

Report on
Annual Country Learning 2014

Theme: “Learning towards Sustainability.....”



Date: 17-18 September, 2014

Venue: Catholic Bishop’s Conference of Bangladesh (CBCB) Centre, Dhaka

Organized by:



The Leprosy Mission International Bangladesh (TLMI-B)

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Introduction:

The Annual Country Learning (ACL) 2014 of The Leprosy Mission International Bangladesh held on 17 to 18 September, 2014 at the Catholic Bishop's Conference of Bangladesh (CBCB) Centre, Dhaka. The theme of the ACL 2014 was "Learning towards Sustainability..." Annual Country Learning is organized to learn, in many different ways, from the experience of stakeholders – staffs, partners, Government, NGOs and communities. And those learnings are used for the sustainability of TLMI-B and its services. Annual Country Learning also supports TLMI-B to look forward five years Country Strategy - its present achievements and future plan.

However, the Annual Country Learning workshop 2014 was chaired by Mr. Matthew Samar Halder, Country Director of TLMI-Bangladesh and the chief guest was Md. Nurun Nabi Talukder, Director General of NGO Affairs Bureau. Mrs. Jannine Ebenso, TLMI and Dr. Md. Kamar Rezwan, WHO were presided as special guest of the workshop. The main facilitator of this workshop was Mr. Jiptha Boiragee, Program Support Coordinator of TLMI-B and Mrs. Jannine Ebenso of TLMI.

Participants: 80 participants attended The Annual Country Learning workshop 2014 from TLMI-B, Partner NGOs, GO and Community. The participants' list is given in Annexure 1.

Schedule: The schedule of The Annual Country Learning workshop 2014 is given in Annexure 2.

Morning Devotion:

The Annual Country Learning workshop started in the name of God. After a couple of prayer songs, the discussion on Holy Bible was led by Mr. Ashim Das. He appreciated the work of TLMI Bangladesh and its staff and mentioned that the work of TLMI-B is GOD's work. He emphasized that the professionalism of TLMI-B staff is precious and they will be rewarded for this faithful profession as they work for the poor and leprosy affected people. He mentioned that God prized those who are working with love & respect.

Introduction session:

Mr. Jiptha Boiragee facilitated the whole workshop with assistance of Mrs. Jannine Ebenso and Mr. Matthew S Halder. In the introduction session every participant introduced themselves indicating their name, position, working project/ program, address etc.

Welcome speech:

Mr. Matthew S Halder warmly welcomed all participants and also gave thanks for the participation of the chief guest and beneficiaries. He requested all participants to actively participate and to share the strengths and challenges with the purpose to learn and improve in the programs and/or projects.

Speech of Chief Guest

Md. Nurun Nabi Talukder, Director General of NGO Affairs Bureau greeted the participants and gave thanks for inviting him to such a wonderful workshop. He greatly admires the activities of TLMI-B and NGOs works in Bangladesh. He mentioned that he had visited the DBLM Hospital which is doing a great job to serve leprosy affected people. He emphasized that TLMI-B staff are serving leprosy patients with great heart – not only as a job but also to appeal the God. He felt that NGOs are working for improving the life of poor & vulnerable people. Voluntary activities started in past on an individual basis, but are now carried by institutions. He emphasized that he will always collaborate with TLMI-B for leprosy elimination and also will work together for poverty reduction.

Speech from Dr. Md. Kamar Rezwan

Dr. Md. Kamar Rezwan, WHO greeted the participants and gave thanks for inviting him to such a wonderful workshop, He emphasized that without the work of NGOs leprosy elimination is not

possible. He asked participants about the problems of leprosy work in Bangladesh and the participants answered as follows:

- Leprosy is eliminated nationally in Bangladesh but still we find high rates of the new leprosy cases in the area where we work.
- We are not aware about hidden leprosy patients where we are not working
- Functional integration with Government health service is not working as expected.
- Every upazila should have TLCA but practically they are not available or not motivated to provide better service in leprosy
- No training or syllabus available about leprosy for MBBS course.
- Leprosy awareness is not up to the mark
- Lack policy related to leprosy

Lastly he requested to TLM to prepare TLM strategy considering the WHO and Govt. strategy.

Manager-Habib Bank's speech.

He greeted participants and gave thanks for inviting him. He saluted TLMI Bangladesh's staff as they are doing a humanitarian job. He emphasized that Habib Bank always appreciated and promoted this type of activities and also mentioned that Habib Bank will always collaborate with TLMI-B.

Mrs. Jannine Ebenso

Mrs. Jannine Ebenso greeted participants on behalf of TLMI office staff. She emphasized that we come here to learn, in many different ways from many people – staff, partners, GO and beneficiaries. We will learn from each other, we will review projects or programs for learning, we will use poster for learning. She requests the participants to answer the following questions:

1. What questions of clarification do I have?
2. Do I see a piece of learning that could help my project?
3. Do I see anything that makes me think of something our project can help them with?

Lessons learnt from Annual Project Reviews

1. Gallery walk and Discussion group:

Gallery walk was done by groups; one person of each project was beside the project poster to answer the participants' questions. Firstly group 1 members stand beside the poster to answer the questions/ clarifications of other group members. Then Group 2 members stand beside the poster to answer the questions/ clarifications of other group members. Lastly Group 3 members stand beside the poster to answer the questions/ clarifications of other group members.

The groups are–

Group 1. RHP, DLCP, DBLM, Training center, CPDLP

Group 2. DSCBRP, CHTLCR, AEP, Hagar, GJLCP

Group 3. CBRP, DCBR, NuPIP, CLMP

Then Mrs. Jannine Ebenso requested all to make note on 'what do you want to give others and what do you want get from others'.

2. Gallery Presentations:

Gallery presentations (posters) are displayed below-

a. Leprosy Field Research in Bangladesh, Rural Health Program (RHP)

Working area: Nilphamari, Rangpur, Thakurgoan & Ancharh

Research & project running at present in LFRB:

1. 6m MDT MB study
2. MALTALEP study
3. IDEAL study
4. TENLE study
5. Leprosy Integration In Thakurgoan & Panchagarh Dist.

Three small operational researches are:

a. ENL study

Objective: To find the duration of ENL and its repeating.

b. Contact period analysis study:

Objective: To find evidence if continues contact check beyond five years might be effective or not.

c. Prednisolone response by gender wise in neuritis:

Objective: To know the effectiveness of Prednisolone among male and female.

Significant Things

Staffs:

- Different kinds of research are going on eliminating leprosy.
- More new leprosy cases found this year from MALTALEP research.
- Less attendance of disabled patients in POD clinic.

Beneficiaries:

- CP group members are getting BDT. 1200 if they are referring any new cases.
- Young child diagnosed as a case of leprosy.
- It is recognized among the beneficiaries that research is helpful



Successes to celebrate

Staffs:

- Some of our beneficiaries' lives transformed (reaction Pt).
- Increased new case finding from research activities.
- Develop 3 small operational researches.

Beneficiaries:

- Full quality treatment for leprosy.
- New dimensional research for leprosy prevention.
- Patients, patient's family members, and their neighbors getting the opportunity for BCG vaccine and blood examination.

Learning:

Staff:

- Technic to inject BCG vaccine to patients and blood drawing from patients and patients' family members.
- Reliable and trustworthy data collection and its usage & entry.
- Existing data used in developing operational research during the research methodology workshop.
- **Beneficiaries:**
- Vaccination to the patient's family members for preventing leprosy infection.
- New research developed for the benefit of people affected by leprosy.
- We can disseminate that information among community people.

Sustainability:

- Trained staff: A position will be made where any kind of field based Health related research can be conducted through our skilled staff and trustworthy data.
- Generate new research project: Generate new research project on leprosy with other Health related issues which will raise interest in different universities.
- Making good relation with ICDDR,B.

Integration with GoB Health:

- Provide Training to GoB. Health staff on case management, smearing and making result, leprosy complication management.
- Training to GoB health staffs on the appropriate recording keeping.
- Training to GoB health staffs & other health related staffs on new case finding.



- Developed relation with NLEP as well as GoB health.

Very small children with Leprosy: Two brothers, new leprosy cases and now they are under treatment. The name of the younger is Jinious 2 year 7 months old; he came to our Domar Clinic with anesthetic patch and diagnosed as PB leprosy and enroll in MALTALEP research. After one month during BCG vaccination his elder brother Nuruzzaman 7 years old was found as new MB case.

a. Project Name: Dinajpur Sustainable CBR Project

Significant things have happened this year

Beneficiaries' Comments

- Progress on social dignity being a member of SHG
- Increased leadership and collected resources from service provided GO/NGO offices (disability allowance, old age allowance, treatment, warm clothes, etc)
- Provide education assistance by using SHG fund

Staff Comments

- 2 group members changed their old profession (begging)
- Women's participation increased (Leadership, Participation, Networking)
- Commencement of Communication with local govt. and GO-NGO level

What successes do we want to celebrate?

Beneficiaries' Comments

- Progress on social dignity being a member of SHG
- Increased leadership and collected resources from service provided GO/NGO offices (disability allowance, old age allowance, treatment, worm clothes, etc)
- Provide education assistance from SHGs fund/capital

Staff Comments

- 2 group members changed their old profession (begging)
- Women participation increased (Leadership, Participation, Networking)
- Commencement of Communication with local govt. and GO-NGO level

What did we learn?

Beneficiaries Comments

- Rights can be obtained through group
- Through organizing people's independence is possible
- Need to be punctual and responsible
- Without admitting in the hospital Leprosy ulcer can be healed in primary stage

Staff Comments

- Need to be punctual and responsible



- Well began half done
- Give more time to remoteness and new groups

What has worked?

In case of Financial Sustainability:

- SHGs are collecting savings and using as revolving loan fund
- Seed money accrued from project
- Increasing family income after taking vocational training
- Federations are raising their own fund by subscription from SHG
- Way to accrued local resources
- Trying to manage independently their financial activities
- Have own bank account and operating by themselves

In case of Institutional Sustainability:

- Group formation and strengthening
- Federation formation
- group and federation guideline on going
- Leaders towards groups problem solving
- Positive leadership among the group and federation
- Network building among the groups, federations and likeminded organizations
- Awareness building on disability rights to local govt. leaders and upazilla level govt officials

Where have you seen it works well?

- Group members' savings increased, SHGs are collecting savings and using as revolving loan fund
- Increasing family income after taking vocational training and receiving loan from group capital
- Community perception is positive to the group (In many places)
- Trying to manage independently their financial activities
- Awareness on rights and gaining
- Have own bank account and operating by themselves
- Group formation and strengthening
- Network building among the groups, federations and likeminded organizations
- Awareness building on disability rights at local govt. leaders and upazilla level govt officials

What are the factors to success? (who we choose? the interventions?)

- Regular group meeting
- Ownership developed at group fund management and group management due to work through participatory approach
- Top level (at upazilla) govt. officials are positive to the SHG and federation
- High stigmatized people are now changing their mind
- Using community motivator and exchange visit

What are the critical success factors? In what ways can we replicate the success?

- Improving facilitation skill of staff, need more training to improve in this regard
- Developing ownership of SHGs, by participatory impact monitoring we will be able to do more
- High stigmatized people are now changing their mind, need more awareness program for community people

b. Community Based Rehabilitation Partner (CBRP)

Success of CBRP

- All group of four district saved above 2.5 crore and average per group member savings 4500 taka
- Increased right, dignity, honour, empowerment and acceptance of group member in community
- Upazila & District associations are getting registration by Government of Bangladesh

Success to Celebrate

All group of four district saved above 2.5 crore and average per group member savings 4500 taka

Learning of 2014

Disability is not a barrier to success

Sustainability issues

- Groups run or guided by the association without staff support.
- Training & coaching of group leaders on leadership & facilitation
- Advocacy /Awareness of union Parishad Chairman, members and local religious leaders by association leaders
- Income generating activities of group members with close supervision. Community Based Vocational training (CBVT) of Group members/family member with close supervision

What has worked

Empowerment of people affected by leprosy with disability in the society

Where it work well

All upazila in northern 4 districts

Factors to success

- Self Help Group & association
- Facilitation for Capacity building
- Delegation of responsibilities
- Coaching or mentoring



- Reduction of support, let them do

Critical success factors

Delegation of responsibilities

c. Project : DLCP

Three significant things that have happened this year

- Because of project intervention to the new area, the number of newly detected patients increased in Brahmanbaria district (new area)
- Process of building functional Integration with government health system in new working districts has progressed.
- A community volunteer got married to a woman affected by leprosy.

Success that we want to celebrate

- Increased number of leprosy cases referred by doctors of medical college hospital.
- Reduced number of patients with disability due to increased number of early case detection
- Increased morale of the person affected by leprosy
- Person affected by leprosy is included in the mainstream society

What did we learn:

- Still there are hidden leprosy cases in the community.
- Less leprosy expertise & less priority for leprosy in Govt. health system.
- Active case finding methods are more effective for case detection at early stage.
- Leprosy treatment is available in every upazil

Sustainability issue

- People's knowledge on leprosy(disability rate at the time of diagnosis reduced, early case detection increased)

Factors that impacted the achievement:

- Effective awareness
- People's confidence in leprosy treatment



- People apply their leprosy skills/knowledge

Sustainability of Leprosy integration into govt health system

(govt doctors diagnosed and referred leprosy case, leprosy patients are being registered in other district(new area of the hospital)

Factors that impacted the achievement:

- The relationship that the project built with the authorities.
- The health authorities allowed the project to give training/orientation to their staff(doctors/TLCA)
- Project provided required leprosy orientation/training to the concerned staff(doctor/TLCAs)

d. Project : DCBRP

Three significant things that have happened this year.

- Three Area Management Committees have submitted the documents to the Cooperative dept. to get registration.
- SHGs members income increased due to their participation in different type of IGA
- Women’s financial contribution to their families increased due to vocational training arranged by project for them.

Success that we want to celebrate

- Wellessy Bailey awards 2014 has been received by SHGs members named Mr. Motiar Rahman from Bandabari area, Gazipur.
- Project with support from Scotland Govt. and Netherland govt was successful to help 500 students to continue their studies.
- Project through networking/advocacy made Zonta club(NGO) providing 10 SHG members with sewing training and sewing machine.
- Community Resource Person has become skilled to monitor AMC.

What did we learn:

- Ownership among group members/leaders must increas in order to lead their SHGs independently.
- Because of opportunity, leadership capacity of women is increasing.
- To make the training Effective /suitable the SHGs members must for consulted to know their choice/needs.
- For sustainability of SHGs, members should be responsible.

Sustainability issue

- i. SHG/AMC level: Leadership is developing in SHG members and that is impacting their sustainability.

Factors that impacted the achievement:



- The leadership and management training for SHG leaders
 - The SHG leaders has come forward to take leadership
- ii. Support to SHG: The CRP who are part of SHG community has been trained on book keeping, group management and supervision; will keep supporting the SHGs after the project has phased out.

Factors that impacted the achievement:

- Hiring the right community people in consultation with SHG
- Necessary training was given to the CRP.
- SHGs discussed the objectives of having these CRP.

e. Advocacy for Empowerment

Significant things have happened this year

- Leprosy advertisement in mainstreamed electronic media for mass people awareness
- Central Committee formation with the representative of SHGs from all over Bangladesh
- Introducing CC members with all project and SHGs members
- Working and finding new cases in the new area (Barisal and Khulna) where people were suffering from leprosy
- Include new NGOs (CSS, HEEDB and CBSDP) in leprosy works that create opportunity to find hidden case
- Linkage building with Gov health services
- Organized national level advocacy conference with higher health policy maker “Research Policy Communication Cell (RPCC) Planning and Research Division Directorate General of Health Services (DGHS), Government of Bangladesh
- Trained a total of 200 partners’ staff and their organized 550 community group meetings to share about leprosy
- Total 4468 household and 16,819 people were examined where 5 new cases confirmed and 45 people suspected
- 30 GoB staff from Social Welfare department were oriented on leprosy in relation with disability rights with the aim to create accessibility of social safety net programs for people with leprosy



What successes do we want to celebrate?

- Central Committee formation with the representative of SHGs from all over Bangladesh
- Working and finding for new cases in the new area where people were suffering from leprosy
- Include new NGOs in leprosy work

- The senior management of the Partners is very positive to incorporate leprosy with their existing project activities and also for the partnership with TLMIB
- Organized ever first “World Leprosy Day 2014” in three under serves districts with tremendous support from GoB, civil society and NGOs participation (4000 community participated)
- Partners’ staff have voluntarily organized 550 community group meetings to share about leprosy

What did we learn?

- Mass media campaign is very important for stigma reduction
- Jointly SHGs can influence local and national GoB
- SHGs can be potential partners for leprosy elimination
- Social and policy change is not so easy, it needs time and continuation
- Well defined strategy is very important for partnership work, cost effective implementation and mobilization
- There are committed NGOs partnerswilling to support leprosy work
- Joint voice and advocacy is necessary for policy change and policy implementation
- Central Committee could be powerful body to influencing the GoB and NGOs

Sustainability issues (Sustainability for Partnership and leprosy work):

- Include leprosy within partners’ projects
- Capacity building of partners’ staff on leprosy
- Voluntary support by PNGOs staff for leprosy awareness and new case detection
- Well physical set-up, community acceptance and linked with GoB authorities

What are the factors to success?

- PNGOs have existing project, staff, field set-up, acceptance so easy to add leprosy issues
- Partners have good relationship with GoB office, civil organization, local government and administration
- Common values and mutual trust
- Acceptance of TLMIB for partnership
- Have own community groups and their needs
- Partners’ ability to continue after project phase

f. Project : CHT Leprosy Control and Rehabilitation Project

Three significant things that have happened this year.

- Leprosy Support Committee with the Upazila Health and Family Planning Officer in the chair and other UZ staff, social leaders and person affected by leprosy has been formed at Upazila. This will oversee the impact of the leprosy integration.
- Number of passive case increased.
- A Karbari (Representative of Hill Tracts King) rehabilitated a person affected by leprosy in the community who was about to be excommunicated.

Success that we want to celebrate

- Upazila Leprosy Support Committee formed and functional (holding meetings)
- The person affected by leprosy receives care for minor complications from government hospital.
- The rate of disability due to leprosy is reducing.
- A Karbari rehabilitated a person affected by leprosy in the community who was about to be excommunicated.

Learning

- It is easy to achieve objectives if the local people and target people are involved.
- Regular monitoring of progress keeps the project staff on track.
- There are a few challenges—illiteracy, regular attendance in meeting—that are hard for SHG to overcome.

Sustainability issue

iii. SHG level: The Members of a good number of SHGs can manage their group activities by themselves.

Factors that impacted the achievement:

Staff provided the leaders with necessary trainings

- Practical support service.
- Leaders were willing to learn and take challenges.
- Community people accepted the group initiatives.

Community level: People retain and use the leprosy identification knowledge. Passive case has been increased.

Factors that impacted the achievement

- Project used some effective methods/tools for raising awareness: IEC materials with picture of local people

Jarigan (action songs), community group education, local people (staff and part time worker) used as change agent.

iii. Leprosy management at clinics: In absence of project staff, the leprosy affected people get MDT and simple ulcer care treatment from the UZ Health complex.

Factors that impacted the achievement

- The UZ government doctors and Person assigned for leprosy work were given training/orientation on leprosy.
- Staff does lot of consultation with the concerned govt staff about the management of leprosy cases.
- Staff built a good relationship with the UZ authority.



g. Project : Chittagong Leprosy Management Project

Three significant things that have happened this year.

- People affected by leprosy referred patients.
- Leprosy patients get medical care for other diseases from hospital.
- Relationship at Upazila (UZ) level increased.

Success that we want to celebrate

- Leprosy patients get medical care for other diseases from hospital. Leprosy awareness and advocacy impacted the result.
- More than 90% are passive case. People practice their knowledge
- Patients got MDT from all 22 UZ health complexes under project area.
- Dignity of people affected by leprosy in society increased. The leprosy awareness program impacted the result.

What did we learn

- Social responsibility is key to eradicate leprosy.
- Flexibility in methodology will bring more impact
- There must be assigned person in the govt system for leprosy integration.
- IEC materials have to be developed for effective awareness activity.
- Good plan helps project to achieve the goal.

Sustainability issue

Leprosy integration at UZ Health Complex became functional. The UZ health complex diagnoses and gives MDT to the patients.

Factors that impacted the achievement:

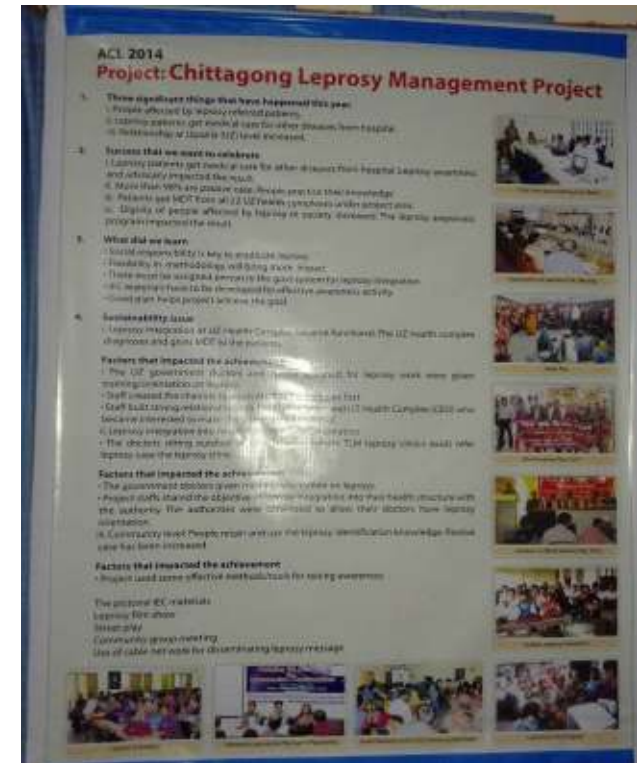
- The UZ government doctors and Person assigned for leprosy work were given training/orientation on leprosy.
- Staff created the channel to reach MDT at the complex first.
- Staff built strong relationship with the Civil surgeon and UZ Health Complex (CEO) who became interested to make the integration functional.

Leprosy integration into health system in City Corporation.

- The doctors sitting outdoor of govt hospital (where TLM leprosy clinics exist) refer leprosy case to the leprosy clinic.

Factors that impacted the achievement:

- The government doctors given training/orientation on leprosy.
- Project staff shared the objective of leprosy integration into their health structure with the authority. The authorities allowed their doctors to have leprosy orientation.
- Community level: People retain and use the leprosy identification knowledge. Passive case has been increased.



Factors that impacted the achievement

- Project used some effective methods/tools for raising awareness:
- The pictorial IEC materials, Leprosy film show
- Street play
- Community group meeting
- Use of cable net work for disseminating leprosy message

h. Project : Chittagong People-led Development Project

Three significant things that have happened this year.

- Association is recruiting staff .
- Established individual offices for the federation
- Federation are operating loan program for financial sustainability purposes.

Success that we want to celebrate

- Transition from Welfare to development approach
- Association is recruiting staff. The rate of disability due to leprosy is reducing.
- CBOs (Federation/ Association) have their own office to operate their activities.

What did we learn?

- If calculated risk is taken, success will come (Association is running their administration/activities).
- Many people can increase their business if they get sufficient capital.
- If everybody works together, things become easy to be accomplished.
- The current phase is more challenging compared to the previous one (the project has to be financially sustainable in current phase).

Sustainability issue

- SHG level: The Members of 32 SHGs can manage their group activities by themselves and are moving toward financial sustainability.

Factors that impacted the achievement:

Leaders received necessary trainings

- Practical support service,
- Leaders were willing to learn and take challenges.



- Community people accepted the group initiatives.
- ii. Federation/Association level: CBO management is independent

- The CBOs have their own office to run their activity
- They have their own staff to accomplish their activity

Factors that impacted the achievement:

- A vision was created/mind set shifted
 - Strategy: well defined process was prepared to follow.
 - Necessary training on leadership was provided to the leaders
 - TLM project relinquished its authority
 - TLM supported the CBO's recruitment of good staff
- Federation/Association level: They are managing loan program (Micro finance) to making profit for financial sustainability.

Factors that impacted the achievement

- Project forecasted necessary fund available for loan program
- A well defined business plan for loan program was prepared with consultation of micro-credit organization.
- The CBO leaders/staff were oriented on the plan
- The CBO leaders/staff received Micro credit training

i. Training Center, Nilphamari

Significant things have happened this year

- 3 unplanned courses conducted (leprosy Course for Medical officer, LOFA , Leprosy course Nurses)
- One International course conducted for medical officer.
- Use contract labor in the kitchen due to cook's death, due to illness.

Successes that we want to celebrate

Staff

- Number of course increased
- Surplus income
- International Leprosy Course for Medical Officers



Beneficiaries

- Bed Capacity Increased.
- Increase income.
- No. of participants increased

Our learning

Staff

- Different discussion, communication & Networking needed for more courses & Booking
- Adaptation with other organizations/projects/clients
- For success hard work/dedication is needed.

Beneficiaries:

Networking, advocacy & communication contribute to increase the number of participants/clients
Effective planning should be made.

Sustainability issues

- Financially, the project will be run by its own income. So activities will be continuing without external fund.
- Institutionally, trainee who complete the training will use their knowledge and skill on leprosy and its related service in the community. TRC center has building, equipment & resources to continue
- At policy level (where applicable): There are a well-recognized leprosy hospital (DBLM) besides this training center, quality leprosy control, and CBR projects

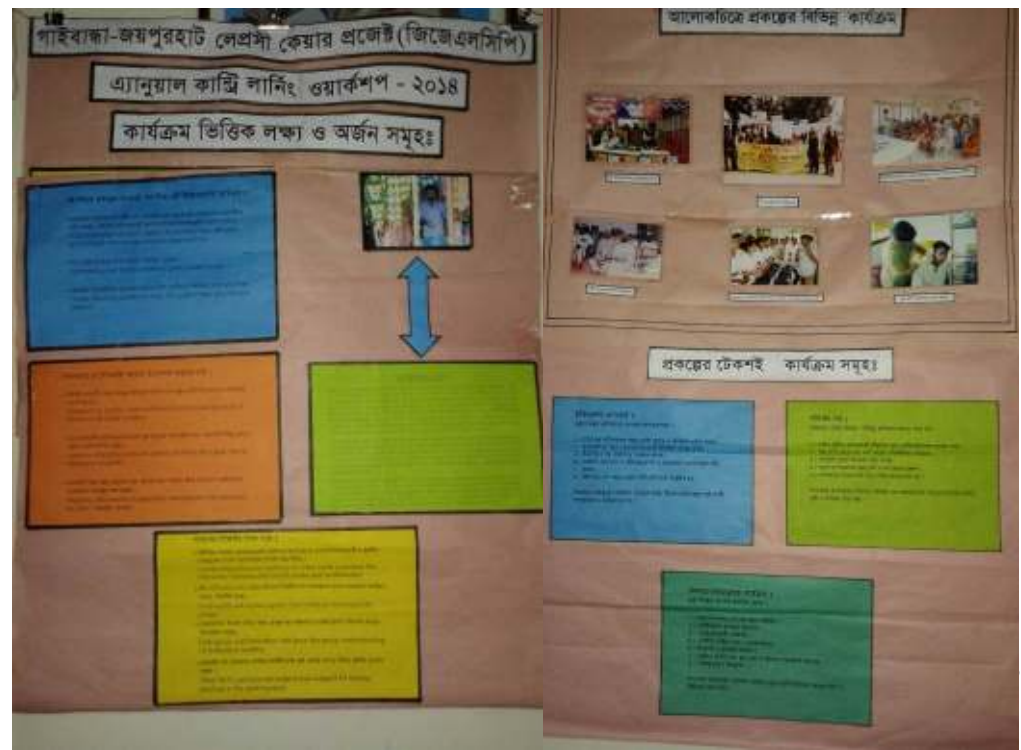
j. GJLCP Jaypurhat

3 Significant things have happened this year:

- Increased support (Govt. Safety Net service) from government and non-government organizations
- Increased group development following receipt of seed money
- House repairing assistance planned in the project have dignified the patients

We success do we want to celebrate:

- Treatment of leprosy was confirmed and provided by medical officers in all health centers.



- Leprosy affected people are getting facilities from govt. as a result of advocacy program
- Medicine and simple complication management are provided by Govt. Health center

What did we learn

- Conducting advocacy seminar at Union level increases the interaction between the beneficiaries and local leaders
- Seed capital and regular support from volunteer encourage the groups
- Inter group and federation visit - helps federation building
- Other NGO partners can extend their support for leprosy services in the working area.

k. DBLM Hospital Program, Nilphamari

Significant things happened this year:

1. Improved partnership bond.
2. Improved service delivery.
3. Appraised by Director General of NGO Bureau.

A) Staff comments:

- Partners' workshop was successful.
- Outreach camps with RHP restarted where DBLM Doctors see patients 4 times in a month at 4 different RHP clinics.
- Computerized laboratory report.
- Director General of NGO Bureau appraised after visiting DBLM Hospital.
- Visit of Mr. Pete Garratt
- Development of program Management System.

B) Beneficiaries' comments:

- Despite lack of consultant surgeon DBLM is continuing reconstructive surgery.
- Develop and increase good relationship with GoB and NGO Partners.

Celebration:

A) Staff comments:

- Increased admission of patients with ulcer and reaction
- Getting budget approval for renovation of Hospital Building.
- Qualitative and quantitative service delivery increased in laboratory and OPD.
- Routine reconstructive surgery by currently working doctors
- Being able to mitigate misunderstanding of partners regarding patients' bill.
- Development in program management systems



B) Beneficiaries' comments:

- Increase in Local Income
- Increased patient in OPD and Lab

What did we learn

- To achieve the goal clear message delivery and coordination with partners are very important.
- To improve indoor and OPD service delivery DBLM needs to recruit or hire Eye consultant.
- It's very urgent to upgrade technology in laboratory.

Sustainability:

- We charge minimum but provide optimum service delivery, so patients are satisfied and day by day the number of patients in OPD increases.
- We need some specialists to upgrade the service delivery and we are in process to send one of the MOs for post graduation in Skin & VD.
- Number of staff working in OPD: it is under evaluation whether the number is more than actual needs.
- Planning to upgrade OPD and ensure that it's disabled friendly.

I. Project Name: North West Bangladesh Ultra Poverty Initiative Project (NuPIP)

Significant things happened this year:

- Staff comments
 - Project still in bridging year
 - IGA amount increase
- Beneficiaries' comment
 - Increased IGA amount
 - Project new phase

Celebration:

- Staff comments
 - A number of 559 clients touched UPL
 - Two education assistants student are in job.
- Beneficiaries
 - Mr. Suresh made asset

What did we learn

- Staff
 - Data should be updated
 - Participatory plan is effective
 - Partner approach
- Beneficiaries
 - Live with endeavour



- Information is power
- Respect own decision

Sustainability:

- Participatory plan increases the sense of ownership in family as well as in the communities involved where needed.
- Income increased through the marketable skill (CBVT).
- UPL's.s beneficiaries are involved in group activities to claim their rights and save money in group.
- Livelihoods improving through IGAs.
- Involved with other development organizations.
- Staff are expert or capable to implement NuPIP activities.
- Beneficiaries (people with leprosy) are living like mainstream people.

m. Project Name: Hagar Project (Nari Niketon)

Significant things happened this year:

- Staff comments
- New project
- Beneficiaries comment
- Nazirhat compound in under Hagar project

Celebration:

- Staff comments
- Hasina and Mousumi resettled in their family by mediation of Hagar staff.
- Lost sharmin got her parents
- Beneficiaries
- Majeda got justice by court and living in mainstream. She is earning 3000 taka every month after sewing training.

What did we learn

- Staff
- To get facilities, effective network should be ensured with service provider organizations.
- Effective resettle plan can make hope among women in crisis.
- Beneficiaries
- Ethical knowledge controls the life.



- Unity is the best approach to overcome challenges.
- Worship guides us to link with God.
- Know your rights.

Sustainability:

- According to resettle plan crisis women are living in community.
- Women who received sewing training are earning money from tailoring project.
- Communities are taking responsibilities for women in crisis from different angle.
- The advocates, church leaders, elite persons, government offices, NGOs and other stakeholders are providing their talent, time, treasures and services to the Hagar project.

Summarizing Learning

List three things you have learnt today that will help your project

List 3 things that want to learn more

List 3 issues related to sustainability of your project that you have learnt about.

List the biggest challenge facing your project (related to sustainability)

	Chittagong Program	Community program	DBLM Program	Dhaka Program	Gaibandha Jaypurhat Program	Rural Health Program
Chittagong Program	<ul style="list-style-type: none"> • In order to tackle the leprosy situation in CHT (different culture/terrain), is there any special scope or planning to ensure local partner? (E.g. CLC can be involved in the task = cost effective, familiarity with local people and area, better monitoring etc.) • CLC would like to be involved in planning and budgeting of Ctg & CHT leprosy control project. • Regular monitoring of progresses keeps the project staff on track 	<ul style="list-style-type: none"> • CBRP want to learn more the idea of CPDP from Chitt. Prog. • CPDP want to learn more the idea of federation formation from CBRP. • CPDP want to learn more the idea of Physical rehabilitation services by group member from CBRP • CPDP can share with 		Chittagong prog want to share idea of Leprosy support committee to DLCP	Leprosy program can use the idea of Involvement TLCA in doing extended contact survey from GJLCP.	

	<ul style="list-style-type: none"> • Training of staff of CPLDP, CHT and CLMP can be done at CLC instead of sending everyone to DBLM. • Reconstructive surgery possible at CLC (no need to send everyone to DBLM) 	<p>CBRP & GJLCP for attaining financial sustainability through savings & loan program</p>				
Community Program	<ul style="list-style-type: none"> • Staff training can be arranged at CLC and facilitator hired from CP • CPDP need women rights training from Hagar. • Chittagong Prog. Can get leadership training skill from CP. • Chittagong prog can use SHG monitoring system from CP • CP wants to offer training for Capacity building of staff working with leprosy. • DPS to bank from group capital. • Insurance policy of group member. 	<ul style="list-style-type: none"> • Want to offer training for Capacity building of staff working with leprosy. • 		<ul style="list-style-type: none"> • CP learned from DCBRP about WB Award • CP can sell leadership training skills to group leaders of DCBRP. • CP can sell SHG monitoring system to DCBRP. • Hagar can make aware of women to DCBR • CP want to offer training for Capacity building of staff working with leprosy. • Insurance policy of group member in group. 	<ul style="list-style-type: none"> • GJLCP can use the idea of leadership & facilitation training of SHG leaders by CBRP • GJLCP can udse SHG monitoring system from CBRP. • CP want to offer training for Capacity building of staff working with leprosy. • DPS to bank for group capital. • Insurance policy of group member in group. 	
DBLM Program	<ul style="list-style-type: none"> • CLC want to perform Reconstructive surgery. • CLMP can start outreach camp • CLMP can start ulcer care like DBLM • Provide support to other project/partners through outreach camps (AD) 	<ul style="list-style-type: none"> • DSCBRP want to learn more the IGA training for admitted pts. • DBLM can arrange self-care training for DSCBRP staff • DBLM can support training center on health based training 		<ul style="list-style-type: none"> • Provide support to other project/partners through outreach camps (AD) 	<p>Provide support to other project/partners through outreach camps (AD)</p>	<p>Learn and adopt techniques of research about MTX. (Methotrexate).</p>

		courses as partnership				
Dhaka Program	<ul style="list-style-type: none"> • DLCP want to know, how they can found 90% passive cases. • DLCP want to learn more the idea of leprosy support committee from CHT • Sustainability through partners – DLCP work, they want to sell. • AEP want to sell idea of coordination & Partnership approach to empower leprosy affected people • Federation association SHG approaches for partner for sustainable, CP to RHP to CPDP • CSS & AEP • Ask Chittagong prog about loan management • Partnership approach • DCBRP can share to CPDP for group fund utilization. 	<ul style="list-style-type: none"> • AEP, CSS Khulna want to learn more the sustainability procedure from CBRP • DCBR want to learn more about and want replicate the methods pertaining the savings of SHGs BDT. 2.5 crore • Tk. 1200/ case referring by SHG member- AEP want to know. • CPDP can share association registration to CBRP 				<ul style="list-style-type: none"> • DLCP requesting to RHP for a monthly bulletin on ongoing researches on leprosy. • CSS want to know from RHP on leprosy psychological impact & stigma & community involvement. • Leprosy integration process with GOB through partnership.
Gaibandha Jaypurhat Program	<ul style="list-style-type: none"> • Want to sell idea of minor complication management in Leprosy by GOB staff • Split skin smear test done by GOB Lab, idea they want to sell • Want to get an idea from CHT about the leprosy support committee • Leprosy integration in the Upazilla health complex is functional they want to share. • Learnt about Upazila leprosy 	<ul style="list-style-type: none"> • GJLCP comments – successful experience in Hagar for restoring marginalized / destitute people in the family/ community • 		<ul style="list-style-type: none"> • Chittagong prog wants to share ideas of the Leprosy support committee to DLCP • GJLCP can sell their success idea to DLCP of Minor complication management by GOB staff • GJLCP can sell their 	GJLCP can implement the MB patients contact survey >5years to get more new cars – From RHP.	

	support committee.			success idea to DLCP of split skin smear achievement by GOB staff		
Rural Health Program	<ul style="list-style-type: none"> • DLC want to learn about leprosy support committee from Chittagong. • Want to use 90% passive leprosy case finding idea from CLMP • RHP want to sell idea of finding more MB patient >5 years by contact survey 	DLC want to learn CBR from CBRP		RHP can learn partnership from AEP for remote & hard to reach areas		

First Day Closing Speech

- Country director asked to the participants what was successful today; participants appreciated the presence of the Director General of NGO Affairs Bureau Mr. Nurun Nabi Talukder and his praise on TLMI-B’s contribution.
- Mrs. Hasina, Group leader said that there was a limited participation of beneficiaries because the gallery works are in English. CD requested to use Bengali in next country annual learning.
- Dr. David khan raised the issue of giving more time to each project to describe about his/her project activities and achievement. CD said that next learning we will add it.
- The country director requested to take note of all gallery work.

Second Day

The 2nd day started with prayer by Mrs. Jannine Ebenso. She has discussed the values of TLM International. She focused on Humility value among 5 values. She said that this value is the last but not the least.

Reviewed of Yesterday

Mr. James Taposh Adhykary reviewed last day and also the participants added some issue.

Presentation from CD

Country Director discussed about the achievement, barriers and challenges of TLMI Bangladesh.

Strategic objectives of Bangladesh

- To Position TLMI-Bangladesh as a source of excellence regarding leprosy in Bangladesh
- Foster effective partnership

- Strengthen sustainable community based approaches
- Pursue functional integration
- Promote an environment that enables people affected by leprosy to exercise their rights
- Promote organizational development

Group work & Presentation on TLMI-B Contribution towards Strategic Objectives are as follows:

1. Position TLMI-Bangladesh as a source of excellence in leprosy
2. Strengthen sustainable community based approaches

A. Rural Health Program (RHP), Nilphamari

Developing Leprosy expertise : (Research)	Strengthen sustainable community based approaches
<ul style="list-style-type: none"> • To stop transmission of leprosy? • Is there benefit to diagnose & treat sub-clinical nerve damage? • Is Long duration Prednisolone better than short in neuritis treatment? • Is 6 months MDT effective for MB leprosy patient? • Is there evidence to continue household contact survey beyond 3-5 years after RFT? • Is there any gender difference to response Prednisolone • What is the range of treatment experience by a person with ENL? • Is there a gender difference among new case? (Are they diagnosed at the same stage) • Is there a relationship between skin smear and relapse? • What are long term findings by year of contact survey? 	

B. Chittagong Program, Chittagong

Developing Leprosy expertise :	Strengthen sustainable community based approaches
<ul style="list-style-type: none"> • Increase Doctor's non-practice allowance • Training for Medical Officer (CHT) • Basic training on leprosy of new staff (CHT) • Refresher training for Physio-technician (CHT & CPDP) 	<ul style="list-style-type: none"> • Providing training to the group leaders (CPDP) • Exposure visits for group members (CPDP) • Registered the CBOs (CPDP) • Hold election routinely of rational/alternative leadership (CPDP) • CBO led project of leprosy (CPDP) • Orientation on leprosy for: community leaders, community volunteers, CBO members, Health & family planning staff, Government TLCA, Government MO, Pharmacist, General practitioner, Student etc.

C. Dhaka Program, Dhaka

Developing Leprosy expertise :	Strengthen sustainable community based approaches
<ul style="list-style-type: none"> • Medical student and doctors trained by the Government • NGO staff and Private practitioner trained by the Government • Formed training pool by ex-staff • Partner staff conducted leprosy training • Using the expertise for mass awareness and case detection • Arrangement of skin camp • Increase of staff salary 	<ul style="list-style-type: none"> • AMC registration • CRP • Development of SHG constitution • Formation of ulcer care committee

D. Gaibandha & Jaypurhat Leprosy care project, Jaypurhat

Developing Leprosy expertise :	Strengthen sustainable community based approaches
<ul style="list-style-type: none"> • Training provided to government staff in project area • CTST meeting at UHC every quarter • TENLEP • Training provided to village doctor, Imam & pastor • Training provided to RFT patient leprosy case refer • Training provided to partner organization • Training provided to NGOs women group • Monthly Health education meeting • Medical meeting with Dr. Ruth 	<ul style="list-style-type: none"> • Formation of federation • Group registration by government of Bangladesh • Group empowerment by basic management & leadership training • Inter-group visit • Advocacy seminar • Adolescent girl training • Human right training

E. Community Program, Nilphamari

Developing Leprosy expertise :	Strengthen sustainable community based approaches
<ul style="list-style-type: none"> • Conducted Leprosy training courses (MO, Nurses, Admin staff, leprosy refresher by training center) • Conducted POD training for CBR staff by CBRP • Training center involvement in research • GOB staff orientation on leprosy by TRC • Planning to arrange Market Footwear study for People affected by leprosy with disability by CBRP • Leprosy training environment in training center 	<ul style="list-style-type: none"> • Formation of federation • Group registration by the government of Bangladesh • Group empowerment by basic management & leadership training • Inter-group visit • Nupip, DSCBRP & CBRP projects are community based • CBR impact research in CBRP • Advocacy by association leader for safety net benefit (CBRP) • Advocacy & Awareness training by association leaders to union parishad member & religious leader training (CBRP) • Self-care services integrated in SHG (CBRP & BSCBRP) • Established justice using local resources (Hagar)

	<ul style="list-style-type: none"> • Leprosy disabled getting old age ration in community (NuPIP) • IGA & Vocational training in community (CBRP, DSCBRP, NuPIP) • Assistive access in community (CBRP) • Women & disabled people empowered in community (CBRP) • Volunteers provides physical rehabilitation Services in community (CBRP)
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F. DBLM Hospital, Nilphamari

Developing Leprosy expertise :	Strengthen sustainable community based approaches
<ul style="list-style-type: none"> • Leprosy orientation for private medical student • Trained government TLCA on leprosy • Helped in medical officer training arranged by TRC • Facilitated leprosy training for government nurses • Conducted 5 day microscopy training for Leprosy smear • Facilitated government doctors training in Dinajpur. • Facilitated leprosy orientation to 125 students in Khulna • Shared leprosy knowledge with HUB partners • Arranged partnership workshop 	<ul style="list-style-type: none"> • Providing Health service to community people throughout patient door (OPD) service

G. CSO, Dhaka

Developing Leprosy expertise :	Strengthen sustainable community based approaches
<ul style="list-style-type: none"> • Increased non-practitioner allowance to retain MOs in TLMIB • Arranged training for RMO & MO in Nepal • Training orientation by Dr. Ruth at Nilphamari • Meeting with LTCC partners to increase the knowledge of retaining expertise • Facilitated & promoted staff development in Bdjobs.com • Networking with other partners and NGOs. 	

Group work on Steps towards sustainability

a. Training Center, Nilphamari

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • After training staff are using their knowledge and working well in the field • Increased used of TRC facilitation by other NGOs • Financially self-sustain 	<ul style="list-style-type: none"> • Capacity development of staff • Build up strengthen partnership with other NGOs & TLM projects • Appropriate changing for the services • Maintain relationship for trainer pool for special trainings.

b. Community Program, Nilphamari

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • People living with disability due to leprosy are organized and raised voices • People living with disability due to leprosy are more accepted in the community • People affected by leprosy developed leadership skill after the formation of associations. • Leprosy disabled people's income increased through IGA, CBVT and farming • SHG members and association leaders developed facilitation skills. • Upazila & District associations got legal identity & some are in process. • Leprosy ulcer rate reduced and physical rehabilitation therapy for disabled children (general) are at the client's door • People living with leprosy related and other general disabilities move freely with appropriate assistive devices in the community • People living with disability due to leprosy can go to Bank and attend in worship center for prayer and social ceremony with dignity. 	<ul style="list-style-type: none"> • SHG's run by association • More ulcer management support by group leaders • Achieving legal identity of all association • Improve capacity of leaders on financial audit of SHG • Facilitating group leaders to become independent on facilitation and project proposal writing & getting fund • Facilitation for total literacy • Joint venture business by SHG • Improve more capacity of volunteers on physical rehabilitation therapy in the community. • Facilitation for association to become an independent NGO

c. Hagar, Nilphamari (Rangpur)

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • 40 out of 50 will re-settle safely in their community and rest of the other to new community. • 5 destitute women will increase their income by marketable skill • Women are living in a lovely environment 	

d. NuPIP, (North west Ultra poverty Initiative Project) Nilphamari

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • 559 ultra-poor people touched UPL • UPL touched beneficiaries involved in SHG • No hungry beneficiaries because of IGA, ration and nutrition assistance 	<ul style="list-style-type: none"> • All school age children will go to school

e. DBLM Hospital, Nilphamari

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • Leprosy services funding can be subsidies by local income and cost recovery (by selling services, quality improvement, expand facilities, improve expertise, long term strategic business plan) • Local donor exploration and mobilization. 	<ul style="list-style-type: none"> • Retaining technical staff & recruiting specialist • Advertisement and marketing • New assessment and patient satisfaction survey • Up gradation of medical technology

<ul style="list-style-type: none"> • Cost sharing by referring NGOs and agency • Upgrading the institution to provide saleable short training course 	<ul style="list-style-type: none"> • Advocacy for community support • Develop partnership in service delivery • Establishing general wing health services which are not supported by the CS
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f. CPDP, Chittagong

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • Strengthen CBO by getting legal identity, building own office, own staff • Started long-term financial sustainability by federation loan operating • Ulcer care center management committee formed and functioning. UCC management committees meeting hold on and group leaders communicating with potential person. 	<ul style="list-style-type: none"> • Training or capacity building of members. • Planning for raising income for the association • Involve group leaders to work to prevent ulcers

g. CLMP, Chittagong

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • Case detection increased through awareness training & orientation of doctors and other stakeholders • Mass awareness through private TV channels • Leprosy services integrated, MDT from Upazilla Health complexes. 	<ul style="list-style-type: none"> • Developed leprosy skills of Upazila health staff • Orient teachers, community leaders, volunteers, health staff • Staff training

h. CHT, Chittagong

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • Doctors are skilled to give MDT at Upazila Health Complex • People's knowledge on leprosy increased • Leadership capacity of group members has increased • Increasing group member's IGA • Community people are aware on the rights of people affected by leprosy • SHG are capable to access government safety net services • Knowledge of group member on self-care increased 	

i. GJLCP Jaypurhat

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • Leprosy complications are treated by Upazilla Health Complex • WHO Disability grade 2 rate is 5% 	<ul style="list-style-type: none"> • Build up partnership with Government and NGOs • Strengthening group activities and local resources center

<ul style="list-style-type: none"> • Mode of detection improved 75% • Positive approach of local community leaders about leprosy 	
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j. DLCP, Dhaka

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • Case finding with disability reducing • Referral and self-reporting increasing • Govt. Doctors are diagnosing leprosy • Registering cases in UHC • MDT is proving through govt. Chain • Peoples knowledge increasing • Early case detection increasing 	<ul style="list-style-type: none"> • Joint monitoring at UHC level • Local level advocacy • Awareness building • Continuing workshop for integration

k. DCBRP, Dhaka

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • Documentation, AMC registration • Leadership capacity, • Ulcer care committee formed • Conduct meeting • CRP recruitment monitoring by AMC • Decision making • Bank Transaction • Linkage with GO & NGO • Income has increased 	<ul style="list-style-type: none"> • Development plan • Policy & Procedure

l. CSO, Dhaka

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • Strengthen partnership with LTCC and other NGO • Reviewed HR policy • Reviewing safety and security policy • Promoting an environment that enables person affected by leprosy to exercise their rights • Enormous efforts for integration and sustainability • Donor management and ensuring available fund • Leading to the unreached area with leprosy service • Capacity building of staff • Building relationship with GOB, NGOs, ICs, SCs & other stakeholders 	

<ul style="list-style-type: none"> • Ensure the quality of project proposal 	
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m. AEP, Dhaka

Sustainability impact or changes	Future plan
<ul style="list-style-type: none"> • Top management of partner NGOs agreed to include leprosy services • Leprosy service under served area • Partner staff are doing leprosy work • Partner staff are able to facilitate leprosy training • Social department agreed to provide services • New leprosy patient register in southern part where there was no MDT • GOB committed to increased number of staff for leprosy • Mass media reporting increasing • Central committee able to do advocacy • Improved service quantity in GOB leprosy hospital 	

Applying the learning - My plan of action

a. RHP, Nilphamari

What we Learnt	What we follow	What we can do next year
<ul style="list-style-type: none"> • A good clinic patient is getting service easily • Qualitative patient record at clinic • Training GOB staff for referring new case 	<ul style="list-style-type: none"> • Research result disseminate nationally and internationally. • Share research to other project • High quality database and archives • Collect all previous research result 	<ul style="list-style-type: none"> • Proposal new research • Develop communication with TLMi research committee • Find out donor for research • Need training on data analysis • Need donor for funding to attend in ILC in China • Training to the GOB health personnel

b. DBLM, Nilphamari

What we Learnt	What we follow	What we can do next year
<ul style="list-style-type: none"> • Data monitoring and research • Staff development (Centre of excellence) • Partnership and collaboration • DBLM own strategy and business plan • IGA training for admitted patient 	<ul style="list-style-type: none"> • Research and data analysis • Community empowerment • Business plan & DBLM strategy • IGA for patient • Staff development 	<ul style="list-style-type: none"> • DBLM strategy & business plan • Staff development • Research • Advocacy for community development • Partnership (PPPP)

<ul style="list-style-type: none"> • Searching local donor • Strengthening stakeholder • Community empowerment 		
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c. GJLCP, Jaypurhat

What we Learnt	What we follow	What we can do next year
<ul style="list-style-type: none"> • Learnt on research project • Group & federation sustainability • 	<ul style="list-style-type: none"> • Concept of Upazilla leprosy support committee 	<ul style="list-style-type: none"> • Thought process for new phase • Integration to be functional • Fulfill the strategic objectives through GJLCP • Registration for group/federation.

d. Chittagong program, Chittagong

What we Learnt	What we follow	What we can do next year
Functional CBO approaches <ul style="list-style-type: none"> • Sustainability • Strengthening partnership • Capacity building • Sharing among within project 	<ul style="list-style-type: none"> • Using group member as a self-care facilitator • Data gathering and analysis • Replicate country strategy to project design 	<ul style="list-style-type: none"> • Steps for early case detection • Alternative leadership development • Capacity building of staff and stakes

e. RHP, Nilphamari

What we Learnt	What we follow	What we can do next year
<ul style="list-style-type: none"> • Can't move for integration • Work with GOB staff after enough training • 	<ul style="list-style-type: none"> • Present report with data analysis 	<ul style="list-style-type: none"> • Complete research and published in country and abroad. • Develop new research • Encourage partner NGOs for better referral

f. Dhaka Program, Dhaka

What we Learnt	What we follow	What we can do next year
<ul style="list-style-type: none"> • Develop common idea about integration • Develop data analysis at program level • Keep sustainable plan while writing project proposal 	<ul style="list-style-type: none"> • Active case finding is important • Strengthen partnership approach • Include leprosy disabled in SHP • Mass media is fruitful method 	<ul style="list-style-type: none"> • Expand to new areas • Include leprosy in MBBS course • Increase financial support for livelihood development

g. Community Program, Nilphamari

What we Learnt	What we follow	What we can do next year

<ul style="list-style-type: none"> • Working with partnership approach • Improving leprosy expertise • Importance of extended contact survey • Project sustainability • Contribute country strategy • SHG refer new leprosy cases and maintaining self-care practice • Upazilla leprosy support committee • Research 	<ul style="list-style-type: none"> • Working with partnership approach • Improving leprosy expertise • SHG refer new leprosy cases and maintaining self-care practice • Upazilla leprosy support committee • Contribute country strategy 	<ul style="list-style-type: none"> • Working with partnership approach • Improving leprosy expertise • SHG refer new leprosy cases and maintaining self-care practice • Upazilla leprosy support committee • Contribute country strategy
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h. CSO, Dhaka

What we Learnt	What we follow	What we can do next year
<ul style="list-style-type: none"> • Every staff should have clear idea on country strategy for getting sustainable result • Working together can make a sustainable result • Implement activities by the community for sustainability • For sustainable result medical & social approach is required. 	<ul style="list-style-type: none"> • Following country strategy • Prepare well for workshop • Prepare training plan for staff capacity development 	<ul style="list-style-type: none"> • Following country strategy • Prepare well for workshop • Prepare training plan for staff capacity development • Staff training on leprosy who joined recently • Exposure visit CSO staff • Enhance integration with LTCC

Triangle Tips by Jannine

Jannine provided 3 brief cards to the each participant and requested to write 3 thinks or activities that will be done respective 1 week, 2 month and 1 year. Card will be considered as work calendar.

The following issues need to be considered

-
- To follow and contribute the country strategy
 - To prepare training plan for staffs capacity development
 - To provide training on leprosy who joined recently
 - To enhance integration with LTCC
 - To develop proposal for new research project
 - To provide training on data analysis tools
 - To provide training the GOB health personnel for develop leprosy expertise
 - To develop DBLM strategy & business plan
 - To follow and enhance partnership approach
 - To advocate for government registration of SHG groups/ federation
 - To published research articles or journals on leprosy research findings
 - To expand new areas

- To advocate for including leprosy in MBBS course
- To raise mass awareness for increasing self-referral cases
- To increase collaboration with government institutions
- To improve capacity of volunteers on physical rehabilitation therapy in the community.
- To upgrade medical technology
- To prepare comprehensive business plan for raising income of the SHGs and Associations
- To orient the teachers, community leaders, volunteers, health staff on leprosy
- To develop participatory monitoring and evaluation
- To raise mass awareness on leprosy
- To prepare well for any kinds of workshop, seminar or conference

Farewell speech of Mr. Bob Bowers

The Country Director expressed gratitude to Mr. Bob Bowers on behaves of the staffs of TLMI for his valuable service life in Bangladesh. Annual review was End with prayer by Dr. David Khan

Some Pictures from ACL 2014



Figure: Director General of NGO Affairs Bureau giving speech



Dr. Md. Kamar Rezwan, WHO giving speech



Gallery walk



Group work

Annexure

01. Name of Participants according to Program of TLMI Bangladesh and guest from partners' organizations:

CSO	Dhaka Program	CP Nilphamari	GJLCP program	RHP Nilphamari	Chittagong Program	DBLM Nilphamari	Guest
Pankai Paul John Dhali Jiptha Boiragee Asim Das Saloman S Halder Janinee Abenso Bob Bowers Sukla Sangma Andrio Boiragi Matthew S Halder Joyantee Bbaroi Waiji Marak Shamal Shaha Biplob Boiragi	Masuma Parvin Thomas Singha George Biswas Khalequzzaman F. Mousumi Dr. M.H.Kabir Sujit Sarker Nur Nabi ShilpiBairagi Aporna Yousuf Ali Probir Sarker Noyel Tappo Albert Robin	Ambor Chisim Kalpona kispotta Nayomi Tigga Hasina Begum Suren Singh Pronoy Rozario Dalwor Hossain Rahimuddin Azhar Ali Robin Murmu Krishna Ch. Roy	Forhad Hossain Ashadur Rahman Shohidul Shah Alam	Mizanur Rahman Tutia Begum Mukti Sarker Dr. David khan Khorsed Alam	Jaheda Begum Mathi Chakma Lankirder Chak. Rajesh R mallik Dr. Sanai Tripura Stephen Chawd John Samaddar	Smriti Samaddar Horipada Roy Yousuf Ali Ataur Rahman Bachhedul Dr. Al Mamun James T Ahikari Dr. Billiom	S.K. Faruk M.A.Baten Paulus Tudu S.M. Mahbubul Albert Sarker Poresh Debnath Sazzad Hossain Johurul Jewel Dr. Rezwan Michnia Roy Dr Aprue Mong Nuran N Talukder Md. Shahid Shahiduzzaman Abdullaj Al matin

02. Schedule of ACL 2014

Day 1: 17th September

S.No	Time	Content	Facilitator
1	08:30-09:00	Devotion	Mr. Ashim Das
2	09:00-10:00	Welcome & Introduction	Matthew
3	10:00-11:00	Lessons learnt from Annual Project Reviews	Jiptha, Jannine
	11:00 – 11:15	Tea Break	
4	11:15 – 12:45	Lessons learnt from Annual Project Reviews:	Jiptha, Sumon (time keeper)
5	12:45 – 1:00	Lessons learnt from Annual Project Reviews: sharing learning	Programme Leaders
	1:00-2:00	Lunch Break	
7	2:00 - 2:30	Learning from the Community	

S.No	Time	Content	Facilitator
8	2:30 – 3:00	2013 Statistics report	Bob Bowers
9	3:00 – 3:30	Learning from the Community	
	3:30-3:45	Tea Break	
10	3:45 – 4:45	Summarising Learning	Programme Leaders
11	4:50-5:00	Summary & concluding remarks	Matthew

Day 2: 18th September

S. No.	Time	Contents	Facilitator
01	08:30-09:00	Devotion	Jannine
02	09:00-09:30	Key finding of day 1	Matthew
03	09:30-10:30	TLMI-B Country Strategy	Matthew
04	10:30-11:00	TLMI-B Research Interesting developments and findings in the last 12 months	Khorshed, Dr Ruth
	11:00 – 11:15	Tea Break	
05	11:15 – 11:45	Sustainability – what is it?	Jannine
06	11.45-1.00	Steps towards sustainability:	Jannine
	1:00-2:00	Lunch Break	
07	2:00-3:30	Applying the learning: Next steps	Matthew
	3:30-3:45	Tea Break	
08	3:45-4:15	Applying the learning My plan of action	Jannine
09	4:15-4:30	Final remarks & closing prayer	Matthew