

# Scottish Government

## South Asia Development Programme 2013-2016

### End of Year Report

1. PLEASE READ ATTACHED GUIDELINES BEFORE COMPLETING THE FORM

#### Administrative Information

<b>1. Name of project</b>	<b>2. Project reference number</b>
Dhaka Community based Rehabilitation Project (DCBRP)	PIB8, 16 May, 2013

<b>3. Project start date</b>	<b>4. Report for financial year (yyyy-yyyy)</b>
1 <sup>st</sup> April '13	April '13 to March '14

<b>5. Please tick the box next to the development priority/priorities that your block grant aims to address.</b>		
Food Production <input type="checkbox"/>	Climate Change <input type="checkbox"/>	Renewable Energy <input type="checkbox"/>
✓ Health <input type="checkbox"/>	✓ Education <input type="checkbox"/>	Water <input type="checkbox"/>

#### Monitoring Objectives and Outcomes

<b>6. Has the focus of the delivery of your project significantly altered since your initial assessment? If so, please explain how and why, and attach copies of all relevant correspondence with the Scottish Government.</b>
Focus of delivery of the project was not altered

**7. Please outline the *activities* that have taken place on the project during the reporting year as set out in your logframe, and comment on your progress towards achieving the relevant milestones during the year.**

<b>Activity (please specify number eg 1.1)</b>	<b>Milestone (including date)</b>	<b>Progress (please specify % or number)</b>
1.1.1 Training of self-help groups in leadership, organizational development, accounting, credit management, gender, network building, etc.	Basic trainings conducted: 11 batches	Project organized 11 batches of training separately on Organization development and Management (4 batches), Accounts and Credit Management (4 batches), and Gender Linkage & rights (3 batches) with Self Help Group Leaders and Community Resource Person (CRP). Total 291 leaders were participated, among 273 female and 18 were male. Comprehensive Training module on “Organization development and Management” and “Gender, Linkage & Rights” and policy on accounting and Credit were developed with the support of expert. All the trainings were facilitated by project staffs. SHGs were involved in training participant selection.
1.1.2 Exposure visits of SHG leaders and members to existing successful projects within and outside TLMB.	Representatives of 8 SHGs visit similarorgs	Total 12 SHGs leaders and 9 project staff visited to Protibondhi Community Center at Mymensing and BaridharaMohilasamity of Dhaka city to learn the IGA training and activities by disabled and effectiveness cooperative lead by women. Team observed the activities, discussed with Official, members and reviews the document for their learning.
1.1.3 Provision of one-to-one advice and mentoring	Fortnightly SHG meetings initiated to improve frequency and quality of contact with staff/CRP to give advice/mentoring support	Monthly two meetings were organizing with each SHGs with average 10 to 12 members in a meeting. Health and other need based topic were discussed in one and Saving and Credit issue was deal in other meeting. Beside SHGs meeting staffs and CRP visited houses of members, students for counseling specific issues, IGA follow up etc.
1.2.1 Recruitment and training of Community Resource Persons	21 CRPs selected and training programme completed	Area Management Committee recruited 21 Community Resource Person following proper recruitment process. 20 of them are female and one male, all of them are members of SHGs. Most of the CRP completed HSC (Higher Secondary Certificate) and graduation. All the CRP trained on Organization Development and Management, Gender and linkage building, Accounting and Credit Management, Disability and Ulcer Care and Basic leprosy.

1.2.2 Conduct workshops and meetings for policy and procedure development	4 sessions held to identify minimum requirements	Following the principal of participatory approach, project tried best to include community, staffs, CRP for developing policy procedures for organization and SHGs. Separately and jointly, series of workshop were organized to develop policy of group development fund management, AMC formation and registration procedure, develop role of AMC and CRP, saving and Credit policy development, exit and sustainability plan development and SHGs session plan development.
1.2.3 Development of by-laws, registration and other formal requirements of group recognition	4 Workshop/meetings for policy/procedure development e.g. sustainability plan, federation process, CRP monitoring etc, held. All groups have by laws and bank accounts	Project organized series of workshop with group leaders to developed SHGs by-laws that correspond with Cooperative department. All the groups have own Bank accounts with update accounting documents and other documents as well. Group members expected that all AMC will be registered by the Cooperative department of GoB. Four AMC already processed for registration.
1.3.1 Liaison with local government and like-minded NGOs	Agencies and NGOs identified and established linkage with at least 3 like-minded NGOs.	Project able to build mutual relation with 3 NGOs/agencies who contribute for SHGs members development. The NGOs are ZONTA Club, IDEA (Integration, Dignity and Economic Advancement) and CPD. ZONTA Club and CPD provided IGA training to the members and family members having leprosy and disability. Beside that project also conducted Annual project review workshop where 16 (total 23) representatives of NGOs and GoB were participated. Project team also build closer relation with Thana level Officer of social department, Cooperative Department and Members of Local Government e.g. commissioner (elected) and female commissioner. Project team keeping contact with CCULB for technical support on cooperative and saving and credit.
1.3.2 Formation of linkages and networks	1 session support for AMCs linking to second tier	A workshop was held with representative of 24 SHGs member, male-03 and female-21. The purpose of this workshop to develop a system for second tier formation. Primarily all the SHGs leaders were agree to form AMCs and AMC will be registered under cooperative department. SHGs members, CRPs and staffs also shared workshop decision with SHGs general members.
1.3.3 New groups formed/New members included	Assistance provided for including new members, 200	About 425 new members included in 136 SHGs, where 319 are female and 106 male. Project is now emphasis to include new member with existing group rather formation of new group. Now project is

	new members included	working with 136 groups with 1992 members among Female-1642, Male-350.
2.1.1 Members, especially women, have new businesses or expand their existing businesses	Market analysis completed for operational IGA trade selection	A participatory IGA assessment was completed following market analysis. Project is now following recommendation of the assessment for trade selection and IGA training.
2.1.2 Formal and informal business skills trainings conducted.	3 batches of formal and informal business skills training conducted.	Project provided business skill development support to 31 (Female and male) SHGs members. 15 of them received IGA skill development training on community based tailoring and beautification (Beauty parlor) training. 16 of them received training and financial support for starting new business e.g. cloth, fish, vegetable selling etc. SHGs provided loan to 139 persons to started the Income Generating Activities (IGA).
2.1.3 Liaison and linkage with market actors and NGOs working on marketing /export (meeting, workshop, exchange etc)	2 exchange visit completed	Project team visited Chittagong program of TLMIB to know the registration procedure from cooperative and how the association is working for community and with existing TLMIB project team. Project team also visited DSK and CPD to learn IGA training support option /program for ultra-poor community.
2.1.4 Provide seed capital support for business and emergency food support for the ultra-poor.	Provide seed capital support for operational IGA (20 SHGs) option, capital support for individuals (15 people) and emergency food support for 20 ultra-poor SHG members	After a financial assessment and account audit, 20 SHGs received group development fund (Seed Capital) amount Tk. 20000.00 for each SHGs. An agreement was signed between SHGs and TLMIB following agreed guideline of Group Development Fund. According group assessment findings all the groups received GDF are category A. Project has provision to provide emergency food support who suffered from ulcers, reaction, disability, socially isolation orexclusion resulting from leprosy and disability. The people suffer from ulcer need long term treatment and rest for recovery/cure. Considering needs and necessity, emergency support provided to 25 vulnerable people, among 12 female and 13 male.
3.1.1 Needs based provision of emergency referral and treatment and physiotherapist support for patients with complications	Needs based provision to 136 SHG members	No of 23 SHGs members(male-6,female-17) got support of emergency referral, treatment and physiotherapist support that include e.g. crutches, wheel chair, shoe etc.

3.1.2 Conduct training on ulcer care.	1 Training session for 20 participants conducted	25 participants received ulcer care basic and follow up training, of which 13 participants were ulcer patients from SHGs and 6 participants were newly recruited project staff and 6 were CRPs. 5 Ulcer Care Committee (UCC) were formed to provide ulcer care services in 21 AMC areas. In a workshop UCC developed their role and responsibilities to serve their own community.
3.1.3 Development of linkages with hospital, Dhaka Leprosy Control Project(DLCP) and other support sources (meeting, visit, workshop etc)	Two meetings with DLCP and at least 4 visits at leprosy hospital of Mohakhali, Dhaka	In this year 4 or more visits have conducted and build up a strong relationship with health service providers.
3.1.4 Needs based provision of Assistive Devices to people with disabilities	15 eligible individual receive assistive device	Project provided assistive devices to 14 members among 11 are male and 3 female, this devices include crutch, shoes and wheelchairs. Considering the complication, 23 members refer to GoB and NGOs hospital/clinic for tertiary level services.
3.1.5 Referral process for complicated cases to secondary and tertiary level health care facilities	Referral mechanism agreed and disseminated	Project is following agreed referral system of GoB and DBLM hospital. Project staff identifies complicated cases and then ask technical support to Physio of DLCP. Physio checked and in need he refer to GoB or DBLM hospital.
4.1.1 Child education support scheme initiated	Criteria for selection agreed with communities, 80 child beneficiaries selected.	SHGs themselves selected 80 students considering set of selecting criteria in SHGs monthly groups meeting. Among 51 are girls and 29 are boys and 70% of them are in primary students. According the last year final exam 98% students passed and admit in new class. Two of them did very good results e.g. 1 <sup>st</sup> and 2 <sup>nd</sup> position in class III. Quarterly project transfer education fund to SHGs account and SHGs leader with support of CRP quarterly distribute among listed students and parents.SHGs leaders/members are now monitoring the progress of their group children/s. Child education is now a discussion issues of SHGs. Through this process SHGs is learning financial management and monitoring.
4.1.2 Award for Academic Excellence	Prizes give to 3 students	Selected students have just received support from the project and two students have got academic excellence. Both are girl and got the place of 1 <sup>st</sup> and 2 <sup>nd</sup> place on class three.
4.1.3.Peer education sessions and thematic workshops	Topics identified, suitable participants	Three sessions were conducted with 69 students and 51 are girls. The purpose of this session was develop students' knowledge and skill on life skills issues, health

held	identified, 1 batch of peer education training held and 4 thematic issue meetings/workshops conducted	issues specially leprosy and disability, personal and environmental hygienic and uses of cell phone as adolescent/students. Students were oriented on six priorities issues e.g. leprosy, personal and environmental hygienic, use of cell phone
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8. Please outline progress on achieving the *output indicators* during the reporting year as set out in your logframe, and comment on your progress towards achieving the relevant milestones during the year.

Output indicator (please specify number e.g. 1.1)	Milestone (including date)	Progress (please specify % or number)
1.1 Increased proportion of self-help groups self-functioning.	Leaders representing 50% of a total of 136 SHG have participated in at least one capacity building session	Total 291 Leaders from 136 SHGs participated in 11 batches of trainings above three issues e.g. Organization development and Management, Accounts and Credit Management , and Gender Linkage & rights. About 91% participants were female. In average 2 members of 136 SHGs participated at least one or two training events. The training contents were identified by monitoring visit, CRP and staff feedback and in workshop/meetings with SHGs members.
1.2 Increased proportion of groups maintains systematic accounting and financial systems.	80% of a planned total of 136 groups have introduced Financial and account systems development procedures and training needs in this area have been identified	About 101 SHGs leaders specially treasure of SHGs participated in three batches of training on Accounting and Credit Management training. At least one member from 74% SHGs participated in Accounting and Credit Management training. Leader introduced new accounting format and system for financial management.
1.3 Increased proportion of SHG leaders are able to link with other organizations.	Formal and informal capacity building sessions conducted on linkages and entitlements with leaders of 50% of a total of 136 SHGs	About 76 SHGs members were participated 2 batches of training on Gender Linkage and Rights training among female-71 and male 5. The objective focused on linkage building with GoB and NGOs for entitlement. At least one member from 55% SHGs participated on Gender Linkage and Rights training. As a result 40 members received support from food for work by WFP, 32 members are under the safety net of GoB, (old age allowance-8 members, Disable allowance-24 )
2.1 Members, especially women, have new businesses or expand their	60% (= 1104 based on planned 1840 total SHG members) of SHG members have	Business development was an discussion issues of SHGs group and AMCs meeting. At least one meeting was conducted on business development/plan in each SHGs meeting. Beside that a participatory IGA assessment was done where

existing businesses	increased knowledge and skills in business development through formal and informal session	54(Female 48 and 6 male) SHGs members shared their needs and market trend. Project provided financial and technical support to 30 female members for new business.
2.2 Members, especially those affected by leprosy, have three full meals a day.	20% have 3 full meals per day	An annual survey yet to be done but according the IGA monitoring report about 173 members (34 from project supported and 139 from own savings supported) started new business and they are earning average 200/250 taka per day.
2.3 Members have minimum accumulated savings (or capital build-up) a year.	Average member savings Tk.5000	New 425 members included in 136 SHGs among 319 are female and 106 male. Nowadays average group capital BDT 60500.00 and average saving of each member BDT 4123.00 which baseline was DBT 3750.
3.1 Self-care skills of leprosy-affected individuals and their families increased.	50% (approx 138 assuming ulcer care required by 15% of planned 1840 SHG members) of ulcer patient received ulcer care services (e.g. wound dressing, washing, medicine, self-care training) by self/family member/ulcer care team	25 participants received ulcer care basic and follow up training, of which 13 participants were ulcer patients from SHGs and 6 participants were newly recruited project staff and 6 were CRPs. Project formed 5 ulcer care committee in where 25 members are in the committee at 21 AMC area and have developed the role and responsibility of the committee through participatory way.  Among 2.5% number of SHGs members are suffering from ulcer and 23 number of received ulcer care support from TLMIB . Project trained 19 members including CRPs. Among 13 participants have suffering from ulcer who were interest to support other ulcer patients. 5 ulcer care committee were formed who will work under 21 AMC to support other ulcer patients. During the training responsibilities of Ulcer Care committee defined.
3.2 Timely referral of leprosy complications cases to suitable hospital	Referral system established and 21 CRP trained on referral system	All CRPs (21) were trained on Ulcer Care including referral system for tertiary level service. About 23 people with ulcer complication refer to GoB hospital and DBLM hospital for tertiary care support.
3.3 Assistive devices are provided to those in need.	All SHG members (plan 1840) assessed for need for Assistive Device(s) and 20% of eligible individuals have received a device	14 SHG members (Male-11, Female-3) were provided with assistive devices (crutch, shoe and wheelchair). Project is always taking care on it and quick responded to delivered the assistive devices in need.

4.1 Improve school attendance	Criteria for selection agreed with communities and 80 child beneficiaries selected by SHGs	Project selected the student by the group meeting design of SHGs. Project staff made a network with school authority and monitoring the attendance and trying to improve the attendance.
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**9. Please outline progress on achieving the *outcome indicators* during the reporting year as set out in your log frame, and comment on your progress towards achieving the relevant milestones during the year.**

<b>Outcome indicator</b>	<b>Milestone (including date)</b>	<b>Progress (please specify % or number)</b>
Improved leadership and management of self-help groups	Organizational assessments conducted for all 136 groups	<p>According the assessment result 33% group maturity level (Grade A), 40% group in grade B and 35% are in Grade C. 3% groups improve from grade C to grade B (baseline was B 37% now 40%). Financial audit was done to assessment the quality of financial management specially SHGs of grade A. According the audit report 20 SHGs were qualify for Group development Fund (Seed Capital). Average BDT 20000.00 was transfer to quality 20 SHGs as Group Development fund. 4 AMC associate of 28 SHGs are processing to apply for Cooperative registration. About 41% SHGs are conducting monthly meeting by themselves and they are capable document meeting and progress.</p> <p>Average group saving was BDT 45000.00 (in 2012) , now it is BDT 60500.00 and average saving of each member BDT 4123.00, increase 425 member in total (baseline SHGs member was 1567 now 1992)</p>

**10. Please comment on the *impact* of your project to date as set out in your logframe, and comment on your progress towards achieving the relevant milestone during the year.**

<b>Impact</b>	<b>Milestone (including date)</b>	<b>Progress (please specify % or number)</b>
1. Improved health and socio-economic status of project participants	15% improvement on baseline data	SHGs members are involved with many income sources than previous, in this year total 173 members started new business (34 members from project supported and 139 members received loan from their own savings). In this year 49 members and member of their family have got the new job in the Garments sector, driving and education sector.



		SHGs increased their average savings in previous per members savings was tk. 3750/-now average is tk.4123, tk.373 has increased and average Groups savings is 60500/ in previously it was 45000/, so increased tk. 15500/than previous year. And average group income was 6000/ in previous year now average income is tk.8000/ so, tk. 2000/ has increased than previous year.
2. Members and their families have improved access to their entitlements specifically social services, health and education.	Identified 50% linkage building initiative with relevant Thana level social department, GoB hospital, primary school established	<p>A list of services provided already developed including GoB department and NGOs working with vulnerable communities. Project staff and CRP already build a positive relation specially with health, social welfare department and school authorities to increase accessibility to need based services for SHGs members. SHGs members were also oriented in training and SHGs meetings about services available for them in different GoB department and NGOs. Most of members with disability included in a disability survey recently done by social welfare department of GoB. About 8 SHGs members receiving old aged allowance and 24 members are receiving disabled allowance.</p> <p>Beside that most of the members have oriented on health service /opportunities available from GoB and NGOs. Project trained 25 members on ulcer care as well as people suffering from ulcer receiving ulcer care service and need based assistive devices from project and DLCP clinic. Members also been linked with Mary stopes clinic, PSTC and other NGOs managed clinic.</p> <p>Project also has linked with other TLMIB project where about 500 students received education support through SHGs.</p>

**11. With reference to Q45 of your original application form, please report on progress to date against the Scottish Government programme level indicators.**

Indicator	Base line indicator	Progress to date
<b>D4</b> Increased promotion of gender equality and the active empowerment of women and other excluded groups in civil society organisations.	Currently, participation of women is very minimal especially in capacity building initiatives. Group memberships stands at approx. 80% are female and 20% male, yet only 40% leaders are women	Achievement on women empowerment is remarkable. In key leadership position of SHGs e.g. Chairman, Secretary and treasurer are about 90% are female. Nowadays about 82% of SHGs members are female.

<b>D9</b> Increase in output of existing economic activities, through e.g. expansion or diversification.	Most existing businesses of SHG members are basic, functioning only in limited income augmentation. Baseline and target data will be obtained in early project stages	About 34 members were started new business with the support of projects and 5 members also able to expand their business. Project is also working to link with other organization who work of livelihood development.
<b>D10</b> Increased number of new business start ups	Currently 35% of members are doing businesses , among them with less than 30% of those being run by women, over 70% by men	At present project holding 136 SHGs and total 1992 members among of them 173 members, female 142 and male 31 are started new business in this year. So 9% members are included with new business.
<b>D12</b> Increased number of training opportunities in relevant skills and business related areas	Previous project stages have trained (170) 11%, among 60% female and 40% male	This year 291 SHG's members were participated in 11 batches of training where 94% and at least 70% SHGs leaders participated at least on/two training session.
<b>D13</b> Increase in employment opportunities in country	5% SHG members are currently employed, mostly working in the garment industry or as domestic servants	Newly 49 members were joined in garments industry with the support of SHGs members and staffs.
<b>D20</b> Increased access to local health facilities and increase in the number of people accessing these facilities particularly the rural poor	At present 30% of leprosy complication cases are referred to local health facilities, no data available on time scales for treatment but anecdotally these are longer than is best for the patient. 22% of disabled project participants have received assistive devices.	In this period 23 leprosy complicated case are referred to GoB and DBLM hospital and 14 leprosy disable received assistive device support.

**12. If progress towards delivering activities and outcomes is slower than planned or there have been delays in the delivery of the project, please explain:**

**a) What the issues have been and whether they were highlighted on your risk register?**

**b) What actions have been taken in response to these issues?**

<b>Issue</b>	<b>Action taken</b>
Fund was received in delay due to NOC from	Utmost effort was given to collect NOC but it took

GoB	huge time.
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Response to Previous Progress Reviews

<b>13. What action have you taken to respond to comments made by the Scottish Government on previous progress reports?</b>	
<b>Scottish Government's Comments</b>	<b>Action taken</b>
This is the first Annual report to Scottish Government	

Further Information

<p><b>15. What lessons have you learned during this reporting period?</b></p> <ul style="list-style-type: none"> <li>• SHGs were gradually practicing their roles and responsibilities in community which will help in future to form a sustainable federation.</li> <li>• Area Management Committees were performing their responsibility in a satisfactory way by selecting needy students, suitable IGA for proper person by discussing with respective SHGs through participatory way.</li> <li>• AMC were monitoring the responsibility of Community Resource person (CRP) in good way and students were also routinely followed up by them.</li> <li>• Female involvement in leadership level position was encouraging and they were found to execute their responsibilities well in SHGs and AMC level.</li> <li>• Student support project from Netherland supporting country is so helpful to the SHGs member's children it is a great contribution to sustain the SHGs in future. By continuing this support, student from leprosy affected disable family and marginalized family would have an opportunity to integrate with mainstream society. This support will have a significant impact to reduce the child labor of the county by making skill and educated human resource</li> <li>• Group development fund support to the SHGs is a milestone of financial development i.e. to involve with business and different types of IGA. Through this support SHGs are able to provide loan among their members as per their demand and they are operating their business to survive their lives easily in the community and establish their rights.</li> <li>• Strong unity was observed among Shelf Help Group (SHG) to get a registration of AMC from Cooperative dept of GoB that can bring positive change to improve their life.</li> </ul>
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<p><b>16. Please make any further comments you feel might help illustrate your progress (not exceeding 250 words).</b></p>
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## Ticket to change life

Project title	: Dhaka Community Based Rehabilitation Project
Programme	: South Asia
Organization	: The Leprosy Mission Scotland
Interview date	: 06.03.2014
Interview type	: Dialogue with the person
Source	: SHG
Name	:Mrs. Salina Begum
Age	: 38
Anonymous	: No

### Case study background:

Mrs. Salina Begam, wife of Mr.FirojMiah is 38 years old. She is living at Outfall 14 no Maniknagar area of Dhaka city. She is a dynamic leader of the group named “GolapMohilaUnnayaSomity”. She is very energetic and industrious women. Her husband was a leprosy patient (MB) from Maniknagar clinic and she has three daughters and one son in her family.

At the early time of her group, she was a general member but her capability, leadership skill and quick intelligence made her as a group leader “President of the group”. She lives with her family in a slums area by continuously facing a hard life. But she did not worry about that because he knows that SHG’s members are always with her. So she decided to receive loan of Tk. 3000/-(Three thousand) from her group and started a small business of “Tea stall”. She invested her maximum time in this business and made it profitable.

At that time she was thinking about the alternative business and further she applied for loan of Tk.5,000/-(Five thousand). She bought a goat with three kids and started “Goat business”. Through her hard labour, she made it 8 goats and by selling goats she bought a cow. She gave her physical labour as much as she could and sold milk of cows in various place and earned money. In this way, she made profit and bought another cow. Now she has 6 big and 4 small cows. She received loan from the groups 8 times with different amount and she is continuing her business very successfully.

From this profit of business, she is managing expenditure of education of her three children. Her two daughters have already completed S.S.C. level and one son has passed H.S.C. level. She has made her house in two storied building for using it as rental purpose and by this she is earning additional nine thousand taka per month. She has also side business of “Cloth” and this is another source of income. Salina and her family are very proud with her business and she is now role model among group members.

Though she is a leprosy family member but she did not ever stigmatized for this in her family and society as well. Like other people in society, she is also participating in marriage ceremony, birthday party and any kinds of social gathering.

### Quotes:

1. Project can brings a change of leprosy affected family through if the members to be committed to this/her responsibilities.
2. It is possible to develop the capacity of women leaders through skill development training support i.e. Leadership and organizational development, Accounts record keeping, Gender linkage and rights, Formal and informal IGA business etc.



**Figure: 1 Salina Begum and her husband taking care of cows**



**Figure 2. Salina Begum alone in the field taking care her cows**