 3, 4
		Gulshan, Baddah	15, 17, 18
2.	Rajshahi	Rajshahi City	18,19
3.	Chittagong	Chittagong City	35,36,33,23
4.	Khulna	Dawlatpur , Khalishpur	3, 4, 5

Dushtha Shasthya Kendra (DSK) has completed its journey of eleventh 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. we have entered into the twelfth 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.

Project / Program wise Target Member Coverage (November '00)

Total No. of Beneficiaries		Urban		Rural	
		Male	Female	Male	Female
Name of program		Total Target members		Urban	Rural
1	Credit	19995		10647	8955
2	WATSAN	36900			
3	Education	12150		6050	6100
4	Hospital				50000 Target Population
5.	PHC	47540		30930	12610
6.	Sewing Training	200		200	
Total		97740			

DSK was formally floated to respond to the needs of urban poor in its limited capacity back in 1989. Initially, it started with the program of primary health care in some of the slums of Tejgaon area in Dhaka City. 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 **twenty six thanas of eight districts** of Bangladesh. Population coverage has reached the number of ninety seven thousand seven hundred forty. Main area of activity has been primary **health care, water sanitation, Emergency relief, revolving credit, non-formal primary education, pond aquaculture and skill development training;**

Primary Health Care Project

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 29788 (Jan.-Dec. '00) patients who have attended our satellite clinics; at the same time, CHW 's in urban areas have made numbers of visits to DSK's member borrowers 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 fifty nine percent. DSK could cover more than fifty seven percent of operational expenditure for health from the contribution of its member borrowers. Rest of the expenditure was borne 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.

DSK approach

DSK believes in sustainable and participatory health network. In view of this DSK started motivate its member borrowers that a participatory health network is essential for the people living in the community. It was pointed out that government service provisions has miserably failed to deliver an effective, dependable, efficient and affordable health service provision for the communities living in urban slums and squatters. Experience of several years has proved that government service provision is not adequate and dependable. In this background it was stressed that without direct participation of the community it will be impossible to develop a health network that is dependable, service oriented, affordable and sustainable. DSK motivated communities specially members of the organization to put Tk 3 weekly for health care; In exchange to that DSK provides following services as reflected in the below mentioned table. Following members of the participants family are eligible to exercise below mentioned services i.e. two children's, husband/wife, father and mother.

Health approach of DSK:

Primary health care:	
1.Clinic Based:	<ol style="list-style-type: none"> 1. Qualified consultation for common diseases. 2. Essential drugs supply. 3. Immunization. 4. Ante-natal care.
2.Community based:	Community health worker delivers health message to registered house holds. Topics are as follows awareness about common diseases, family planning ante-natal care, immunization, use of clean water, sanitation and hygiene behaviors.
3.Outreach :	Water and sanitation on revolving credit basis.
4.Training :	Health awareness training for mothers from slums and TBA training.

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 generally 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 diversified varieties 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 has been 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 crises, 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 and Tk. 3 currently for health care, which is non-refundable. Furthermore, 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 were offered:

Clinic-based facilities

1. Doctor's service for treatment of common diseases.
2. Essential drugs supply.
3. Immunization.
4. Ante-natal care.

Community-based facilities

1. CHW's household visits.
2. Water supply (tube-well) and slab latrine 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 members 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, stationers, etc. will be shouldered by the ongoing credit program. The member borrowers will purchase health cards as well.

Problems encountered

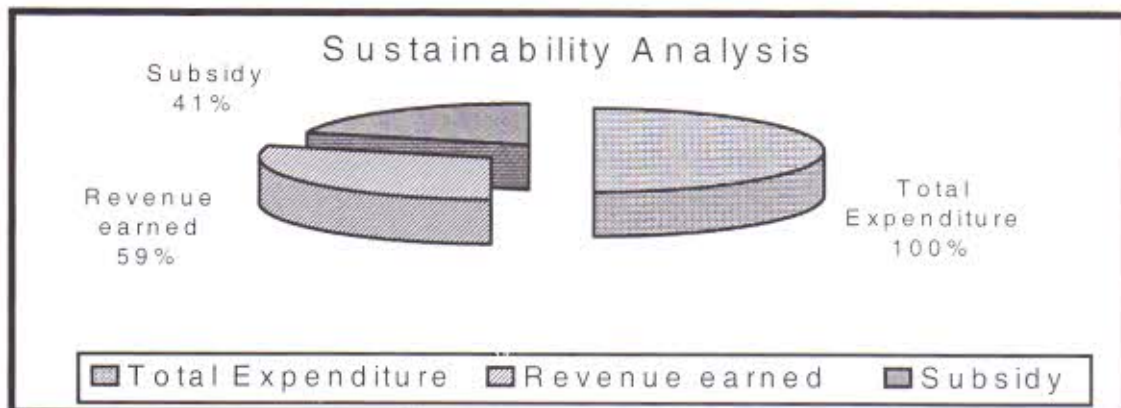
- In this model, we initially have committed to serve member borrower along with five of his family members, which overburdens the program; may be it is comfortable to compress the model.
- In this model, we do not provide full requirement of drugs to the patient, as we believe that fifty percent of 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 second 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.

Number and sex distribution of patients in PHC of DSK (Jan –Dec'00)

Total patient No	Children	Male	Female
29788	11866	1937	15985

Program Area	Children	Male	Female	Total	% of grand total
Dhaka Tezgaon	1467	113	1608	3188	10.70
Dhaka Cantonment	5030	375	4586	9991	33.54
Khulna Daulatpur	3672	299	1976	5947	19.96
Netrakona Durgapur/Kalmakanda	5675	1150	3837	10662	35.79



Micro Credit

Clientele criteria

Women's preference. As policy it was our decision that the borrowers should be a woman. It was also decided that the household income should be in the range of Tk.2000/- to 2500/- per month and the members of a group should be living in the same slum at least for two years.

Group formation

Interested women were asked to form groups of five of like minded women of similar economic status (not from the same family or relatives), of same age group, who enjoy mutual trust and confidence. Total no. of groups formed up to this reporting period were 340.

Training

In order to enable slum women / Rural poor women an excess to credit facilities, a seven days training program on group organization and mechanism of credit operation have been devised. Through training on credit operation members were made thoroughly conversant

about rules and regulation which are similar to GB. DSK's nineteen point program were thoroughly explained. The responsibilities of the group chair person and the center chief were explained, the group savings, health care, children's education, participation in other social development program and learning to make signatures were declared mandatory. Election of group chairperson and secretary of each group was completed before recognition of groups.



Credit Center Meeting

Revolving Credit Program at a Glance as on December 31, 2000

Branch	Centre No	Member	Loanee	Outstanding	Savings	Income/ Loss	Service charge/ MO	Default	Repayment rate
Urban program									
Tezgaon	77	2736	2162	7787056	4777194	268298	83998	841362	98.55%
Cantonment	59	1875	1568	5507689	3022443	1995118	65626	274645	99.11%
Uttara	54	2057	1778	6768802	2929709	607427	74051	12872	99.88 %
Mirpur	37	1345	1100	2740673	1286033	86524	33045	8434	99.69 %
Gulshan	37	1181	1001	2866619	1002261	51606	26325	85560	98.47%
Khulna	39	1477	1291	4040536	1132444	1002443	44522	23537	99.70%
Sub Total	303	10671	8900	29711375	14150084	4011416	327567	1246410	99.16
Rural program									
Durgapur	123	2387	2898	5517476	1454573	107281 ?	57748	1093690	96.60 %
Birishiri	77	1397	1189?	2682521	726636	(153313)	18689	954472	89.45%
Nalchakra	37	1078	936	3026456	645088?	956014	23629	396680	97.47%
Kalmakanda	69	1759	1513	4396981	1570925	265957	36222	721664	96.18%
Kishorganj	45	1336	1083	2549304	998065	187723	26813	106712	98.00%
Niamatpur	84	1202	796	1468671	329571	(210235)	18978	-	100%
Sub Total	435	9159	8415	19641409	5724858	1153427	182079	3273218	96.11
Grand Total	738	19830	17315	49352784	19874942	5164843	509646	4519628	97.63

Group Tax

In order to cope the situation in case of death, disaster, sickness and other emergencies a fund is created deducting five percent of borrowed amount; which is named as group tax fund. This is a kind of forced savings. Borrowers are allowed to withdraw this money from the project while leaving the project permanently or after three years of continued membership in the group.

Group recognition

Following successful training sessions, groups which has attained certain level of discipline and became conversant with mechanism of credit operation, about its rules procedures and necessity of group organization, are recognized by the management. Eight such recognized groups forms a center. Summery information on number of centers and borrowers are given below.

Revolving credit program (as on Decmeber'00) has entered into its eighth year of operation. DSK is now dealing with more than nineteen thousand members (19830) and seventeen thousand three hundred fifteen (17315) borrowers Outstanding amount of revolving credit has reached the level of Tk. 49352784.00 Total savings now amounts to Tk. 19874942.00 and DSK earns Tk.509646.00 monthly 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.

Agriculture Projects

Agriculture projects were taken to promote sustainable human development through an integrated approach to farm and non-farm employment and to quality of life improvement; the projects were designed to impart training on the following homestead production technologies to enhance family income. Existing credit group of DSK received above mentioned skill development training's

Training topics were:

- Homestead nutrition gardening
- Poultry and livestock production
- Integrated fisheries, livestock and horticulture.

Coverage of the Project

ASSP supported project envisaged covering of sixteen hundred (1600) farm families living in the two districts where DSK has its ongoing health education and credit programs. Two remote sub-districts in Netrokona and two in Kishoreganj were selected for this project. District wise breakup has been shown in the followingTable :

District	Sub-district (Thana)	Group	Union	Village	Family
Kishoreganj	Kishoreganj, Karimganj	40	03	10	800
Netrakona	Durgapur, Kalmakanda	40	09	40	800
Total		80	12	50	1600

Activities and support

Keeping in view the above objectives the project included implementation of the following main activities and support.

Implementation methods

The project identified the following methods for implementation of the activities.

- Organize sixteen hundred (1600) farmers or beneficiaries of farm families living in economically depressed conditions and involved in DSK's ongoing credit projects.
- Formation of eighty groups consisting of twenty (20) women members in each group.
- Selection of eighty lead farmers, one each from each of the eighty beneficiary groups.
- Formation of eighty centers for the above eighty beneficiary groups.
- Weekly meetings for each of the above centers.
- Compulsory savings of Tk. 10.00 by each member of the groups for creation of group funds followed by loan disbursement. ASSP provided a fund of Tk. 8,00,000/- to be used as revolving loan fund.

Training

Most of the training was organized in collaboration with Deputy Director Agril. Extension (DAE) Department of livestock and fisheries.

1. One-day orientation, selection and training need assessment of all beneficiaries on homestead production.
2. Three-day higher lead farmers' demand based training on (i) homestead gardening, (ii) poultry rearing, (iii) dairy farming and (iv) fish farming.
3. Demonstration of application of new technologies through lead farmers.

Homestead Gardening project

Beside that an agreement with Helen Keller International (HKI) was signed on April 2000, Under this project DSK in collaboration with HKI implemented nursery and gardening activities in three Thana(s). The total gardening activity is designed for five years where HKI will provide for three years and DSK will continue for fourth and fifth years.

Gram (Village) Nursery

As part of the project eighty (80)-Gram Nursery (GN) to be established in each thana over a period of three years (40+20+20) all forty (40) GN for first year were established in Karimganj, Kalmakanda and Durgapur; however, drop out occurred followed by replacement of new GN.

House hold garden

Total four thousand nine hundred twenty (4920) household gardens were benefited in the first year through different project inputs (seed, fertilizer, and insect control) technical and demonstration supports from village nurseries. The produce from this garden will encourage consumption as primary use and income generation from the sale of surplus production.

Nutrition Education

A nutrition education component was included in HKI supported project to promote increased consumption of vitamin rich food; particularly vegetable and fruits.

Credit

Some eighteen (18) GN farmers were given special loan to develop their irrigation projects.

Non Formal Primary Education

Non-formal primary education program has gained good momentum in the reported period. **Non formal education** program is supported by Government of Bangladesh and a small part by BRAC. In the by-gone period total number of education centers opened by DSK were 459(2000). Among them 190 learning centers have finished their length of operation and 194 are continuing and 75 centers are in waiting. Education project was spread over in Netrakona, Dhaka, Rajshahi, Chittagong and Narsingdi.

DSK was also selected as one of the twenty-six NGO organizations as implementers of Pilot Continuing Education project by NFE.



NFE School

Water and Sanitation Project

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 forty three 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 inovativeness. This project was supported by WB/UNDP WSP and Water Aid.

- As lead urban partner DSK has been implementing its third phase WATSAN project with the assistance of Water Aid Bangladesh. DSK as the lead WA urban partner has developed the model approaches for water supply, sanitation and hygiene promotion for slum communities in Dhaka and Chittagong City. As such DSK provides on-going advice and technical support to Water Aid's six other urban partners on the issues of water supply, sanitation and community mobilization. In Phase III the role has been defined as technical support provider (TSP).

- DSK is active in national advocacy for urban poor development and in network such as Coalition for the Urban Poor (CUP)
- DSK's work is recognized by DWASA and DCC

Key Components –

- ♦ Strengthening of CBO's
- ♦ Women participation and leadership
- ♦ Provision of WATSAN services via physical installations i.e. water points, deep-set hand pumps, sanitation blocks, and sanitary latrines
- ♦ Behavioral change communication via health hygiene education employing PRA and CTC approaches
- ♦ Financial and social sustainability of the project

New in Phase:

WATSAN Hygiene Promotion activities **integrated** with environmental health interventions, solid waste management and footpaths /drainage improvements in one of the Dhaka slum community. **Community sanitation block** is another new product in third phase, which provide bathing and sanitation facility to women, children and men living in slums.

Description of Water Point Model

Slum communities and sites for water points are selected by DSK based upon the following criteria. DSK employs a system of participatory rapid appraisal to gather descriptive data collected which is gathered from community interviews and discussions. Through this process, a range of experiences and people takes place and this enables an understanding of livelihood patterns to emerge:

- ♦ Location of communities to DWASA water supplies mains
- ♦ Total area and population of the slum
- ♦ Location and duration of the slum
- ♦ Socio-economic status of the slum dwellers
- ♦ Is there any possibility to evict the slum within a very short period?
- ♦ Has there any open place besides the road to set-up water point in the slum area?
- ♦ Present water supply system of the slum area and family wise monthly expenses for water
- ♦ Demand for improved services and expressed willingness to pay
- ♦ Well-established communities were given preference as they were considered to be more able to respond to participatory planning and project implementation.
- ♦ Is there any organization that is implementing water supply activity?
- ♦ Communities that were used to receiving free (subsidized by external agencies) water supplies or ones that were dominated by mastans were avoided.



Water Point

Steps in facilitation of construction of a community managed water point: -

Preliminary Data Collection, Projection Meeting, Application to Dhaka WASA and Dhaka City Corporation, Water Point operating committee formation, Advisory committee formation, Management and operations contract, Collection of Water fees, Process of collection of construction costs, Agreement of construction of water point, process of hand over etc.

Major learnings from first ten-water points are as follows: -

DWASA BILLS AND COST RECOVERY OF CAPITAL

♦ Communities are paying DWASA bills on a regular basis. In this period communities did paid Tk 473572.00 (94.12%) as DWASA bills (June 30, 2000); Rest of the bills were paid later; this is an ongoing process.

♦ Cost recovery of interest free capital stands at the level of seventy- percent not considering the evicted one.

Phase	Capital cost	Capital cost deducting evicted one	Repaid	% repaid	Comments
Water points 1 st Phase No 10	387,034	348749.00	237,725	68.16	One water point had been evicted. Three WP's has completed thirty-eight months period. Others have completed 26 months journey. All of them continuing repayment. DWASA BILLS WERE PAID REGULARLY.

♦ Three of the water points could not repay the full capital amount till date; their payment procedures were rescheduled. Main reason of non-payment of capital cost was irregular supply of water and hence little quantity of clients.

♦ Such service provision significantly brought down the cost of the water for the community.

COMMUNITY MANAGEMENT/ WOMEN LEADERSHIP

♦ Community based organization's were formed around provision of water via a street hydrant in a specific community.

♦ Eighty percent of the monthly community meetings took place with average attendance of 62% where female constituted 60.48% of attendees.

♦ In this period DSK helped communities to achieve maturity of the leadership specially women in the community to run the management of the water points on a regular basis.

POLICY IMPLICATION

Approach has been accepted as an effective tool to provide water and sanitation services to communities living in slums and squatters. Several NGO's has started replicating the approach. Recognition of the model has been reflected in National Water policy of GoB 1998. In this process RWSG-SA has played an important role in disseminating the approach. Because of the collective effort this simple project has evolved as a tool significantly influencing change of institutional arrangements.

TRANSFER TO COMMUNITY MANAGEMENT

♦ One of the water points was transferred under community management. Three others are in pipeline to be transferred. Main criteria's taken into consideration were presence of WP management committee, regular monthly meeting, women attendance, women leadership, male attendance, regular payment of DWASA bill, regular payment of capital loan, cleanliness at the WP, Ownership feeling.



PRA Exercise by the Community

TRAINING

♦ In order to empower the community on the management of water points DSK used different training tools specially PRAs to achieve the target.

DIFFICULTIES / PROBLEMS

♦ Slum power structure remains one of the main obstacle of non repayment of loans in due time, besides insufficient clients, inadequate flow of water, monthly payment system and dishonesty of the caretakers and their leadership influences negatively on recovery of capital and DWASA bills.

♦ Among this ten water points three water points were evicted in this period.

♦ Eviction has been seen as complete loss of capital to the project provider and service provisions.

Water supply and sanitation facilities installed in the by gone period (As on Feb '01):

Components	CF	RF	Total
Water points	75	-	75
Hand pumps	69	43	112
Slab latrines	205	81	286
Sanitation Block	03	-	03
Community Latrine	06	-	06
Integrated project	1	-	1

About Dushtha Shasthya Hospital (DSH)

DSK started its journey with primary health care projects. Currently it reaches with primary health care services to more than twenty thousand slum and low income group people living in different slums and low-income areas of Dhaka city. In view of the provision of services it was felt that a secondary health service provision would be complementary to PHC operations run by the organization.

General concept in this project is to provide dependable hospital services on an affordable basis. Project targets those who are living in slums and low income areas. In targeting special emphasis is given to provide services to women and children. While creating services project targets to run on break even points so that services could be provided independently on long term basis.

Objectives

1. This project will be treated as an action research keeping in mind lack, uncomfortable and unsustainable environment in government health service providing health posts and hospitals, on the other high profiteering motive of private sector. Keeping above fact in mind project will target to provide services to middle, low income and people from slum areas.
2. To develop a dependable quality service package by the health center targeting urban poor and low income and middle income groups. In developing so project will remain sensitive to the fact that government facilities lacks dependability, crowded and uncomfortable on the other private facilities are beyond the competence of low income group.
3. DSH will act as complementary to the activities run and operated by the PHC program of DSK.
4. In operating DSH, project will maximize its focus on sustainability keeping due sensitivity to efficiency and affordability by the urban poor and low income group.



Seminar at Dushtha Shasthya Hospital

Services offered at the Hospital

Hospital Team

Currently hospital team is headed by a Gynecologist she renders specialist service as well as looks after the general management of the hospital. Besides there are four doctors who takes care of the outdoor and indoor patients on shift basis.

There are ten Nurses in the hospital team. They attends patients at the outdoor, laboratory and indoor. Among the nurses four are nursing diploma holders others are assistant nurses who gained previous experience working in hospitals. Operation theater nurse render services at the operation theater and labor room. Besides there are supporting staffs i.e. one ambulance driver, four cleaning staffs, one cook and two guards. Apart from all this a radiographer provides x-ray services to the patients at the outdoor.

Outdoor service

Outdoor functions twelve hours a day. Besides emergencies are attended as and when required.

Indoor services : Admission, Labor and General surgical operation theater services.

Investigation services

Laboratory

At the outdoor of the hospital a pathological laboratory has started functioning since start of the hospital. Laboratory is in function all the days of the week without holidays. Service delivery has been contracted out to one pathologist and two medical technologists. Besides hospital has given support of one nurse to the laboratory as well as laboratory has been equipped and reagents supplied with the support from the project.

Ultrasound service

This service has been contracted out to a Sonologist. Sonologist renders her service in the afternoon for three hours every day. If emergency occurs Sonologist can be reached at the hour of emergency needs. Sonologist have been paid on piece rate basis monthly.

Radiography service

Hospital renders x-ray service twelve hours a day. A 100M small capacity machine has been installed at the outdoor of the hospital. A technologist has been appointed from the start of the project. A radiologist has been contracted for the interpretation of x-ray films. Radiologist have been paid on piece rate basis monthly.

Laboratory charges

Laboratory charges were set comparing the market rates offered by the commercially run laboratories in capital city. It was found that laboratories do pay a service charge to doctors ordering the investigation. It was further found that it is almost fifty percent of the unit rate of each tests. In view of the above unit rate of all the laboratory investigation has been fixed less than fifty percent of the set market rates. Because hospital decided not to pay any charge to doctors for ordering the investigation.

X-ray and Ultrasound charges

In deciding x-ray and ultrasound service rates we did kept the rate below commercial rates. In doing so initially we did calculated actual recurrent cost for the services; further we did analyzed whether to add capital cost in calculation of the rates for the specific services. Later we arrived at an assumptive rate that is at least 20-25% lower than commercial rates; and decided to review the rate structures at the end of first year service of the project. Current USG service rates are as follows :- Whole Abdomen : Tk 350 Lower abdomen : Tk 250 *Admission Charge* is Tk 10 respectively. This was set on assumptive basis.



Ultra Sound Examination

Bed charges

In setting the seat rents we initially analyzed monthly house rent of the hospital building. Through bed and cabin charges we targeted to cover rent of the hospital building. We thought that hundred percent seat occupancy should cover the rent of the hospital building. In connection with that we presumed that in this project we have twenty (20) beds and one cabin. If we set bed charges as Tk 70 and cabin (with attached toilets) Tk 400 then in case of hundred percent occupancy income shall be Tk 49200/ month. In case of fifty- percent occupancy in each month income should be at least Tk 24600/-

Labor charge

In considering the rate for labor we considered following issues: -

First of all we intend to attract low-income groups and catarrh those who are from slums and low income communities.

Hospital intends to offer a standard package service. Package means we shall follow one pregnant women from the very start ensure at least four follow ups and TT immunization; ensure minimum investigation i.e. Hb %, urine R/M/E. and conduct of normal labor at the hospital (Three day stay at the hospital). Those cases have been interpreted as "normal" that does not need Cesarean Sections.

In view of the above following rates have been set: -

1. Normal labor (Four follow ups, TT immunization, detection of Hb %, Blood glucose, Blood grouping and Urine routine investigation, three day admission +conduct of labor)
: Tk 800
2. Normal labor with drugs supplied from the hospital : Tk 1000
3. Normal labor including drugs and Ultrasound check up : Tk 1200

Operation charges

In calculating operation charges we first divided operation's in three categories i.e. Major, Intermediate and minor. Major procedures are all abdominal procedures. Major orthopedic/ Obstetric/ Urology and other procedures. Intermediate procedures are such as Appendectomy, Hernia, Hydrocoele, Fistula in Ano, Fissure, Hemorrhoids etc. Minor procedures are Cyst, Lipoma, Abscess drainage, Skin Grafting etc. Surgeons shall decide categories of operations not identified in this list on case by case basis. We arrived at the costing rates on the basis of calculation of actual costs and in consultation with practitioners.

Rates are as follows:

Category	Rate	Surgeon's team	Anesthetist	OT charge
Major	5000	3500	500	1000
Intermediate	3000	2000	400	600
Minor	1000	400	300	300

Ambulance Service

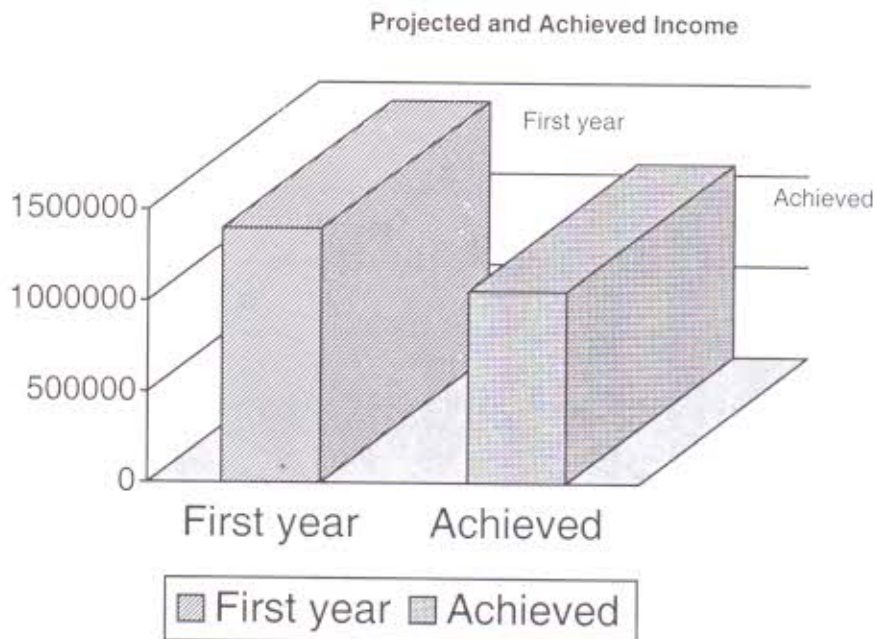
We arrived at the rates for ambulance service comparing rates of few public hospitals for such services.

Current rate is Tk 100 for first ten kilometers and then Tk six per kilometers.

Category of patients at DSH



Comparison between Projected and Achieved income position's

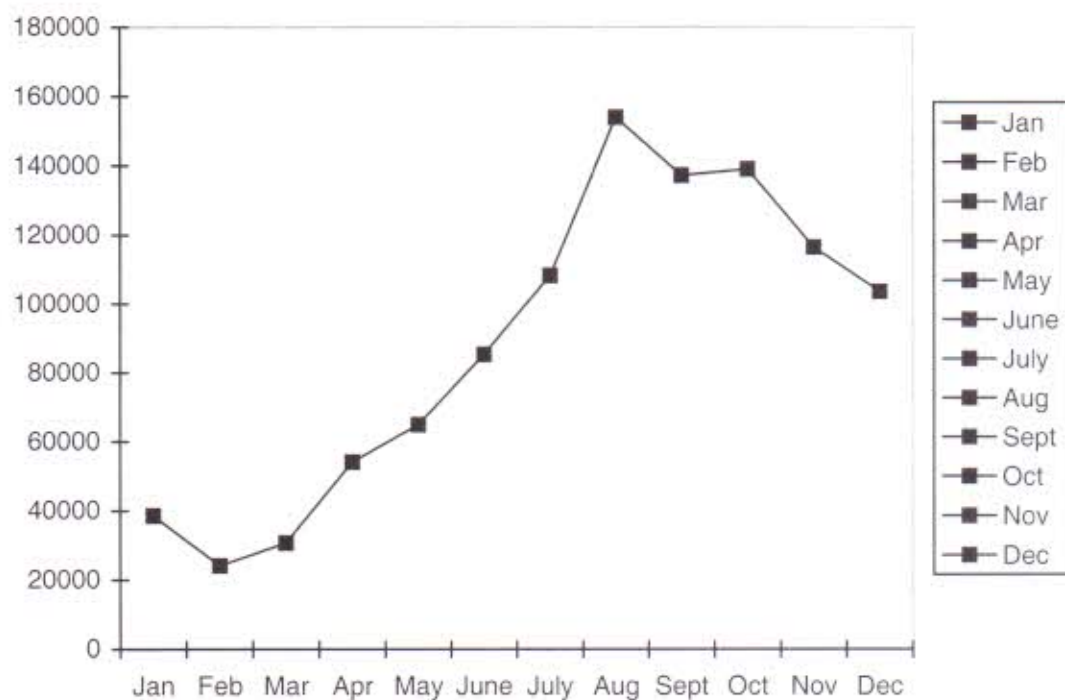


Note: Because of the delay in start for different reasons and revision in budget it was decided in consultation with DASCOH that first year will be finished in six months.

Probation period of the project was delayed and actually project started functioning with all the facilities from January 2000. In view of the above project completed its first year of operation in December 31, 2000. Taking all this into consideration above graphical illustration has been affixed.

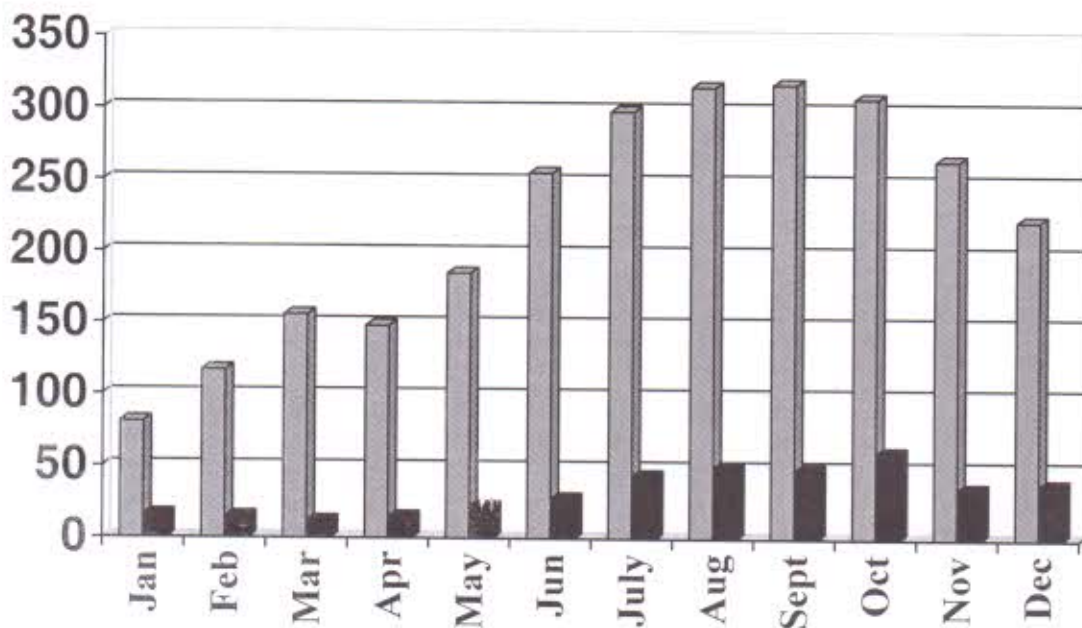
Income pattern of the Hospital

Months	Net at Bank
January	38640
February	24126
March	30785
April	54075
May	64942
June	85411
July	108353
August	153952
September	137358
October	139063
November	116617
December	103724
Total	1057046



Patients Turnover pattern

Months	Outdoor	Indoor	Remarks
January	81	16	
February	117	15	
March	156	12	
April	148	15	
May	185	22	
June	255	28	
July	298	44	
August	315	50	
September	317	48	
October	307	60	
November	264	35	Off season ↓
December	222	38	Off season ↓
Total	2665	383	



Palli Bio-Center

It is a joint venture of DSK and Grameen 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 employment generation via milching cow rearing, fish production and poultry:

A memorandum of understanding was signed with Grameen Fund, according to which they provided Tk.1, 855,200.00 as part of Tk. 24,25,256, which is 70% of the equity fund. Dushtha Shasthya Kendra invested Tk.750, 000.00 as part of Tk. 10,39,395 which 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 animal's 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 animals, and medicines are supplied 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 this year paid Tk.31,887/- against death claims, and Tk.120,192/- for the animal health scheme. After meeting all these claims, this scheme has a reserve fund of Tk.48,439/-.

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

Balance Sheet of Palli Bio-Centre

As on December 2000

Particulars	Fund	Sale Centre	Milk marketing	Total as on 31-12-99
A. Source of Fund				
1. Shareholders fund				3,637,155.00
a) Capital	3000,000.00			3,000,000.00
b) Reserve	484,439.00			637,155.00
c) Surplus	784,889.00	(2,650.00)	(26,018.00)	250,000.00
2. Loan fund				250,000.00
a) Secured loan	75,000.00			250,000.00
b) Unsecured loan		80,909.00	55,154.00	
Total Taka	4,707,888.00	78,259.00	29,136.00	3,887,355.00
B. Application of Fund				
3. Fixed Asset :				
a) Gross block	146,826.00	10,613.00	54,760.00	208,429.00
b) Less Depreciation	53214.00	4,231.00	10,106.00	67,551.00
c) Net Block	93,642.00	6,328.00	44,654.00	140,878.00
4) Current asset, loan & advance	5,574,513.00			5,206,717.00
a) Inventories		71,142.00	-	50,778.00
b) Sundry debtors		594.00	30,834.00	41,420.00
c) Cash balance	18,750.00	141.00	2,820.00	-
d) Bank balance	640,846.00			359,589.00
e) Other current asset	136,063.00			
f) Advance deposit	234,500.00		50,000.00	314,100.00
g) Revolving credit	4544,354.00			4,440,830.00
C. Less: Current liabilities & provision	1,660,267.00			1,460,240.00
a) Liabilities (Savings)	1,498,517.00		99,172.00	1,298,490.00
b) Provision	161,750.00			161,750.00
Net Current Assets	3,914,246.00			3,746,477.00
FDR	700,000.00			
Total	4,707,888.00	78,259.00	29,136.00	3,887,355.00

Training Cell

DSK decided to establish a training cell in 1999. Need was felt from early years that in order to provide quality project performance it is necessary to equip DSK staffs with necessary management, communicating skills and techniques. In view of the above it was decided to start the activities with support from WATSAN training staffs. For the first time a training calendar was developed and implemented. In the bygone period total 142 staffs were trained on different topics. Fifty field staffs were trained about methodologies of revolving credit specially stressing on developing communication behavior skills. In this period a seven day pre service training course module was devised to improve the quality of staff performance. In this period stress was given on to improve project management skills in line with this leading staff members total 32 were exposed to project management training imparted by BRAC team and Dr. Salehuddin Ahmed Deputy Executive Director of BRAC also took part in one of the session. Hospital management was one of the special areas of training in this period and this was accomplished with the support of external reputed experts in this field. In this period special attention was given to training on Gender and almost all the staffs of DSK were exposed to the training on gender and development.

Besides following table reflects the number of participants in different training courses: -

Topics	Participant group	Number
Training on Revolving Credit Management	Field officer	50
Training on Accounts Management	Accountant	14
Training on Education project	Supervisors	14
Training on Hospital management	Doctor's, Nurses, Managers	12
Training on Project Management	Coordinators, Managers, Supervisors	32
Training on Health Hygiene	Community Health Worker	20
Training on Project Management (SRI LANKA)	Coordinator (Finance)	1

First year experience of implementing training calendar was reviewed; Second yearly training calendar was developed and is under implementation. Following courses and module developments were planned for the current period: -

- ♦ **Water point management module** including accounts keeping, repair maintenance, organizational aspects
- ♦ **Health hygiene training module**
- ♦ **Pre service training module**

Training courses offered during current period were as follows: -

Pre service training, Training on monitoring and evaluation, Finance management, Refreshers on accounting, Communication and counseling, Supervision and monitoring, Group dynamics, Health hygiene basic and refresher, Gender and development, Leadership development, project selection, planning and management, Project design and proposal writing, Documentation training, PRA BASIC and TOT, Arsenic awareness, Team building and motivation, NFE project methodologies and management

Emergency Relief

DSK had implemented a relief project in Bagachra and Dihi union of Sharsha Thana under Jessore district with the support from Swiss Red Cross. The main objectives of this emergency relief program were to assist people at the time of disaster and try to facilitate to decrease their sufferings through food relief.

DSK started its work in mid October 2000. Initially DSK surveyed the local area to identify the beneficiaries, condition of area, and to collect quotation from suppliers. Quotation's were collected from three suppliers and lowest of them was selected. DSK did disbursed relief materials among 1500 families in two phases. In Bagachra DSK did distributed relief to one thousand families and in Dihi to five hundred families. Besides that a diarrhoea camp was opearated for eight weeks in Sharsha. Total twelve hundred twenty patients were treated among them male 438, female 456 and child 326. About fifteen patients approached the diarrhoea camp with severe signs of dehydration. Localy "UDICHI" a national cultural organization rendered their support to carry out the proeject successfully.

Small Projects

Fisheries

In the year '98-'99, DSK was able to cultivate four derelict ponds. Total number of cultivated ponds reached the figure of thirty-five. 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.

Sewing

DSK runs a small skill development training section near its head 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. At present sewing center has been pursuing its activity with support from MONDIAL and trying to establish commercial links of its products.

Staffs

At present, there are four hundred ten (421) full time and part time staffs working with DSK. Among them 211 are full time staffs and 210 are part time staffs. Co-ordinations of the project-activities are being done from Dhaka office. Staff number at the central level is fourteen As of present, there are two women staff- member at the top management level. Two female staffs lead two of the urban credit branches.

Organizational sustainability

Organizational 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's provision of quality service with lesser cost.

Management of the organization

According to the constitution, an Executive Committee (EC) of eleven members who are elected by a General Body Meeting for every two-year term governs DSK. The EC generally formulates policies and strategies of the organization as well as monitors organizational activities during its tenure as articulated in the constitution. The day to day operation and management of DSK are performed under the leadership of an Executive Director who and other key staff members are directly appointed by the EC. And, for others it has constituted a 'Staff Selection Committee'. The recruitment of staff, across the board, is done strictly following the guidelines of the Recruitment Policy and each employee should abide by the specific service rules of the organization.

The Executive Director, if necessary, with other key personnel is accountable to the EC in its regular meetings (at least one in two months) for the activities they perform as part of their assigned duties and responsibilities for the organization. *(Please see organogram at the annex)*

For internal management practice different levels and authorities have clearly been identified in the organogram. Besides, scopes of work and accountability have been ensured for the employees in their individual job descriptions. The management norms and procedures are also shared with the employees during basic orientation and periodic staff development training. The aim of these activities is to build up a team spirit and cultivate shared responsibilities amongst the employees for attaining both short and long term development objectives of the organization to the extent possible within the given resources and time frame.

Development Partners

Over the years, DSK has developed relationships with many donors. The active ones in this reported period are: -

Water Aid UK, CORD AID, Plan International, Swiss Red Cross (SRC), Helen Keller International (HKI), PKSF, BASIC Bank, World Bank / WSP, Government of Bangladesh (DNFE), BRAC, ADIP/ IFAD, Agrani Bank , Coalition for the Urban Poor (CUP)/UNICEF, NIAP / WMP, MISD.

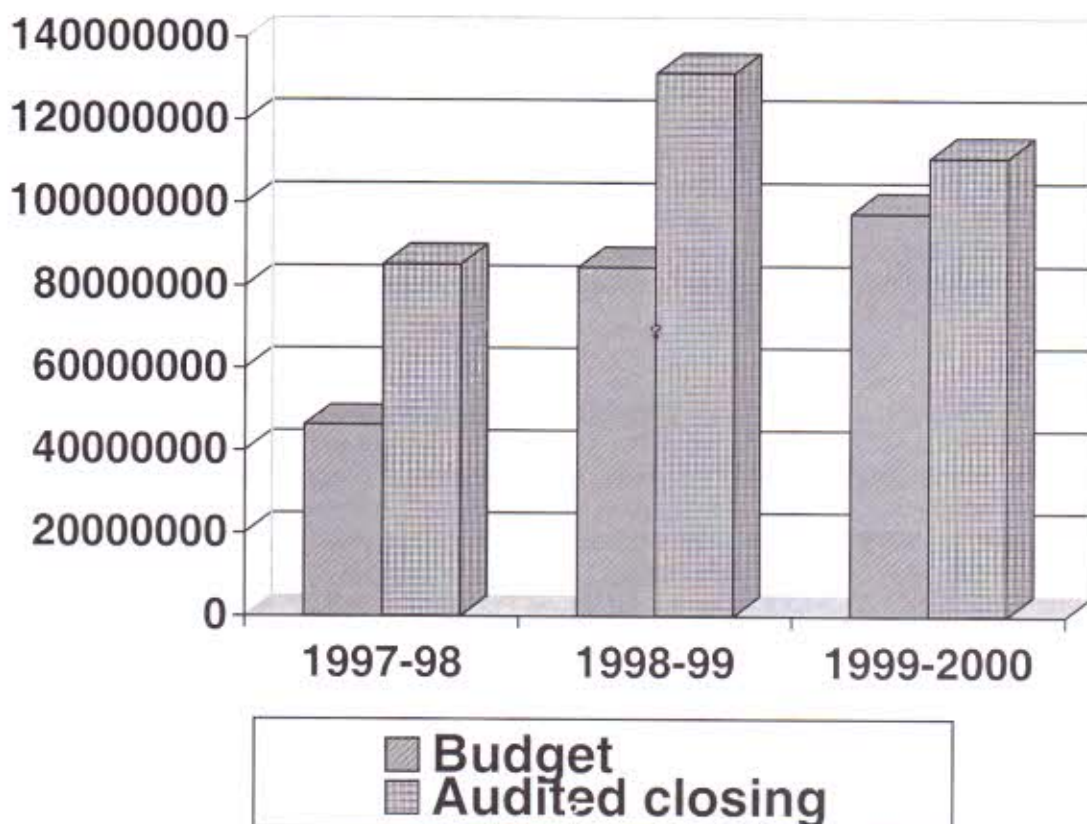
Finance

The Executive Director directly supervises financial administration. A Finance section assists him. Finance section is staffed by finance professionals. This 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.

Annual Budget of the organization (in Taka)	
Year 2000 -01 Total Budget	72808531.00
Year 2000 -01 Budget Break-up	67194538.00
Support Cost	3950201.00
Assets	644000.00
Overhead	1052792.00

Budget and audited accounts comparisons

Financial Year	Budget	Audited closing
1997-98	46266272.00	85329953.00
1998 - 99	84589118.00	131436910.00
1999- 2000	97563775.00	110943201.00



Budget for the year 2001-2002
Calendar YEAR: April 1, 2001-March 31, 2002

Revenue Income

SL No	Accounting Head	Revised budget 2000-2001	Budget 2001-2002
1	Grants	22586692	31458705
2	Loan	6062719	7800000
3	Relief Fund	901557	0
4	Income from service charge	8811734	11845000
5	Income from health savings	699167	735000
6	Miscellaneous	616530	748317
7	Internal fund	9264830	10064830
8	Revolving Fund	56975586	58019769
	Total	105918815	120671621

Revenue Expenditure

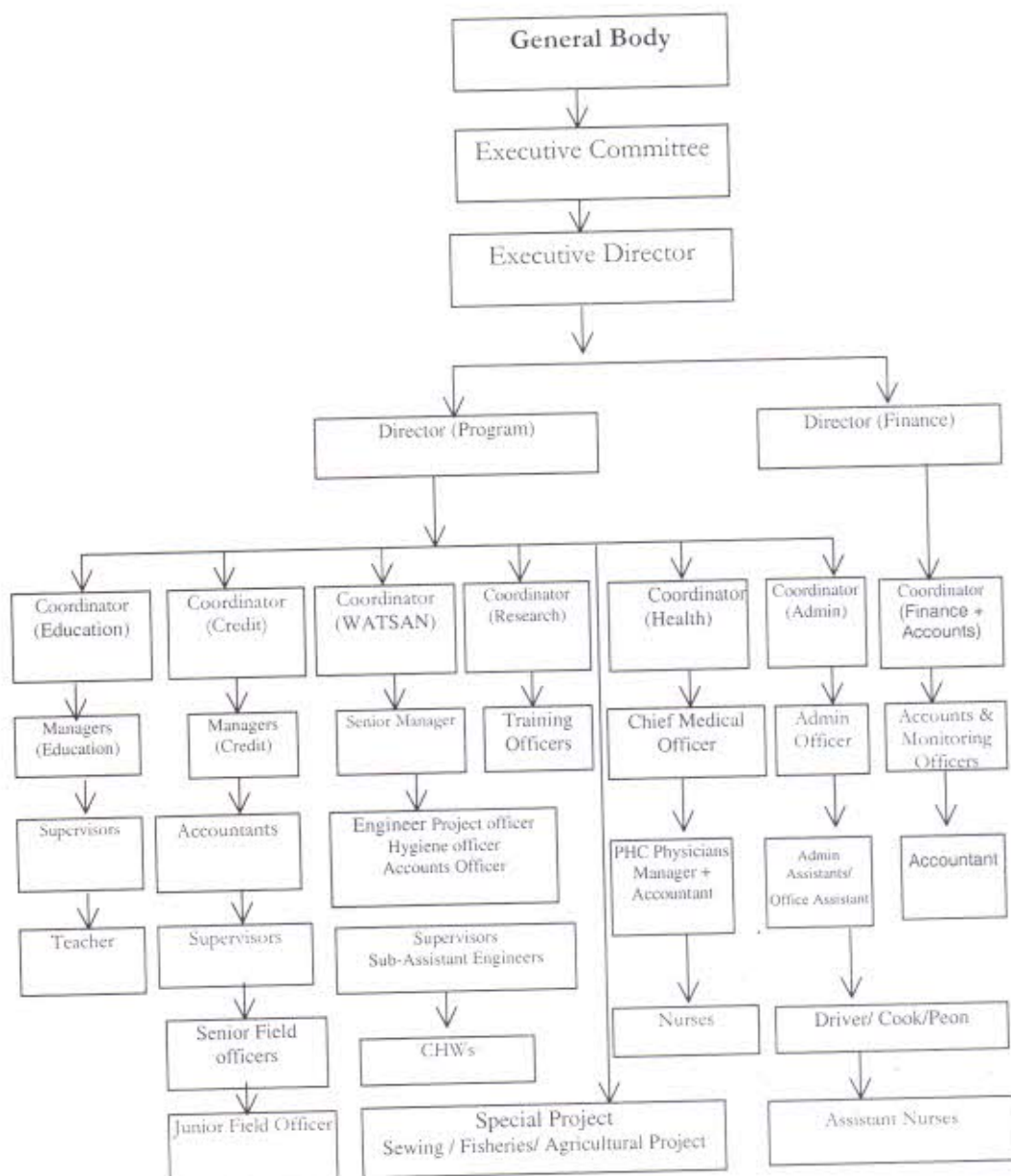
SL NO	Accounting Head	Revised Budget 2000-2001	Budget 2001-2002
1.	Capital Assets	859,285	1874,000
2.	Program Cost	98,793,237	109,479,100
3.	Program Support Cost	4,627,356	7,156,518
4.	Overhead	1,638,937	2,162,003
	Total	105,918,815	120,671,621
	Expenditure Ratio		
	Fixed Asset	0.81%	1.55%
	Program Cost	92%	91%
	Program Support Cost	5.64%	5.93%
	Overhead	1.55%	1.52%

Publications

- Following Publication and manuals are available on DSK projects :-
- Activity Report 1993-94 , 1996, 1997, 2000
- Primary Health Care Manual (Bangla) 1999
- Manual on Revolving Credit (Bangla) 2000
- Towards gaining access to Water for squatter Communities (English) Dhaka May 1999
- Case study on Health Sustainability 1999

Dushtha Shasthya Kendra (DSK)

Organogram



Annex

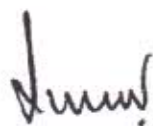
Distribution of staffs across the organization

Branches /Projects	Staffs
Head Quarter	14
Water Sanitation project	32
Hospital project	31
Gulshan Branch	6
Mirpur Branch	5
Tezgaon Branch	16
Cantonment Branch	16
Uttara Branch	8
Khulna Branch	10
Water Sanitation (PLAN Supported)	3
Water Sanitation CTG	6
Niamatpur Branch	11
Kishorganj Branch	7
Durgapur Branch	19
Nalchapra Branch	11
Birishiri Branch	6
Kalmakanda Branch	9
Sewing Project	1
Sub Total	211
NFE Sadar Netrakona	2
NFE BRAC supported	11
NFE Cantonment	16
NFE Ishorganj	48
NFE Continuing Education	5
NFE Rajshahi	16
NFE Purbadhala Netrakona	64
NFE Modan Netrakona	48
Total	421

DUSHTHA SHASTHYA KENDRA, DHAKA
CONSOLIDATED BALANCE SHEET
AS ON MARCH 31, 2000

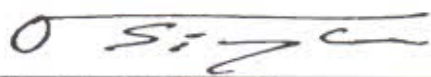
Particulars	31.03.2000							
	Head office	Gulshan	Cantonment	Uttara	Tejgaon	DSH	Mirpur	Niamatpur
PROPERTY & ASSETS:								
Fixed Assets	2990933	21550	581224	116559	105778	2369311	5000	18510
Investment	975000	0	0	0				
Adv. Deposit & Payment	1310427	55500	332958	18000	24500	261400		16500
Revolving Credit Fund	0	1752640	5690833	4932174	5842830		957248	628144
Receivable	2722240	0	2992170	2007120	3360090			112693
Stock of Water Tank	15750	0						
Water Point Construction	280676							
Cash & Bank Balances	4286394	1030337	1949203	1039058	1092306	431861	383536	180309
Total	12581420	2860027	11546388	8112911	10425504	3062572	1345784	956156
FUND AND LIABILITIES:								
Capital Fund	6598894	34371	7178224	2677047	3160237	2780353	384264	97491
DSK Fund	-				1098158			
Donated Fund	3150234							
Provident Fund	1118			1444		5499	1166	
Payable	1598713		50000	500200				772282
Grass Tax Fund	-	296650	1288215	934650	1543915		159600	8360
Beneficiaries Fund	-	680170	2566479	1791766	3422113		532823	76670
Risk Fund	-							
Health Insurance Fund	-							
Liability for Cantonment	-	1442891						
Later Branch Transaction	-	371624	176400				247584	
Loan and Advance	1138436		1000	2022500	647560	82500		
Clearing Account	76700							
Liabilities for Expenses	17325	34321	286070	185304	553521	194220	20347	1353
Total	12581420	2860027	11546388	8112911	10425504	3062572	1345784	956156

Signed in terms of our separate report of even date annexed



(Dr. Masudul Quader)

Treasurer and Director (program), DSK



(Dr. Dibalok Singha)

Secretary General & Executive Director, DSK

31.03.2000								31.03.1999
Kalmakanda	Nalchapra	Birisiri	Durgapur	Kishorganj	chittagonj	Daulatpur	Total	
							0	
10932	78619	6680	426971	25588	111842	125089	6994586	3510994
			710250				1685250	1098000
1903	12600	1600	2074671	13000	14000	20899	4157958	3311908
3517855	2796312	2443814	7673670	1839130	34049	2287941	40396640	34565341
1470656	282100	999951	3935654	1138483			19021157	7900527
							15750	52115
							280676	
638452	374367	132660	2203304	326671	38573	1016905	15123936	11977053
5639798	3543998	3584705	17024520	3342872	198464	3450834	87675953	62415938
78952	315392	604291	122685	-96300	198464	2043130	26177495	20274787
							1098158	
							3150234	3318488
						1080	10307	
3243048	2370379	1851125	11279259	2365778		300000	24330784	16879030
583475	446501	388104	1279695	291850		316900	7537915	5437229
1376112	377942	589967	1628874	728469		712254	14483639	9879286
231750		114800	77952				424502	466450
							0	738789
							1442891	
							795608	
			2450000				6341996	4391891
							76700	185500
126461	33784	36418	186055	53075		77470	1805724	844488
5639798	3543998	3584705	17024520	3342872	198464	3450834	87675953	62415938

Shafique Ahmed

(Barrister Shafique Ahmed)
President, DSK

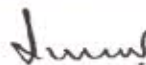
M A Quader Kabir & Co

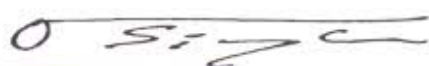
(M A Quader Kabir & Co
Chartered Accountants

DUSHTHA SHASTHYA KENDRA, DHAKA
CONSOLIDATED RECEIPTS AND PAYMENTS
AS ON MARCH 31, 2000

Particulars	31.03.2000						
	Head office	Gulshan	Cantonment	Uttara	Tejgaon	DSH	Mirpur
Receipts							
Opening Balance	6262346	0	1458281	648996	857744	0	0
Cash in Hand	32767	0	14623	1455	13416		
Cash at Bank	6229579	0	1443658	647541	844328	0	0
Fund Reviewed from Donor	26923180	0					
Loan and Advances	1667579	1789041			7000	82500	
Provide from Central A/C	13048681	0	1698172	1200000	0	4161931	400000
Clearing Account	76700						
Sale of Micro Bus	350000						
Provision for Bonus (Water Aid)	17325						
Miscellaneous	2287595	32102	24600	20382	18893	46172	11137
Capital Cost Received	483227						
Received from Water Aid	27538						
Operating Income	1010751						
Credit Program	20594	5396059	9679049	10595435	13219242	0	3453345
Inter Branch Transaction	0	371624	346150	1880700	1847960	0	2616345
Contribution Provident Fund	1118	0	5336	0	4420	5499	1749
Liability for Ambulance						194220	
DSH Own Fund Receipt						213339	
Mondial Fund Received					880500		
Relief Fund Received							
Total Taka	52176634	7588826	13211588	14345513	16835759	4703661	6482576
Payments :							
Fund Transferred to Project A/C	29974793	0	0	0	0		
Inter Branch Transaction	453688	0	2138320	2398743	0	0	2368761
Salary and Allowances	4551653	164496	789622	321270	624739	0	58530
Loan and Advances	1206898	55500	26868	24000	0	261400	0
Assets Purchases	1223035	21550	411500	85420	78700	2602780	5000
Transferred to GF and Basic	2196566	0	0	0	0		
Overhead Cost	3987536	22198	266843	134994	346035	488988	5334
Clearing Accounts	185600	0	0	0			
Credit Program	2424982	5948595	6400645	9579390	10845327	0	3649083
Water Point Construction	280676		0				
Training Programme	1399485		0				
Liability Payment	6500	0	0	0	0		
Transferred to Head Office			800000				
Relief Fund Utilized			0				
Programme Cost			419592			855701	
Contribution Provident Fund			8995	2708	7525	0	2332
DSH Own Fund Payment				0	0	62931	
Payment to Cantonment		346150		0	0		
Staff Benefit				12650	14225		
Refund to Donor				682280	2072642		
Investment					1600000		
Interest paid to Donor / Care / AG Bank					154260		
Miscellaneous				5000	0		
Closing Balance	4285222	1030337	1949203	1099058	1092306	431861	393536
Cash in Hand	26433	488	536	405	596	4560	0
Cash at Bank	4258789	1029849	1948667	1098653	1091710	427301	393536
Total Taka	52176634	7588826	13211588	14345513	16835759	4703661	6482576

Signed in terms of our separate report of even date annexed


(Dr. Masudul Quader)
Treasurer and Director (program), DSK


(Dr. Dibalok Singha)
Secretary General & Executive Director, DSK

31.03.2000								Total
Niamatpur	Kalmakanda	Nalchakra	Birisiri	Durgapur	Kishorganj	chittagonj	Daulatpur	
0	273230	256604	138738	874962	871592	0	466890	12109383
	21889	0	9500	2104	9674		1468	106896
0	251341	256604	129238	872858	861918		465422	12002487
								26923180
7500	10600	1400	0	12594	686800	0	8600	4273614
806169	1700000	675000	300000	5720457	785909	453688	1055600	32005607
								76700
								350000
								17325
403	0	12877	250	62079	110895	0	24228	2651613
								483227
								27538
								1010751
267300	7168512	3890751	3312975	9305131	3527176	3375	3689069	73528013
171943	0	900000	360000	3053029	879538	0	0	12427289
1045	2316	915	1956	3446	1727	0	3014	32541
								194220
								213339
								880500
				279540				279540
1254360	9154658	5737547	4113919	19311238	6863637	457063	5247401	167484380
								29974793
111500	1927887	141000	560400	2419892	969981	111297	0	13601469
126099	348277	149361	241045	1084396	439034	0	335612	9234134
24000	13000	14100	0	356683	46892	14000	13200	2056541
18810	8945	79307	3750	19333	1200	134714	28099	4722143
								2196566
23609	126093	49101	57472	343164	376768	83194	105193	6416522
								185600
768840	6074506	4355156	2814586	7977174	4592435	37424	3690842	69158985
								280676
								1399485
								6500
		99980						899980
				522486	0			522486
			2608	199017	2700	37861	18742	1536221
1193	3048			5871	3224		1934	36830
				0	0		0	62931
				0	0		0	346150
	15450	3675		2150	8475		19100	75725
		450000	300000	3945809	96257			7546988
				0				1600000
		21500		231959				407719
			1398				17774	24172
180309	638452	374367	132660	2203304	326671	38573	1016905	15192764
2250	15308	0	1922	16980	3355	0	715	73548
178059	623144	374367	130738	2186324	323316	38573	1016190	15119216
1254360	9155658	5737547	4113919	19311238	6863637	457063	5247401	167485380

Shafique Ahmed

(Barrister Shafique Ahmed)
President, DSK

M A Quader Kabir & Co

(M A Quader Kabir & Co
Chartered Accountants

**Dushtha Shasthya Kendra (DSK)
General Body Members**

1. Barrister Shafique Ahmed Bar-at-law
2. A.B.M. Abdullah Ph.D
3. Anjan Datta P.h.D
4. Dr. Dibalok Singha
5. Dr. Mahmudur Rahman
6. Mr. Habib Uddin Ahmed
7. Masudul Quader Ph.D
8. Ms. Shagupta Yasmin
9. Mr.Habibur Rahman(Tuku)
10. Quazi Towfiqul Islam Ph.D
11. Mustafizur Rahman Ph.D
12. Mr. Jahangir Hossain Siddique
13. Md. Abu Sanee Alamgir
14. Mrs. Afia Khatoon
15. Laila Arjumand Banu Ph.D
16. Dr. Saqi Khandoker
17. Binaek Sen Ph.D
18. Mrs. Nurjahan Begum
19. Mr. Syed Amir Hossain
20. Mrs. Najneen Sultana
21. Mr. Emdadul Haque (FCA)
22. A.S.M. Golam Mortuza Ph.D
23. Debopriya Bhattacharya Ph.D
24. Mr. Sherajuddin Ahmed Dalim
25. Dr. Nazmun Nahar FCPS
26. Mrs. Mahfuza Khanam
27. Jawadur Rahim Wadud Ph.D
28. Mr. Jasim Uddin
29. Mr. Khairul Alam

Abbreviations

DSK= Dushtha Shasthya Kendra
DSH= Dushtha Shasthya Hospital
DWASA= Dhaka Water and Sewerage Authority
CWASA= Chittagong Water and Sewerage Authority
WATSAN= Water and Sanitation
PHC= Primary Health Care
PRA= Participatory Rapid Appraisal
TT= Tetanus Toxoid
TOT= Training of Trainers
NFE= Non Formal Education
CF= Capital Fund
RF= Revolving Fund



DUSHTHA SHASTHYA KENDRA (DSK)

5/8 Sir Syed Road, (Gr. Floor), Block - A
Mohammadpur, Dhaka- 1207, Bangladesh
Phone: 9128520, 8115764, Fax: 88 02 8115764
E-mail: dsk@citechco.net, Web: www.dsk-bd.org