DSK ACTIVITY REPORT 2011




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Abbreviation and Acronyms

ASEH	:	Advancing Sustainable Environmental Health
ANC	:	Ante Natal Care
BURT	:	Bangladesh Urban Round Table
CHP	:	Community Health Promoter
CHW	:	Community Health Worker
CL	:	Cluster Latrines
CMT	:	Central management Team
CUP	:	Coalition for the Urban Poor
CWASA	:	Chittagong Water and Sewerage Authority
DNFE	:	Department of Non-Formal Education
DSK	:	Dushtha Shasthya Kendra
DWASA	:	Dhaka Water and Sewerage Authority
EC	:	Executive Committee
EKN	:	Embassy of Kingdom of Netherlands
GT	:	Grameen Trust
GOB	:	Government of Bangladesh
HP	:	Hand Pumps
ILO	:	International Labour Organization
IFAD	:	International Fund for Agriculture Development
MDG	:	Millennium Development Goal
MoLGRD& C	:	Ministry of Local Government Rural Development and Cooperatives
NFE	:	Non Formal Education
NGO	:	Non-Government Development Organization
NSCS	:	National Sanitation Campaign Strategy
PBCL	:	Palli Dushtha Bio-Center Limited
PHC	:	Primary Health Care
PKSF	:	Palli Karma-Sahayak Foundation
PNC	:	Post Natal Care
PI	:	Plan International.
PL	:	Pit Latrines
SRC	:	Swiss Red Cross
SACMO	:	Sub Assistant Community Medical Officer
SACOSAN	:	South Asian Conference on Sanitation
SB	:	Sanitation Block
SBK	:	Shishu Bikash Kendra
SL	:	Slab Latrines
SP	:	Submergible Pumps
SWS	:	Safe Water Systems
UN	:	United Nations
UNDP	:	United Nations Development Programme
UNICEF	:	United Nations International Children's Emergency Fund
US A	:	United States of America
WASH	:	Water Sanitation and Hygiene
WatSan	:	Water and Sanitation
WAB	:	Water Aid Bangladesh
WPI	:	Water Partners International
WSSCC	:	Water Supply Sanitation and Collaborative Council
WP	:	Water Point

Foreword

DSK is now passing its twenty four years of existence targeting poverty reduction of the poor and extreme poor people in its project areas in Bangladesh. Currently, DSK has been implementing its activities in thirteen districts along with three major cities- Dhaka, Chittagong and Khulna. DSK reaches more than one million poor (all projects combined) in different parts of Bangladesh through its various development programmes and projects.

In this report DSK activity for the period July, 2010-June, 2011 has been narrated. Main highlights of this period were as follows: in this period DSK was able to consolidate and vertically expand its micro credit program as well as implement several donor funded projects. DSK was also able to start a project work with street children's that was a new dimension in this bygone period. Apart from that, period in review was also the period to implement extreme poverty projects and to reach ten thousand extreme poor HHs living in slum areas of Dhaka city. In this period DSK decided to start gradually delink its PHC program from credit because of different managerial problems in implementation of both the programs.

In this bygone period because of price hike and inflation DSK executive committee decided to increase salary of staffs by seven percent.

Through this introduction we like to mention that in this period total number of donating organization was sixteen. Besides that PKSF and Anukul foundation also continued their support for micro credit activities. Donors and financial institutions support was of immense value to translate DSK's mission and objectives into real actions.

DSK was able to support and facilitate building maturity of community based organizations in this period and at this moment total four registered CBO organizations' s are working in Borguna, Bagerhat, Dhaka and Chittagong along with DSK to implement their development tasks.

DSK executive committee was regular in its function. Every month it was possible for EC to meet and listen to different reports, discuss and provide strategic directions to implement different projects. Besides that DSK subcommittee on micro credit met regularly. As a regular practice one AGM and one special AGM to pass DSK's budget was also held. In this relation we like to congratulate and appreciate members of DSK's EC and general body to continue to provide necessary support, directives and guidance to govern the organization in a standard manner.

Taking this opportunity we would like to provide our heartfelt sincere thanks to all honourable members of the Executive Committee, general members of DSK, national financing institutions, international donors, all staff of DSK and target communities for their relentless efforts to make DSK initiatives successfully materialized. We strongly believe that "DSK Activity Report-2011" will up-date all concerned about DSK activities during the period of 2010 to 2011.

Dr. ABM Abdullah	Dr. Dibalok Singha	Dr. Masudul Quader
President, DSK	Executive Director	CEO (Credit)

Introduction

Dushtha Shasthya Kendra (DSK) is a non-governmental organization (NGO) working for poverty reduction of the poor Bangladeshi population.

In mid eighties under the banner of "Niramoy Free Friday Clinic" a group of likeminded professionals, doctors, social activists, and volunteers begun to facilitate Primary Health Care (PHC) activities at Tejgaon slums in Dhaka. This was the informal beginning of DSK.

In 1988 a devastating flood engulf two thirds of Bangladesh including its capital Dhaka, in this situation the DSK was formally started with a Medical Team to provide immediate relief and health care to flood effected people in Dhaka city. The main aim of setting up the organization was to continue and consolidate above mentioned efforts and engage to facilitate and develop a health delivery approach targeting the marginalized that would be self sustainable in the long run.

In 1989, DSK was registered with Department of Social Welfare (Dha-02273) and in 1991 with NGO Affair's Bureau (No 577) in Bangladesh.

Depending on the geographic locations DSK's activities have been generally classified as urban and rural development. The urban program is based in Dhaka, Chittagong and Khulna cities, and the rural development programme is based in Barguna, Bagerhat, Gazipur, Jessore, Khulna, Kishoreganj, Narshingdi, Netrakona, Narayangonj, Sunamganj, and Satkhira districts.

Slum dwellers and low income communities are target project participants from urban and rural areas. DSK targets to cover hard to reach poor and extreme poor households. In addition, DSK is active in Haor region, and Coastal belt which are recognized as extreme poverty pockets in Bangladesh.

DSK has been implementing its programme and projects targeting poor and extreme poor population living in urban and rural areas to reduce their poverty. In urban slums it has been implementing development interventions like- health care, micro credit, water and sanitation, non formal education, economic empowerment of extreme poor. In coastal districts and haor areas it has been providing emergency relief, rehabilitation and livelihood restoration, awareness building and facilitates increase in capacity to face disaster risks and community empowerment. In rural areas DSK also has been providing support through health care, micro credit, non formal education, water and sanitation, women empowerment etc.

In DSK's development initiatives "Advocacy" is a cross-cutting theme in all its development initiatives. The government and the target communities especially poor are sensitized about their roles and responsibilities. Communities are becoming aware about their rights and entitlements. DSK has played an instrumental role to adopt "National Sanitation Campaign" as GoB's development priority and also influence change DWASA's and CWASA's existing policy and accommodate slum dwellers as legitimate clients of WASAs. This initiative has created significant and positive impact on the lives and livelihoods of poor and extreme poor households living in urban slums.

Empowerment and participation of communities' specially women are the deepest focus of DSK's development initiatives. DSK has been facilitating to establish strong poor people's organization that would finally take responsibility for advocacy and development initiatives to create poor people's access to services in a sustainable manner.

Vision and Mission

Vision

DSK seeks a country of social justice, where poverty has been overcome and people live in dignity and security. DSK aims to be a partner of choice within a worldwide movement dedicated to ending poverty.

Mission

DSK aims at building strong community based organizations (CBOs) which will eventually be able to plan, prioritize and implement their own development programs through mobilization of the following combination of resources : -Family and Community, Government ,Donor agencies and concerned civil society.

Objectives

DSK is committed to the following objectives to achieve its vision and mission:

- Provide health care (primary, secondary and tertiary care) and family welfare services to the rural and urban poor in general and in particular to women and children.
- To implement illiteracy eradication programme among the children and adults.
- Implement water supply, environmental sanitation facilities and hygiene education to the rural and urban poor and extreme poor in particular.
- 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 income-generating 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 rural and urban poor, campaigning about their right for better livelihood opportunities.
- Empowerment of community based institutions with visual leadership of women and poor people.
- Sensitize and strengthen the corporate sector, local government, local private service provider and the community in general about their role in the development process, facilitate and encourage collaborative arrangements.
- Launching of awareness, relief and rehabilitation program among the victims in the wake of natural calamities and disasters.

DSK Development Approaches

DSK has been facilitating to build a strong community based organizations-CBOs with active and spontaneous women participation in leadership that would eventually be able to plan, prioritize and implement their development programmes. The CBO will be able to develop themselves through mobilization of its own resources, public resources and society upon which they have a legitimate claim.

DSK believes in participation and ownership of people in development projects, in community institution building and its strengthening. Possibly through such process legitimate space of target poor population shall be established. DSK intends to strengthen its initiative to facilitate building of cooperatives for income increase and building of organization of the poor to be able to impress the state. Possibly that is the process towards empowerment of target poor population. In this reporting period it was possible for DSK to register two CBOs in Bagerhat and Borguna and one in Dhaka city and another one has been registered in Chittagong city.

Another innovative approach is "community-managed tap water supply" from DWASA / CWASA for the slum dwellers of Dhaka and Chittagong cities. Slum dwellers were not treated as legitimate client by WASAs for water supply and they normally were forced to collect water from public distribution points or from other private households. In order to ensure water supply to the slum dwellers under a legal framework, DSK has been advocating for legal piped water supply provision in slums and did implement several Water Points (WP's) with active participation of the slum communities. For overall management of a water point a committee consisting of nine members (all women) was formed for each of the WP's.

DSK also has been facilitating and providing sanitation facilities to achieve national target to cover 100% sanitation in Bangladesh. Hygiene promotion is the integral part of DSK WatSan project. It implements participatory hygiene promotion activities with special focus on children and adolescent girls to improve sustainable behavior.
Though started from Dhaka City, DSK expanded its activities in other districts; it covers both urban and rural areas to pursue the same goal 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 Programme and, (2) Rural Development Programme. In the following summary Urban and Rural Development Program activities of DSK along with coverage of specific locations has been presented in a precise form.

DSK at a Glance

From inception, DSK has been implementing various development programmes and projects to enhance quality of life and livelihoods of poor people in Bangladesh to reduce their poverty and vulnerability. Following are the major programmes and projects that DSK implemented in the reporting period:-

Health Care Programme (Primary health care (CMHC, ARH), SRHR, Maternity and Hospital services)
Micro Credit
Water, Sanitation and Hygiene promotion
Non Formal Education
Disaster Management (relief, rehabilitation and DRR)
Economic empowerment of the extreme poor households in urban slums of Dhaka
Training Cell (human resource development)
Palli Dushtha Bio centre

Geographic Coverage

DSK has been implementing its development interventions both in rural and urban areas but focus has been given to hard to reach areas where poverty situation is worse. Currently DSK implements it activities in 66 upazilas of 13 districts through one hundred ten (110) field offices.

Dianda Veldman Managing Director Rutgers WPF
Beside her (right), Ella-de Voogd, EKN First Secretary
and other SRHR Alliance members, at Durgapur,
Netrakona, October, 2011

HEALTH CARE PROGRAMME

Adolescent health education session

Goal and Objectives

The main aim of the health program is to provide health care service to families engaged in credit program; this includes PHC support to credit clients of DSK and their households in 56 areas, maternity and laboratory support in two areas and tertiary health service through DSK hospital.

Main Components

The main components of Health program are:
Treatment of common diseases
Supply of essential drugs on fifty percent discount
Immunization
Mother and child health care
Health awareness, Adolescent health education trainings
Community institution building (CBOs)
Water and sanitation
Referrals
Hospital and Maternity services

Location of Projects

Primary Health Care:-
Primary health care has been provided through 56 branches. Each branch comprises of static and five satellite clinics
Maternity Home and Laboratory
Three maternity homes and laboratories were established at different locations, and have been providing services at Durgapur of Netrokona district, Modha nagar of Sunamgonj and Gozaria of Gazipur district. All the maternity homes are supported by donor agencies. Durgapur maternity was under the SIMAVI project and since Jan '11 it has been supported under UBR project, funded by Dutch SRHR alliance. The Gozaria maternity is under CMHC project and funded by Plan Bangladesh.

Hospital services

DSK is maintaining a 25 bed hospital at Mohammadpur area in Dhaka with all facilities (outpatient services, inpatient services, OT facilities, all types of diagnostic facilities and ambulance service).

Partner supported health projects

DSK has been implementing two Plan supported projects at Gazipur, named CMHC and SARH (Support Adolescent Reproductive Health) project. Since Jan '11, DSK is operating the UBR project at Durgapur of Netrokona district and also at Moddhanagar of Sunamgonj district, supported by Dutch SRHR alliance. DSK also got the opportunity to implement the project funded by SIMAVI at Gutura (Netrokona) and Madhanagor (Sunamgonj); and another pilot project captioned LIFT, funded by PKSF was implemented at Ashulia and Shibgonj.

Target Population

PHC Project

Target populations are the members of the credit program and their family members. Under the approach primary health care (PHC) services for borrowers, her spouse, selected two children, and two other household members either parents of the borrower or his/ her father and mother in law are ensured.

Credit member

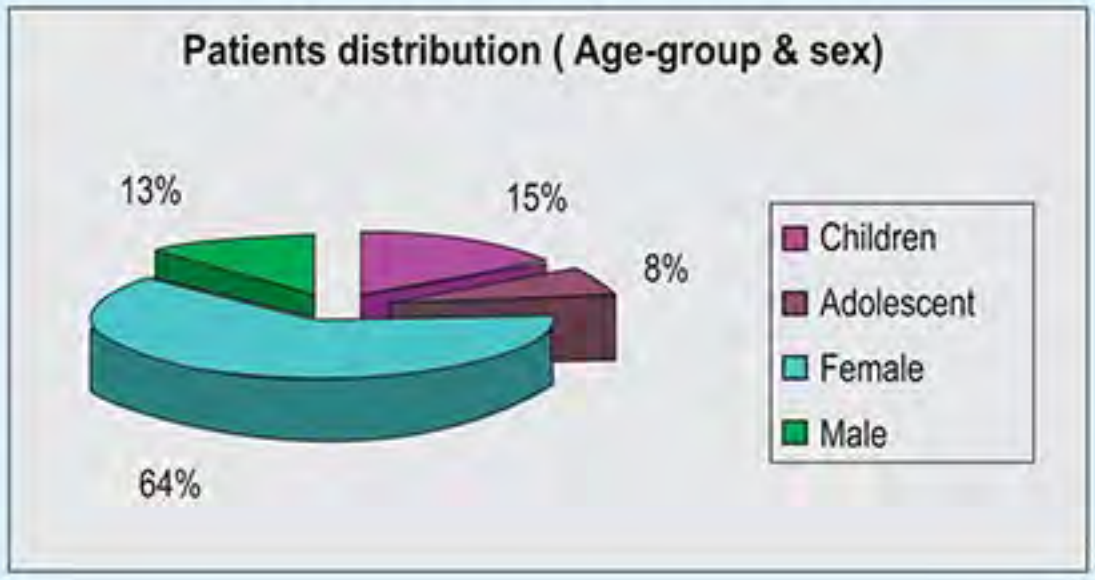
At the said 56 branches total 100,067 women were credit members.

Area wise credit member

Dhaka	Chittagong	Kishoregonj	Netrokona	Khulna	Gajipur	Total
34715	9570	15562	25041	6175	9004	100067

Health care services

Total 1,54,399 patients had visited DSK's 56 branches from July '10 to June '11. Of them 25,749 were children, 13,248 were adolescents, 1, 10,107 were female and 20,999 were male. Out of the total patients 52,730 patients had visited Dhaka areas, 15,097 patients attended Chittagong, 26,718 in Kishoregonj, 39,983 in Natrokona, 9,732 in Khulna area; 10,139 patients in Gajipur areas. Average flow of patients was 11/ clinic / day.



Training activities

DSK has been providing several types of training to build the capacity of the project staffs, such as basic training on PHC, training on Adolescent health care, IMCI etc. DSK also organizes trainings, meetings and discussions with the target population to build up awareness such as health awareness training (HAT), Focus group discussion (FGD), Adolescent health education (AHE) etc. To reach the poor people with quality service DSK has taken an initiative to increase the capacity of the village health practitioners (VHP) by providing them training on PHC.

Health awareness

• Health awareness training (HAT)

Total 228 health awareness training (HAT) was organized during this one year period and the participants were 4647.

• Focus group discussions (FGD)

In these 56 branches total 5052 Focus group discussion (FGD) were organized during July '10 to June'11. Total participants were 50,163.

• Adolescent health education (AHE)

Total 1437 Adolescent health trainings (AHE) and meetings were held in 56 branches in last one year. Participants were 21,684 adolescent girls and boys.

Adolescent health

Community based organization (CBO)

In the bygone period total 1152 Community based organization's (CBO) meeting was held in speculated 56 branches. And the participants were 9637.

Referral System

A referral system has been in place with DSK health service system. If required DSK health team is in a position to refer patients to a contracted qualified general practitioner (MBBS). In this bygone period 409 patients were referred to contracted general practitioner.

Maternity and Laboratory

During last one year a total of 2,066 pregnant mothers visited the two maternity centers (Durgapur and Gozaria) for antenatal check up and 171 mothers visited the centers for post natal check up. In this bygone period, total 195 normal vaginal deliveries

(NVD) were performed at Durgapur and Gozaria maternity center. Among them 79 were performed at Gozaria and the rest were at Durgapur. A total 2,867 tests was done during this one year in Durgapur and Gozaria Laboratory. In this connection BDT 1, 37,320 was earned.

Maternal Health Services

ANC and PNC counseling

Total ten thousand six hundred sixty four (10664) household visits were done by our CHW/CHP to counsel antenatal mothers. And total four thousand four hundred forty five (4481) mothers visited DSK's 56 branches for antenatal check up. Total 7914 houses were visited by CHW/CHP to provide counseling to postnatal mothers in the stated one year and 2829 mothers visited the static/ satellite clinics for post natal checkup.

Deliveries

Total 4158 women gave birth in the catchments population during this one year period. Among them 2149 deliveries were performed by Trained Traditional Birth Attendants (TTBAs), 1086 at hospital and remaining 923 gave birth at home by untrained birth attendants.

The percentage of hospital performed delivery was 26%, TTBA performed delivery was 52% and Home delivery was 22%; which is mentionable because nationally only 32% deliveries are attended by a medically trained provider (BDHS report, 2011).

Figure: Maternal Health Services, data source 2011, BDHS MORTALITIES:

Total death	– 235
Stillbirth	– 97
0-28day	– 92
28day -1yr	– 36
1-5 yr	– 05
Maternal death	– 05

Health Outcomes

Health status	DSK performance	National Coverage	Data Source
Stillbirth / Total Pregnancy	10.8	37	2004, BDHS
NMR /1000 Live birth	22.7	32	
IMR /1000 Live birth	8.9	43	2011, BDHS
CMR /1000 Live birth	2.0	53	
MMR /1000 Live birth	1.2	1.9	2010, BDHS

Health status	DSK Achievement	Notational Coverage	Dat a Source
Stillbirth / Total Pregnancy	10.8	37	2004, BDHS
M MR /1000 Live birth	22.7	32	
IMR /1000 Live birth	8.9	43	2011, BDHS
CMR /1000 Live birth	2.0	53	
MMR /1000 Live birth	1.2	1.9	2010, BDHS

In this period total maternal death was 'five' among the catchments population, however total child death was two hundred thirty five (235) and main causes were stillbirth, malnutrition, acute respiratory infection (pneumonia), diarrhea, birth complications, delay in delivery, premature delivery with low birth weight (LBW).

Hospital Services

Total 2,679 outdoor patients and 1,079 indoor patients attended the hospital in this one year time period. In hospital laboratory total 2,452 tests were done in this period. Moreover 514 X-Rays, 869 USG and 196 ECG were performed in this bygone period. 362 major operations, 221 minor operations and 164 intermediate operations were done in this bygone period. Total 06 normal deliveries (NVD) and 83 caesarian sections were done in this one year period.

Sustainability

The method of blending health care with micro credit would make the project financially sustainable. The micro credit borrowers were paying 15% service charge flat on credit disbursed. 2.5% of which has been earmarked for health care. Health fund shall be also generated from sale of health cards at the rate of Tk 200/annum per household.

In this bygone period total health premium collected was BDT 2, 48, 80,071. There is a system of cross subsidy among the branches. Total health fund accumulated in one place and disbursed according to the budget of the branch. So, if required low health insurance generating branches get subsidy from high health insurance generating branches. Besides, a cross subsidy does occur between borrowers who are borrowing small amounts and those who are borrowing larger amounts including micro enterprise loans.

Area wise Health Insurance fund generated in one year (July '10 - June '11) in BDT

Dhaka	Chittagong	Kishorgonj	Netrokona	Khulna	Gazipur	Total
10776879	2735244	3306143	3257404	1457785	3346616	24880071

Service Coverage

Total number of catchments population stands at 500,335 (calculated as 100067 women members from credit program x 5 average number of persons in a household = 500,335)

In this bygone period DSK health program was visited by 1, 54,399 patients; among them female 99,413, Male 19,491, Adolescent 12,364 and Child 23,131. Eight percent increase of DSK health service usage was achieved by adolescents.

DSK Hospital

DSK health facilities were visited by 9455 poor pregnant women in 56 units. Out of that 4158 gave birth to live babies; out of them 2149 deliveries were attended by TTBAs 1086 delivered their babies at hospital or clinics. Total attended delivery rate was 77.8 %. In this bygone period 86,131 participants were exposed to different health trainings. In this period all the health units were able to enter into a service contract with a local MBBS doctor. Eligible women 3 ANC check up at clinic was 4481; 3851 pregnant mothers did complete 2 TT vaccinations. PNC check up at clinic was 2829.

Staffs of The Programs

Total 268 staffs were working in the health related projects. Among them six staffs have been working at Head office. In Primary Health Care (PHC) there are 211 staffs who were working in deferent branches.

Total 12 staffs are working at the Maternity home and Laboratory in Durgapur, Netrakona and six have been working at Gozaria Maternity and Laboratory. Total 33 staffs have been working at DSK hospital.

Staff Training

To ensure quality service, staffs of the project received basic training on PHC. In July'10 (participants 24) and in October'10 (participants 33)

Budget: In this period total health program Budget was BDT 4, 49, 79,201.0

DSK Health Mis

DSK health care program MIS is maintained as follows: maintaining different relevant registers, producing monthly reports by respective health units, and at the same time maintains a soft data base at the DSK HQ.

DSK Hospital and Maternities

Dushtha Shasthya Kendra Hospital, a pilot project, came into existence in 1999 with a target to facilitate access of low-income group and people from slums to a standard hospital services on an affordable rates.

This became a complementary institution to DSK-managed PHC services intended to provide tertiary health care to the member of DSK credit program and extreme poor patients at a discount rate. While attempts have been made to provide standard hospital services at affordable rates but target also remains to operate the hospital on its own foot.

Operation at DSK Hospital

Activity Report of DSK Hospital

Patient Profile

In this bygone period a total of 3758 patient did visit the DSK hospital. Among them 2679 were consulted at outdoor and 1079 were admitted to the hospital.

Hospital patient distribution (July'10 - June'11)				
	Female	Male	Child	Total
Outdoor	1393	1036	250	2679
Indoor	529	455	95	1079
Total	1922	1491	345	3758

Investigations

In the above mentioned period total 4004 patients were visited for different types of investigations. The investigation profiles are as follows---

Patient distribution at hospital Lab (July'10 - June'11)					
Sex	Lab	X-ray	USG	ECG	Total
Male	1315	239	573	108	2235
Female	965	203	275	88	1531
Child	145	72	21	0	238
Total	2425	514	869	196	4004

Surgeries and Deliveries

Total 836 patients were operated at DSK hospital during the period of July'10 to June'11. Out of the above 362 were major operations, 221 were minor operations, 164 were intermediate, 83 were caesarian sections and 06 cases of normal vaginal delivery.

Operation performed at DSK hospital (July'10 - June'11)					
Major	Intermediate	Minor	Caesarian section	Normal Vaginal Delivery	Total
362	164	221	83	6	836

A Comparison

The table below shows the comparison between the activities of July'09 – June'10 and July'10 – June'11.

	Outdoor (patient)	Indoor (patient)	X-ray	USG	Lab Tests	Operation
July'09 - June'10	3330	998	571	845	2662	748
July'10 - June'11	2679	1079	514	869	2425	836

It has been observed that the performance of just closing year indicates some increases in comparison to previous year.

Income and Expenditure of Hospital Services

Total income of DSK hospital was BDT.1,45,93,366 (including BDT 2.4 million grant from DSK) and total expenditure was BDT.1,46,70,814 (including BDT 5,03,724 depreciation)

Maternity Services and Laboratory

DSK's main target is to serve the women especially the poor women. With this view DSK established three Maternity homes and to support these maternities three Laboratories were also established at different locations.

These are at Durgapur of Netrokona district, at Moddhya-nagar of Sunamgonj district and at Gazaria of Gazipur district.

The Maternities are located in remote areas. Durgapur is an extreme poverty pocket in Bangladesh. Remote communication, poverty, unavailability of minimum quality of health services make the public health service delivery worse and vulnerable, this is specifically related to maternal and child care and health emergencies of any type.

DSK has taken steps to make publicity of service to encourage TBAs, NGO staffs and government staffs to refer pregnant women to these maternities. Midwives and other different level of community health service providers are being involved in visiting satellite centers and ANC follow up and motivating target mothers to seek service from DSK Maternities and Laboratories.

Laboratories were established to support the maternities. Qualified medical technologists are available to provide the quality laboratory supports. Laboratory tests like routine blood test, urine, stool, sputum and some biochemical tests are available.

DSK Durgapur Hospital and Laboratory

The DSK Hospital and Laboratory is located at Durgapur upazila in Natrokona District. It was established in 2007 to provide essential health supports to the poor and vulnerable communities at the local level. Since Feb'11, this hospital is supported through UBR project and is funded by Dutch SRHR Alliance.

In the bygone period July '10 to June '11 total 1486 pregnant women visited the facility for antenatal checkup (ANC). Total 71 mothers sought post natal care (PNC) at the centre in this period. Field staffs visited 105 houses related to maternal counseling.

Total one hundred sixteen (116) normal vaginal deliveries and 29 cesarean sections were performed in this hospital.

ANC Checkup at Clinic	ANC visit (HH)	PNC checkup at clinic	Normal Vaginal Delivery	Cesarean section	Dressing
1486	105	71	116	29	45

Total BDT 2, 22,414 was earned from the service delivered by the maternity in the bygone year.
At the laboratory, total 1904 tests were done in this period. Total 94,260 Taka was earned by the laboratory.

Activities of Durgapur Laboratory (July'10 – June'11)													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
No. of test	263	260	193	127	138	94	90	125	173	150	142	149	1904
No. of Patient	156	162	117	80	91	61	65	83	107	101	94	104	1221
Income	12525	12910	9670	6658	6630	4682	4408	6566	8556	7431	7427	6797	94260

Moddhya-nagar Maternity and Laboratory

This is located at Moddhya-nagar in Sunamgonj district. This was established in March'2011, supported by UBR project under the funding of Dutch SRHR Alliance. This is a maternity and laboratory established for the poor and disadvantaged population at Moddhya-nagar. There are two midwives and one Medical Assistant and one lab technologist at the maternity. There are cleaning staffs as well.

Gazaria Maternity and Laboratory

The Maternity is located at Gazaria of Shreepur upazila of Gazipur district. It is a PLAN supported centre, established to support the CMHC and SARH project.

A laboratory has also been set up to support the maternity. A medical technologist does provide the service. Some laboratory tests such as routine blood test, urine, stool, sputum and some biochemical tests are done.

In the period between July '10 to June '11 total 580 pregnant women took antenatal checkup at Gazaria maternity centre. Total 100 mothers sought post natal care at the centre in the bygone period.

Gazaria Maternity Laboratory

Total seventy nine (79) normal vaginal deliveries were performed at the maternity centre. And total 46 complicated pregnancies were referred to district hospitals. Total 31 dressings were done in last one year.

Activities of Go zaria maternity (July '10 – June '11)				
ANC checkup at clinic	PNC checkup at clinic	Normal Vaginal Deliveries	Dressings	Obstetric referral
580	100	79	31	46

Total BDT 36,460 was earned from the service delivered by maternity in the bygone period. In the laboratory, total 963 tests were done. Total 43,060 Taka was earned by the laboratory.

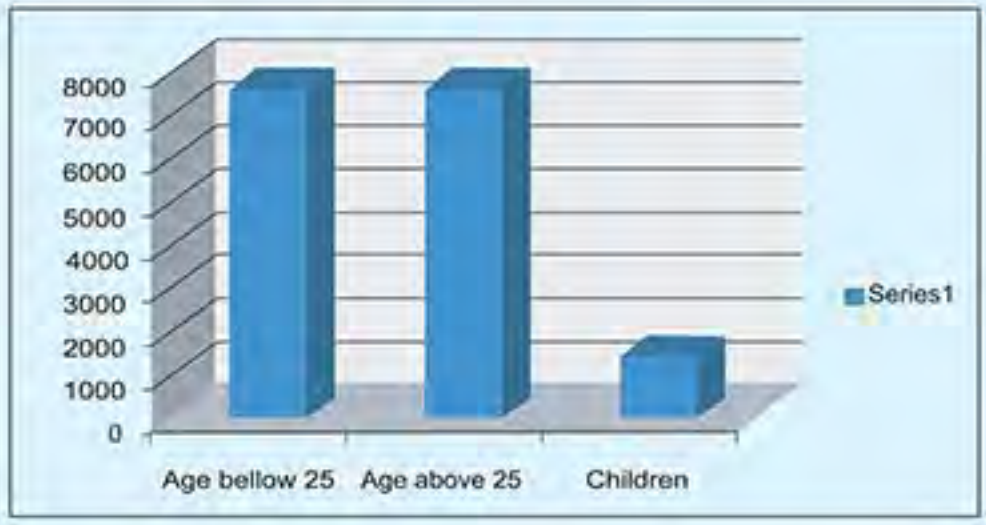
United For Body Rights (UBR): Sexual and Reproductive Health Rights Project (SRHR)

DSK-UBR program has been organized to address 'improved sexual and reproductive health services', targeting vulnerable communities In Durgapur (Netrakona) and Maddhanagar (Sunamgonj). DSK-UBR project is committed to address various SRHR problems of (10-24 yrs.) and (15-49 yrs.) age group of the community in Durgapur and Maddhanagar.

The activities of DSK-UBR Project are being implemented with the priorities of 'improved sexual and reproductive health services', 'comprehensive sexuality education', 'sexual and gender-based violence' and 'freedom of expression of sexual diversity and gender identity'.

During this reporting period the project has initiated number of activities, such as capacity development training/workshop for service provider, conducting session with adolescents at community and educational institute level, conducting session with teachers, community gatekeepers, different stakeholders and providing door to door service etc.

Population	DSK
Age bellow 25	7,622
Age above 25	7,510
Children (0-9)	1,410
Total	16,542



Both areas have Govt. Upazila Hospitals but lacks proper health care facilities. In both areas maternal death and neonatal death rates are high and contraceptive prevalence rate is low. As usual, maternal health indicators, such as Antenatal Care (ANC), Delivery by Trained Birth Attendants (TBA), Post Natal Care (PNC) for mothers or babies is lower than the national or divisional figures.

Project has already completed its journey of first year and has entered into its second year of existence. The current report covers the period till December, 2011.

Example's of Achievements

A total of 03 schools in the working area have already adopted comprehensive sexuality education (CSE) issues in their regular school hours and now there is a space for CSE for 01 hr/week within the routine school schedule.
Project has already accessed with CSE in 05 Madrasahas in total and 04 of them are of conservative kwomi type.
Local govt. officials at first observed that discussion on sexuality issues are difficult in such remote and conservative rural communities; however now they are actively participating with DSK on many SRHR components.
DSK-UBR is going to use a space as youth corner at Pouroshova office, as was committed by the Pouroshova Mayor at Durgapur in Netrakona.

Lessons Learnt

SRHR issues are new for the communities, but they are accepting it gradually.
Working in alliance is very helpful for knowledge and technique/approach sharing.
CSE should be the prior tool to achieve the goal on SRHR.
Parents, teachers and community gate keepers are very important for proper and smooth implementation of such projects.

Mass gathering is very helpful to organize and motivate people in changing their attitude and practices.
We have to adopt separate techniques to deliver SRHR service and CSE for boys and girls.
Religious institutions supportive approach is very important to work with SRHR issues in Madrasah and conservative communities as well.
Parents' engagement in such activities helps young people to accept SRHR issues in their thoughts and practices.

Adolescent boys group discussion on CSE

Challenges

Addressing SRHR issues in a conservative community.
Overcoming misconceptions, social and cultural backwardness in the community.
Implementing SRHR issues at institutional level, especially in Madrashas.
Getting space for SRHR activities at busy time schedule of schools and colleges.
Developing a common understanding on SRHR among the service providers.
Communication problem at Moddhanagar.
Getting quality staffs in the remote areas.
Inadequate space for group sessions in the community.

Community Managed Health Care (CMHC)

This project is supported by Plan International and it has been implemented at Rajabari and Prohladpur unions of Sreepur upazilla of Gazipur district. Through this project DSK has been facilitating strengthening service of government community clinics and support a maternity home at the locality attached to a community clinic. Main components of this initiatives are as follows: Curative services, Health promotional activities, Child Health, TT vaccinations, Maternal Health services at community, Family Planning, reproductive health care, SBK Health (3-5 years), Pre-School (5-6years), Advocacy/Networking-10, Training and Sharing meetings -11. Total number of patients visited project facility was 17645. Numbers of deliveries were seventy nine and ANC was 580, PNC was 100 and number of referral was 46. BCC session was done 1984 and total participant was 28404. Immunization coverage was 91%. Total number of deliveries were 985 and FP method users were 70 percent.

Adolescent Reproductive Health Care (ARH): This is a five years project supported by Plan International and being implemented at Gazipur. Following activities were implemented as component of the project:

ARH counseling training was done for GO and NGO service providers. CCDA training to staff; Rollout of Life skill trainings for 105 adolescents batches, 2998 Adolescents attended; Meeting with stakeholders – community leaders, local government, parents, teachers etc (immersion, participatory situation assessment, identifying adolescent issues) No 24 (596 participant), Semi-annual workshop for the teacher in phase out areas; Gender orientation session no 26 for GO and NGO service providers, meeting with ARH support group No 26, orientation of indirect beneficiary No 17, Awareness-raising of parents about adolescent, Teachers training on ARH issues No 14, In-country exposure visit for teacher No 16, Renovate or establish clubs for the adolescents (maintenance of the clubs), Birth registration of adolescents 4312, (M- 1420 F-2892), School session by teachers supported by facilitators - 720 sessions, Awareness-raising of parents about adolescent parenting conducted by parent peer educators number 5500, BCC sessions by adolescent facilitators no 1500 (M- 16750 F-16820), Community awareness through 24 Theatre for Development (TFD) shows etc.

Case Study

Asma Akhter is from Protapur village who has two children. Her first child is seven years old and second baby is two years. After conception of first baby she visited Protappur primary health care center of DSK at the advice of a community health promoter. From there she took health consultations and advices about care of children. After birth of first baby she provided exclusive breast feeding to her baby till six months. But she was not aware that her feeding duration shall be twenty to thirty minutes. Again she was pregnant and at this time she became a member of BCC group at Nazrul's house at south para in Protappur village. Then she became aware about pregnancy and child care and immunization and timings. Now she provided exclusive breast feeding to her second baby till six months after birth and then she started weaning food like Khichuri, fruits, fish, meat and vegetables besides breast feeding. As a result her second baby is healthy in comparison to her first child. Now she gives advice to her village pregnant women to go to the PHC centers and be a member of BCC session. She also advice them to visit nearest health center or hospital for safe delivery and after birth complete the vaccination on time. Now Asma Akhter works as an ideal mother in her village.

Community gathering on ARH at Gazipur

REVOLVING CREDIT PROGRAMME (RCP)

Use of porous pipe to identify water requirement

DSK has a vision that came out of social and economic mission of bringing financial service to the poor and the poorest so that they can come out of poverty. As micro credit service provider DSK at present is providing microcredit to 156,467 families through its 85 branches in 31 Upazilas of ten different districts both in urban and rural areas. The Urban areas are in Dhaka, Khulna and Chittagong cities. The rural areas are Nawapara Jessore, Joydebpur and Sreepur of Gazipur,Netrokona, Kishoregonj, Naryangonj, Narshingdi and Sunamgonj districts. DSK has started micro credit through replication of Grameen model in the year 1992 in one of the Dhaka city slums; since then it has served613,040 families and has disbursed Tk.8,239,138,625as loan till June 30, 2011. Present outstanding loans stands at Tk.1,096,310,188 and total savings deposit of Tk.465,421,387 and have cumulative classified loans of Tk. 62,249,984. DSK has successfully created loan loss provision required for the classified loans as per standard requirements.

Packet manufacturing

A successful Microfinance program starts with clear objectives to set up permanent institutions with systems designed to provide standard financial service on a long-term sustainable basis. This objectives implies following key things: good quality financial products or services, delivery by an appropriate institution on a profitable basis to satisfy clients who continue to value and use those services. Quality of financial services means, which would meet the needs of the poor community and not only the needs of financial institution.

Loan repayment system and flexibility in savings withdrawal

Microfinance represents an evolving and dynamic system that has shown its capacity to adjust to various socio-cultural settings and respond to the changing and varied needs of the poor. The practice of microfinance has itself evolved, often in unpredictable ways, outpacing the development theory. A proper understanding of this evolution is essential for adopting policies that can better realize the full potential of microfinance. This is in part learning-by-doing, but also in part what can be better termed as a process of "learning-by-seeing-others-doing".

In spite of the rapid replication of microfinance programs there are many gaps in our understanding of how the microfinance market actually works. What, for example, motivate the borrowers to repay loans amidst a culture of widespread loan default by well to-do borrowers of commercial banks? In this regard, by focusing mainly on group liability, the standard theory on microfinance may have missed other institutional features, that may have a bearing on the success of the system; transparent transactions (as opposed to confidentiality maintained in traditional banking), close personal relationship between the lender and borrower, and the emergence of repayment norm through habit formation to name a few of such clicking mechanisms. In mature microfinance systems where loan repayment norms are well established, the design of the programs shall allow more flexibility to meet the varying needs of their members.

Improved farming practices

DSK continues to strive its level best to follow the latest advancement of micro credit. From supply driven to demand base loan disbursement is the present day strategy that capable NGO MFI sare following, but challenge to those who adopt the policy would be to managing them. Large number of variety of products creates massive paper work and strong monitoring of decentralized field units that independently handle all transactions. DSK as a mature organization presently fulfills the needs of the member's borrowings and savings. Area specific products have been designed to fit with member's cash flow. DSK experimented flexible financial service named as DPS.Through these project DSK has learned and adopted many features of experimental phase into its present microfinance products. These are different lending and recovery methods such as weekly, monthly and seasonal recovery approaches. Even individual lending for micro enterprise and extreme poor have been customized as products to meet the requirement to fit with the value chain of the members. Service delivery method particularly for the poorest enables them to have an access to the service because it does have reasonable

flexibility to fit with the income cycle of the individuals. Special consumption loans are provided to the land less HCP members dependent mainly on irregular wage earning. Insurance of the member's life and property (livestock, crop etc.)are essential to come out of abject poverty. Number of loan products name according to its nature has been given in table below.

Bangladesh is the country of numerous NGO MFIs now working in same locations and leading to problem of overlapping. Defaulters create problem for the both organizations and the borrowing families. Often members go to several NGOs financing institutions for borrowing to fulfill their actual needs. NGO MFIs often are not equipped to lend to an individual having different needs that does not fit with normal loan ceiling for the group in each cycle. Initially group members were economically homogeneous so the loan provision practice to group members was equal; experience proved that all members are not equally skilled in utilization of loan in profitable ventures. At present DSK provides loan ranging from 5000-300,000 according to the specific need of the members.

Table: Product wise loan disbursed during financial year 2010-11

Loan disbursement	As on 30.06.2011	% of Tota l Loan
Rural Micro credit	440,835,000	22.93%
Urban Micro credit	789,922,000	41.08%
Livestock loan	28,723,000	1.49%
Micro Enterprise (Urban +Rural)	498,972,000	25.95%
Hard core poor Loan	28,934,000	1.50%
Disaster management Loan	268,000	0.01%
Agriculture Sector Loan	134,033,000	6.97%
Dignity Loan	1,192,400	0.06%
Total Loan Disbursed	1,922,879,400	100.00%

Total loan disbursed were Tk.1, 922,879,400 in the FY 2010-11. DSK has 41% of its loan portfolio in urban and the rest are in rural areas.

Urban and Rural Micro Credit

DSK started replication of Grameen model in Dhaka slums with voluntary zeal and intended to target only the poorest. Targeting poorest in Dhaka city slums was not a problem. However, in course of time high pressure to avoid "defaulter" shifted members profile from extreme poor to moderate poor. It has been observed that 95% group members dropped out within 4-5years cycle through a process of group screening or self-exclusion. The better income earning poor having entrepreneurial skill survived. Most of the city branches has come out of traditional slums and now operating in low income settlements. Due to product design DSK's attempt to reach extreme poor both in city slums as well as in remote poverty pockets was not successful. The economically backward people generally do not have access to land or they lack skill of trading or any other activities of self employment. Extreme poor are mainly dependent on wage labor. Employment opportunities are more in cities, did influence migration from rural to urban areas of wage employment scarcity. Some of DSK working areas in rural places are mono crop, wet land area that grows only Rabi crops. During seasonal monsoon flood the scope of self or wage employment greatly declines sharply. In a location like these where borrowers do not have regular source of wage income or other opportunities of income, very high default loans force them to drop out. Only successful entrepreneurs survive with classical Grameen type of loan products. At present DSK's 82,049 borrowers (UMC 33,712+ RMC 48,337) utilize loan mainly for trading; where quick money could be earned to repay regular weekly installments. In current year DSK has disbursed total. Tk.1,230,757,000 to these category of clients, which makes 64% of DSK's loan portfolio.

Area managers meeting

Loan to Extreme Poor

DSK provided savings and credit services to 57,253 HCP families through these products since 2001. Many of them graduated to join next stage i.e. RMC or UMC to receive high ceiling of loans. HCP clients are often victim of high recovery initiatives of MFIs resulting in dropouts and subsequent exclusion. Over the years DSK' conceived that the centers (group) serving the poorest clients should be treated separately and subsidy in terms of rate of interest and flexibility in loan

repayments should be allowed. MFIs serving HCP should have the capacity of achieving over all OSS rather than achieving it at group level. Each MFI should carefully calculate their financial capacity without compromising the financial discipline of a sustainable institution. With present capacity DSK is safely providing loan to extreme poor members in the range of BDT 5,000-9,000 every year. Loan ceiling is generally low however high ceilings are allowed to acquire assets. Total 3,937 HCP members received Tk.28, 934,000 as loan during FY 2010-11. Total loan portfolio is only 1.5%, which clearly indicates low capacity of using loan by the extreme poor clients though DSK has capacity of lending more to HCP clients.

Livestock Loan

DSK started livestock credit in the year 1996 and after phasing out of project period established the products that are being marketed sustainably along with livestock insurance. DSK offered separate loan to group members interested to invest in small poultry or milk cow rearing projects. Loan size and repayment system was designed to fit the needs of the poor borrowers. In this exercise members borrowed on an average Tk.22, 000 with a range of Tk.10, 000 to 200,000. During its 15 years of marketing DSK has served 50,531 clients all having livestock projects. At present there are 1,239 active members and it is running with a loan outstanding of TK.28,934,000. The products are being marketed in rural branches of DSK. The special feature of this product is that the members and its livestock animals are covered by insurance for the whole loan repayment cycle. If death occurs among any one of the three i.e. member or her husband or the livestock animal, borrowed loans are waved and all savings including 1% extra charge as insurance contributions are returned.

Micro Enterprise Loan (ME)

NGOs targeting to establish permanent MFI do not encourage dropout of members who has graduated or represents better income poor. Better income poor, who will often take larger loan to expand or maintain the working capital of their business or to finance asset acquisition, enables MFI to increase their surpluses. It is this larger loan on which the MFI will make most profit since the cost of administering the loan is almost same irrespective of its size; And crucially, it is these clients taking large loans that allow the MFI to finance the provision of smaller loans and other social service to the poor and poorest clients. At the same time the product would enable entrepreneurs create wage labor, which would lead to creation of employment for the poorest. The services now being offered by DSK has been tailored to meet the needs of the better income and self-confident potential poor entrepreneurs. Since 2002 cumulative loan disbursed for micro enterprises were Tk.1,276,932,000 to 18,837 micro entrepreneurs. At present DSK has 6,723 members having micro enterprise (ME) and loan disbursed to them in current year alone was Tk.498, 972,000. Loan Outstanding as on 30th June, 2011 were Tk.272, 214,929. Majority of the ME loans are recovered on monthly basis. 6000-7000 numbers of jobs are created monthly by the existing entrepreneurs. People belonging to extreme poverty group exploit the opportunity of wage employment in these enterprises.

Agriculture Sector Loan for the Farmers (ASMP)

Farmers particularly the marginal and small farmers were out of the MFI services because of its weekly collection system. Products suitable for the farmers were introduced in the year 2004. Since introduction of ASMP DSK has disbursed Tk.363,753,500 to farmers. At present DSK have 8,844 farmer members (as main stream loan product) supported financially by PKSF. During current financial year DSK has disbursed Tk.134,033,000 mainly for crop sector. Present outstanding loans as on June, 2011 were Tk.17,458,217. Demand for these products are gradually increasing; however DSK is now facing growth crisis in meeting the demand; revolving rate is also low with large sum of capital. DSK provide loan for the period of three to nine months. Interest is charged on monthly 2.08% on a declining basis. Farmers are allowed to repay the loan at a time or in monthly installments after the crop harvest.

Dignity Loan

Purpose of this product was to pull out beggars to come out of that profession. Normally NGO MFI excludes them from regular lending system or self exclusion occurs in this category. DSK as partner of Grameen Trust started this project in December, 2007. From the day of introduction DSK has provided loan to 1450 beggars'. Total Tk.1, 192,400 was provided as loan to 712 dignity members in the FY 2010-11. These types of members are not included in normal groups but attested with local groups and loans are interest free. If they save regularly and repay loan as per schedule they are included in regular groups; enabling them to borrow necessary amount as loan to pursue income generation activities and come out of begging.

Service Charges (SC)

There are issues surrounding microfinance that are often subject of intense public debates. For example, how MFIs arrive

at certain interest rates in the microfinance market? How can the financial viability of the microfinance program be ensured? Should this program be judged by their financial self reliance and commercial viability, or by their effectiveness in helping the poor, even accessing subsidized funds from the government and foreign donors? A source of confusion may lie in not recognizing the two separate roles of microfinance: to channel funds to the poor as an innovative banking operation, and to help poverty alleviation as part of social security or safety nets for the poor.

Servicing traditional microfinance clients are expensive, because loan sizes are small and the number of people required to service clients. Though it was carried out with a goal and motivation, but competitions prevent it from charging higher service charges and absorb losses. A key consideration was whether the institution is mission-driven, rather than profit-driven. DSK as non-profit organization charge enough to cover its expenses and build the portfolio. DSK did start some piloting with very high SC, which was gradually reduced; these reductions were the result of the management's decision when it was making more than enough to meet its growth needs. In the beginning having some support from donors DSK continued for some time providing loan at rate which were below to market rates such as BRAC and ASA. While other NGO MFIs were charging 15% flat DSK continued to charge 12.5% flat and part of its income was spent for health care of members However later it was decided to charge market rates and plough back 2.5% of interest income as health fund. At present DSK had number of rates of service charges starting from zero to twenty five percent and follows a declining method; interest rate depends on agreements with financial institutions and in compliance with MRA rules.

Funding

To meet incremental demand for lending by the borrowers smooth fund flow needs to be maintained. DSK's fund raising tactics were pursued to generate revenue that it could control itself and that, was free from reliance on the whims of grant makers and politicians. DSK has received small amount of grant and soft loans. Though started without any equity of its own its present equity is TK.166,887,382.

The present equity of Tk.166.88 million has been formed by 73% own income and only 23% is grant. However, in the revolving fund equity is only 15%, while 38% loan and the rest comes from daily, weekly or monthly installment collections, which include savings (45%).

Table- Loan received during the FY 2010-11 from different Lending agencies

Financing	Opening Balance as on 01 -07 -2010	Loan Receipt	Loan Refund	Closing Balance as on 30.06.2011
PKSF-RMC	43,700,000	14,500,000	23,650,000	34,550,000
PKSF-UMC	185,800,000	90,000,000	86,400,000	189,400,000
PKSF-ME	65,450,000	56,000,000	27,600,000	93,850,000
PKSF-UPP	14,166,667	10,000,000	11,166,667	13,000,000
PKSF-MFMSF	13,600,000	12,500,000	6,500,000	19,600,000
PKSF-AMCP	4,500,000	31,500,000	4,500,000	31,500,000
Plan-DPS	10,347,010	-	533,435	9,813,575
Grameen Trust	307,402	-	307,402	-
ADIP	7,958,915	-	-	7,958,915
Anukul Foundation	19,787,972	10,000,000	10,673,627	19,114,345
Total	365,617,960	224,500,006	171,331,131	418,786,835

Savings

The prospect of borrowing money having a condition to repay loan according to a fixed schedule is a very risky for the poorest clients. These poor people often prefer to avoid increasing their risk through taking loans and normally prefer to build up a lump sum through careful and pain taking savings. Savings play an important role for the very poor. In this way the very poor can, little by little, (as circumstances of their household income and expenditure flow permits), build up some savings reserve without additional risk and cost of taking loan. On the other hand appropriate emphasis on savings are necessary to reduce the overall level of outside capital needed by the MFIs thus allowing precious accumulation of fund permitting institutions more flexibility in its working methods. To meet both the above mentioned objectives few types of savings products has been designed.

Many poor households may be actively saving even if their assets at any given moment are low; instead, they are building up lumps of money and spending them within a year.

Micro household and individual data reveals much about personal savings rates, the decision-making process at the individual and household levels, and the impact on individuals and households from access to different savings services.

The impact of savings program can be difficult to measure, because savings is hard to capture in survey data and to isolate savings from other financial services: few institutions offer only savings service. Three factors particularly complicate measurement: size, timing, and diffusion. Unlike credit inflows, which can be sizable relative to household income, savings flows can be quite small, and balances accumulate slowly. Also, the timing of the change in behavior and outcome is less clear. For households, savings develop slowly through a small reduction in consumption over time, with a large inflow later. At some point the household will have built up enough savings to protect themselves from shocks (like sickness or unemployment), to pay school fees, or to start a business. It may not be a simple question of waiting for savings to accrue: household cash flows may vary over time. Researchers need to measure savings balances at multiple points in time, often over several years.

Savings deposited by the members of DSK during FY 2010-11 were Tk.293, 325,791 and Tk.184,453,314 has been withdrawn. In spite of that the cumulative balances of savings as on June, 2011 were Tk.465,421,387. Even extreme poor members deposited Tk.5,106,370 during current financial year and withdrawn only Tk.3,565,226.0

Integrated Primary Health Care

DSK believes that all poor people and especially extreme poor need to be more than micro credit clients and NGO needs to be more than just MFI, to promote poor out of vicious cycle of poverty. At the beginning DSK started its social development initiatives especially by addressing the health problems of the slum dwellers particularly the women and children. The objectives of the health program are to decrease maternal and child mortality, reduce vulnerability to common disease, and control infectious disease such as acute respiratory infections, and diarrhea through limited curative care and awareness raising. Financing health care service is one of the major problems of Bangladesh. DSK from the beginning tried to develop a primary health care delivery system, which in the long run should be able to sustain with support from community and the government. To achieve the goal DSK has experimented Primary Health Care (PHC) model both in rural and urban context by blending the services with micro credit and by collaborating with other service providers especially GoB. Main features of this system are that DSK charges 15% flat rate for its financial service of which 2.5% goes to form a health fund. Total contribution to primary health care services of DSK from micro credit were Tk.29,972,342

Government led reduction of service charge and its negative impact on PHC of DSK

DSK was trying to evolve an integrated financial service model which would financially sustain with support from micro credit. DSK's vision is to provide primary health care services to all the poor families that it reaches through micro credit services. DSK covered 97,455 families and their family members through PHC services who are engaged with its 59 branches.

DSK initially used to charge 10.2% flat or 20% in declining rate, which was not sufficient to support the development of health care service and institution building. When DSK increased its service charge to 12.5%, at that time most of the micro credit providers were charging 15% flat. Following others DSK also increased its service charge from 12.5% to 15 %, however it utilized the increased 2.5% income for the PHC service.

DSK started running PHC in few branches up to 2001 from grant support and was slowly but steadily trying to achieve its objective by increasing number of branches from own fund. In the year 2003-2004 there were 13 branches under PHC coverage, by the year 2008-09 numbers have been increased to 59, most of which DSK financed from its credit income.

As per current government order MFIs are not allowed to charge more than 12.5% flat interest rates. This decision brought a strong negative effect on community based health care financing of DSK.

WASH PROGRAMME

Participatory mapping exercise

"In 1992, Dhaka-based NGO DSK a partner of Water Aid in Bangladesh started to act as an intermediary between DWASA and the slum communities. DSK argued for the separation of access to water supply from ownership of land. It made security deposits to grantee bill payments by the communities. As a result of this arrangement, DWASA approved two water points in poor areas of Dhaka in 1992 and 1994. DSK subsequently developed its experiences into a model for sustainable water supply for the urban poor, and negotiated with DWASA to carry out a pilot project of this model in 20 slum communities. DSK worked with communities to improve community capacity to manage water points, ensuring regular bill payments and full recovery of capital costs. In 2008, after 16 years of regular payments of bills, a land mark agreement was secured with DWASA whereby CBOs were allowed to apply for water connections on their own behalf, without an intermediary. Today these communities are respected customers of DWASA and the scheme is being rolled out across the country. Those previously excluded are now actively involved in the design and usage of water points. " (page 84, Sector Development Plan, FY-2011-25 Water Supply and Sanitation Sector in Bangladesh, November 2011, Local Govt. Division, Ministry of LGRD and Cooperatives, Govt. of the People's Republic of Bangladesh)

Currently DSK has been implementing WASH (Water, Sanitation and Hygiene) programme targeting half a million poor and disadvantage populations living in 235 urban slums and fringe areas and 56 urban schools in Dhaka and Chittagong City Corporations to create provision of safe and legal water supply, environmental sanitation facilities and hygiene promotion. DSK has been providing WASH facilities both in community, school and public places. Now, DSK has given focus on WASH support to excluded communities like differently able, sweeper community, cleaners, transgender, cobbler, snake charmer, pavement dwellers, ethnic community etc. DSK has given focus on innovative technology and research. At present, DSK has been implementing six WASH projects supported by Water Aid Bangladesh, Plan Bangladesh, Water 1st International, Water.org International and ICDDR-B.

Water supply connected with DWASA and latrine chambers with septic tanks

The uniqueness of DSK 's WASH programme is community led integrated water supply, sanitation along with hygiene promotion that becomes popular to the slum dwellers as well as among WASH cluster. Community water project management strengthening is the key component of DSK's WASH interventions. This approach has been successful and become renowned as "DSK Model". Many other organizations are now implementing this modal as the base for their work. DSK ensures community participation in project cycle that is to identify problem and develop planning, implementation, supervision and monitoring. From the beginning DSK encourages and ensures community managed WASH operation and maintenance approach. One of the key focuses of DSK WASH programme is to create Community Revolving Fund for WASH that provides strength to the community managed system.

The aim of the programme is to improve the health status of the poor through access to safe water, sanitation and health hygiene improvement and community empowerment. DSK has been focusing to establish WASH right for the poor and disadvantage populations. Advocacy is a cross cutting issue in DSK WASH programme and organization is engaged in dialogues, lobby and networking at policy level to strengthen pro-poor WASH services. DSK has established collaborative partnership with Dhaka and Chittagong WASAs and City Corporations.

DSK WASH Components

Community Empowerment: Community based organization with women in leadership position, community situation analysis and planning, participation in implementation and management, training and exposure visit and sharing experiences, coordination with service providers (WASA and City Corporation and other govt. services and NGOs), building CBO Federation's and their capacity are the main activities.

Water supply: Construction of community water point, stand post, submergible pumps, deep tube-wells, mobile water van, rain water harvesting system, bathing facility, formation of management committee, training of caretakers, water safety plan, household chlorination, water quality monitoring (bacteriological and arsenic test) are the key interventions.

Environmental Sanitation: Construction of community toilets, pit toilets (single and twin pit), biogas plant, Eco-San toilets, public toilet, mobile toilets, construction and improvement of drainage systems and footpaths, lane and bi-lane, community solid waste disposal system, composting and its marketing, Vacutug services. All toilets installed are equipped with menstrual hygiene space and disable friendly devices.

Participatory Hygiene Promotion: Conduct courtyard session for adult, Child to Child hygiene promotion, Menstrual Hygiene management session with adolescent girls and women, tea stall session, community conference, training to food vendor and occupation health risk groups (rag picker, cleaner, sweepers), organize popular theaters, IEC/BCC, set up hand washing devices, Observe sanitation month, World water day, global hand washing day etc. are the main activities.

School WASH: Water supply (rain water harvesting) in school with treatment system, separate toilet facility for boys and girls, girls toilet with menstrual management space, hygiene promotion, student forum, training to teacher are common activities under School WASH.

Hygiene promotion using flash card

Research, innovation and learning: Currently DSK has been carrying out one research project on Cholera vaccine with BCC and household chlorination of drinking water. In connection with this DSK has been implementing hand wash and chlorination of HH drinking water campaign. Twenty thousand families have been included in this research. This project is supported and guided by ICDDR'B. DSK is also piloting a community managed public toilet, mobile toilet, Eco-San toilet and urban rain water harvesting systems.

Rights and Advocacy: DSK motivates and empowers communities to engage them in grassroots advocacy and on top of that DSK engages with policy level advocacy. Long advocacy initiatives of DSK were instrumental to influence system change at DWASA in favor of slum dwellers. This was a breakthrough that slum dwellers now able to apply for legal water connections. Gradually, slum communities are able to raise voices for their water rights, protest against eviction without rehabilitation and pro-poor urban development policy and procedures. DSK facilitates community initiatives to achieve their rights.

Staff capacity building: DSK runs a training cell to empower staff and community. Each project provides customized training to staff for better implementation of project activities. Exposure visits and experience sharing also being organized for staff capacity building.

Engagement of LGIs: DSK always tries to facilitate participation of LGIs in project implementation. DSK facilitated to activate Sanitation Task forces at ward level and organizes meeting with the members.

Partnership with WASA and City Corporation: DSK has developed strategic partnership with WASAs and City Corporations to facilitate access to water supply and sanitation for the poor. DSK has signed MoU with Dhaka and Chittagong WASAs. Based on the partnership in Chittagong CWASA has taken steps to transfer ownership of water points in the name of urban poor communities.

Community WASH Revolving Fund: DSK has been able to establish a WASH Revolving Fund through recovery of hardware cost that was provided on credit. DSK follows two modalities to run Revolving Fund- (1) installments recovered by CBOs and managed by themselves (2) revolving fund recovered and kept by DSK and disbursed further to un-serve communities.

Monitoring and evaluation: DSK has project monitoring section. Projects have been monitored at least on quarterly basis; some projects are monitored on monthly basis. Monitoring findings are shared at Senior Management Team meetings on quarterly basis. DSK also facilitates community monitoring.

WASH model and approach

The DSK-Model aims to demonstrate how informal communities can access formal utility services. Thus the key principle of the project is to respond to the demand for water and sanitation indicated by the communities who are willing to pay. According to this model people from the slum community that form groups are provided training on community organization

development, management and maintenance of water points and sanitation facilities, and hygiene habits development, which shall result in behavioral change.

Through community participation, DSK facilitates to identify existing situation, problem focused on WASH priority issues, community plan for actions, formation of CBOs, selection of options and design for WASH infrastructure, select location, and formulate guidelines on water usage and cost sharing.

DSK mediates with the formal utilities, lends capital costs, whereas WASA provides technical input, gives permission for the construction and connection of WPs. The users have been paying/ sharing the capital cost, managing the WPs, sanitation facilities, and paying the WASA bill along with maintenance cost on a regular basis.

Participatory mapping exercise

Over the period DSK has developed community led sustainable WASH Model for the poor urban communities and the model was supported by donors, NGOs and govt. This model has also being appreciated by international visitors and media. As per information some other developing countries (Nairobi, Kenya, Liberia etc.) have adopted or customized 'DSK Model' in their situations to provide water supply to the urban poor communities.

WASH programme coverage areas

The DSK has been implementing WASH programme both in rural areas and urban slums but major focus is on urban slums in Dhaka and Chittagong cities. WASH facilities also have been provided to disaster prone costal districts namely Satkhira, Khulna, Bagerhat, Borgurna, and haor areas of Sunamgonj and Netrakona.

WASH programme status

Water supply in the community: DSK has been providing safe drinking water supply to the un-served poor communities both in urban and rural areas. During the reporting period it was possible to install 53 urban water points, 76 submergible pumps and 143 deep tube wells and four rainwater harvesting systems in urban areas. Apart from the above, DSK has promoted seven mobile water vans both in Dhaka and Chittagong to provide safe water to the un-reached communities.

Water supply to Schools: DSK implements School WASH programme in urban schools near to project slums. In the reporting period DSK has renovated and installed water supply in 38 urban schools of Dhaka and Chittagong cities. Rain water harvesting and water points and DTWs are the water technologies that have been promoted by DSK in the schools. DSK follows School Sanitation and Household Hygiene Education (SSHHE) approach to provide WASH facilities in Schools. The schools are mostly in low income communities. Total 11,520 school children have been benefited in relation to safe water supply facilities in schools. DSK has been currently providing WASH facilities in 56 schools.

Water supply through mobile van: DSK has been running mobile water supply targeting pavement dwellers and street food vendor through engagement of community operators. Seven mobile water vans (Dhaka -6 and Chittagon-1) have been providing water supply. On an average one van daily provides drinking water to 200 populations. Gradually seven mobile water van operators became small water supply entrepreneurs and pursuing it as an alternative livelihood's option.

Rain water harvesting system: DSK has been piloting rain water harvesting system in urban areas. Four (4) rain water harvesting systems have been running in four schools in Dhaka city to provide drinking water to 4731 students. Capacity of each system is 25000 Liter. It stores water three times a year. Water treatment (chlorination) has been introduced to make water drinkable.

Community managed submergible pump supported piped networks: DSK has promoted two community managed piped network based on submergible pumps in Dhaka slums. These two submergible pumps are given in the name of communities by DWASA. About 500 families are connected with submergible pumps through piped network. This supply system has reduced water cost of connected households by fifty percent.

Water supply to Sebok Colony (Sweeper community): Sebok (sweeper) community is a socially excluded community who are out of basic service like water and sanitation. DSK was able to connect two Sebok communities with piped water supply in Chittagong city. 371 families are now enjoying safe and legal water supply and it was possible through installation of two submergible pumps.

Water quality monitoring: DSK has established water quality monitoring system, it tests two basic parameters – bacteriological (FC) and Arsenic. Arsenic test is done before installation of TW, after installation and every six months. Bacteriological test is conducted after installation of water points and monitoring test is done on quarterly basis. All the tests are done at laboratories in BUET, CUET and ICDDR, B, Department of Environment. Results are shared with the community.

In the reporting period following people get access to safe drinking water under DSK projects.

Category	*Total no of water system installed*	*Tot al beneficiary*	*Male*	*Female*	*Children*	*Poor*	*Extreme poor*	*Differently able*
Water to community	276	33947	18281	15666	14257	26539	7408	41
Water to School s	4	4731						

Environmental sanitation: DSK intended to achieve 100% sanitation coverage in target areas through WASH interventions. In this bygone period DSK has installed 274 community toilets, 10 twin pit toilets, 40 single pit toilets. During reporting time, 5220 ft drainage system and 4250 round feet lane, bi-lane, footpath in urban slums was improved. 25 Bio-gas systems have been in function to cover 7000 families of Bauniabadh slum in Dhaka city. However because of extra load anaerobic disasters are not functioning properly.

Mobile toilets: DSK has introduced two mobile toilets in Dhaka city to provide toilet facilities to mass populations who move around the city daily. Average one hundred people use each mobile toilet on pay and use basis.

Public toilet: DSK runs a community managed public toilet in a market place of Kamrangir Char of Dhaka city. DSK has provided loan to the community and they are paying back capital cost with service charge in monthly installments. About 300 people use the toilet daily and monthly average income is BDT 12,000.

Eco-Toilets: Five Eco-toilets (total 10) have been constructed in Dhaka city as pilot during the reporting period. The eco-toilets were installed at Demra, Vasantek and Amin Bazar located at suburbs of Dhaka city. Eco-toilet is a comparatively new technology in urban and peri-urban areas of Bangladesh.

Bio-gas Plants: DSK has been engaged in managing 25 biogas plants at Bouniabadh slum of Dhaka city. Total 35,000 slum dwellers of 7000 households are benefited from the biogas system.

Vacutug: Since 2000, DSK has been operating a Vacutug (a suction device to empty of septic tank/pit of toilet) in Dhaka city. The vacutug system runs on pay and use basis. On an average it earns BDT 50,000 per month. In the reporting period it has cleaned 85 septic tanks and 266 pit latrines. BDT 6, 03,623.00 has been earned during the reporting period.

Renovated Toilet at School

Sanitation coverage (reporting year)

Category	*Total*	*Total beneficiary*	*Male*	*Female*	*Children*	*Poor*	*Extreme poor*	*Disabled*
Sanitation service to communities	274	26491	13985	12506	11232	20743	4748	41
Sanitation to School	5	7731	-	-	7731	-	-	-

Solid waste management: DSK has been implementing solid waste management component in urban slums along with water and sanitation facilities. It has two operating systems in the slum. (1) Community managed solid waste collection from household's and disposal into city dumping points (2) Solid waste composting (organic fertilizer production). Community managed solid waste collection and disposal system has been in-place in 15 slums in Dhaka and Chittagong city in the reporting period. Each family pays BDT 10-20/ month to manage the system inclusive of payments of salaries to operators. DSK has provided 17 waste collection van trolleys to the community to manage solid waste.

DSK has been managing a solid waste composting plant in one of the slums of Dhaka city. 407 barrels were provided to 2600 families. Average 600 Kg compost has been produced in a month and sold at BDT 12 /Kg.

School WASH: DSK has been implementing WASH component in schools to improve safe drinking water supply, hygienic sanitation facilities and personal hygiene for school children through an innovative approach – "School Sanitation and Household Hygiene Education (SSHHE)" since 2006 in slum areas of Dhaka city. During the reporting period DSK has been implementing School WASH in 56 urban schools and 25600 school children (boys and girls) has been covered under DSK- WASH programme. Through joint initiatives of students forum and the resource teachers' hygiene promotion have been continuing in schools as well as in nearby settlements. Significant improvements on personal hygiene knowledge and practices have been observed among the school children. More significantly a partnership has been established among School (Education department, SMC, teacher and student), Community (CDF, LGI and family) and NGOs in the programme areas.

Hand Wash at School

Hygiene promotion: Participatory and interactive hygiene promotion is one of the key components of DSK's WASH interventions. It provides hygiene promotion sessions to adult, children and adolescent girls, food vendors etc. Key domains of HP are –safe water, improved sanitation, food hygiene, hand washing, menstrual hygiene and environmental hygiene. During the reporting period 59,547 population including 25,600 school student received hygiene messages. DSK's WASH communities run two sanitary Napkin production centers in Dhaka and Chittagong. These centers produce and sale low cost (50% less cost from the company produced napkin) napkins to adolescents' girls and women living in slums.

Revolving loan fund for WASH: DSK has established a revolving loan fund (RLF) with the view to support construction of water and sanitation facilities for the un-served poor community. This fund is generated in relation to repayment of WASH infrastructure loan by the community members. DSK has been implementing WatSan loan projects at 10% interest in Dhaka and Chittagong slums. Slum dwellers took loan to install water points or toilets and repays in 12-24 months on monthly installments. Till June, 2011, total BDT 2, 16, 46,591.00 has been generated as RLF.

All of these activities were based on the followings: strengthening 'Community Based Organizations (CBOs)', women participation and leadership, and Behavioral Change Communication (BCC) along with financial and social sustainability, hygiene promotion activities have been carried out among the beneficiary groups. All the CBOs have been trained on organizational development and management.

O & M of infrastructure, advocacy and lobby etc. 166 CBOs have been functioning and 472 CMCs were formed to operate and maintain the infrastructure during this year. 191 Tube wells have been tested for Arsenic and found safe to drink, 276 water samples were tested for pathogens and 38 WPs were found contaminated. Chlorination protocol was applied to provide safe water at contaminated water points. A number of national and international experts, researchers, academicians, policy makers and media visited DSK WASH programme.

Dance practice in school

NON-FORMAL EDUCATION (NFE)

In 1992 DSK did start to implement non formal education project with support from BRAC. DSK did start with ten (10) learning centers at Durgapur and Kalmakanda Upazila in Netrakona district. Over the period, it did expanded NFE programme in Dhaka, Chittagong, Khulna and Rajshahi cities; DSK also had implemented "Basic Literacy for Adult project" with DNFE support. Under the project six hundred seventy five (675) learning centers' were established and more than twenty thousand (20250) adult learners have been graduated. The project was implemented in eight Upazilas of Gazipur,

A non-formal school in session at Durgapur, Netrakona

Narsingdi, Netrakona, Mymensingh, Kishorganj districts. During the bygone period DSK implemented 20 learning centers have been continuing with 600 learners in Durgapur and Kalmakanda of Netrokona District. It needs to be mentioned that 80% learners are girls. The learners would complete primary graduation from these centers. A total of 38 learning centers was closed in December, 2010.

Peer Educators in ARH

DISASTER RISK REDUCTION (DRR)

Relief and rehabilitation

Last year DSK provided significant support to the cyclone affected people through implementing projects in disaster effected Sidr and AILA areas. These projects were supported by DCA/ECHO. During that period DSK provided emergency medical support, food and material support, drinking water supply, livelihoods restoration, shelter construction, water and sanitation facilities and building community organization and capacity of the affected community at Borguna (Patharghata, Bamna) and Dakop of Khulna. People used to collect contaminated water from their neighborhood villages (Dakop, Kailashgonj and Kamnibasia). They were suffering from different types of waterborne diseases; in that situation DSK installed Pond Sand Filters (PSF) and water desalination treatment plants where people find it most difficult to access safe sweet drinking water. Now the affected families are getting access to safe drinking water and use safe water that protects them against water borne diseases and facilitates alternative livelihoods generation.

In the bygone period DSK has given much focus in following areas targeting the AILA affected poor people's lives and livelihoods in Khulna and Satkhira:

- Emergency medical and water supply support
- Food and material support
- Livelihood restoration support
- Shelter construction
- Water and sanitation facilities
- Building Community organizations and its capacity

Food packet distribution at Dakope

Support to the AILA victims (Till April, 2011)

This project was able to reach ten thousand five hundred HHs through food ration two times and various livelihoods, WASH, PHC and other activities were implemented. Below mentioned description provides a concrete view of the above matters.

Project was able to reach through food relief 10500 HHs two times. Apart from that 1500 people were covered with cash for work that generated 46626 person days, two hundred sets of small fishing boat and net were distributed, four engine boats were given to community groups, two multi chamber community toilets were constructed on the embankment using submergible septic tank technology, twenty shallow tubewells were installed, 6000 plastic drums were distributed to harvest rain water, two desalination water treatment plants were installed, 500 sheep's were distributed, 6000 clotech dropper were distributed, 1600 individuals did receive common drugs for their sickness, set of winter clothes were distributed to three thousand HHs which included two shawls, two blankets, two children sweaters; extra 57 days cash for work scheme was implemented covering 926 families, this was possible because of exchange gain in BDT. In that way 32790 person days were generated.

DSK did also implemented project in Aila affected areas with support from Christian Aid. Project was successful in building good linkage with local administration and was started having a joint meeting of all stakeholders. Main target was to build up community based disaster risk reduction (CBDRR 600 trained members) preparedness and rehabilitation of community lives through provision of support for livelihood and access to vitally important water supply (six PSF) and sanitation services of target communities living in Kamarkhola and Sutarkhali of Dakop thana in Khulna district. It was possible to develop local physical plan having participation of local villagers in consultation with local union parishad. It was also possible to facilitate formation of 25 CBOs and through cash for work (400 people's 37 work days) repair local village roads and polders to revive life to normalcy in river water inundated areas. It was possible to supply cash capital following revolving fund approach to support income generating activities (390 members). Savings generation was encouraged. Limited number of one room shelter (58) and shelter repair (66) support were also provided. Through this project one thousand two hundred forty five target participants were benefited.

Trained DRR volunteers

Activity Report 2011

In water logged Paikgacha in Khulna food relief was distributed on October 3-4, 2011 in presence of local MP, Upazilla Chairman, District Commissioner, Union chairman and other important local civil society stakeholders. A total of 3031 food packets were distributed among most deserving extreme poor, female headed, families and families with differently able persons.

Food relief distribution supported by DCA at Paikgacha, Khulna, 3-4 October, 2011

At Tala, Satkhira DSK implemented a relief project in water logged areas. Project started in September, 2011 and came to a close in January, 2012. Total 3250 HHs extreme poor HHs were selected. Main deliveries of the project were as follows: target was to reach 3250 HHs with Hygiene Material (Soap and Detergent), Non Food Items (Blanket-6500, shawl-6500 and sweater-6500); Cash for Training 600 participants, Cash for Work- 1500 families@ 20 days= 30000 person days, 500 Family pit latrines, 500 Emergency Shelter, sixty five transitional shelters and sixty five TWs were renovated. Most of the targets were accomplished by December, 2011 some leftovers were completed later. Project was closed in January, 2012.

Mr. David Hill, Head of Mission ECHO Bangladesh, visited Satkhira water logged project supported by ECHO/DCA, October, 2011

Description of relief items inside relief packet

This was the first year of second phase of DRR project. In this year main focus was on rights based perspectives in relation to DRR.

CBDRR, gender and training on social exclusions were fully conducted. CBO members are now more active and capacitated and understand benefits of dissemination of such messages and link with different adaptive livelihood measures. Activities of women groups are visible. In all target villages' VDMC and VTF have been formed and active.

Target villages in two unions were able to prepare village disaster plans and shared that with local UPs. VDMC members meet regularly; they maintain record of their meetings and also attend UDMC meetings. They do raise issue of DRR importance to UP chairman and elected political leaders. In target villages households engaged in project activities are more prepared and aware about DRR activities. Through this activities a social responsibility and solidarity feeling also has evolved to support those who may not be inside the project household's network.

While discussing Union disaster mitigation plans, plan developed by VDMC members in respective villages are being considered by local UP chairman and elected ward members. Generally such initiatives are positively recognized by LGI representatives. It is true that local government or local elected representatives were not that attentive in relation to DRR, however that mindset is changing; local government institutions now do understand and recognize importance of DRR. Such change is taking place not only because of DSK project but also there are other civil society actors who are taking initiative to strengthen understanding of DRR and its positive outcomes.

Government representatives are becoming slowly sensitive that during a disaster extreme poor households are hundred percent vulnerable in comparison to middle income or higher income households and it is important to take measures in advance to protect extreme poor households from measures of disasters.

Piloting of saline tolerant variety of Paddy in Borguna was successful. About 160 farmers were involved. Now their neighbors are more sensitized and aware of such adaptive measures and usefulness of such paddy seeds. It was possible for the project to disseminate information about such paddy seeds and also demonstrate pilot to others. Now other farmers are also inquiring about such seeds and becoming interested to learn more about such procedures.

As project supported and encouraged target village households to go for birds rearing, tree especially fruit tree plantations, homestead gardening, all this push now being resulted in some leverage effect that households in those villages do feel encouraged and taking steps independent of project support to increase such activity at their homes.

In this year all plant saplings were distributed before rain and growth of plants were almost hundred percent successful. However DSK is thinking in future to adopt and encourage to go for road side plantations in collaboration with local UPs. In that way it would be possible to enter into a formal agreement of communities with local UP and establish long term collaborations.

It is interesting to note that CBO organization that was registered in Borguna back in 2009 has been in function and taking its ideas and activities forward. Till last December, 2011 it could still continue with a membership of 1800 and accumulated amount of savings remained at BDT 1,925,788.

A tea stall at Kamragirchar & managed by a extreme poor woman

DSK-shiree project: ECONOMIC EMPOWERMENT OF URBAN EXTREME POOR HOUSEHOLD'S

This project is supported by shire/Dfid and target till March, 2012 is to lift ten thousand extreme poor households out of extreme poverty. Total budget of this project is GBP 3 million.

DSK-Shiree model did follow a multi-step procedure that includes: selection of extreme poor target HHs, impart training, facilitate groups and CBOs formation, encourage savings collection, provide assets, startup capital for income generating activities, health, water and sanitation services; sanction allowances (pregnant, lactating mother, elderly, physically challenged) etc.

In this more than two years period DSK-shiree project was able to reach seven thousand extreme poor households and out of which four thousand were from Kamrangirchar and three thousands were from Korail slum. In first six months all of them went through a basic training and organized themselves into groups and started doing savings. In this process two CBOs were registered with cooperatives department of GoB. More than eighty percent of the members are women and they were able to demonstrate their leadership role; they participate in different meetings, able to explain group functions and importance of the role of CBOs, being proactive in the process, takes initiative to support others, express solidarity and cohesion at the time of need and making effectiveness and visibility of their presence.

Rug making factory at Kamragirchar

Total amount of savings of seven thousand HHs stands at BDT 4,227,942.0 (July, 2011), Total disbursement of startup capital was 5,001,000.0 and recovery stands at BDT 1003945.0 (July, 2011) Out of seven thousand six hundred and fifteen, 6670 were able to receive assets. These HHs are now engaged in sixty four different IGAs. overwhelming majority in this group are engaged in small trade, besides some became engaged in rickshaw pulling, employed with garment factories etc.; one important observation is that almost all of them were able to increase their daily income and now able to eat three meals a day and could accumulate visible amount of physical assets. Most of them are now able to access health care, water and sanitation services. Many of them were able to access stipends and hospital service from the project.

Both the DSK and shiree monitoring results show that most of the indicators including income, food security, health, water and sanitations and gender situation have been improved considerably.

Eviction at Korail

shiree and Bath/Cambridge university survey findings in one sample covering 1774 shows that out of 1774 Target Households (THHs) from year 1, food intake has increased noticeably (all of the households' now taking three meals a day); approximately 80% could increase their income, visible women participation and upward trend of mobility of target households observed. Among target 1774 HHs from year I, unemployment went down from 4.8% in October, 2009 to 3.5 % in March, 2011, Petty trade increased from 6.3% among THHs up to 40.3%, begging reduced from 11.1% to 4.7%; HHs engaged as day labor went down from 25.4% to 9.4%. It was possible to deliver more than seventy percent of the project budget as direct delivery.

It was difficult to implement all the components in equal speed. Some project component's (such as water, sanitation, cooperative enterprises etc.) implementations were slow because of different locations, space constraints and market complexities. These were the main difficulties to achieve eighty percent of the budget delivery to target households.

DSK believes that future sustainability of this approach will depend on how far this project shall be able to dent on the poverty situation of target extreme poor HHs; strong engagement of different stakeholders specially duty bearers in the process is required and this should come from such engagements, not pushed from outside. In view of its experiences,

DSK perceives to support such process to make communities and government to become possessor of such project activity; in long run poor communities shall be able to influence policy and strategic operation procedures and carry forward anti extreme poverty work even after formal closer of the project.

Increase of cash income per household in Taka in months

Scrap trading by an extreme poor household

TRAINING CELL: HUMAN RESOURCE DEVELOPMENT

Training Session at Community

DSK did establish a separate training cell in 1999 to enhance capacity building of staff and target community leaders.The initial aim of the Training Cell was to equip staffs of DSK with necessary communication and management skills to help them to do their best. This was done by both the internal trainers as well as getting outside experts to share their learning.Over the period the training cell has been equipped with skilled and experienced training personnel along with physical facilities. The training facilities at Dhaka are equipped with modern aids including audio visual support having accommodation capacity of 25-30 participants.

DSK training cell is running with few full time trainers and resource persons having particular experience in micro finance, entrepreneurship development, livelihood promotion, water and sanitation, health care, gender, participation, management of community institutions, project management, monitoring etc. DSK's training team has well-established track record of providing training support to the development institutions, program and project both nationally and internationally.

The focused training areas were

Micro finance and entrepreneurship development, Primary Health Care, Water, sanitation and participatory hygiene promotion, community hospital management, Non formal Education programme, Visualization Techniques, Management and development of community institutions, Disaster risk reduction, Advocacy and Communications, Gender and Development.

Major training courses of the reporting year

In this reporting year there were lots of issues for training courses. Maximum trainings were provided to both community and staffs. Savings and Credit program management, basic accounts keeping, these three subjects were delivered to staffs only.

Staff Level	Community Level
• Gender and Development; Rights and Advocacy	• Right and Advocacy
• Savings and revolving Credit programme	• Gender and Development
• Revolving Credit programme Management	• Community Situation Analysis
• Basic accounts keeping	• Organization Development
• Entrepreneurship Development Business Management	• CBO Management
• Leadership and Management	• Leadership Development
• Child Centre Community Development	• Entrepreneurship Development Business Management
• Adolescent Reproductive Health	• WatSan infrastructure operation and maintenance
• Hygiene Promotion	• Water, Sanitation and Hygiene
• CtC Approach	• Food Hygiene
• School Sanitation	• Hand washing
• Menstrual Health Management	• SSHHE Programme
• Eco Sanitation	• Adolescent Health Education
• Technology and Management	• Health Awareness Issues
• Waste Management	• Adolescent Friendly Health Service (AFHS)
• CBO management	• Parenting Issue
• Peer education	• Counseling process
• Disaster Risk Reduction	• Peer Education
• Care taker trainings	• Community Based Disaster Risk Reduction
• Plumbing techniques	• First Aid
• Hand wash with soap water	

Project Based DSK Internal Trainings

Several issue based trainings were conducted in the year-July, 2010 to June, 2011 for staff and communities according to project design. A total of seventy trainings were conducted on diversified issues for staff development purposes. A total number of 1698 nos. trainings were conducted at the community level. A total of 1284 staffs (double counting could not be avoided) and 32664 persons from communities have been trained on different issues to reinforce their skill and efficiency. One person has received more than one training courses and the person counted as per his/ her number of participation both at staff and community level.

Table1: At a Glance of Project Based Trainings: July, 2010 to June, 2011

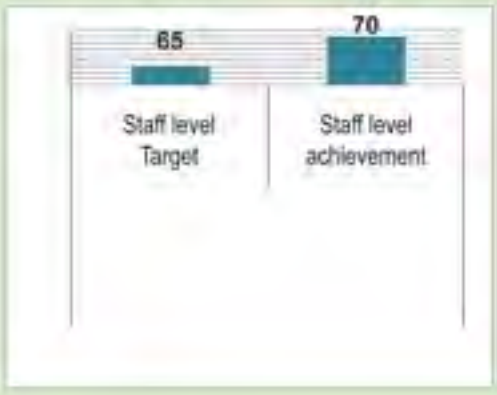
Sl	Projects	Staff level					Community level				
		Target batches	Achie vements	Total	Female	Male	Target batches	Achiev-ements	Total	Female	Male
1	Micro Credit	28	28	581	271	310	-	-	-	-	-
2	Primary Health Care	-	-	-	-	-	452	433	8429	7616	813
3	EECHO	2	2	44	19	25	93	93	1270	837	431
4	Shiree	12	12	277	94	183	539	582	12577	10061	2515
5	Plan supported	4	4	64	38	26	138	146	3299	1422	1877
6	Water.Org	4	4	44	37	7	23	17	329	290	39
7	Water 1st	5	5	49	27	22	60	52	2233	1104	1129
8	Unicef-PCAR (December'2010 to June, 2011)	3	8	43	17	26	1	-	-	-	-
9	CMHC Project (SARH)	-	-	-	-	-	2508	330	3497	2044	1453
10	DRR	1	1	3	-	3	31	31	739	503	395
12	ICDDR,B-ICVB project (May, 2010 to August, 2011)	6	6	179	151	28	20	14	291	214	77
Total	12	65	70	1284	654	630	3865	1698	32664	24091	8729

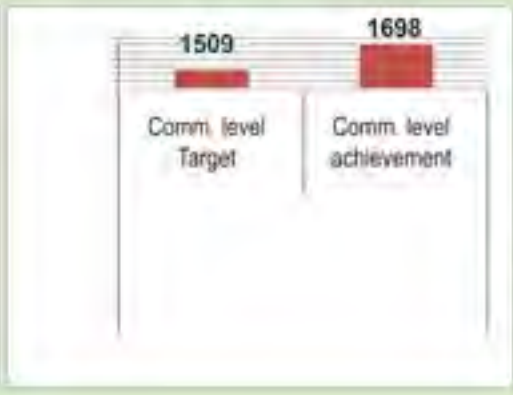
The participants of the staff trainings were CHWs, CHPs, Program Managers, Field Officers, Monitoring Officers, Monitoring Coordinator, Training Officers, Senior Project Engineer, Managers, Area Managers, Assistant Field Officers, Midwives and at the community level participants were CBO representatives, Community Management Committee members, Teachers, Students, Volounteers, Village Disaster Management Committees, School Management Committees, Community Leaders, Adolescents, Parents and religious leaders.

Training Session With Community Groups

Male-Female ratio in trainings

Among staff a total of 1284 staffs (double counting could not be avoided) had participated in different training events; among them 654 participants were female (51%) and 630 were male (49%). A total of 32664 persons participated in the training events at community level among them 24,091 persons were female (74%) and 8729 persons were male (27%).



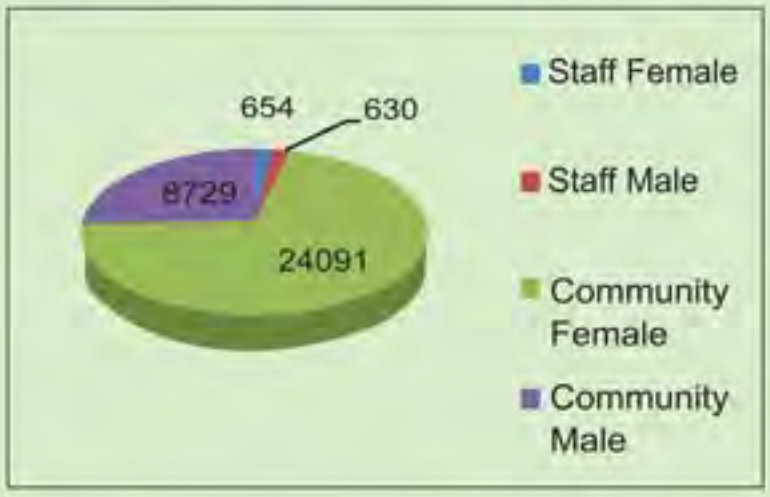


Target and Achievement of Staff and number of trainings performed

Staff level training target has been achieved; Sixty five different training courses were targeted to be achieved while total numbers of trainings accomplished were seventy; simultaneously at the community level achievement also surpassed the targets. Target

was to train about 1509 community members while 1698 community members were trained in different themes.
Male-Female Ratio in training participation

Pie diagram of participant's number



Participants ratio

Staff level participants				Community level participants			
Total Female	%	Total Male	%	Total Female	%	Total Male	%
654	51	630	49	24091	74	8729	27

At staff level there were 1284 persons who took partin different training events; among them 654 nos of participants were female (51%) and 630 were male (49%). Total 32664 persons were trained at community level, among them 24,091 were female (74%) and 8729 were male (27%).

External Training conducted through DSK Training Cell (TC)

A major responsibility of the Training Cell was to conduct training according to requirement of other organizations. A total of six batches external training courses had been conducted in the reporting year. DSK training team had taken initiative to make other organizations convinced to use DSK TC resources and the other few organizations requested DSK to facilitate different issue based trainings.

Table: External trainings conducted at a Glance (July, 2010 to June, 2011)

Sl No	Organization	Name of Training	Batch	Duration	Level of Participants	Total No. of Participants
1.	The Leprosy Mission Bangladesh	Business plan development and follow up	2	2 days	Community Leader	60
2.	The Leprosy Mission Bangladesh	Micro finance saving and group credit management	2	2days	Community Leader	60
3.	DCA	Safe Migration	2	3days	Partner Staff	64

Staff Training session

CHILD PROTECTION PROJECT

A learning session

DSK has been implementing a project captioned "Positive social norms change for children in old Dhaka through communication for development and the establishment of a Social Center" in 12 Wards of old Dhaka having support from Unicef. The project was started in November, 2010 and first phase came to a close on December, 2011. The key outcomes of the project were: 1. Establishment of a coordination platform for improved child protection interventions and positive social change, 2. an environment conducive to promote the three main elements of positive social change this was facilitated at thana, ward and grassroots levels.

Under the project DSK did establish a 'Social Centre' for children at Lalbagh that has been managed by Centre Management Committee (CMC) participated by local leaders. CMC organized three meetings quarterly to run the centre. DSK has organized various trainings, workshops with community leaders, stakeholders, Ward Councilors etc.

Stakeholder mapping and baseline survey were conducted at the beginning of the project. The social center and the campaign have created positive impact in old Dhaka. Following are the key activities and achievements during the reporting period

Activities	Target	Achievement	Male/Boy	Female/ Girl	Children	Total
Community Meetings	30	27	853	364	83	130 0
School Sessions	114	73	1667	2608	--	4775
IPT Show	200	200	35850	21630	23675	81,155
Dialogue with Employers	45	42	501	11	110	550
Dialogue with Parents	45	76	300	675	99	1074
Dialogue with Teachers	45	42	110	193	--	303
Dialogue with Religious Leaders, Club - Ponchayet	45	15	120	04	03	127
Household Visits	500	709	445	1095	515	2055
NGO Networking Meetings	0	2	31	11	--	042
Trainings	05	07	25	24	--	049
CMC Meetings	6	03	42	17	09	68
Child Development Module Sessions	13	13	100	100	100	300
Day Observations	2	3	B-550	G-780	1330	1330

Ashik works in engineering workshop now attending school

Working children now going to school after motivational work

National Grassroots Convention plenary session, Barrister Ahmed (sixth from the right) Honorable Minister Law, Justice and Parliamentary Affair's GoB at the dais, woman in green grassroots leader Fatema Begum chair of the session, Syed Mahbub Hossain, Additional Secretary, Ministry of Local government (beside the Minister) and other important personalities

The Water Supply and Sanitation Collaborative Council (WSSCC) is a leading international advocacy organization that advocates about access of poor people's right and access to WASH across the globe. WSSCC-B platform is composed of national NGOs, international NGOs, Academia, UN organizations, bilateral donors and GoB. The platform meets on a regular basis. WSSCC-B did play an instrumental role in organizing SACOSAN in Bangladesh. WSSCC-B is the member of National Sanitation task force and organization was founder member secretary of National Task Force on Sanitation of GoB. WSSCC-B continues to play an important role in WatSan sector of Bangladesh. DSK's Executive Director is the National Coordinator of WSSCC-B and has been implementing various activities through its member organizations. DSK is also involved with WSSCC-B activities in Bangladesh.

WSSCC-B UPDATES

In line with the above, MDGs and GO campaign to achieve hundred percent sanitation by 2013, WSSCC-B undertook two projects to facilitate participation of grassroots in Sanitation campaign of Bangladesh. WSSCC-B believed that active participation of grassroots in sanitation campaign will bring strong coverage and influence sustainability of the process. In view of the above WSSCC-B chapter developed two project proposals and submitted to WSSCC global office for necessary to WSSCC for possible support.

Targeted major activities in WSSCC Bangladesh Chapter for 2010-11 financial year were as follows: Citizens Grassroots Report, Capacity Building of Union Parishad, Grassroots Federation Building, GSF PP preparation, Radio WASH Campaign ect.

Sanitation Relly October, 2011

Grassroots Convention Statement :

The Grassroots National Convention reiterated its commitment towards strengthening the process of effective participation of the grassroots in sanitation campaign especially marginalized women at Village, Ward, Union and Upazila levels.

The National Convention strongly drew the attention of the Government related to sanitation allocation for the extreme poor and its effective use. The convention urges the government to ensure effective participation of the extreme poor in the process of Annual Development Plan allocation and its distribution.

National Convention provides special emphasis to promote user friendly sanitation technology targeting women and strongly urges government to implement it in government and nongovernmental programs.

National convention expresses its agreement with the thinking that it is necessary to promote appropriate and sustainable sanitation technology for remote geographical areas such as Char (river island), Haor (wet land), Costal, Hill-tracts, Tea garden, and Flood prone areas.

National convention provided emphasis to strengthen school sanitation programme.

National convention urged to draw attention to rehabilitate slum dwellers instead of eviction. Facilitate sanitation services for the slum dwellers will not only require installing latrines at the slums but also shall require collective initiatives to ensure proper usage of the dwellers.

In order to promote accountability and transparency and to understand performance of subsidy, the convention calls upon union parishads (UP) to organize public dissemination meetings in presence of extreme poor twice a year;

The National Convention demanded that the sanitation campaign must not be limited only in the month of October, rather it should be considered as a continuous process.

The National Convention expressed its concern that national sanitation plan was adopted in January, 2011 but there is no sign of its practical implementation.

Response from radio listeners through letters

Radio Programme

WSSCC-B facilitated a Radio transmission Program to reach the un-served people. The main objectives of the Radio program was to raise awareness about sanitation, water bone diseases and speed up information dissemination to contribute in achieving 100% sanitation by 2013 as well as to raise awareness about WASH activities 'Shuvecha Advertising' was engaged to prepare the script, editing and production side of Radio WASH campaign. Bangladesh Beter, the national radio has broadcasted the episodes. It has nationwide coverage. About 27 topics were identified for Radio Program. The Broadcast started from 12 April, 2011 and four episodes were broadcasted once in a month. All episodes were completed by September, 2011. Every Tuesday at 3.00 PM Bangladesh Betar Kha (Radio) broadcasted these episodes. Every episode was about twenty minutes duration and the Radio format contained WASH News, WASH discussions and interactions, WASH human interest stories, Drama, interviews, Quiz and WASH in emergencies etc.

CD of radio program

The 27 topic/issues were as follows: Sanitation Crisis in Urban areas; Hygiene, safe Water and Sanitation; Government, NGO and Community initiative to Solve the Sanitation Crisis; Unhygienic Latrines and Health Problems; Role of Sanitation in preventing the environment pollution; Hygienic Latrine and its proper Use; Role of family and society for improving hygienic behavior; Sanitation for women and children; Observance of October Sanitation Month; Observance of World Hand Washing Day; Participation of Local Govt. Institutions and Grassroots in Sanitation campaign; Sanitation Coverage of Bangladesh; Water and Sanitation Rights; Climate Change and Water Crisis; Climate Change and Sanitation Crisis; Sanitation and Health Problems in Urban Slum Areas; Cause and Remedy of Water borne Diseases; Rural Sanitation and Role of Union Parishad (council); Government allocation for 100% Sanitation Coverage; Importance of safe Hygienic Latrines and Personal Hygiene to protect Public Health; Water and Sanitation in Educational Institutions; Sanitation and Prevention of Child mortality; Sanitation in poverty elimination; Water and Sanitation Problem in difficult hard to reach areas (Costal Belts, wetlands, Chiitagong Hill tracts and Tea Gardens); Role of Sanitation Task Force Committee to achieve 100% sanitation by 2011; Natural Disasters and 100% Sanitation; SACOSAN -IV and Bangladesh.

The interviews have been taken from the following key sector actors: Dr. Dibalok Singha, Executive Director, DSK and NC, WSSCC-B, Dr. Khairul Islam, Country Representative, Water Aid Bangladesh, Mr. S.M.A. Rashid, Executive Director, NGO Forum, Mr. Alok Majumder, Senior Program officer GoB-DANIDA NPD Office Bangladesh, Mr. Yakub Hossain, Deputy Executive Director, VERC and Convener, FANSA-BD, Mr. Milon Bikash Paul, Executive Director, PSTC, Mr. Shah Md Anowar Kamal, Executive Director, UST. It has been perceived that about 30%-40% people of Bangladesh were reached through these episodes.

Distinguished Visitors at DSK in 2011

Marla Smith Nilson, Executive Director Water First International visiting DSK project, 2011

John Woolner, Chairman, Harewell visited DSK-shiree project, May, 2011

Ms.Hana Hellquist (with flowers), Deputy Minister for Development, Sweden, visiting DSK WASH project, 2011

Governance and Management

Governance and Management

Executive Committee

The eleven members (11) Executive Committee of DSK meets at least once in a month and participates in all policy level and strategic decision makings.

Meetings and Attendances

In this reported period a total of fourteen (14) Executive Meetings were held inclusive of special meetings. As per constitution Annual General Meeting took place in due time, besides the AGM one special AGM was also held. The average attendance of EC members in meetings was 74%.

One minute standing silence in respect and memory of important personalities and friends of DSK

Discussions Topics at EC Meetings

confirmation of meeting minutes, progress of decisions implementation, Palli Bio Center Limited's share transfer, Arsenic Filter, micro credit default borrowers Loan write off, presentation on micro credit performance , ratio analysis in micro credit, seven percent increase of salaries of DSK staff, approval of borrowing from PKSF, renewal of contract of CEO (credit) 2011, maintenance of DSK vehicles, sale of old vehicles, Annual general meeting dates, discussion on land purchase for hospital, formation of internal audit team for the fiscal year 2010-'11, EC meeting calendar approval 2010-'11, cashing of annual leaves, food allowance to staff of DSK, confirmation of Director (Finance) employment, loan from PKSF, governance of micro credit, discussion on 2010-'11 revised budget and work plan, AoB.

Nineteenth Annual General Meeting of DSK, November 26, 2011 from Right to Left Dr. ASM Golam Mortuza, General Secretary, Dr. Mahmudur Rahman, Vice President, Dr. ABM Abdullah, President, Prof. Mahfuza Khanam, Vice President, Ms Nazneen Sultana, Treasurer, Dr. Dibalok Singha, Executive Director, Dr. Masudul Quader, CEO (credit), Ms Saleha, General Member

Delegation of Authority

The Executive Committee of DSK has delegated executive functions to the appointed Executive Director and CEO (credit) of DSK. The Executive Director and CEO with support from other Directors and Coordinators implements day to day activities of the organization on the basis of written accounting, employment and other procedures practiced in the organization.

Management

DSK has developed a Central Management Team (CMT) participated by the Directors and Coordinators of different programs. The CMT sits monthly and takes into account all the programs and administrative matters of the organization.

Election Commission in session

Besides that, considering the large volume of the Micro Credit Program, the organization has divided its programs into thirteen areas (Dhaka-5, Chittagong-1, Gazipur-3, Khulna-1 Kishorgonj-2, and Netrakona-3). In each and every area an "Area Manager" has been assigned the responsibility to supervise and administer the micro credit units located in that area (5-10).

Apart from that regional management teams participated by different program focal points are also in practice for better communications and understandings across the programs. Apart from micro credit, there are project offices in different project locations Project Coordinator/Area Managers or Unit managers look after the project activities.

All the Program Coordinators are located at the head office also supervise the specific programs as per requirements.

EC Meeting

Central Management Team (CMT) Meetings

A Central Management Team (CMT) is in place at DSK. CMT is participated by Directors and Coordinators of DSK. They are responsible to look after different programs and projects of DSK. CMT meets on a regular basis and discussed different programs and projects performance and management issues in the organization. A bimonthly meeting schedule was followed. In this by gone period total seven meetings took place.

Internal Control, Accountability and Transparency

All the projects and programs of DSK are monitored monthly, bi monthly and quarterly-basis by the "Monitoring Cell" of DSK. There are separate monitoring team for credit and non credit projects. Apart from this, the Coordinators and the Directors review the programs and projects at the field on a regular basis. Both the annual audit and the project audit are conducted regularly in accordance with the financial procedures of DSK.

Human Resource

DSK has been trying to keep its staff committed by creating a comfortable work environment and as a result of this the staff turn-over rate is low. The total number of full time and part time staff of DSK now stands at 1398 (June, 2011) where Female were 719 (51%) and Male were 679 (48%).There are 668 staff who are working in credit program. Over the years the numbers of staff has increased or decreased due to the expansion or closure of DSK's project.

PROGRAM	Male	Female	Total
Head Office	8	6	14
Water and Sanitation	76	149	225
Health	92	170	262
Relief and Rehabilitation	23	7	30
Shiree	77	38	115
Others	9	4	13
Sub Total	285	374	659
Microcredit	377	308	685
Sub Total	377	308	685
Part Time			
Teacher	10	37	47
Supervisor	7	0	7
Sub Total	17	37	54
Grand Total	679	719	1398

Development Partners

In this bygone period DSK projects received support from following donors and financial institutions: BRAC, CARE, Christian Aid, Dutch SRHR Alliance, ECHO/DCA, DCA, GoB-Unicef, Habitat Humanity International, LIFT/PKSF, Plan International, Shiree /Dfid, SIMAVI, Unicef, Water Aid, Water .Org, Water First International, and Water Supply Sanitation Collaborative Council (WSSCC).

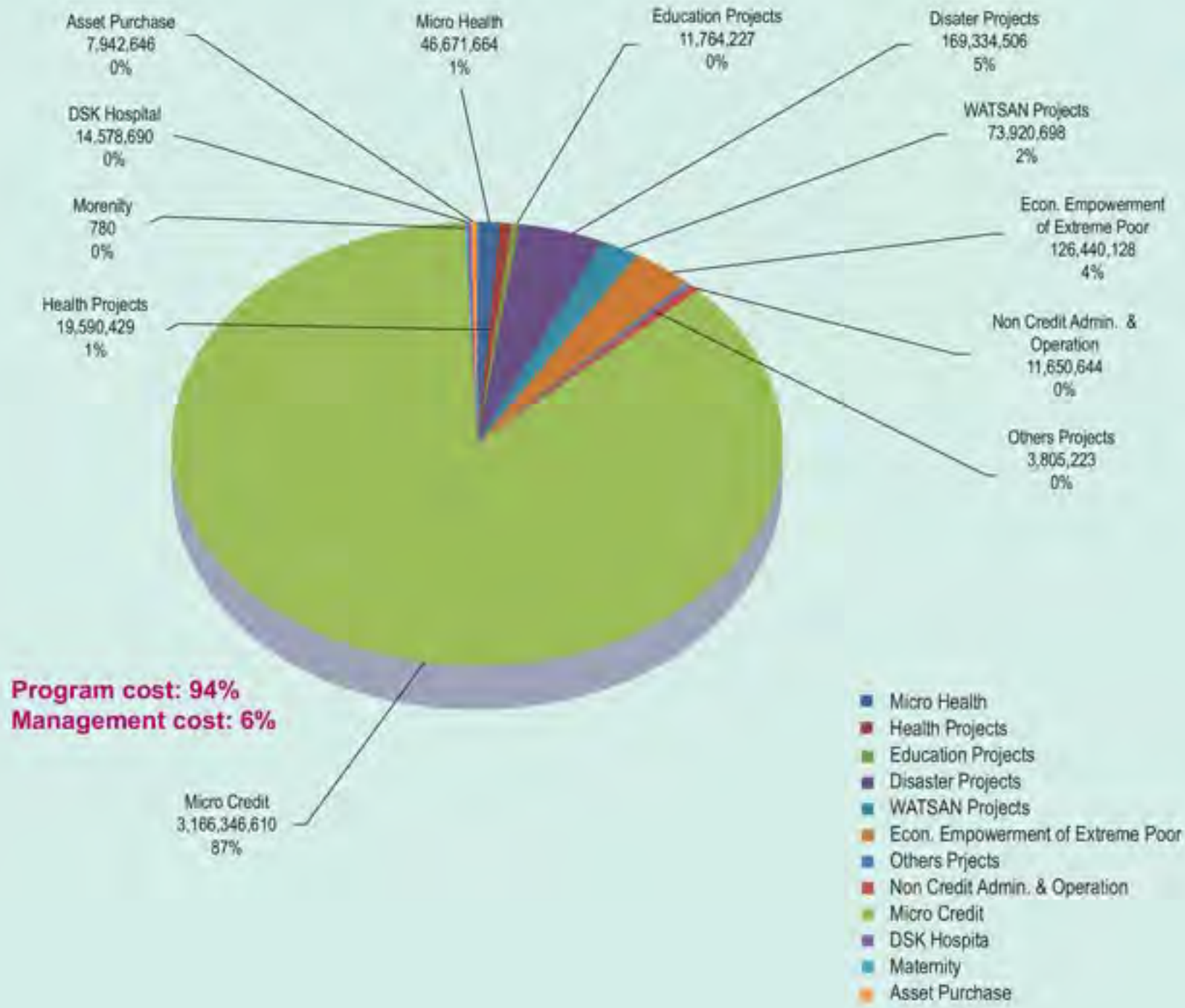
Financial Institutions: PKSF and Anukul Foundation.

DSK Budget and Audit Report

Annual Audit

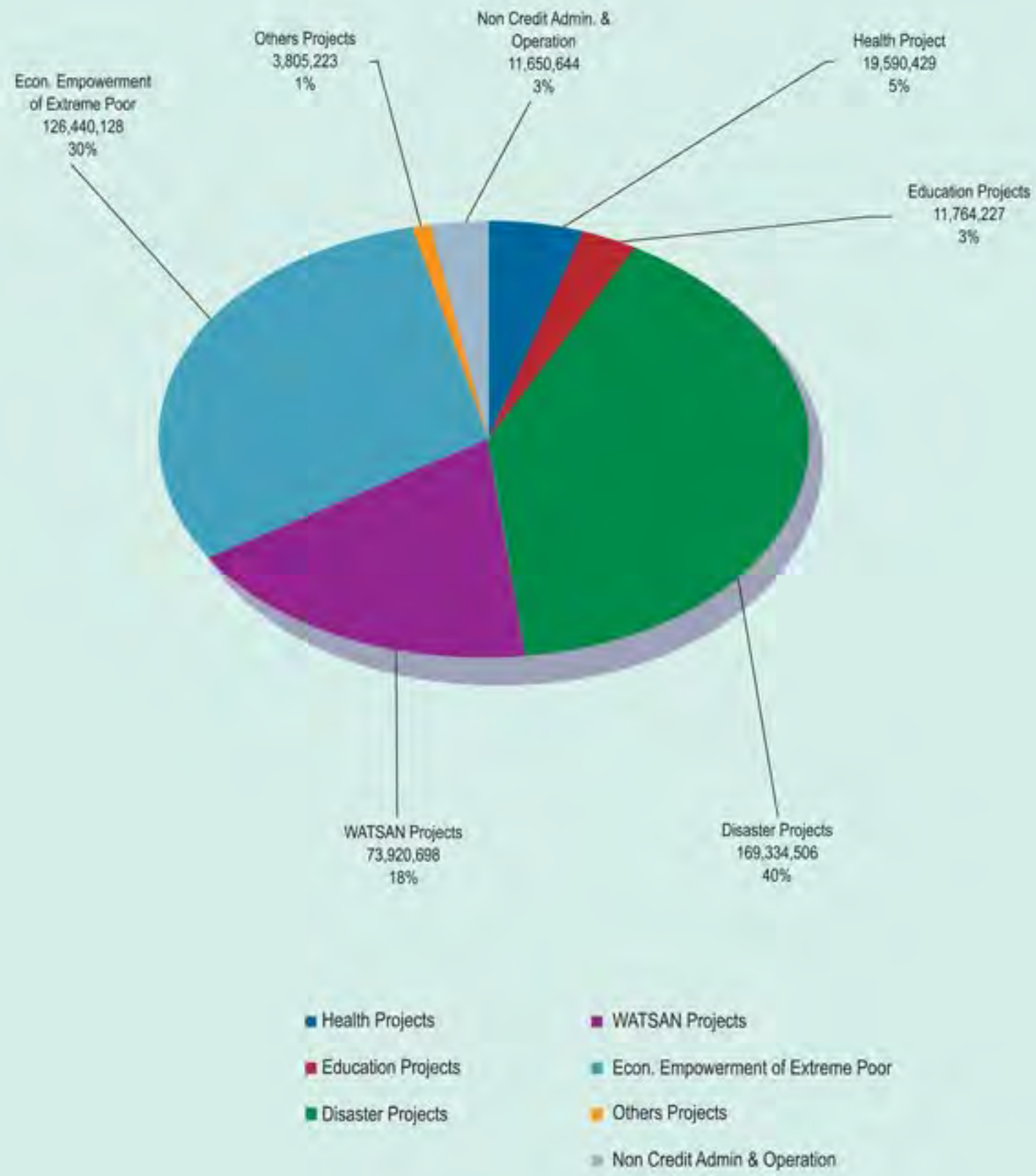
Last financial year's audit was done by Toha Khan and Zaman chartered accountant company. Auditors comment, Balance sheet, Income Expenditure statement and Receipt and Payments have been inserted as an annex. For details also visit DSK website. Total audited expenditure of DSK in 2010-2011 was as follows:

Total audited DSK Expenditure in BDT 365, 20,46,245.0

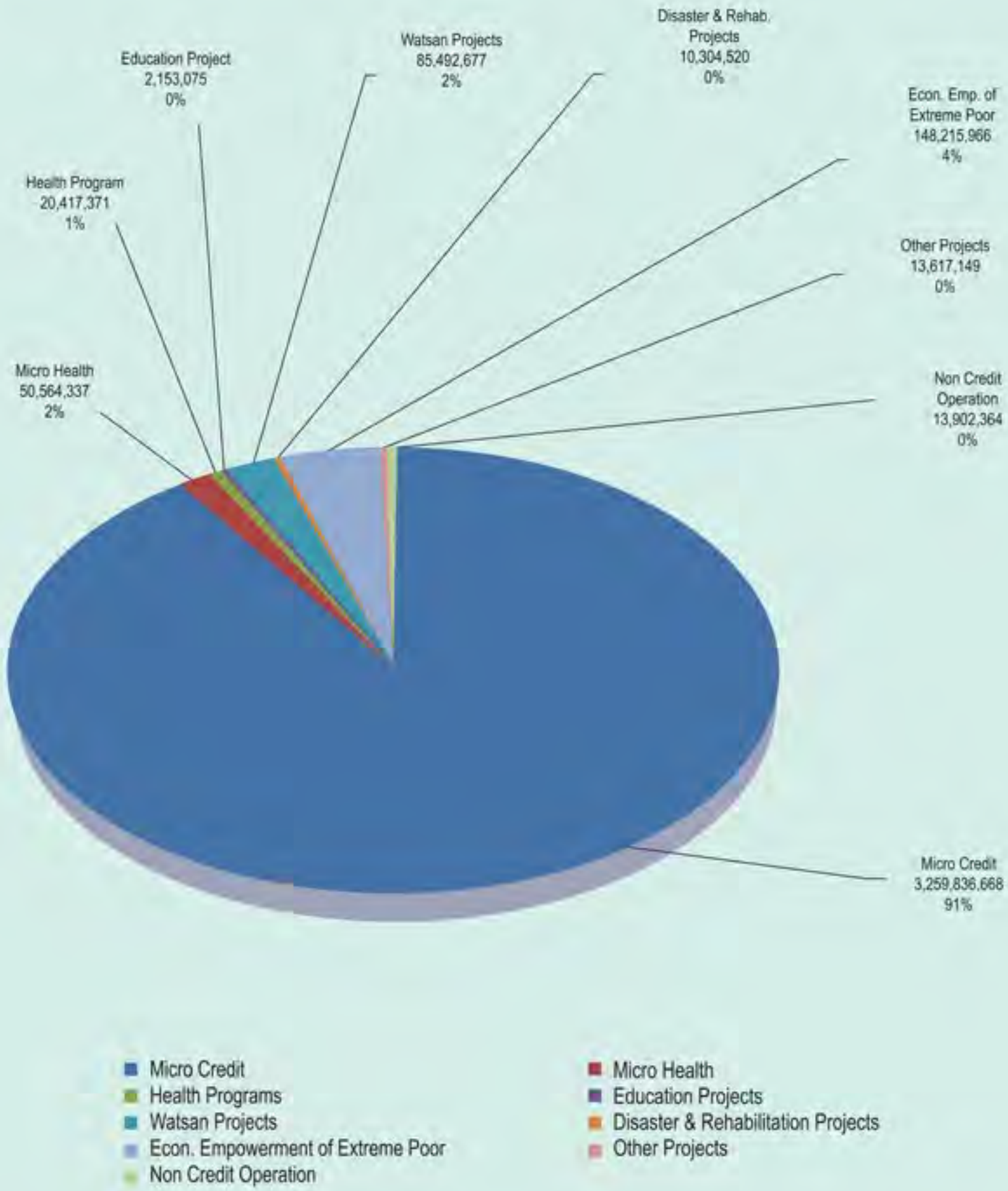


Program cost: 94%
Management cost: 6%

Total audited grant project expenditure in BDT 41, 65, 05,855.0



DSK Budget, FY 2011-12 in BDT 360,45,04,158



HLB Toha Khan Zaman & co.

CharteredAccountants

AUDITORS' REPORT

TO THE MEMBERS OF
DUSHTHA SHASTHYA KENDRA (DSK)

Report on the Financial Statements:
We have audited the accompanying financial statements of **Dushtha Shasthya Kendra (DSK)** which comprise the Balance Sheet as at 30 June 2011, and the related Statements of Income and Expenditure and the Statement of Receipts and Payments for the year then ended, and a summary if significant accounting policies and explanatory information.

Management's Responsibility for the Financial Statements:
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Bangladesh Financial Reporting Standards (BFRS), and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility:
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Bangladesh Standards on Auditing (BSA). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risk of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entities preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence that we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Audit Opinion:
In our opinion, the financial statements referred to above give a true and fair view of the financial position of **Dushtha shasthya Kendra (DSK)** as at 30 June 2011, and the results of its operations and its Statement of Receipts and Payments for the year then ended in accordance with the accounting policies and comply with applicable laws and regulations.

Dated, Dhaka
27 October 2011

(Toha Khan Zaman & Co.)
Chartered Accountants

HLB Toha Khan Zaman & co.
CharteredAccountants

DUSHTHA SHASTHY KENDRA (DSK)

BALANCE SHEET AS AT 30 JUNE 2011

PARTICULARS	NOTE	As at 30-06-2011	As at 30-06-2010
PROPERTY AND ASSETS:			
FIXED ASSETS:			
Micro Credit	4.00	35,189,577	33,003,168
Health Programme	4.00	5,251,308	5,126,906
General Fund (Non Credit)	4.00	5,104,627	6,522,466
Project Accounts	4.00	13,135,003	9,097,233
DSK Hospital Dhaka	4.00	2,144,602	2,648,326
Sub Total:		**60,825,117**	**56,398,099**
			0
INVESTMENT	5.00	50,217,458	85,062,823
CURRENT ASSETS:			
Inventories	6.00	1,651,140	1,275,751
Loan to Beneficiaries	7.00	1,096,310,188	813,173,569
Loan to Project	8.00	7,206,006	0
Community Receivables	9.00	17,798,877	16,634,015
Advances, Deposits and Prepayments	10.00	12,444,325	11,385,553
Accounts Receivable	11.00	3,585,629	45,529,875
Intra-Branch/Project Loan	12.00	9,086,034	0
Advance and Deposit	13.00	2,507,664	0
Accounts Receivable	14.00	29,370,864	0
Cash and Bank Balances	15.00	96,288,657	115,539,641
Sub Total:		**1,276,249,384**	**1,003,538,404**
Total Taka:		**1,387,291,959**	**1,144,999,326**
FUND AND LIABILITIES:			
CAPITAL & RESURVE FUND (MICRE CREDIT)	16.01	172,777,385	113,336,900
PROJECT FUND BALANCE (GENERAL FUND)	16.02	7,499,014	3,785,249
GRAND FUND BALANCE (HOSPITAL)	16.03	3,119,619	0
GRAND FUND BALANCE (MATERNITY)	16.04	1,534,684	0
GRAND FUND BALANCE (HEALTH)	16.05	44,039,412	3,365,419
DEFERRED INCOME PROJECT DURABLE ASSET	17.00	20,384,232	18,268,025
DEPRECIATION FUND	18.00	10,858,419	29,157,209
OTHERS FUND	19.00	1,832,314	3,361,635
RISK FUND	20.00	52,205,118	42,181,332
DISASTER MANAGEMENT FUND	21.00	6,807,724	4,677,771
LOAN LOSS PROVISION (LLP)	22.00	72,285,344	66,767,829
SAVINGS FUND	23.00	465,418,286	356,085,064

HLB Toha Khan Zaman & co.
CharteredAccountants

DUSHTHA SHASTHY KENDRA (DSK)

BALANCE SHEET AS AT 30 JUNE 2011

PARTICULARS	NOTE	As at 30-06-2011	As at 30-06-2010
HEALTH SERVICE FUND	24.00	29,615,041	27,357,880
Sub Total:		**888,376,592**	**668,344,313**
CURRENT LIABILITIES:			
Loans from DSK Others Fund (GF)	25.00	2,934,868	0
Provision for Expense	26.00	4,592,260	942,218
Loan from Donor	27.00	418,786,835	365,617,960
Security Deposit (Micro Credit)	28.00	3,841,284	3,900,918
Accounts Payable	29.00	7,203,847	33,591,018
Grant Received in Advance	30.00	61,556,273	72,602,899
Sub Total:		**498,915,367**	**476,655,013**
Total Taka:		**1,387,291,959**	**1,144,999,326**

1.00 Figures have been rounded off to the nearest taka.
2.00 Annexed notes form part of the financial statements.

(Dr. ABM Abdullah)
President

(Dr. Dibalok Singha)
Executive Director

(Dr. Masudul Quader)
Chief Executive Officer (Credit)

Signed in terms of our separate report of even date annexed.

Dated, Dhaka
27 October 2011

(Toha Khan Zaman & Co.)
Chartered Accountants

DUSHTHA SHASTHY KENDRA (DSK)

STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 30 JUNE 2011

PARTICULARS	NOTE	2010-2011	2009-2010
INCOME:			
Grant Income	31.00	396,705,574	307,462,448
Service Charge	32.00	209,690,814	169,027,204
Interest Income	33.00	552,554	4,836,505
Income from Health Program	34.00	13,439,080	42,378,834
Interest on Investment	35.00	5,465,680	6,408,663
Other Received	36.00	53,786,870	11,479,355
Total Taka:		**679,640,572**	**541,593,009**
EXPENDITURE:			
Micro Credit:			
Administrative Expense	37.00	97,970,187	89,048,419
Program Support Expense	38.00	6,608,465	6,861,284
Overhead Expense	39.00	3,521,656	3,551,152
Other Program Expense	41.00	8,008,513	0
Interest Expense	42.00	37,720,283	34,057,458
Head Office Expense-General Fund		0	14,799,552
Medicine Consumed		273,234	432,429
Training/Refreshers Expense		1,665,958	1,187,579
Advertisement/ Staff Recruitment Expense		90,667	134,373
Disaster Management Fund Expense		2,129,952	1,583,756
Loan Loss Provision Expense		11,882,388	18,242,525
Depreciation	4.01	1,729,564	1,473,929
Sub-Total:		**171,600,867**	**171,372,456**
Health Program:			
Administrative Expense	37.00	33,076,093	20,536,883
Program Support Expense	38.00	478,639	620,358
Overhead Expense	39.00	466,491	495,944
Other Program Expense	41.00	680,785	0
Medicine Consumed		3,353,616	4,752,318
Training/Refreshers Expense		861,343	709,759
Depreciation	4.02	264,594	229,191
Sub-Total:		**39,181,561**	**27,344,453**
Projects:			
Program Support Expense	38.00	20,403,671	17,863,607
Overhead Expense	39.00	661,186	787,785
Direct Program Expense	40.00	367,280,640	270,183,806
Depreciation	4.03	2,725,328	2,642,014
Sub-Total:		**391,070,825**	**291,477,212**

HLB Toha Khan Zaman & co.
CharteredAccountants

DUSHTHA SHASTHY KENDRA (DSK)

STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 30 JUNE 2011

PARTICULARS	NOTE	2010-2011	2009-2010
General Fund:			
Administrative Expense	37.00	6,516,467	5,414,949
Program Support Expense	38.00	1,979,078	2,162,793
Overhead Expense	39.00	543,034	222,179
Direct Program Expense	40.00	1,897,513	0
Depreciation	4.04	1,044,576	584,882
Sub-Total:		**11,980,668**	**8,384,803**
DSK Hospital:			
Administrative Expense	37.00	6,147,046	5,628,656
Program Support Expense	38.00	1,192,566	6,165,864
Overhead Expense	39.00	121,671	208,566
Direct Program Expense	40.00	6,705,807	0
Depreciation	4.05	503,724	461,682
Sub-Total:		**14,670,814**	**12,464,768**
Maternity:			
Overhead Expense	39.00	780	0
Sub-Total:		**781**	**0**
Total Expenditure:		**628,505,516**	**511,043,692**
Surplus/(Deficit) of Income over Expenditure	16.00	51,135,056	30,549,317
Total Taka:		**679,640,572**	**541,593,009**

1.00 Figures have been rounded off to the nearest taka.
2.00 Annexed notes form part of the financial statements.

(Dr. ABM Abdullah)
President

(Dr. Dibalok Singha)
Executive Director

(Dr. Masudul Quader)
Chief Executive Officer (Credit)

Signed in terms of our separate report of even date annexed.

Dated, Dhaka
27 October 2011

(Toha Khan Zaman & Co.)
Chartered Accountants

DUSHTHA SHASTHY KENDRA (DSK)

STATEMENT OF RECEIPTS AND PAYMENTS
FOR THE YEAR ENDED 30 JUNE 2011

PARTICULARS	NOTE	2010-2011	2009-2010
RECEIPTS:			
Opening Balance:			
Cash in Hand		1,728.040	2,042,748
Cash at Bank		113,427.496	120,042,464
Advance/Clearing		384.105	0
Grant Received	43.00	371,032.087	270,092,635
Loan Received	44.00	231,959.241	211,000,000
Other Receipts:			
Received from Project Operation	45.00	1,420.694	10,953,999
Service Charge Received	46.00	223,222.842	171,323,882
Bank Interest	47.00	1,113.216	17,006,991
Savings Collection		293,454.795	227,591,910
Security and Other Fund Received	48.00	19,921.710	65,790,997
Installment Collection	49.00	1,633,495.715	1,238,226,540
Advance/Loan Received	50.00	20,097.122	5,716,073
Interest on Investment (FDR)	51.00	1,856.691	18,906,800
Encashment of Investment (FDR-MC)		44,105.660	0
Accounts Payable		0	3,344,412
Clearing Account		0	4,895,953
PF & Others	52.00	77,844.169	39,084,727
Fund from HO/Project/RLF	53.00	2,319.930	21,718,991
Installment Recovery	54.00	7,404.843	6,209,706
Sale of Old Asset /Medicine	55.00	5,234.554	6,000
Other Receipts	56.00	610,305.104	16,300,992
Mtg. Cost Realization from Project (GF-Non Credit)		10,307.635	0
DSK Hospital Income	57.00	11,987.531	0
Maternity Hospital Durgapur Income		1,535.464	0
Accounts Receivable (MC)		3,836.812	0
Health Fund Received	58.00	62,847.013	0
Total Taka:		**3,750,842.469**	**2,450,255,820**
PAYMENTS:			
Fixed Asset Purchase	59.00	7,942.646	10,032,138
Micro Credit:			
Administrative Expense	60.00	97,928.827	87,984,863
Program Support Expense	61.00	7,019.033	7,054,613
Overhead Expenses	62.00	3,083.861	2,766,626
Other Program Expense	63.00	5,600.134	0

HLB Toha Khan Zaman & co.
CharteredAccountants

DUSHTHA SHASTHY KENDRA (DSK)

STATEMENT OF RECEIPTS AND PAYMENTS
FOR THE YEAR ENDED 30 JUNE 2011

PARTICULARS	NOTE	2010-2011	2009-2010
Interest Expenses	64.00	54,520,159	31,929,274
Head Office Expenses		0	14,799,552
Loan Disbursement	65.00	1,922,879,400	1,414,873,500
Savings Refund	66.00	184,180,939	153,409,524
Risk Fund Refund-Life		9,009,971	0
Security and Other Fund Refund		433,220	7,925,791
Loan Refund to Donor		171,331,131	136,228,456
Advance, Deposits and Prepayments		5,111,899	5,563,902
Accounts Receivables		1,742,366	2,782,375
Investment in FDRs		2,500,000	16,500,000
Advertisement and Staff Recruitment Expense		79,129	12,992
PF and Others		66,820,483	37,567,991
Training/ Refreshment Expenses		1,699,537	439,444
Health Services Fund Transferred to HF		29,958,302	21,277,817
Non PKSF		19,657,098	26,800,000
Medicine Purchase		273,822	416,126
Others Payment	67.00	582,517,299	0
Sub Total:		**3,166,346,610**	**1,968,332,846**
Heath Program:			
Administrative Expense	68.00	33,076,093	14,103,736
Program Support Expense	69.00	1,159,424	2,020,030
Overhead Expense	70.00	466,482	453,327
PF & Others		7,023,695	0
Medicine Purchase		3,843,507	4,496,143
Advance, Deposit and Prepayment		241,120	179,100
Training/Refreshment Expenses		861,343	608,415
Sub Total:		**46,671,664**	**21,860,751**
Projects:			
Administrative Expense		0	88,458,810
Program Support Expense	71.00	20,187,146	15,904,514
Overhead Expense	72.00	661,186	1,216,233
Direct Program Expenses	73.00	330,548,962	166,598,754
Hardware Construction		0	543,334
Advance, Deposit and Prepayment		20,299,277	19,304,038
PF and Others		0	1,808,040
Other Program Expense		17,819,927	22,239,620
Advertisement and Staff Recruitment Expense		134,984	295,240
Training/ Refreshment Expenses		14,699,782	13,081,279
Provision for Expense Paid		0	344,239

HLB Toha Khan Zaman & co.
CharteredAccountants

DUSHTHA SHASTHY KENDRA (DSK)

STATEMENT OF RECEIPTS AND PAYMENTS
FOR THE YEAR ENDED 30 JUNE 2011

PARTICULARS	NOTE	2010-2011	2009-2010
Grant Return to Donor		0	473,529
Project Management Cost-Danida		0	4,222,814
Sub Total:		**404,351,264**	**334,490,444**
General Fund:			
Administrative Expense	74.00	6,516,467	0
Program Support Expense	75.00	2,394,860	0
Overhead Expense	76.00	543,033	0
Direct Program Expense	77.00	2,196,284	0
Sub –Total:		**11,650,644**	**0**
Maternity:			
Program Support Expense	78.00	503,947	0
Overhead Expense	79.00	780	0
Sub –Total:		**504,727**	**0**
Hospital:			
Program Support Expense	80.00	1,174,166	0
Overhead Expense	81.00	121,671	0
Direct Program Expense	82.00	13,282,853	0
Sub –Total:		**14,578,690**	**0**
Total Payments Taka:		**3,652,046,245**	**2,334716,179**
Closing Balance:			
Cash in Hand	15.00	1,032,199	2,109,501
Cash at Bank	15.00	95,256,361	113,430,140
Advance		2,507,664	0
Sub –Total:		**98,796,224**	**115,539,641**
Total Taka:		**3,750,842,469**	**2,450,255,820**

1.00 Figures have been rounded off to the nearest taka.
2.00 Annexed notes form part of the financial statements.

(Dr. ABM Abdullah)
President

(Dr. Dibalok Singha)
Executive Director

(Dr. Masudul Quader)
Chief Executive Officer (Credit)

Signed in terms of our separate report of even date annexed.

Dated, Dhaka
27 October 2011

(Toha Khan Zaman & Co.)
Chartered Accountants

Credit Rating Report
Dushtha Shasthya Kendro

Ratings

Long Term : A_3

Date of Rating : 05 January 2012
Validity : 31 December 2012

Rating Based on : Audited financial statement up to 30 June 2011 and other relevant quantitative as well as qualitative information up to the date of rating declaration.

Methodology: CRAB's Non-Government Organization Rating Methodology (www.crab.com.bd)

Analysts:
Tahmina Islam
tahmina.islam@crab.com.bd

Saiful Islam
saiful@crab.com.bd

Financial Highlights

Year ended 30 June, 2011

	FY2011	FY2010
Amount in BDT Mil		
No of Members	136,050	137,279
Active borrowers	102,613	97,840
Loan Portfolio	418.79	365.62
Outstanding Deposits	465.42	356.09
Total Asset	1,387.29	1,145.00
Net surplus	31.03	30.55
Portfolio yield (%)	21.96	23.29
Pdl above 365 day (%)	5.83	8.36
Capital Adequacy (%)	74.11	69.70
ROA(%)	4.04	2.81

■ Organization's Profile

Dushtha Shasthya Kendra was established in 1989. Dushthya Shasthya Kendra hereinafter referred as "DSK" or "the Organization") is a non profit, non government organization started its activity by initiating a health program, undertaken after the devastating Bangladeshi floods of 1988. At birth, DSK started its micro finance activities in slums of Dhaka City.

Programs

The major programs implemented so far by DSK are: (1) Microfinance; (2) Health, Water & Sanitation, (3) Hospital, (4) Emergency Fund (Micro Insurance); (5) Non Formal Education; (6) Disaster Mitigation. (7) Palli Dushtha Bio center. (8) Training cell. 9) Human rights of Ethnic minority women 10) Prevention and Protection of victims of human trafficking in Bangladesh.

■ Rationale

Credit Rating Agency of Bangladesh Limited (CRAB) has assigned the long term rating of Dushtha Shasthya Kendra (hereinafter called 'DSK' or 'the organization') at "A_3" (Single A three). CRAB performed the rating based on audited financial statements up to 30th June 2011 and other relevant information.

MFIs rated 'A' have strong capacity to meet their financial commitments but are somewhat more susceptible to the adverse effects of changes in circumstances and economic conditions than MFIs in higher rated categories. A is judged to be of high quality and are subject to low credit risk.

The rating reflects the organization's strength in asset size, profitability, and own fund/equity position. However, the rating is constrained by moderate market shares, portfolio size as well as moderate portfolio quality.

Its operation covers 15 districts of the country. At the end of FY2011, number of branches was 84. Loan disbursement amount under microfinance program was BDT 1,096.31 million against 102,613 borrowers. On the other hand, Deposit amount was BDT 465.42 million. Over due loan of DSK in FY2011 was BDT 67.4 million.

Managing Director
Credit Rating Agency
of Bangladesh Ltd.

DSK Publications

DSK has published a number of reports, policy document, IEC/ BCC material, video documentation to strengthen its capacity and raise awareness among the target communities. Following are the major documents and publications published till present: –

- Current Climate Change Vulnerability : Position of DSK in the climate change discourses in Bangladesh
- Bangladesh Cyclone SIDR, 2007: DSK experiences
- WASH in Schools : Schools with Water, Sanitation and Hygiene
- Towards a complementary health financing model : blending health care with micro credit
- Creating livelihood options for the urban extreme poor : exploring the challenges
- Eradication of extreme poverty among the slum dwellers in Dhaka city (flier)
- Bangladesh Citizens' Report on Sanitation, 2011
- Training Profile of DSK (brocheure)
- Moving from extreme poverty through economic empowerment of extreme poor households (brocheure)
- Innovative Financial Ventures and its impact on Microcredit Program of DSK (monograph)
- DSK Activity Report 2009,2010,2011

During this period IEC and BCC materials were developed to raise awareness among the target participants. The materials are as follows: –

Flash card on participatory hygiene promotion

Poster on extreme poverty

Two video documents were prepared on project activities. One was on lives of Adivasi women and other one on WASH implemented in Korail slum.

International meetings

In this bygone period DSK was invited to deliver presentations at following meetings: WSSCC Global Foram Mumbai, October, 2011 and IWA 2nd Congress Kualalumpur, Malaysia, November, 2011.

General Body Members

SL No	Name	Sl No	Name
01	Dr. A B M Abdullah, PhD	16	Md. Khorshed Anwar, B.Com
02	Dr. A S M Golam Mortuza, PhD	17	Miah Md. Abbas (Kiron), Dip. Eng
03	Dr. Jawadur Rahim Wadud MD, PhD	18	Mohammad Abdullah Sadeque, B.A
04	Dr. Laila Arjumand Banu, PhD	19	Mohammed Jasim Uddin, M. Sc
05	Dr. Mahfuzul Haque, PhD	20	Muhammad Emdadul Haque, FCA
06	Dr. Mahmudur Rahman, MD	21	Nazneen Sultana, M. Sc
07	Dr. Quazi Towfiqul Islam, PhD	22	Partho Sarathy Chakrabarty, B.Com
08	Dr. Saqui Khandoker, MD	23	Prof. Mahfuza Khanam, M. Sc
09	Dr. Shahidul Islam, PhD	24	Prof. Nur Mohammad Talukder, PhD
10	Habib Uddin Ahmed, B.A	25	Saleha Begum, M.A
11	Habibur Rahman (Tuku), M.A, MBA	26	Shirin Banu Mitil, M.A
12	Jahangir Hossain Siddiqui	27	Sirajuddin Ahmed Bhuiyan, B.Com
13	Md. Shaheedul Islam Liton, B. Sc	28	Syed Amir Hossain, BFA
14	Md. Anwarul Islam, M. Sc	29	Tanu Dey, M.A, MBA
15	Md. Khairul Alam, M.Com	30	Tushar Kona Khandker, B.A

Geographical coverage

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

# Districts 14	No. of Thanas 66	Name of union/ ward
Bagerhat	Sharankhola	Southkhali, Rayenda
Barguna	Barguna sadar	Burirchar, Badarkhali
Chittagong	Halishahor	11, 23, 24, 26, 38
	Dampara	8, 13, 14, 15
	Khulshi, Kotualy	9, 11, 12
Chittagong District	Shitakundu, Chandgaon	Sonaichari, Barab kundu,
	Kumira	Kumira union
Dhakacity	Cantonment, Kafrul	15, 16
	Tejgaon, Ramna, Dhanmondi, Mohammadpur, Adabar	20, 36, 37, 38, 39, 46
	Lalbagh, Kamrangirchar	Sultanganj 58, 59
	Gabtali, Mirpur, Pallabi	4, 2, 5, 6, 15, 17
	Uttara, Uttarkhan, Dhakhinkhan	1, 2, 3, 4
	Gulshan, Baddah, Shaterkul, Khilkhet	15, 17, 18
	Khilgaon, Motijheel, Sabuzbagh	57, 58
	Demra, Shampur, Sutrapur	79, 80, 81, 82, 83, 84, 85, 86.
Dhaka District	Shavar, Ashulia,	Shaver sadar, Ashulia,
Gazipur	Sreepur, Kapashiya	Razabari, Prohladpur
	Tongi, Turag	Ward no. 1, 2, 3, 5, 6, 7, 9 of Tongi powrasava
	Gazipur sadar	Ward no. 1, 2, 3 of Gazipur powrasava
Jessore	Avainagar sadar	Noapara, (Madhapur, Bibaghdi, Akhtarpur)
Khulna	Dawlatpur, Dumuriya, Dighalia	3, 4, 5 wards, dighalia & zabdipur union porishad
	Khalishpur	14
	Sonadanga	16, 17, 18, 24, 25, 27
	Rupsha	
	Noa para	
	Shahpur	
	Dakop	Sutarkhali, Tildanga, Kamarkhola
Kishorganj	Kishorganj sadar	Kadirjangal, Mohinanda, ward no- 19 of Kishoreganj powrasava
	Karimganj	Karimganj sadar, Guzadia, Nowabad, Neamatpur
	Itna	Itna sadar, Baraibary
	Mithamoin	Mithamoin sadar, Gubdhigy
Narayangonj	Fatulla, Rupganj	Kotobpur, Anayatpur
	Vulta, Shiddirgonj	Vulta, Golakandail, Vatiary
Narsingdi	Narsingdi sadar,	Noralapur, Mohishasur, Madobdhi powrasava
Netrakona	Durgapur	Durgapur, Binshiri, Gaokandia, Bakaljura, Kullagara, Kakairgara, Chandigar
	Netrakona sadar	Netrakona powrasava, ward no. 1, 2, 5, 6, 7, 8, 9, Maugati, Rawha, Challisha union
	Kalmakanda	Nazirpur, Lengura, Kharnai, Kailaty, Rongchati, Kalmakanda sadar
Sunamgonj	Dharmapasha, Madhanagor	Dharmapasha sadar, 1,2,3,4,5,6 , Selboras 7,8,9

Dushtha Shasthya Kendra (DSK)

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