Sustainable Development Fund – SDF
Activity Progress Report

Summary

**Organisation and contact details**

| Organisation name | Leprosy Mission International-Bangladesh |

**Activity information**

| MFAT Activity Number | A10835-A01  
SDF 2/122 |
<table>
<thead>
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<tbody>
<tr>
<td>Activity Title</td>
<td>Chittagong Hill Tracts Leprosy and Economic Development Project</td>
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<tr>
<td>Goal</td>
<td>Reduced poverty in the Chittagong Hill Tracts through elimination of leprosy as a public health issue &amp; the improved health, economic &amp; social situation of people (&amp; communities) affected by leprosy &amp; physical disability</td>
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| Intended outcomes    | **OUTCOME 1: MEDIUM LEVEL**  
Reduced incidence and prevalence of leprosy  
**OUTCOME 2: HIGH LEVEL**  
Improved health of people and communities affected by leprosy and disabilities through: targeted general public health education aiming at better overall community health in areas with high levels of leprosy; improved treatment of leprosy and leprosy-related ill-health; improved care for leprosy-related and general disability with a focus on improved self-care practices  
**OUTCOME 3: LOW LEVEL**  
Sustainable, self-managing self-help groups operating to support the economic and social development of |
people (& families) affected by leprosy and physical disability

**OUTCOME 4: MEDIUM LEVEL**

Group members’ **family incomes increased** through engagement in sustainable income generation activities

**OUTCOME 5: HIGH LEVEL**

**Increased social inclusion and engagement** of group members in the broader community through: improved physical fitness for work; pursuit of new social and economic opportunities; increased awareness of rights and state/social entitlements and how to access them

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**Funding arrangement information**

<table>
<thead>
<tr>
<th>Funding arrangement start and end dates</th>
<th>1 January 2012 – 31 December 2015</th>
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<tbody>
<tr>
<td><strong>Total cost</strong></td>
<td></td>
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<tr>
<td><strong>Reporting period</strong></td>
<td>1 January – 31 December 2014</td>
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**Key Conclusions and Necessary Actions**

Local political unrest and nationwide general strikes (Hartel) hampared normal flow of activities plan. With a few number of deviation project did all the planned activites by making contigency plan. With this few expection , the project has made good progress in most areas this reporting year.

The leprosy prevalence rate is .66/10,000 peopole against the phase end taget of <.6/10000. The rate has slightly increaed than that of last year(<.6).

However it is better than the mid-phase target (2013) of <0.75. Since many of the new case were detected in 2nd half of the year who remained under treaten(UT) at the end of the reporting year, the prevalnace rate increased( prevalence rate =UT patients/total population). T he rate of disability among new leprosy cases 14.57% which is far behind the project phase target of
<5.8%. This has increased than last year. Since project was able to working in remote area where awareness activities were not reached, new MB cases with disability were identified. The ratio of new paucibacillary (PB) leprosy cases to multibacillary (MB) has increased than last year (1.22:1 from 1.04:1). It happened due to project awareness activity and case finding initiative were effective. Yet project has to continue increased amount of effort into its awareness raising program in these remote places to find increased the PB<MB ratio and reduced the disability rate. Project made a significant achievement in making the govt health staff skilled in leprosy indetification and MDT treatment. However, since there is turnover and new appointment in different health positions, project has to do some more training for these staffs.

Project has contributed to people’s knowledge about nutrition and its availability in affordable low cost food items. A measurement of people’s knowledge will be done in phase end evaluation in 2015. The move to have access by the eligible SHG members to govt safety net increased due to project’s rights awareness activity. Project has increased the knowledge of human rights of people affected by leprosy among the local leaders/govt/NOG staffs. It has positively impacted the leaders’ attitude toward the people affected by leprosy and that contributed to social inclusion of these target people. An assessment on this result will be done in 2015. About 70% (phase target is 70%) of SHG member who received income generating activities (IGA) training used the knowledge in increasing their income. Due to increased anout of income they increased anout of saving in their group account.

Outputs of interest include:

- 276 (new 151 and 125 registered case of 2013) people with leprosy received counselling and treatment from leprosy clinics run by project.
- 25 paid local workers have shared leprosy messages with 40,134 people.
- 1,014 community volunteers were trained in improving leprosy awareness in their communities.
• A TV advertisement and leprosy drama prepared by project were aired for a number of times. However, it was difficult to assess the number of people receiving these messages.

• The project reached an additional 35,793 people with leprosy messages through various other awareness programs and methods.

• The project provided specialist leprosy training to 505 health staff, although an increase in staff numbers means that there is still more training to be done in coming years.

• The project continued its programme of delivering protective, disability and mobility devices to 204 people, specialist disability support to 84 people, and provided 2 people with reconstructive surgery and sponsored 34 people for tertiary care to overcome their disability.

• 25 local ‘volunteer’ workers provided basic information on selected public health issues to 39,322 people and the project installed 5 tube wells in needy communities.

• 35 groups issued loans to 106 members

• 247 group members received training on income-generating activities and 225 members were supported to develop and choose appropriate income-generating activities

• 995 group members received an orientation on general human rights and disability rights, along with 4256 influential community members.

Project maintained a good working relationships other organisations who implementing project agenda. There was a good communication flow between TLMNZ and Project throughout the year. TLMNZ’s representatives paid two support visits to the project that impacted the project implementation process. Mid-term review was also facilitated by TLMNZ representative. The report recommended a few methods/process for better performance.

The only significant risk related to political unrest was experienced. Because of the project’s strong strategies, any loss of assests and people could be prevented. With the contingency plan, project continued its activity. It is anticipated that project activities may be delayed again in 2015.

The project expenditure was Tk.233,72,474, a 14% underspend. The causes have clearly mentioned in Progress against budget sheet (attached annexure) and a summary under in the Review of Progress to Date below.

Review of Progress to Date

**Progress against results measurement table**

Here are a few notes on a few Key issues related to progress against outcome indicators:

**Outcome 1**

(Activity Progress Report 2527683v1)
Progress against indicators for Outcome 1 are mixed. The leprosy prevalence rate (.66/10000) is closed to phase end target(<.6). But it has slightly increased than last year rate (<.6/10000, ). It happened for most cases were identified in last half of the year. So all most all remained under treatment at the end of year( the prevalence rate is counted on the number of people under treatment) and increased the prevalence rate comparing the rate of last year. The ratio of new paucibacillary (PB 1.22) cases to multibacillary (MB 1) has increased. Which is an effect of awareness program. However the rate of disability among new leprosy cases has increased to 14.57% from 13.70%. Project reached the remote places and found out the hidden MB cases; most of them had grade II disability. It is expected that more effective awareness program in remote places will increase the ration between PM and MB case and reduce the disability rate. The project has delivered the planned training for health facility staff in 2014. The project could reach only 91% of staffs. The project will need to continue its training in 2015 for there will be turnover of staff and some will need refresher.

**Outcome 2:**
Project reached 39,322 people in 2014 and total 106001 people till to 2014 with nutrition message( need and availability of nutrition in cheap affordable food items). It is anticipated that a positive result will come out through the phase end evaluation in 2015. Installation/reparing of 18 community tube wells till to date against the phase target of 16 has impacted the practice of knowledge transferred by project workers on safe water and maintaining hygiene. The percentage of people with anaesthetic hands or feet with ulcers has reached 15.33%. It has increased from the base data of 14%. This has happened because most MB cases in the remote places were detected with the ulcer. It indicates that more awareness activities are necessary in the remote places so that people may suspect leprosy and come to clinic at early stage.

**Outcome 3:**
720 leaders/members were given training on group management. Groups are increasingly taking responsibility of conducting meetings, recording financial transactions. A survey during the mid-term review done in July 2014 says the SHGs have leaders and members who got number of leadership training therefore they have attained some group management maturity. But no definite result was given. However, the phase end evaluation will measure the maturity level of the groups.

**Outcome 4:**
A significant progress has been made against indicators of this outcome. 70.85% (target >60% in 2014) group members who received IGA skill development training have used their skills and increased their income. The challenge is now that they use the skills sustainably. 64% group members (target for 2014 is >70%) have saved at least Tk. 480 in 2014 (the average saving is Tk. 1904 per member till to date). Now the challenge remains before the project is to help them save more in their group accounts so that they can use their savings as business capital.
Progress against improving people’s living standards (number of meals with meat/eggs) will be measured during the phase end evaluation.

Outcome 5:
The result of against indicators will be measured during phase end evaluation. However progress against the indicators with current data has been encouraging - 117 members received assistance from government safety net to date (against the phase target of 75). The project has been successful in involving three NGOs in getting its rights agenda addressed. 8452 leaders from grass root level to UZ level have been oriented on human rights/disability right of people affected by leprosy. This orientation has impacted the social inclusion of the people affected by leprosy. A definite result will come out in intended evaluation.

Outputs
Delivery of virtually all Outputs is tracking ahead of targets.

Progress against agreed workplan and budget
Due to general strike and local political unrest for some days in 2014, number of activities were delayed. However, most activities were done through contingency plan. There a few activities that could not be done due to legal procedure and non-availability of target stakeholders(Govt high officials/leaders/elits. This has caused an overall underspend of 14.

Below are overview of progress under each Output area and a comment on expenditure.

Output 1 – 151 new people and 125 people of last year with leprosy received counselling and treatment from leprosy clinics run by project. Many 84 people who have developed ulcers and other complications received treatment from these clinics. 25 paid local workers have shared leprosy messages with 40134 people. 1,014 community volunteers were trained in improving leprosy awareness in their communities. They will remain in their communities and be able to refer leprosy affected people for diagnosis and treatment. There was a 5% underspend against budget, mainly due to less amount of drugs other than MDT was necessary and less amount of wages was required due to delayed replacement of paid volner.

Output 2 - A TV advertisement and dram on leprosy were aired for a number of times. However, it was difficult to assess the number of people receiving these messages. The project reached an additional 36298 people with leprosy messages through various other awareness programs and methods. There was a 18% underspend against budget. It took a long time to make agreement with TV
channels for the airing the advertisement and drama and therefore airing
was done for less amount of time. This is the activity item that saved huge
amount of money. Also there is another activity – IEC materials – on which
project spent less than budget for it used some materials of last year.
However, project on the recommendation of stakeholder meeting made an
overspend on Signboard making.

Output 3 – To increase the skill of government health staffs and improve the
integration of leprosy into government health system, the project provided training
to 351 health staff. As mentioned earlier the government has increase the number
of positions in local health facilities, more training is needed in 2015 to cover these
new staff.

Output 4 – Project has provided 341 pairs of ulcer protective shoes, 3 crutches, 3
artificial limbs and 2 wheel charis to 204 people. There is only 6% underspend
on this output. Less number of protective devices was demanded and less
number (13 out of 15) of request of house repair of people affected by leprosy was
received.

Output 5 – The project provided self-care education to 127 people and ulcer care
management to 84 people against target of 50. Two potential cases against the
target of 5 persons were sent for reconstructive surgery. Expenditure for this
Output was 36% less than budget due to less demand than anticipated and the
constructive surgery was done at a subsidised rate in TLM hospital.
However, there was an overspend on sponsoring the travelling cost of
people needing tertiary care.

Output 6 – Project hired 25 local ‘volunteer’ workers who provided basic
information on selected public health issues to 39,322 People against the target of
45,000. At the request of self-help group, project has installed 5 tube-well against
the target of 4. The underspend is 13% in this output. The cost of tubewell
installation was less than the budget depending on availability of water
level. There was also underspend on conducting small group education on
public health issue for number of replacements of workers were delayed.

Output 7 – 297 group leaders received training on group management and
leadership against the target of 300 and 42 self-help group members went an
exposure trip to learn about income generation activities/group management being
undertaken by other groups and organizations. The output underspend is 6%.
The travelling cost of exposure visit was less than budget since they kept the visit limited within project area.

Output 8 – 1042 Members of 125 groups received orientation on seed money policy (it does not affect cost for the project staffs do this activity when they pay support visit to groups). 6 against the target of 32 groups received seed money. 106 membes got loan out of money (new and revolved). 48 groups against the target of 50 issued loans to 178 members from group savings. The 85% underspend reflects lower than anticipated demand for seed money for loans.

Output 9 – 247 group members received training on income-generating activities and 225 members against target of 250 were supported to develop and choose appropriate income-generating activities. 51 students were given educational support to build skills for future income-generating activities. The output underspend is 44%. Because of legal process, government land could not be owned by groups, therefore, developing new IGA was not done and the saving in this line budget is 100%. No innovative IGA could be found out and therefore new IGA training materials were not prepared that contributed to output underspend.

Output 10 – 995 group members of 114 groups received an orientation on general human rights and disability rights. This is a non-cost activity done by project paid staff. The Project also undertook advocacy with 18 government and NGO staff. Due to political undrest 2 advocacy meeting could not be done. The output underspend is 4%.

Output 11 – 601 local elites/leaders, 607 headman/karbari, 549 leaders/government staff at upazila/union level and 1974 community level leaders (all together 3,731 people) received an orientation on general and disability rights. All these people are expected to support the right of people affected by leprosy and disability. The output underspend is 2%.

Direct Human Resource Inputs and Direct Project Support Costs were 11% and 4% underspent due primarily to reduced activities as a result of Hartels. Similarly, programme monitoring and supervision visits were limited and visits by NZ-Bangladeshi (BL’s 11.44 – 11.48) could not be arranged. Mid-term review was carried by LMNZ herefore there was savings on consultncy cost for Bangladesh.
Changes to Activity Context in the Reporting Period

There have been no significant changes in the project’s operating environment or context in 2014.

Relationship between Partners, Beneficiaries and Other Stakeholders

**Working partners**: Project has assigned three local NGOs (local partner) with a few right based activities. This has become a must for all international NGOs. Our relationship is only to undertake the specific activities. Both the project staff and the local NGO do the work jointly. The partners were demanding transfer of total activity budget to their account at a time. However, project managed to transfer current month’s money and the the work done in time.

**Self Help Groups** (SHG) formed with project support and mentoring are the basic unit and are at the centre of the project’s community development activities. The project’s relationship with these groups continues to evolve and develop. They continue to be involved in project annual review meetings and are increasingly putting forward their comments and suggestions for consideration at these meetings. This is an indicator of self-confidence and empowerment. Some SHGs started keeping records and conducting their meeting by themselves with little support for staffs.

**Local Government organisations**:

The project has relationships with a complex set of Local Government organisations, a number of which are direct stakeholders in the project. The Upazilla Nirhabi Officer (the head of administration of each sub-district) oversees the NGOs work in their sub-district and issue a certificate on each NGO’s performance. Based on this certificate, the Deputy Commissioner (the head of District Administration) issues a letter to the NGO Affairs Bureau to approve each project and to permit the release of the NGO’s funds to it. In the Hill Tracts context, the Bureau also requires a letter from the Ministry of Hill Tracts Affairs before they take any decision. This Ministry itself takes advice from the Regional Council Offices which oversee District Council Offices in each of the three Hill Tracts Districts. This special administration is specially authorized to look after the interests of the indigenous people of the Hill Tracts.

Project staff attend monthly Upazilla and District level NGO Coordination Meetings and provide regular reports. Staff also personally report to explain and justify relevant actions to the District Council Offices and respond and act on any recommendations made by these offices.

The ongoing viability and health of the project therefore turns on the quality of the relationship it has with these organisations. To date this relationship is strong and
positive due to the work and efforts made by staff on maintaining these relationships. The project invites and involves local government staff to participate in different activities and programs such as the annual review meeting and events to observe world leprosy day or disability day. This reminds them and reinforces the importance of the work of the project.

The Civil Surgeon is the head of the health system at the district level, and the Upazilla (sub-district) Health Complexes operate under his supervision. The leprosy clinics run by the project are in each Health Complex, and the training provided by the project to their staff are therefore overseen by the Civil Surgeon. Project staff provide regular monthly reports to the Civil Surgeon and attend the relevant meetings. This relationship continues to be strong.

Project staff also maintain a close working relationship with staff at each Upazilla Health Complex. The project is provided with a clinic room and its staff are supported by the Health Complex’s doctors if and when necessary. Because of the ongoing relationship and the assistance that project staff provide to the Health Complex staff, this relationship is very strong and supportive, with Health Complex doctors covering for project staff when necessary to ensure the clinics’ take place.

The relationship between members of the New Zealand Bangladeshi community and the New Zealand and Bangladesh Leprosy Missions developed significantly in 2012. Volunteers from the New Zealand Bangladeshi community made a visit to the project in early 2013. They visited different communities to understand what project was doing and made suggestions based on their experiences. They also gave two different training related to communication and writing reports, and gender issues to the project staff.

These visitors were very well received both by the project staff, as well as project participants with whom they met. The volunteers found the experience of being involved with the project ‘life changing’ and are enthusiastic about their ability to motivate other capable Bangladesh’s living in New Zealand.

Leprosy Mission New Zealand maintains its longstanding close collaborative relationship with the Leprosy Mission Bangladesh Chittagong Programme and the project staff. Two visits were made to the project in 2014. Regular phone, Skype and email contact is maintained with project staff with assistance being provided as required with activities such as developing terms of reference or designs for new activities.

Updates required to Key Activity Management Documents

Results Framework

Project staff, group members and other stakeholders consider the outcomes, outputs and indicators in the current Results Framework are still relevant and appropriate.

Budget

The revised project budget is attached as a separate MS Excel spreadsheet (Appendix D).
**Risk management matrix**

External – Political/Security

Political unrest in some or all of the Hill Tracts Districts is an ongoing risk. It is likely that this situation will continue in 2015. If this happens there will be some delay to delivery of some project outputs.

Action: Staff will keep a low profile if conflict arises to avoid risk. The project regularly reviews the situation and develops management plans to limit risk to staff and also to allow activities to continue where possible, or suspend activities for a time if required.

**Governance and management arrangements**

Leprosy Missions New Zealand and Bangladesh, and the Chittagong Programme office in particular, have a well-established and effective relationship. The governance and management arrangements for this project are similarly well developed and being very similar to those developed over the 10 years of earlier phases of this project. The same can be said for the arrangements relating to project activities. There have been no significant changes in 2014 nor are any expected.

**Transition or Exit Planning**

There are no changes to exit or transition planning at this point. These issues will be considered preliminary in March and then finally in August/September 2015.