

Summary

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|-----|------------------|------------------------|--------------------------------|---------|------|--------|
| 1.1 | Project Title | DBLM Hospital Program | | | | |
| 1.2 | Project Location | Country: | Bangladesh | | | |
| | | Region / District: | Rangpur/Nilphamari | | | |
| | | Village / Town / City: | Notkhana/Nilphamari/Nilphamari | | | |
| 1.4 | Date written | 21 February 2014 | | | | |
| 1.5 | Project duration | From: | January | (month) | 2013 | (year) |
| | | To: | December | (month) | 2013 | (year) |
| 1.6 | Report period | From: | January | (month) | 2013 | (year) |
| | | To: | December | (month) | 2013 | (year) |

1.8 Narrative Summary – Report overview

Please provide a clear and concise summary of the work carried out in the reporting period:

DBLM Hospital Program, based at Nilphamari district with its 130 bed capacity is providing tertiary care for leprosy complication by medical & surgical treatment, physiotherapy, assistive device, counselling. Being a reputed referral centre, this hospital is partly meeting the national need for leprosy complication management through the expert and dedicated employees of this hospital. With affiliation of different national & international NGOs, DBLM hospital strives also to provide and maintain specialized surgical services for certain categories of general disabled clients.

With an approach to explore the technical skill among the local community, DBLM hospital started to train local young students in Laboratory, Nursing department which has continued in 2014 as well. It has also been a centre where students/volunteers have been able to obtain on job training.

The hospital suffered some challenges throughout the year due to absence of a regular Program Leader based at the project, residential trained surgeon and changes in other senior staff posts. Also nine senior staff nurse left the hospital obtaining govt. job at the middle of the year caused proper patient care. The trainee nursing students have played an substitute role during this crisis. As a result few planned activities were delayed and disrupted. The hospital managed to continue functioning through support of National Doctors and TLMIB central management. Revision of benefit package was a step to retain and attract National Doctors for serve DBLM Hospital in a longer period. Towards the end of 2013, Dr. Ruth Butlin have volunteered to serve DBLM hospital along with HFRB as Medical advisor of TLMIB which was a big support for the hospital. Resident medical officer joined in September.

The outdoor patient services has continued to serve the need of local and distance community for emergency and other medical care. This has created an opportunity for the medical officer to practice general medical treatment which also ensure financial support for hospital cost.

DBLM being referral hospital for leprosy, most of its target achievement are dependent on the spontaneous referrals from other organisations in good numbers and to avail services, so constant effort is needed to earn and retain the trust of these other agencies, as well as make them aware of all the services we can offer. This aspect needs more attention in coming year. DBLM hospital with its experienced staff and support units are desirous to main a high standard of committed services within TLMIB polices and guidelines.

The Evaluation in November helped us to identify our strengths as well as some shortcomings and to see where there was room for further improvement in future. DBLM at the end of the year started to plan for a new phase (2014-2018) and the recommendation of the evaluation has helped to focus in the planning. With some necessary changes, DBLM hospital is very much looking to achieve its goal and objectives under the new multiyear plan for next 5 years.

Problems and challenges

- Shortage of Medical officers, and their lack of specialist leprosy knowledge
- No long term Leprosy specialist expatriates on staff
- Change in the management level
- The numbers of leprosy patients (who are referred) are gradually coming down. This might indicate that the hospital needs to think to move towards other forms of patient care and services, but we believe there are still more leprosy affected people needing our services than we receive for admission, and that the problem is access, rather than a reduced need.
- There were some political derangement e.g. Strike, blockade etc. making it hard for patients to reach the hospital.
- **Comment on the progress of any new activities and/or approaches undertaken.**
 - Arrange 3 general surgery camps with National General surgeon

Were there any unexpected results, either positive or negative?

Some general assumption on results:

- a. 93.61% women & children received treatment which is beyond our target. It was possible due to less number of Adult male patient admission. Among 94 Patients with general disability there were only 06 male patients. The percentage of male patient coming for surgery is lower then expected.
- b. More general surgery has been done than expected. This is possible by an arrangement with a local general surgeon to conduct surgical camp, as it is harder to find a local surgeon for the disability surgery. This experience has given us idea to “hire out” our Operating Theatre next year, e.g. for a cataract camp by NGO, or for income generating non-leprosy surgery sessions. Although the expected number of general disability surgery camps were not performed due to less number of patient reported. Also the unrest political situation has disrupted many regular activities.
- c. Maximum patients those who are coming at OPD having Skin problem probably because of DBLM's past tradition of offering good dermatology services (lack of skin specialist nowadays might make it hard to sustain quality diagnosis & treatment for these cases)
- d. This past year we are disappointed that some of our goals were not reached, but we feel that under the unanticipated difficult circumstances through most of the year, some of the targets were sadly unobtainable

Project Activities

Please provide a clear and concise summary of the activities carried out in the reporting period:

Activity achievement and variance:

| Activity | Achievement (Jan-Dec) | Variance (Jan-Dec) | Remakes/Reasons & Action |
|--|-----------------------|--------------------|--|
| Provision of medical services | | | |
| Management of Leprosy Patient with drug reaction | 8 | 12 | Drug reaction varies from patient to patient. There were fewer patients who developed drug reaction. |
| Management of Leprosy Patient with neuritis and reaction | 110 | 170 | Due to ongoing research less no. Of patients having Neuritis/Reaction were admitted |
| Management of LP with medical conditions admitted in GoB hospital | 0 | 60 | Inadequate support for the relevant authority |
| Provision of surgical services | | | |
| Perform Leprosy reconstructive operation | 66 | 14 | Due to early detection of case there is reduction of grade 2 disability rate |
| Reconstructive operations for patients with general disabilities | 65 | 65 | Lack of permanent reconstructive surgeon, due to relative reduction of poor fund support |
| Perform general surgery as income generating activity | 48 | 7 | |
| Ulcer care | | | |
| Training and motivations among patients admitted for ulcers | 442 | - 42 | |
| Ulcer treatment and care including septic surgery | 442 | 444 | |
| Eye care | | | |
| Provision of external specialized consultation in partnership with eye hospital | 66 | 84 | It is due to very unstable political situation at that time as we take this service from outside. |
| Cataract surgery performed through an ophthalmologic hospital | 18 | 32 | Same as above |
| Physiotherapy | | | |
| Support to the Community Program clinics for PWD & clubfoot program | 0 | 32 | Unrest political situation |
| Application of POP of post-surgical patients | 337 | 13 | |
| Motivation and teaching to the patients for self-care in their house | 396 | 604 | |
| Patient's assessments and therapeutic treatments on pre and post-operative cases | 919 | - 219 | More than target due to OPD service |
| Physiotherapy services for inpatient | 941 | - 291 | |
| Provision of assisted devices | | | |
| Prosthesis | 62 | - 2 | |
| Orthosis | 102 | 98 | Due to less GD operation |
| MCR sandals | 433 | - 33 | |
| Moulded shoes | 28 | 2 | |

| | | | |
|--|-------|--------|--|
| Provision of pathological services | | | |
| Haematology tests | 5521 | - 3321 | Due to huge # Of General patients from OPD |
| Biochemistry tests | 1544 | - 584 | Do |
| Bacteriology tests | 327 | - 87 | Do |
| Stool tests | 17 | 1043 | No need to do routinely |
| Urine tests | 1628 | - 1528 | Both for In and Outpatients. |
| Immunology tests | 370 | - 295 | Both for In and Outpatients |
| Blood transfusion | 37 | 143 | Done only those who needs BT |
| Counselling to the patients | | | |
| Patient home visits by the counsellor | 91 | 89 | 1. Due to unstable political situation 2. Presence of counsellor in RHP for home visit |
| Counselling for the hospital inpatients | 632 | 868 | |
| Provision of Literacy services | | | |
| Conduct self-help clubs sessions for patients recreation | 44 | 4 | |
| Admission | | | |
| Male | 645 | | |
| Female | 262 | | |
| Male & Female Total | 907 | | |
| Patient referred to outside hospital | 31 | | For complication management other than leprosy complication (e.g. fractures that are not manageable at DBLM, Heart problem, severe Pulmonary problem, Stroke, Eye problem etc) |
| Assessment for Poor Patient | 20 | | |
| Subsidy for Poor Patient | 17 | | |
| Patient Died | 4 | | |
| Bed occupancy number | 35027 | | |
| Bed occupancy % | 90% | | |

Lessons Learnt

(a) Reflection on the project approach

We learnt that:

- Target setup is an important factor specially for project like DBLM hospital which is a tertiary referral centre. Our learning would help to set realistic setup of target for the future phase.
- A retention and succession plan for leadership and skilled staff is key to the success of referral hospital and to maintain its excellence. Emphasis on such plan is required from central management level as well as to incorporate in the plan
- Regular communications is needed to be initiated with the referring agencies, regarding patients referral, admission and quality service maintaining in DBLM hospital
- We have learnt recently that more careful approach is required for cost reimbursement from referring agencies that it does not end up referring less patient to the hospital
- The revision of an objected resulted a small opportunity to extend the leprosy expertise which should be re-designed in the next plan where local community training could be reduced
- Fruitful partnership with nearby govt. Leprosy hospital for mutual benefit is possible and proper initiative should be taken in next phase.
- Surgical camps with foreign experts in leprosy and disability surgery were successful and should continue at intervals. This gave wide opportunity to learn for doctors and medical staffs.
- OPD services should be reshaped (with visiting specialist on dermatology and orthopaedic) and more economical use of staff
- Some token voluntary contributions against services provided for leprosy patients should be initiated as per patients ability in order to habituate them in paying against services(sustainability issue)
- Need a different distribution of beds in future, and have to re assess if the total capacity of 130 is still appropriate; next year intend to use some beds for teaching patients (self-care unit) rather than all for nursing care.
- Learning from our own accumulated data (monitoring clinical outcomes) needs to be improved and auditing standards of clinical work will be a specific aim in coming 5 years.
- Standard guidelines for management of common inpatient leprosy and general medical problems with common outpatient problems should be developed.
- Cost-recovery needs to be taken slowly and deliberately, with a business plan for any new income generating endeavour we introduce.
- The hospital as per recommendation of the evaluation team would take necessary measures to avail clinical registration to continue its services apart from NGO Bureau registration.

Lessons Learnt – continued

(b) Coordination and Partnership

- How have you engaged the government, NGOs and other stakeholders in the implementation, management and monitoring of the project during the year?
 - Through regular submission of monthly and quarterly reports to the DC & SP Office
 - By attending NGO coordination meetings regularly
 - Inviting stakeholders in our learning/planning forums, meetings and celebrations
 - Arranging Advocacy seminars
 - Annual project review with stakeholders present and annual country learning review

(c) Participation

- How have you engaged the target population and the wider community in the implementation, management and monitoring of the project during the year?
 - Involving patient's representatives in the hospital management committee
 - Involving patients in focus group discussion
 - Regularly seeking feedback from beneficiaries at every level, including when RHP staff are seeing patients in clinics after discharge.
 - Inviting them in various forums, such as Annual Staff Meeting, Annual project review & learning meetings.
- How have you ensured that the views of the most vulnerable in the target population have been taken into account during the year?
 - Through counsellor and counselling (face to face discussion on their problems and suggestions)
 - At the time of daily ward round by doctors and nurses.
 - Through patient satisfaction survey
 - Through self help club organizing and discussion

(d) Gender

How has the project addressed the gender issues identified in the proposal?

- Separate ward and facilities for female patients
- Building awareness of our staff for Behavioural change on gender discrimination
- Aware patient through our regular literacy (awareness) activities
- Continuously follow the National & International policy on human rights for Gender
- Building and maintaining positive environment for women (both staff & beneficiary)
- Keenly observe on special needs of female patients and serve them through female staffs
- Keeping male female ratio in staff in a well-balanced way

(e) Human Rights

- How have people affected by leprosy and with physical disabilities and /or those socially excluded benefited from the project in an equal manner during the year?
 - DBLM Hospital has provided patients with available services for complication management regardless socio-economic, cultural, religious and gender status of the patient. Leprosy affected people have priority in our hospital over other patients if there is shortage of material resources or staff time.

- How has the project ensured that people affected by leprosy and with physical disabilities and / or those socially excluded have benefited from government policies and strategies?
 - We teach the patients in the wards what they can expect from their local govt clinics/UHCs etc after discharge and encourage them to stand up for their rights.
 - The 'Self-help club' facilitates improvement in patients' self-esteem and confidence.

(f) Capacity and Empowerment

- How has the project contributed to building the capacity of beneficiaries, the local community, and / or the partner organisation(s) involved?
 - Through self-help club
 - Through advocacy seminars
 - By engaging local community people in training from on-job services
 - Facilitate medical institutions and academy with leprosy awareness and training from time to time.

(g) Sustainability

What progress has been made during the year to ensure that the benefits of the project will be sustained after the project has ended? If the project has less than two years remaining, what progress has been made towards the project's exit strategy?

- Commenced receiving token money from patients to build paying habit
- Strengthened IGAs by utilizing resources.
- Training in leprosy for the MOs and for new nurses, helps to preserve expertise for future running of hospital.

(h) Environment

Has the project had any negative or positive effects on the environment? How has the project encouraged the sustainable uses of resources?

The hospital produces a lot of clinical and other wastages that are harmful general publics. In order to reduce the chance of environmental hazards, the hospital has several systems to follow:

1. Proper incinerator system with trained supervisor to burn down all the clinical wastages
2. Under ground water disposal for clinically harmful liquids
3. Bio Gas Plant using cow dung to minimize the use of fire wood
4. Keep the pond water purified periodically
5. Planting new trees each year (both fruit & wood)

Next Year

| Start Date | Activity & Completion Date (Only include activities from your planning framework) | Person Responsible |
|----------------------|---|---|
| All year every month | Nursing care, medical treatment, ulcer care, physiotherapy, lab services, MR services, RCS, outside referrals Agriculture, guest house, maintenance work | Respective departments |
| January | Send plan and budget to PRG for approval Move nursing station to new location and Renovate old nursing station and move Medical Record Dept. Plan self-care training unit Partnership workshop Appoint new lab tech and send for training in smears Appoint new MO LTCC Negotiate with govt. leprosy hospital consultant & plan for future cooperation Lab tech to continue his course DBLM Management Committee Meeting | PL & CD RMO AFM, RMO, Med. Con. & NO AFM & RMO DBLM Mgt & Interview board DBLM Mgt & Interview board DBLM representatives to LTCC DBLM Sr Mgt team Lab. Tech. |
| February | GD/plastic surgery camp Have first set of guidelines ready to implement Lab tech to complete his course Annual Staff & Family Retreat Start ward Renovation work Initiate major purchases | RMO, MOs & Nurses RMO, MOs, Med. Consultant Lab. Tech. All staff & their family AFM & Maintenance Dept. Purchase & disposal committee |
| March | Open self-care training unit RMO (+MO?) to leprosy course in Nepal , RMO remain for surgical training LTCC Annual Financial Audit DBLM Management Committee Meeting | PL, RMO, NO, MOs & AFM RMO & respective MO DBLM representatives to LTCC Finance Team DBLM Management Committee |
| April | AD outreach camp Annual Staff meeting Renovation work continues | PT, ADT, AADT, MRK, Driver All Staff Maintenance Dept. |
| May | Renovation work continues | Maintenance Dept. |

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|-----------|---|--|
| | DBLM Management Committee Meeting | DBLM Management Committee |
| June | LTCC AFM's Training on Finance, HR & IT at Singapore Review progress of self-care training unit Plan and start 2 operational research studies Renovation work continues | DBLM representatives to LTCC AFM RMO, NO, MOs, AFM Consultant, AFM, RMO & others Maintenance Dept. |
| July | Outreach camp for leprosy complications Annual Project Learning and review meeting at project level Renovation work continues for Physio dept. DBLM Management Committee Meeting | DBLM Medical Team DBLM staffs+stakeholders+beneficiary Maintenance Dept. DBLM Management Committee |
| August | Audit first 6m implementation of guidelines and present results to colleagues Annual country learning meeting at country level Renovation work continues for Lab. dept. | DBLM Sr. Mgt Team DBLM Sr. Mgt Team |
| September | Leprosy surgery camp TLMI Conference in India DBLM Management Committee Meeting Renovation work continues for AD dept. | Visiting Surgeon, RMO, MO, N DBLM representatives DBLM Management Committee |
| October | LTCC | DBLM representatives to LTCC |
| November | RMO or MO to Nepal surgical workshop DBLM Management Committee Meeting | RMO / MO DBLM Management Committee |
| December | Pre-Christmas program | All staff |

Targets

If you wish to make changes to your project targets for the following year, please outline the changes you want to make and the reasons why these changes are necessary.

- Targets have been rectified in the new proposal submitted.

Staff

If you need to make changes to your project's staffing levels for the following year, please outline the changes you want to make and the reasons why these changes are necessary.

- Included a contract basis position as 'IT & Office assistance'
- One extra post of "overlap" medical officer to allow for training a replacement MO before the other one leaves (not expected to have 3 MOS continuously but for short periods at change over time).

Budget

Please use the Multi Year Project Budget Worksheet to prepare the budget for the following year. If you need to make changes to your project's budget for the following year (including changes resulting from staff changes), please give the reasons why these changes are necessary.

- New budget has been submitted for the period of 2014-2018 with necessary changes in it.

Changes to Project Design

If you wish to make significant changes to your project, e.g., objectives and project duration; please outline the changes you want to make and the reasons why these changes are necessary. Please note: a change in the project objectives will require further documented approval.

- In new MYP proposal we retain same major goal but have planned some slightly different activities to enhance access for leprosy affected people, to ensure measurable quality of work, and to facilitate income generating by optimal use of resources.