

The Leprosy Mission Canada Progress Report Template

PROJECT INFORMATION

Organization's Name	The Leprosy Mission International Bangladesh
Project Title	Gaibandha-Jaypurhat Leprosy Care Project(GJLCP)
Project Location	Gaibandha & Jaypurhat district of Rajshahi Division
Project Start Date	1 January 2013
Project End Date	31 December 2015
Reporting Period	1 January 2014 to 31 December 2014
Report Completion Date	10 February 2015
Project contact name	
Title	
Telephone	
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Skype	

EXECUTIVE SUMMARY

GJLCP completed another year with relatively better country situation than the previous year. A stable country situation makes a significant difference for achieving the target as well as to serve the people. Focusing on the project goal, GJLCP staff have contributed to ensure increased access to holistic leprosy services, improved livelihood status, able to exercise their rights and are aware of environment. To progress towards the goal, the team have contributed to achieve the objectives. That is to ensure effective partnership is being built in different sectors of the community, proper treatment are ensured as well as integration takes place in the upazilla health complexes, continuously make the community aware to change their view on Leprosy affected community and advocate for them, involve the effected person and their family in socio economic development to ensure they have a dignified life, access their right, the self-stigma reduced. With a view of sustainability of our services, GJLCP looked to engage partner organization in the local area to share the support of Leprosy. We also wanted to strengthen the self help groups and the patient as individual to equip them for taking the future role when NGO operation will be limited. After training 120 leprosy patients, we are continuously using them for their view and input in different forum. Group are empowered by visiting other project groups/federation to Through this process we have received the support of Govt. Health Department, social welfare department, local community leaders, community people, NGO partners as well as TLMIB projects.



Inclusion



Integration



Empowerment

Legend:

Inclusion- Leprosy effected person having tea a common tea stall

Integration – Govt. Medical Officer investigating ulcer at Upazilla Health Complex

Empowerment – Graduate students from SAMMAN tailoring centre received sewing machine

OVERVIEW OF ACHIEVEMENTS

GJLCP is a combined project of both vertical leprosy control activities as well as Socio economic development of the leprosy effected persons. As a result it looks to address both the physical and social need for the leprosy effected community. Being a partner of National Leprosy Elimination Program, GJLCP is focused to achieve certain health related targets. As per the MYP document, we have managed to achieve the leprosy prevalence rate 0.4/10000 for Jaypurhat district and 0.81/10000 for Gaibandha district. Even though this is the overall district wise rate, there are pocket areas at upazilla level, where case detection rate is still high. The seasonal migrated population in this area are much higher which is difficult to control the case burden. The WHO target for Grande II disability is <5% and GJLCP managed to maintain a rate of 6% which reflects our good awareness program and early case detection. The passive case detection rate is 85%.

The project looked to complete two Self Help Group federation at upazilla level by December 2013 and to have NGO partnership. But the political situation in 2013 did not allow us to complete that. In 2014, we have managed to achieve those targets. Two Federations have been formed in both Gaibandha & Jaypurhat District. 20 groups are under each federation. Ten partner NGOs have agreed to be a partner and provide their support for leprosy affected community by referring, involving the Leprosy Patients in their service delivery.

All five upazillas of Jaypurhat and two upazilla of Gaibandha have agreed to continue the integrated leprosy service from the upazilla health complexes. A simplified agreement would be done with local health department and be implemented.

Advocacy workshop at the union level is still continued which is bringing better result in terms of establishing link between the local leaders and leprosy community. Direct financial support are being received by the self help groups. SAMMAN tailoring centre, being a successful approach, moved into two new areas to cover wider group of disadvantaged.

The registration of the SHGs are a continues struggle. The rules and cooperation of the cooperative department are not helping the groups to be registered. 3 groups have managed to be registered with their own initiative and fund. GJLPCP is continuously advocating for the remaining groups.

Following are the detailed achievement against the targets of 2014:

	Activities	Achievement	%
	Objective 1: Build effective partnership for a sustainable change in community towards leprosy affected person		
1.1	Installation of informative Sing Boards, billboard, Wall writing,	35	100%
	Wall writing	58	100%
1.2	Development and distribution of printed and digital IEC materials	20000	100%
1.3	Disseminate HE & awareness message through Miking performed by beneficiaries /volunteers	122	102%
1.4	Folk Song by the expert local team	1600	100%
1.5	Information through car program in the remote area	188	99%
1.6	Orientation on leprosy to school and college students and youth club members		
	School	100	100%
	college	17	100%
	club	34	101%
1.7	Orientation on leprosy to other NGO women groups 30% of remainig groups coverd	400	100%
1.8	Conduct KAP Survey	-	0%
1.9	World Leprosy Day Observed	2	100%
1.10	Facilitation for World Women Day Observedby women affected by leprosy	2	100%
1.11	Conduct Advocacy Seminar with different stakeholders on leprosy covering 70% union within this phase.	24	100%
1.12	Provide Training on leprosy among remaining Village Doctors in Gaibandha and Joypurhat.	2	100%
1.13	Provide Training on Leprosy to Religious Leader covering 55% of listed number.	2	100%
1.14	Provide Training on leprosy for Family Planning Staff training covering all listed FPS.	8	100%
1.15	Engage Community Voulnteers as a partner .	115	100%
1.16	Trained beneficiaries group for better input in the program.		
1.17	Arrange meeting with partners to identify their SW, objectives, activities		
1.18	visit individual partner's activity to know their practical situation.		
1.19			
1.20	Arrenge workshop with partner to follow up of MoU	2	100%

1.21	Basic leprosy training for all partners	2	100%
	Form a team with partner , beneficiaries to work under a TOR and monitor the mainstreaming process and document	0	0%
1.22			
	Objective 2: Redution of leprosy case loads among the targeted population and strengthen functional integration within project area.		
2.1	New case detection & treatment	368	105%
2.1	To conduct contact survey for all newly diagnosed patients	406	116%
2.2	To conduct survey with extended contact of new cases and existing on treatment patieints	178	101%
2.3	Continuation and support of clinical activities	14	100%
2.4	Provide counselling support for patient	51	101%
2.5	Provide training on basic leprosy and complication managment of nursing student .	60	100%
2.6	Arrange Govt.And Non Govt.medical officer training	0	
2.7	Arrange skin camp for targeted upazillas for integration.	6	100%
2.8	Training to GOB health staffs on leprosy complication(Sadullpur 40 Joypurhat 30,Panchbibi 30)	5	166%
2.9	Maintain relation with Govt. partner NGOs by attending regular meeting programs	48	100%
2.10	Conduct CTST meeting with Govt. staffs to strengthen integration (3 integrated upazillas)	12	100%
2.11	POD training for TLCA at DBLM hospital	3	100%
2.12	Ensure for a separate area for women patients for diagnosis at Govt. clinics		
2.13	Workshop on integration involving Govt. and other stakeholder(3 Jay)	3	100%
2.14	Development a plan of action and function case didection,confirmation and MDT supply by GOB. in 3 upazilla of Joypurhat	0	0%
2.15	Orientation to leprosy affected people and community laderson as preperation of new integrated upozillas	3	100%
	Objective 3:The incidence of physical disability of both leprosy and for other reasons will be reduced through preventive measures and services		
3.1	Provide Traning on Ulcer and reaction management of leprosy for Govt. Health staff	0	0%
3.2	Refer complicated patients to specialized centers for further management	36	180%
3.3	Provide medicine for complication patient management	45	112%
3.4	Nutritional support for complication patient (40/1500 per)	39	97%

3.5	Conduct base line Nerve Function test for 350 new leprosy patient.	369	105%
3.6	Provide Physiotherapy services all new & old cases1500	1679	111%
3.7	New Footwear supply	1094	109%
3.8	New Model Footwear(leather shoe)	161	134%
3.9	Repair Old Footwear Repair	361	120%
3.10	Supply Crutch	46	115%
3.11	Modified Spoon supply(GJLCP-50,FSUP-20)	43	105%
3.12	Modified hand gloves supply(GJLCP-50,FSUP-20)	45	110%
3.13	Modified farming equipment supply(GJLCP-50,FSUP-20)	40	107%
3.14	Universal holder/ Belt supply(GJLCP-10,FSUP-5)	11	110%
3.15	Formation of self care groups	12	100%
3.16	Provide Ulcer Kit Box	0	0%
3.17	Conduct training on Ulcer Management for Patient & family member (120 participant)	2	100%
3.18	Provide Training on Footwear for Community Footwear Technician (36 participants)	N/A	N/A
3.19	Increase awareness on POD among Self Help Groups	N/A	N/A
3.20	Conduct Eye screening camp for eye complication patient	128	106%
3.21	Provide optical devices		
	Power Glass	48	160%
	Sun Glass	44	88%
3.22	Provide eye surgery & referral support	16	80%
	20 referral services	0	0
3.23	General Disabled clients selection	38	76%
3.24	POP for Club foot clients	24	69%
3.25	Referral for surgery , therapy, & devices	8	100%
3.26	Supply assistive devices	42	63%
3.27	Networking and lobbying for assistive device from other NGOs	100%	100%
3.28	National & Intl disability day observance	2	100%
3.29	Parents Gathering of disabled clients		
	Objective 4:Strengthen sustainable community based approach to ensure dignity & rights of leprosy affected people and marginalized community		
4.1	Provide Income generating training for badly deformed patient & or family members		

4.2	Productive Asset transfer among the trained clients(4.1)		
4.3	Lobbing for Govt. Welfare grant from Social welfare and others sources(VGD/VGF card,Disable allowance, Widow allowance etc.)	31(VGD - 19,Food for work-5,old age 5,disable 2)	258%
4.4	Provide skill training for sustainable livelihood/ employment(IGA)		
	Tailoring	40	100%
	Computer	8	100%
	Mobile	8	100%
	Electric	4	100%
4.5	Productive Asset distribution for trained clients		
4.6	Provide Business Management training for Groups	24	100%
4.7	Provide skill training for staff on group management training business management training lives stock,human rights.		
4.8	Stergthen group nurturing by voulenteer engagement	115	100%
4.9			
4.10	Arrange reguler Group Visit to improve there performance (Group Leader)	24	100%
4.11	Conduct other project group visit (Group leader) for fedaretion formation	2	100%
4.12	Registered 150 groups under social welfare woman affairs or cooperative	3	6%
4.13	Provide tailoring training through SANMAN centre	3	100%
4.14	Provide seed capital among self help groups	40	100%
4.15	Asset transfer to groups and individual	0	
4.16	House repair for destitute clients	0	
4.17	Provide educational grant for secondary/higher secondary student	60	100%
4.18	Provide training for adolescent age group within target population	2	100%
4.19	Tree plants distribution among the group member(Fruit & Timber)	2000	100%
4.20	Disaster awareness session for group member		

CONCLUSIONS & OUTLOOK

Lessons Learned (*maximum 300 words*)

- Partner's are showing Positive attitude to work together to reduce the stigma, finding new cases, advocate for the leprosy effected community.
- Govt. health staff including Medical Officers are taking active role to provide service for complication management into the existing Upazila health centres
- Leprosy Integration process is being delayed due to specific Govt. policy and lack available Govt. staff in the health complex
- Regular relation with the health department have made possible to receive general medicine from the existing Upazilla health complexes.
- Target of the leprosy elimination 1/10000 already been achieved at the end in 2014. Now the prevalence rate is 0.70/10000 population.
- Target of the deformity grade 2 increased 5%-5.7% (Increased by .07% that means there are more MB case still hidden and late diagnosed in project catchment area.)
- Children are still vulnerable within the project catchment area (7%)
- Self –help group are more excited to see the formation of group federation for further development of their organization.
- The continues support for the group members have encouraged them participate more actively which have increased their performance score
- Self care groups and ulcer KIT box distribution among the ulcer patient, have maintained the reaction and ulcer management improved rate over 88%
- Increased the livelihood opportunity for the trained beneficiary by providing sewing machine
- In support of AEP an rehab fund, provided boxes among the SHGs ensure safe keeping of records
- Social stigma against leprosy are still exist in the community
- Increase of social safety net grant for the leprosy patients highlights the positive change of the community

Work plan for next half year (*maximum 300 words*)

Installation of informative sign boards-93, Health awareness through Miking-30, Folk song performance 600, Information program through car-90, School, 50, College -8, Club-15, NGO's woman group-200, World Leprosy Day-2, Woman day-2, Advocacy seminar 12, Village Dr. Training -2, Religious leader training -2, Family planning training -4, Community volunteer engage-115, New case detection -175, Contact survey-175, Extended contact survey-90, Continuation of clinic activity-9, Counselling support-25, Nursing student Trainin-60, Skin camp-6, Health staff training on leprosy complication-3, Regular meeting with Govt, CS&DC office-24, CTST meeting-18, POD training for GOB TLCA-3, refer complication patient-10, Provide medicine -20, Nutritional support-20, Base line nerve function test-175, Physiotherapy service-800, New foot wear supply-500, New model foot wear supply -100, Foot wear repair-200, Supply crutch-20, Modified spoon -20, Hand gloves-20, Farming equipment-20, Universal belt-5, Self care group formation-12, Ulcer Kit box-60, Eye screening-60, Power glass 15, Sun glass 25, Eye surgery -10, General disability client selection-30, POP for clubfoot -20, Refferal for surgery-4, Supply assistive devices-4, Network and lobbying for assistive devices-2, National disability day observe -2, Lobbying for Gob. Welfare grant -6, Skill training for sustainable livelihood-60, strengthen group nurturing by volunteer, 179, Inter group visit -12, Trailoring training to Samman-3, Provide Seed capital 40 group, Educational grant -60,



Important events / challenges to come (*maximum 200 words*)

- a. To work in a stable country situation and provide quality service for leprosy
- b. To plan for the next phase for GJLCP
- c. To make functioning of the integration services and to motivate local health department
- d. To functioning of the Federation and forming of new ones
- e. Govt. Registration for Self Help Groups and federation
- f. Prepare for the project term-end evaluation in Mid 2015
- g. Smooth functioning of the project with a distance leadership
- h. Important event - External Audit – February
- Annual Staff & Stakeholders' meeting

RESOURCES

Please attach human-interest stories (with photos) of people/families benefited by the project (Reference Schedule B – Resource Guidelines in the Project Funding Agreement)

Resma`s desperation-

Name: Resma, age: 20, Vill: Parulia, Sador, Joypurhat is a simple village girl of a poor family. Her uncle was affected by leprosy and received treatment from GJLCP. Although her father wanted her to get married but could not succeed due to their economical condition. The groom's family was asking dowry from Resma's Father. Resma was desperate to do something for her father and family. She came to know about GJLCP from her uncle and applied to be trained from SAMMAN Tailoring centre. She received a six month training from SAMMAN. She also received a Sewing machine after completing the training successfully. She learned how to sew as well to market the cloths among the clients. Resma started her own tailoring from her house(which is common in the village). She started to earn taka 100 to 150 daily. Which helped her father as well as attracts the attention of the community. After a few days she got married without any dowry and now living with her husband peacefully. Resma was desperate and wanted to change her condition. GJLCP provided that scope and opportunity only.





LIFE IS STRUGLE

Md. Belal, age 45 was a MB patient under Udakhaly clinic, Upazilla Fulchari of Gaibandha. He was having a small family with her wife and only son. He used to work as a Factory labour in Chittagong city for long time. During his working period he got leprosy but could not understand what happened on his body. He felt both hand, feet and one eye are getting weaker day by day. Gradually he got deformity during working period in Chittagong. The authority of the Factory terminated him from his Job . He return back his

home with empty handed. Through the folk song team of GJLCP, he learned about leprosy symptoms and went to the clinic. There he was diagnosed as MB patient and advised to take treatment for 12month. At the diagnosis time he got multiple deformity –Both hand claw, both foot drop and lagophthalmos(eye) also. Being out of work, he was unable to ear anything for his family. So within a few days his wife left him and his son behind. In this situation GJLCP was beside him with counseling support how to restore his condition. We encourage him to get some lone and start a small business. Continuously we are providing his suggestion and support to maintain his earnings.