End of the Phase 2 Evaluation Report
Chittagong Hill Tracts Leprosy Control and Rehabilitation Project
2008-2012

The Leprosy Mission Bangladesh
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Conducted by:

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ACRONYMS AND DEFINITIONS

CBR	Community Based Rehabilitation
CBSG	Capacity Building Service Group
CHT	Chittagong Hill Tracts
CHTLC&RP	Chittagong Hill Tracts Leprosy Control & Rehabilitation Project
FGD	Focus Group Discussion
GOB	Government of Bangladesh
HH	Household
HR	Human Rights
HSC	Higher Secondary Certificate
IEC	Information Education and Communication
IGA	Income Generating Activity
IT	Information Technology
KII	Key Informants Interview
LCDA	Leprosy Control and Development Assistant
LFA	Logical Framework Analysis
LMNZ	Leprosy Mission New Zealand
MB	Multi Bacillary
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MDT	Multi Drug Treatment
MRA	Micro credit Regulatory Authority
MTR	Mid-term Review
NZ	New Zealand
PB	Pausy Bacillary
PD	Programme Director
PL	Programme Leader
PM	Programme Manager
PO	Programme Officer
POP	Plaster of Paris
PS	Project Supervisor
PRSP	Poverty Reduction Strategy Papers
PT	Physio Technician
RL	Revolving Loan
RLF	Revolving Loan Facilitator
SHG	Self Help Group
TA	Technical Assistance
TLMI-B	The Leprosy Mission International-Bangladesh
ToR	Terms of Reference
ToT	Training of Trainers
UCC	Ulcer Care Centre
UZ	Upazila
WASH	Water Arsenic Sanitation and Hygiene

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The Evaluation Team

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EXECUTIVE SUMMARY

The Leprosy Mission International, Bangladesh designed and implemented a five years project to eliminate leprosy and prevent malaria from 2002 to 2006. Following the project, in 2007, TLMI had undergone a series of review and planning exercises, and the result of which contributed to the design of phase II (2008-12) of the project and was named as Chittagong Hill Tracts Leprosy Control and Rehabilitation project.

The project is jointly being funded by TLM Scotland and TLMNZ, who has also secured funding until December 2015 for the continuation of this project. In June 2012, the project management with the consent of relevant stakeholder decided to undertake an evaluation of CHTLC&R project for the period from January 2008- June 2012. Capacity Building Service Group (CBSG), a local development-consulting agency carried out the end of phase evaluation of the project in July-September 2012.

The objective of the evaluation is to assess the effectiveness of the set strategies (objectives) to achieve the intended goal. It will seek to analyze the progress made by the project to meet its objectives and goal over the past 4 ½ years, and suggest if there is any need/justification for further continuation in order to better impact on the lives of the targeted beneficiaries in a sustainable manner. In that, the evaluation will particularly focus on three areas of effectiveness, impact and sustainability.

The Final Evaluation of the Phase 2 of CHTLC&R project followed participatory and mutually supportive approaches, beginning from designing/planning, and data collection to analysis of findings. The methodology included a combination of quantitative and qualitative investigation techniques to assess the phase-end status of project along with results achieved. The techniques employed were desk review, sample surveys with various categories of target people and groups, FGDs, Key informants interview, case studies and observations.

The CHTLC&R project is designed to reduce the vulnerability of the people affected by leprosy, PWD and the marginalized people living in the 3 CHT districts. Together with the target beneficiaries, the project is looking at the needs and priorities of the communities they live in, the opportunities within, and the rights and responsibilities of communities as a whole. The project follows a holistic or total community approach in achieving the overall goal of improved well-being of target people through addressing all relevant stakeholders and covering wide range of deliverables.

The community development approach is strongly evident in sequencing activities of the project as they included essence of self-determination, working and learning together, sustainable communities, participation and reflective practice and most importantly promoting skills, knowledge, confidence of the individual and communities as well. The strategy of developing and nurturing 125 self-help groups and centering activities around the group are considered an effective approach to community development.

The project is attempting to support leprosy affected and disabled people and to mainstream them with the mainstream communities through a community-based approach. Providing treatment support to the people affected by leprosy, and Persons with Disability (PWD) in hard to reach mountain and hilly areas, creation of groups within communities they live, providing them a chance to unite with the larger communities, giving them knowledge and aware them about their rights, promote reflection-action strategies for better understanding of issues to combat, giving them skills for improving their productivity and inspire them to generate collective savings and providing them small capital to revolve are **truly coherent actions** the project has undertaken. The advocacy campaign of the project for their rights of leprosy affected, disable and marginalized people in order for larger social integration and recognition is undoubtedly, a noble and relevant effort.

Under the Objective one of the project, the conditions of health of the target group in the project areas, has found to be significantly improved, though there are scope for further improvements and deepening. Knowledge on health related issues (including WatSan, nutrition, and health behavior) have been scaled up and widespread now than before, more patients are now covered under self-care practice etc. The important outcomes attained are: reduced rate of leprosy prevalence (from 2.24 to 0.79 per 10,000); reduced of disability rate among new cases (from 14 to 11.25%); new UHC staff oriented/trained (more than 80%), increased demand for and practice of improved WASH means/methods (thanks to the NGOs working the area) and improved knowledge of health issues among community members.

Likewise, project's achievement in economic situation of the target groups in terms of Objective 2 can also be ranked as satisfactory. Against only 96% irregular savers (or 4% regular savers) before the project, now all the member are savers (at the rate of Taka 47 per month), and so far deposited on an average Taka 1078 to the respective SHG/bank. They are now increasingly utilizing skills training provided by the project (56%) in the IGAs. Average income of all the target group household is estimated at 5,854 a month, close to 50% being contributed by the target members. Of the total members, 76% claimed that their income has increased compared to baseline. About 72% respondents have either undertaken new business or expanded (scaled up) ongoing IGAs. A good number of them can operate their business efficiently and demand for new or more loans to undertake/scale up their business. However, with few exceptions, the group members are still not matured enough to operate the groups on their own.

The project's overall achievements against Objective 3 and Expected Outcomes can be termed as 'moderate' (not that satisfactory). Of course the target people's ability has improved, and their knowledge/awareness has improved, but the overall movement towards Objective 3 and related Outcome is not yet at an expected pace. Though target group and community people have been more or less successfully trained/oriented, people affected by leprosy/PWDs in the remote areas are not entirely included in the mainstream events (festivals, ceremonies, functions etc.). Though few target members have reportedly access (or established access) in government facilities (like UHC), however people affected by leprosy/PWD and even the majority marginalized people, as the survey findings suggest, do not have easy access to the government safety net Programs as they are historically excluded from the society. They are not yet ready (or prepared) to voice their rights. Raising voice and establishing their rights will take more time and further facilitation would be required. One of the important reasons is limited knowledge of the staff, especially the field level ones, about right issues and mobilization of the community.

The evaluation team observed that special emphasis is increasingly given to women. Not only women members are increasing, women are now encouraged to shoulder leadership and other responsibilities. Of the total members, 55% are women. Mixed group approach is working well. However, staff needs to be further oriented on gender issues and rights of women, and thereby the target groups. Project needs Module based training on Gender and Human Rights, preferably together.

The target members need more support and facilitation to become self-propelled as they lack ability and confidence. One should keep in mind that the majority target people are indigenous people having limited exposure and mobility, they are isolated socially and physically (in terms of communication and transportation) and there were political disturbances in the project area for years together.

Major factors, among others, enhanced the overall achievement of the project

- Total community (holistic) approach involving target groups, community members, community leaders, school teachers, students, UHC, local NGOs etc. in one hand and providing/arranging wide range of services not only for improving health, but also for overall socioeconomic development on the other.

- Group based working strategy has been very effective in building capacity of target people supporting their socio economic development. Forming and developing mixed group in terms of gender (both male and female) and ethnicity (Bengali and Indigenous people) is also proved to be a successful approach.
- In order to ensure easy access to community people, selection of volunteers from among them to do work as 'Peer Educator' is an effective approach. These people know the community and stakeholders (in particular their language and culture).
- Seeking cooperation from community people, beneficiary in particular, to repair/build house for people affected by leprosy is working well. Project assists people affected by leprosy for repairing their houses in a partnership arrangement (through contribution in terms of labor and material resources from community and the recipient). This initiative also brings ownership and commitment of the target group and the community people toward the people affected by leprosy.

The important constraints that hampered or slowed down the project include

- Limited or low level of knowledge and skills, of course with few exceptions, of staff (especially of LCDA and Volunteers about the rights issue and group management) and they need further training with provision of refreshers courses.
- Embargo by MRA to operate Microcredit program. Project has so far disbursed seed money to only 21 SHGs (17%) and provided credit to some 40% members against huge demand for loans.
- Training, especially the skills development ones is always not demand driven. Instead of identifying and selecting by respective SHGs, the project staff/volunteers sometimes select them as proper needs assessments are not executed. Poor monitoring and follow up is another reason for low utilization of skills training. Refreshers courses are seldom organized. Project lacks module for conducting training.
- Recapitulated, had there been no such project in place, the people in project area, particularly the target groups would remain isolated and excluded with little or no socioeconomic development, and stigmatized, majority uncared and some under the care of traditional healers.
- At group level, all members are not yet taking part in the discussions during meeting, and in this sense the decisions are not totally participatory and democratic or demand driven; meeting minutes are by and large maintained by the staff, particularly in developing and struggling groups, and in some cases in advanced groups too. Group members are not fully aware that groups are 'Self Help' ones. Book keeping by the group members has started in few groups (limited to pass books), while some of the groups do not have a literate member to write books and records.
- Sustainability is also a complex and intricate issue and involves critical analysis. It appears that CHTLC&RP has started advancing forward towards gaining organizational sustainability through forming and strengthening SHGs. Along with this effort, it is also equally important to sustain the behavioral and attitudinal changes of target groups, their family members and other community people as a whole. As part of 'total sustainability' at community level, these types of 'qualitative' changes need to be prioritized from designing through implementing of development interventions so that at the end it would be worthwhile to develop an exit plan. The team has experienced that still the group members are not aware of sustainability of the SHGs.

The key lessons learned during implementation of the project include

- It is possible to achieve results to a satisfactory level in a project working with hard to reach people and areas provided it has a fleet of committed staff, most of them are 'son or daughter of the soil', know local language, culture and behavior etc.
- Instead of one-to-one approach, project has adopted a multi-stakeholder approach involving a host of direct and indirect beneficiaries/partners, most importantly the local/community leaders, and that helped in achieving the expected outcomes/results more easily and quickly. For inclusion/ mainstreaming and accessing the facilities and opportunities the target groups, this approach was very effective.
- Since the project involved the community people and leaders in its implementation process, a sense of ownership and participation has developed in community, easing the access of and staff to community with the development approach.
- Establish relation and collaboration with Upazila Health Staff, District Surgeon and other district level official, providing training to UHC Staff, and setting Office at Upazila Health Complex helped a lot to make the services effective and sustainable. Now the project beneficiaries not only get leprosy related services from government health offices, but they started claiming treatment for other diseases and illness.
- The project has established cooperation and linkages with local government (agriculture, livestock, fishery and social welfare, health departments) and local NGOs. Intensification and scaling up the efforts both horizontally (local level) and vertically (national level) would help glean more benefits for the direct target groups and the project as well.

Management:

The management culture values transparency and free flow of information and so is in the project. For instance, the field level staffs are well aware of the inherent objectives of each activity and associated budget allocation. This has been a good practice although rare in Bangladeshi NGO culture. Such a practice makes the implementation planning effective both in physical and financial terms in a timely fashion.

The planning and monitoring, in goal-orientated approach, perhaps originated from the previous project were replaced by result measurement framework approach with adequate budgetary provisions for monitoring activities. The scientific management tool has contributed significantly in tracking the progress of the project and bringing effectiveness of the project activities. This project provides an opportunity for cross learning, monitoring and decision making in a participatory way.

A large majority of project implementation staff had rolled-over from the previous phase of the project, however, have left the project (LCDA) over the course of time. Currently they are the minority. Good news is that most of the key and senior management level staff have not left and key capacities still remains (except PO in three occasions and LCDS in two occasions). In this high staff turnover project (13 out 25 LCDA), capacity building is an ever-emerging need and always remains as a priority agenda for effective programme delivery.

Conclusion: The evaluation team is convinced that the target people were, compared to now, more stigmatized, socially excluded, less educated, less mobile and exposed-- living in the 3 politically disturbed and socially isolated areas with poorest transport and communication facilities, justifying among others the relevance of undertaking and continuing the project. The project attempted to focus its attention on the leprosy-affected people/leprosy disabled, physically disabled and marginalized. The creation of community based group for perusing rehabilitation and social inclusion is definitely a step that would make a positive impact towards making the relevant stakeholders responsive to the human needs.

Recommendations

- The multi-stakeholder community based approach (involving a host of direct and indirect beneficiaries/partners, most importantly the local/community leaders, and that helped in achieving the expected outcomes/results more easily and quickly) appears to the evaluation team effective. The project should capitalize on this approach – with increasing emphasis on multi-stakeholders and community involvement.
- There are different types of groups so far their maturity (or stage of development is concerned- Advanced/Developed Groups (very few); Developing or Emerging Group (a good number) and Nascent Groups (large number). Priority and needs of individual groups are different. Project shall have to categorize them professionally based on some maturity criteria (e.g. criteria for Chittagong Sustainable Development Project- CSDP of TLMI-B), and make strategy for their development on assessing needs of individual SHGs.
- One of the preconditions of group development is good and transparent record keeping. Group members are not fully aware that groups are 'Self Help' ones. Books/records are largely maintained by the workers either because the groups have not yet been assigned with tasks or there is no literate member in the group. As appropriate, the relevant worker/volunteer will gradually shift the responsibility to group; SHG will recruit a new literate member or take assistance of the literate children of any member.
- The project is yet to introduce participatory monitoring practices particularly at SHG levels (through involving the groups), assessing monthly progress with visual monitoring tool. The visual process is likely to be understood by all the group members irrespective of their literacy level. This would eventually help them analyse their current situation and induce them for development planning. Therefore, capacity of staff on participatory monitoring and internal evaluation needs to be developed with an aim to ultimately shouldering the responsibility the SGH members/leaders; assess their performances and chalk out necessary actions. It is also needed to increase visit at community level by the LCDAs in order to building community capacity regarding leprosy issue, and other socioeconomic development including rights and gender aspects. The visit is also essential for following-up increased utilization of all types of training including skills and rights based ones, and assess if training brings changes.
- The project is yet to introduce any SGH maturity monitoring tools besides monthly reporting of LCDA, although it is pursuing institutional development of SGH, so that it can run independently. It is therefore recommended that the project develops an appropriate graduation matrix with visual monitoring techniques so that the group members can exercise it by them-selves. The group development process, in particular the institutional capacity development of groups is a priority issue for 125 SHGs in the next one year to come.
- Project, initially on pilot basis, can start agriculture based training at the SHG sites (all members or majority members of a group are included in the training) in order to make the training more widespread, useful and effective, preferably the common agricultural requirements.
- The project lacks an Operational Guideline/Manual (for implementation of day-to-day activities at all levels with emphasis on grassroots) and formal Training Modules for all types of training (particularly at grassroots level). These essential documents should be immediately drafted and finalized incorporating the comments from all levels.
- There is huge demand for credit. So far only 21 SHGs received Seed Money and covered close to 40% members by microcredit, because of many reasons including embargo by MRA. If the group is otherwise eligible, process of providing Seed money should be

expedited. The project can motivate the group members to increase the rate of savings deposit (particularly those with low rate of savings) on one hand, and utilize the group savings against IGAs by other group members.

- As all the IEC material and methods are not found effective and useful, project should conduct a quick effectiveness survey /research on different communication techniques – and set strategy to achieve increased effectiveness.
- In order to bridge the gap between leprosy patients and Government service providers, high level advocacy (district level) is needed. Project should involve its senior staff to get concrete results. TLM also can take support of processional event and advocacy organizations to organize such events. Project also can develop a network comprising government health dept., NGOs, private health service providers (clinic/hospital) at grassroots level (down to Union level) to work together on leprosy and to take 'Leprosy' as an agenda in their service package.
- The project may arrange exposure visits for developing groups to the groups who already handled Seed money within this project. The project may think of involving group members in economic activities, and therefore providing SEED money to group is a priority issue for some of the developing groups.
- CHTLC&RP is coordinating and networking with NGOs working in CHT. There are very few NGOs working with rights issues (and none with leprosy), they were found not very interested in considering Leprosy as an agenda, though the success in providing WatSan found to be more or less satisfactory. In order to bring them more in the fold and improve the networking and collaboration status, project has to find out an effective strategy- giving them an agenda for awareness building.
- It is also needed to design special program to establish a network among the social leaders, headman, karbari, religious leaders, teachers etc. and with existing local power structures (like UP, Cooperative body, existing CBOs, professional groups/forums etc.) to continue awareness and other development programs in a sustainable way.
- The designations of the key staff members at District and Upazila level are not comparable with those of other organizations and because of this TLM staff members are frequently underestimated by government/NGOs in the working areas. They should be re-designated as District Coordinator or Manager. Likewise, there is one staff called Revolving Loan Facilitator for supporting the credit activities of SGHs across the Upazilas whereas the project has discontinued loan activities (from the project) some months back. His designation and job description may be changed too.
- The project team by and large looks committed and motivated. Majority of them know why and what and for whom they are doing, learned/oriented mainly through different types of professional/relevant training. However, compared to other similar organizations the staff turn-over in the project is reportedly high because of relatively poor salary package and benefits. Project should develop a staff retention strategy to retain its competent staff.
- Electricity (load shedding and power cut) is a major problem in the country; it is more acute in the hilly and remote working areas of the project. The project offices are not equipped with alternative power generation (generator or solar lighting), making communication difficult for all concerned. Project may consider providing alternative power generation (solar) and providing Internet facilities with laptop (instead of desk top) at District level.

CHAPTER 1

1. Introduction

1.1 Background, Objective and Scope

Background: Capacity Building Service Group (CBSG) carried out the End of the Phase 2 Evaluation of Chittagong Hill Tracts Leprosy Control and Rehabilitation Project 2008-2012 in July-September 2012.

The Leprosy Mission International-Bangladesh (TLMI-B), one of the specialized organization working for the leprosy, has been a long-standing partner of the government in controlling the disease in Bangladesh. Towards its commitment in controlling leprosy, the TLMI-B started its first project in the Chittagong Hill Tracts (CHT) region in 1994 under the nomenclature of CHT Leprosy Control and Extended Health Care Project. Afterwards TLM had been implementing leprosy control programme in the Chittagong Hill Tracts (phase-1) area from 2002 to 2006. There was a transition period of one year (2007) prior to initiation of Phase II. In fact, CHTLC&R project was initiated in 2008.

The objectives of the Phase 1 project were limited to elimination of leprosy and educate people on malaria. Under the evaluation phase (Phase 2) of the project, a set of new activities and target groups were added. The overall goal of the project was improved well-being of leprosy-affected, physically disabled and/or other marginalized people in the project areas through improved health status, increased productivity and social inclusion. Towards this, the project has three distinct yet interwoven objectives. They are: a) improving the health conditions of people affected by leprosy, the physically disabled, and the marginalized; b) improving the economic situation of people affected by leprosy, the physically disabled, the marginalized, and their families; and c) improving the ability of people affected by leprosy, the physically disabled and the marginalized, voicing their rights, and to experience inclusion and acceptance in their community in the Chittagong Hill Tracts.

The project is jointly being funded by TLM Scotland and TLMNZ, who has also secured funding until December 2015 for the continuation of this project. The project management with the consent of relevant stakeholder is now decided to undertake an evaluation of CHTLC&R project for the period from January 2008- June 2012, and hired CBSG (as an external firm) to do that independently.

It needs to mention that the CHT area is the only significantly hilly part of Bangladesh and comprises three districts, namely Rangamati, Bandarban and Khagrachari with a population of 1.6 million in 2009. A significant proportion of the population is ethnic Bengali Muslims (who have been migrating to the area particularly over the past decades) and the remaining proportions comprised of a range of more than 12 distinct ethnic groups. The latter have distinct lifestyles, languages and culture. Years of tension and civil war between the minorities, Government and Bengali settlers formally ended with a peace accord in 1997. The hilly and difficult terrain, the civil war and limited communication and transportation infrastructure have left the area significantly less developed than rest of Bangladesh. Health and other development indicators in CHT are far worse than the rest of the country, far worse in the more remote areas of the region.

In 2008, at the commencement of the Phase 2, the leprosy rate was 2.24 per 10,000 people. The reality is though that the rate may be far higher as health services are limited and it is not known how many people are living with undiagnosed leprosy. Although there is now an effective treatment and cure for leprosy, people affected by leprosy are still subject to significant stigmatization and social ostracism. There are ample cases that people with leprosy forced out from their families or communities, with a resultant loss of traditional social and economic

support networks. Stigma and mis-information also often combine to make people reluctant to present themselves for diagnosis or treatment.

People who have been affected by leprosy (although cured) are susceptible to particular significant health problems such as ulcers, leprosy reaction and neuritis which can lead to further or increased levels of disability if not managed carefully. Suitable management and treatment is not available in the Bangladesh public health system or even privately. Most people affected by leprosy are also unaware of all of the complications they are susceptible to or how to take care of their ulcers and other problems. These complications limit peoples' ability to work and engage in other social activities and lead to increasing levels of disability.

Purpose and Objectives: The objective of the evaluation was to assess the effectiveness of the set strategies (objectives) to achieve the intended goal. It will seek to analyze the progress made by the project to meet its objectives and goal over the past 4 ½ years, and suggest if there is any need/justification for further continuation in order to better impact on the lives of the targeted beneficiaries in a sustainable manner. In that, the evaluation will particularly focus on three areas of effectiveness, impact and sustainability.

Any significant changes to the project structure or activities would take effect from the next project planning year, January 2013. The Evaluation, as decided, will also provide accountability to the two funding partners for past and future funding. The Evaluation findings will be reported to the NGO Affairs Bureau, TLM International, TLM Scotland, TLMNZ and Deputy Commissioners of CHT Hill Districts.

Scope and Evaluation Questions: This Evaluation is to cover all aspects of the project's activities during the period January 2008- June 2012 in all 25 Upazilas of three Districts covered by the project. The project tried to impact 125 Self Help Groups, primary health care of community people (knowledge of leprosy, nutrition, water and sanitation and personal hygiene), knowledge of community leaders about rights of people affected by leprosy and disability, inclusion of people affected by leprosy into their community and leprosy knowledge of health staff of UZ health complex. The objectives of the Evaluation, and particular questions to focus on in relation to each objective, are:

To assess the effectiveness of the project in achieving its stated Goal and Objectives and the effectiveness of the activities undertaken to achieve these objectives

- To what extent have intended objectives of the project been achieved as a result of the project?
- To what extent have gender and human rights of people affected by leprosy and disability issues been effectively addressed?
- What unintended outcomes (positive and negative) have occurred as a result of the project?
- What has constrained or enhanced the achievement of the project objectives? (e.g. management of risk)
- Could the project have benefitted from more collaboration with other local NGOs, disabled groups, etc, which exist in Hill Tracts region?

To assess the impact of the project

- What positive and negative long term impacts at societal level have resulted from the project?
- In particular, what are the observable changes in capacity at the self-help group level which the project has brought about?

- What would have happened without the project?
- Have the project activities had the impact which was anticipated at the start of the project?

To assess the sustainability of the project's outcomes and achievements

- To what extent are there likely to be continued positive outcomes for activities, methodologies and achievements after the current phase of the project.
- What will constrain or enhance the sustainability of the results of the project?
- To what extent is local ownership of the project and its activities developing?

To consider the following additional issues

- To what extent have the mid-term evaluation recommendations been acted upon? What were the obstacles to the implementation of these recommendations?
- What are the key areas of learning that can be built upon in the Phase 3 project?
- To explore the rational for planning the subsequent phase of the project and the future direction of the project.
- Provide sufficient information on the current needs and priorities of project stakeholders to enable a new project phase to be designed.

1.2 Approach and Methodology

Overall Approach: The Final Evaluation of Phase 2 CHTLC&R project followed a participatory approach, in most stages of designing/planning, implementation and analysis of findings. The project staff not only shouldered the entire responsibility of collecting quantitative data from five categories of respondents, also provided inputs in designing tools and instruments and giving comments on the findings used in this report at different stages, while CBSG Study Team performed rest of tasks that includes drafting tools and instruments, collecting qualitative data, supervising and supporting field data collection, analyzing and drafting reports.

Methodologies: This Evaluation adopted a combination of quantitative and qualitative investigation methodology to assess the phase-end status of project along with results achieved. The methods followed include:

- Desk Review
- Focus Group Discussions (FGDs)
- Questionnaire based Sample Survey on:
    - Group Members
    - Community People
    - Community Leaders
    - Leprosy Affected Persons
    - Health Staff
- Key Informants Interview
- Case Studies, and
- Observation

The key evaluation consultants physically visited in two project districts namely Rangmati and Khagrachari while the quality controllers covered all 3 project districts and most of the interview locations.

In accordance with the ToR and as agreed with project management, standard sample sizes were covered under the study as summarized below, while the details by district, by gender etc. are given in Annex-1.1

In addition to the above, the Evaluation Team also conducted some KII (in-depth discussions) with some key stakeholders of the project like Community Leaders, Staff from Health Departments and Project at Districts and Upazila level. A formal meeting/mini workshop was held with the key project staff and project performances including strengths and weaknesses were shared. The matrix below presents investigation activities by method.

Table 1.1: The matrix below presents the methodology adopted for the review:

Methods	Investigation Activities Conducted
Investigation followed qualitative approach	▪ Key Informants Interview (semi structured nature) with Key project staff and important stakeholders, among others, they included Programme Leader, Program Manager and Medical Officer of the Project, Upazila Health and Family Planning Officer, Medical Officer, Coordinator TB and Leprosy, Senior Health Technician of Rangamati, an UP Chairman of Khagrachari, a Women UP member of Kaptai, Rangamati ▪ FGD with 6 groups, and two with project staff (Rangamati and Khagrachari) ▪ 5 UZ health complexes related to leprosy knowledge (16 staff-9 female) ▪ 3 Case Studies with group and individual members ▪ Observation: group development process, individual group members, IGA activities etc.
Investigation followed quantitative approach	▪ Sample Survey using structured questionnaire and direct interview with the beneficiaries. About 10% groups were proportionately sampled according to the year of formation and all the available group members were interviewed. As such 100 members (male 33 and 67 female) of 12 groups were covered in the sample survey. The simple random sampling method was applied while selecting sampled group. ▪ 25 Local Community Leaders (8 females) ▪ 25 People Affected by Leprosy related to inclusion (9 female) ▪ 100 Community People (49 females) for investigation of PHC services and Rights issues ▪ Analysis of performance data against target
Followed a mixture of quantitative and qualitative approaches	▪ Group profiling of 12 sampled groups ▪ Review of documentation including the project proposal, annual and review reports, project information system, and ▪ Mini performance validation workshop at Rangamati with all staff

1.3 Implementation of the Evaluation

This Final Evaluation officially began just after signing the contract on 22 July 2012. CBSG consultants in collaboration with the project personnel implemented the Evaluation in accordance with the ToR as well as the contract signed between the two parties. The Desk Review also started after formal singing of the agreement. An inception meeting at Chittagong Office was held on 30th July, and draft tools prepared earlier was reviewed jointly. The following

day Study Team moved to Project Office Rangamti along with the Project Leader. Before the survey work, all the field enumerators were provided with one day's training. The instruments were finalized incorporating the feedbacks received in training sessions, and data collection teams moved to their assigned areas.

The CBSG Key Consultants visited a number of group, members and some key stakeholders. Before leaving the project area, the Study Team presented and shared field notes with key staff members on 7th August 2012.

The data collection took place from 2nd to 9th August 2012. A group of 25 enumerators (5 in each Category of Respondent) – the field staff of CHTLC&R project were engaged to undertake the field investigation from group members and other respondents. As a part of the quality control measures, two Quality Controllers of CBSG checked the completed survey questionnaire for any inconsistencies before departing from the field.

On completion of the fieldwork, the data was coded and analyzed using computerized data management system. The draft report was then prepared and submitted to CHTLC&R for their suggestions, inputs and comments.

A professional data management expert managed data analysis and processing. The SPSS software was used for data processing, tabulation and analysis.

1.4 Report Outline

The report starts with an Executive Summary in the upfront that also included responses to the key questions of the Evaluation. The main report consists of 4 Chapters.

- Chapter 1 encompasses the introductory section covering basic background, brief terms of reference with Evaluation goal, objective, scope, methodology, and implementation of study.
- Chapter 2 reviews the project holistically covering project design and result measurement (relevance was discussed in this section), output and outcome specific performance analysis. An attempt has also been made to identify gaps and loopholes and to suggest solutions.
- Chapter 3 analyses the project management and implementation. Answers are sought to an examination of management coordination and systems, planning and monitoring and staff development.
- Chapter 4 is the overall assessment presented by effectiveness, efficiency, impact and sustainability. This section also includes MTR follow-up issues, lessons learned and responses of some other issues, sought in the ToR.
- Chapter 5 presents conclusions and recommendations based on discussions and findings outlined in the above chapters.

In addition to the above, there are a number of annexes (ToT, sample distribution for various investigations, survey tables, staff capacity development needs, list of persons met etc.). They together contributed to draw conclusions and subsequent recommendations through out the report.

CHAPTER 2

2. Review, Findings and Performance Analysis

2.1 A Holistic Review

TLMI, Bangladesh started Leprosy control intervention in the CHT areas in 2002. It designed and implemented a five years project to eliminate leprosy and prevent malaria from 2002 to 2006. The end of the project – followed a critical review and participatory planning exercises in 2007 resulted the project Chittagong Hill Tracts Leprosy Control and Rehabilitation Project (what is called Phase II project: 2008-12) under the evaluation.

To begin with holistic review, the strategic importance of the CHTLC&R project must be analyzed in the context of the CHT region, vulnerability of the leprosy affected, disabled and marginalized people living in the three Hill tracts districts – together with needs and priorities of the communities, the opportunities within, and the rights and responsibilities of communities as a whole.

Leprosy is a disease, which still strikes fear in the societies as a mutilating, disfiguring, contagious and incurable disease. Leprosy has, for centuries, been a highly stigmatizing disease. Though leprosy is not a disease of the poor, yet it affects poor to a much greater extent because of their social and economic vulnerability. This eventual stigmatizing condition affects all facets of a leprosy-affected person's life.

In an attempt to support leprosy affected and disabled people and to mainstream them with the mainstream communities, there is ample evidence of a need for community-based approach. Providing treatment support to the people affected by leprosy, and Persons with Disability (PWD) in hard to reach mountain and hilly areas, creation of groups within communities they live, providing them a chance to unite with the larger communities, giving them knowledge and aware them about their rights, promote reflection-action strategies for better understanding of issues to combat, giving them skills for improving their productivity and inspire them to generate collective savings and providing them small capital to revolve are truly coherent actions the project has undertaken. The advocacy campaign of the project for their rights of leprosy affected, disable and marginalized people in order for larger social integration and recognition is undoubtedly, a noble and relevant effort.

2.2 The Project Design and Strategies

The project has been designed with a higher-level goal anticipating resultant effect of three interrelated objectives associated with a set of objective specific activities. The design appears simple, about which all the project staff has a clear understanding. This itself makes the project implementation simple and objective oriented.

The goal of the project is “Improved well-being of leprosy-affected, physically disabled and/or other marginalized people in the Chittagong Hill Tracts of Bangladesh through improved health status, increased productivity and social inclusion“. The strategies are set to maximize the physical and mental abilities of the beneficiaries - opportunities for treatment to become active, giving them means to unite for collective social and economic actions, sensitizing them together with communities for establishing social rights - all leading to a quality improvement in the life-style of leprosy affected, disable and marginalized people. The holistic nature of the project that promotes collective, participatory and community led actions – not working in isolation but with the communities, to identify needs, priorities, and plan and evaluate actions are truly targeted sustainable and progressive development approach. The community development approach is strongly evident in sequencing activities of the project as they included essence of self-determination, working and learning together, sustainable communities, participation and

reflective practice and most importantly promoting skills, knowledge, confidence of the individual and communities as well. The strategy of developing and nurturing 125 self-help groups and centering activities around the group are considered an effective approach to community development.

The activities delivered by the project is undoubtedly fill an important gap in the national system of serving of leprosy stricken people, mainstreaming them with the communities, support them by providing skill training and help manage their economic activities efficiently, expose them with mainstream people and realities and creating confidence for accessing their right.

The project work in hard to reach, both in terms of geographical area and direct beneficiaries, and it is very much relevant in context of country's overall development goal and MDGs. All the three types of target people (people affected by leprosy, locomoto disabled and ultra poor) socially excluded and marginalized, relatively less educated and isolated, living in the remotest parts of the county—3 politically disturbed and socially isolated hill districts of the country with poorest transport and communication facilities.

Summarized, the project follows a holistic or total community approach in achieving the overall goal of improved well being of target people in terms of improved health status, increased productivity and social inclusion.

2.3 Analysis of Project Performances

Using performance data of the project, and all field findings of the surveys (Group member survey and profiles, community survey on local people and leaders, surveys on leprosy affected and UZ health and FGDs) we have, under this chapter, compare/analyze the performances and achievements with reference to its three broad objectives, related outcomes and activities as outlined in the project document. Wherever applicable, the data are analyzed in terms of gender, duration of membership, community people participated in nutrition awareness session directly versus community people not directly received project inputs , direct and indirect trained persons as well as with reference to status in Baseline.

In the following sections, the achievements of the targeted activities and outcomes are analyzed by key objective, while the Project Performance Data Sheet and findings of all field investigations five surveys are detailed in Annex 2 and 3 respectively.

2.4 Performance Analysis of Objective-1

Prelude: 'To improve the health conditions of people affected by leprosy, the physically disabled, and the marginalized in the Chittagong Hill Tracts through improved use of health services, and improved knowledge of health related issues and self-care practices, by 2012' is the number one objective of the project, while there are six specific outcome indicators and as many as 20 activities to achieve the outcomes/objectives as summarized in Box-3.1 of Annex-2.

Performances/Achievements against Activities (Obj-1): Of the total 20 activities as outlined in the project document to materialize the objective, 7 activities have exceeded the target (by 1 to 20%), while achievements are above 90% (91 to 99%) in 7 activities, and attainments in remaining 6 (actually 7) are below 90% (41 to 86%). Though the project was approved by New Zealand in May 2008, the implementation continued since January 2008, and it influenced performance of a number of activities specially Conducting Village Survey (Activity 1.1), Running Multi Drug Treatment-MDT (Activity 1.3), Ensuring Ulcer Care both at Clinic and Home (Activity 1.5) and Providing Education on Water Arsenic Sanitation and Hygiene (WASH)and Nutrition (Activity 1.17). As some ulcer patients received care more than one times and were counted accordingly (based on number of visits), caused higher achievement in Ensuring Ulcer Care (Activity 1.5). Likewise, because of double counting in some cases the achievement for against Self-care for all Persons with Disability-PWD (Activity 1.15) also exceeded the target by 20%. Launching of few

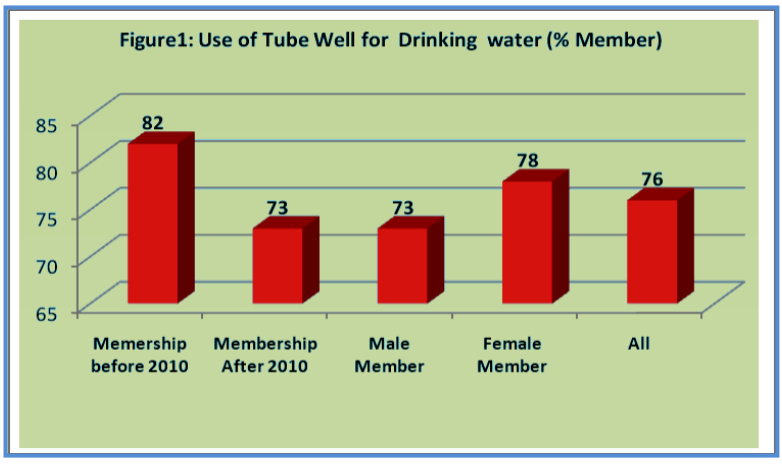
new Satellite Clinics in Thanchi, Bandarban contribute to moderately exceeding the projection of Running MDT Clinic at Government Primary Health Care unit. Again, a few project volunteers received Refreshers' Training and it affected attainment of Training for Paid volunteers (Activity 1.16).

Staff turnover is the main reason for shortfall in A Patient Contact survey (Activity 1.1 a) by 8% and Lobby by TLM staff with government to Extend Health Services to leprosy affected people in remote communities (Activity 1.20) by 24%. As the actual number of patient needed the care were less than the target and reduction of counseling the defaulter cases with the passage of time, the achievement in ensure irregular/defaulter follow-up and supply MDT at the patients' home (Activity 1.2) was far below the project (only 41%). In other words, the actual attainment, considering the needs and ground reality is therefore not unsatisfactory. In the same fashion, the real demand for protective devices for patient with disability/leprosy was much lower than the projection as some of them do not like to wear the footwear lest identified/recognized as leprosy patients, thus causing lower variance in achievement by 16% under Activity 1.6 (Distribute Protective Device for Patient with Disability). The project did provide travelling cost and make necessary arrangement for complicated patients referred for tertiary care in 108 cases against estimated 125 (Activity 1.19). This is also need-based activity and in real terms project fulfilled the actual demands.

The number of potential cases for reconstructive surgery of PWDs as refereed under activity 1.7 was 47 against the target of 61 (rate of achievement being 77% only). The rate of achievement in providing orientation to local teachers (Activity 1.11) and training to government health staff (Activity 1.12) was 91% and 80% respectively. The non-achievement may be attributed to non-attendance of the target trainees due to their preoccupations in other activities/functions. However, a few batches of training could not be materialized for other reasons. Because of dearth of budget as well as strategy of other NGOs, the project was successful in collaborating with 12 NGOs in the area to install tube well against targeted 20 (Activity 1.18).

The rates of achievement against the activities of complication Management Training for UHC staff (Activity 1.4), Conduct Group Education at village level on Leprosy by Leprosy Volunteers (Activity 1.9), miking, postering, public announcement with playing drums, photo-exhibition, street play etc (Activity 1.10), Arrange Training for Leprosy Volunteers (Activity 1.14) were very close to targets (ranging from 97 to 99%).

Performances/Achievements against Outcomes (Obj-1): The MIS and findings of all types of survey conducted by the Study Team suggest that the project has successfully attained five out of six expected outcomes (indicators) against the set objective, some are with wide margins. The prevalence rate of Leprosy has significantly dropped, from 2.24 per 10,000 in baseline to 0.79 per 10,000 people. It should me mentioned that WHO considers leprosy to have been 'eliminated' at less than 1 case per 10,000 and on that count the achievement can be claimed as satisfactory so far quantitative aspect is concerned. Our survey findings also reveal that ulcer among those with anesthetics hands/feet have also reduced with the increased intervention (such as treatment in clinic and household level) of the project. The MIS data suggests that about 80% newly recruited/deputed UHC staff have been trained and



motivated on leprosy , our survey findings on them indicate that above 90% of them have been trained, and majority are motivated as against 75% in the Baseline 2012. Project claimed that it established cooperation and collaboration with local NGOs working on water and sanitation are interested in installing tube well/water reserves in the leprosy-affected community (Output/indicator 5), we found some evidences of results as majority direct and secondary beneficiaries have good knowledge of Watsan and a large number of them practices their knowledge. Compared to the baseline, we also found, the knowledge and practices of community as regards health (Sanitation and Nutrition) have changed/improved notably at various degrees with reference to baseline. Cent percent of the community people who received direct training reported to have improved knowledge and practice on health while 80% community people without direct training have improved their knowledge and practice, however, the improvement varied in degrees.

However, the disability rate among new cases is still as high as 11.25% with reference to 14% in the baseline and expected rate of less than 5%. This is one of the grey areas under Objective 1. One of the important reasons is late detection of disability due mainly to lack of awareness of people. .

The above analysis on activities performed and expected outcomes attained lead us to conclude that the objective of 'improved health of the direct and indirect target beneficiaries' of the project has largely been accomplished, with very few exceptions.

2.5 Performance Analysis of Objective-2

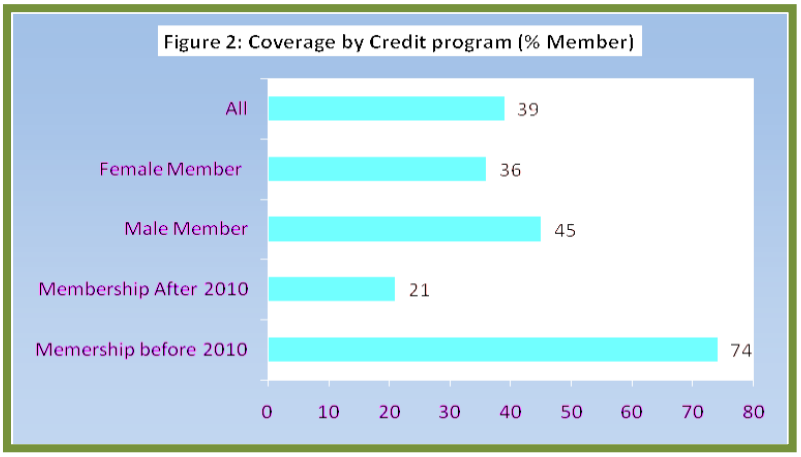
Prelude: The Objective 2 of the project is to 'improve the economic situation of people affected by leprosy, the physically disabled and the marginalized, and their families, in the CHT, through increasing skills and confidence to self-organize and carry out small income generating activities, by 2012. While the project has listed 4 clear outcome indicators, and in order to achieve the objective and the expected outputs it has undertaken and implemented 11 activities (Box 3.2: Objective 2. Annx-2). Of the total 11 activities, project has comfortably attained targets of 4 activities, 3 are very close to achieve fully, while the rate of accomplishment of remaining 4 activities ranges from as low as 40% to 89%.

Performances/Achievements against Activities (Obj-2): The project has successfully conducted a socioeconomic survey on 2000 target group members (Activity 2.1). A total of 70 volunteers have been trained on SHG Management and Revolving Loan Management against the projection of 72 (Activity 2.2). During the project period with reference to the target of forming 100 SHGs, a total of 125 groups have been formed (Activity 2.3). There are 1005 members, 55% female and 19% are Persons Affected by Leprosy, and the average size of group is slightly above 8 members (Table 3.10. Project increased the manageable number of groups to meet the expectation and demand of people, of course in consultation with donor.

Against the target of 787, the project has been able to provide different types of skills training to 687 members, the rate of achievement being 87% (Activity 2.4). Some group members could not make time to attend the training as they had some other engagement or economic activities. Again sometimes group could not find required number of potential or interested candidates for training. A total of 353 SHG members, specially group leaders, have been provided with Loan Management and Savings, compared to the target of 395, with an attainment rate of 89% (Activity 2.5 a). Some leaders were not prepared to receive the training and some could not make time to attend the training. Again compared to estimate, 96% target members have been trained on IGA needs Assessment (Activity 2.5 b). In addition to SHG members, project has given the same training to 152 individuals (non-SHG) against the estimate of 158 (Activity 2.6).

The CHTLC&R project has fully achieved the target of assisting 250 children of Person Affected by Leprosy with books/admission fees/bags (Activity 2.7). As informed, seven such students have

passed SSC (secondary level public exam) out of 250 supported students studying at various level during the project period. Only 40% of the targeted members have been provided with loan against huge demand for the service (Activity 2.8). The coverage under credit program, according to the Sample Group Survey, was found at 39% (Table 3.2). Many of the groups were not matured enough to receive/manage loans, and on the top, there has been embargo on RL program by Microcredit Regulatory Authority (MRA). All these prevented the project from issuing loan as desired by the SHG members, even though project has extended Seed Money to 21 groups in reference to the projection of 20 groups. It was a pilot and new activity, and therefore target was kept low.



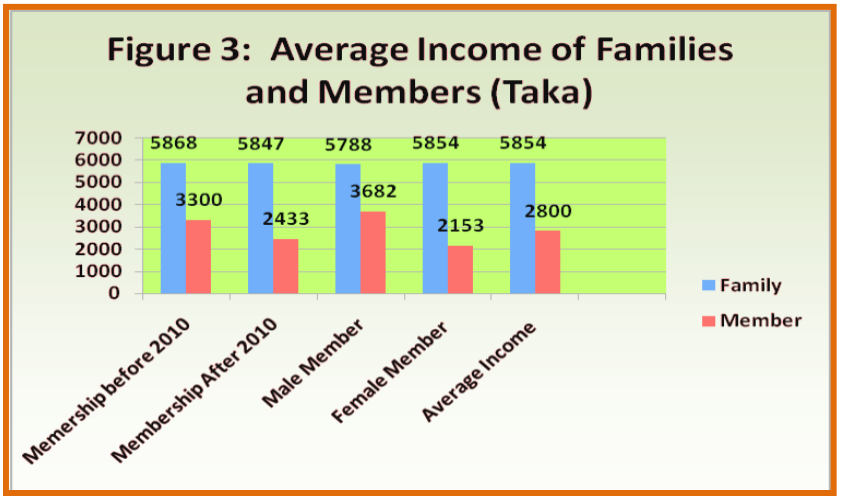
The project has assisted 50 people affected by leprosy /helpless families, on resource sharing basis, for repairing their houses with reference to the target of 62, the rate of achievement being 81% (Activity 2.10). Though there were more demands for the service, only 50 could fulfill the criteria set by the project. The project has established 6 Pilot Projects out of estimated 8 (Activity 2.11). As informed, eligible groups who could have taken the responsibility of the demonstration plot could not be identified and the established ones are not performing well as proper feasibility/marking analysis was not carried out.

Performances/Achievements against Outcomes (Obj-2): The MIS and Group Survey suggests that against the expectation of 60%, around 56% members who received skills development training have utilized the training (Outcome 1). By district, as the Table 3.3 shows, the rate of overall training utilization is highest in Rangamati (61%), closely followed by Bandarban (59%), while it is unusually low in Khagrachari (40%). Trade-wise, the Livestock topped the list of utilization (73%), distantly followed by Mushroom cultivation (55%), *Jhum* cultivation (28%) and Food Processing (23%).

The group members' behavior in depositing savings demonstrates that performance of the project is highly satisfactory. Members appear self-motivated in depositing their savings in a timely and very regular fashion. This perhaps, is the consequence of facilitation effort of the project, in particular motivation for savings, taking part for skill development training to implement IGA. Interesting that, while only 4% member was regular in savings before joining the group, now all the members SHGs are savers, though few of them are irregular and the rate of monthly deposit varies widely across the groups (Group survey). The average savings per member per month is estimated at Taka 47 (Taka 564 per year), almost double the rate estimated (Tk. 300). It may be mentioned here that 77% members saved on an average of more than Taka 25 a month. And as high as 63% members (52% male and 68% female, while 64% members who enrolled before2010 and 62 members enrolled after 2010) are now saving minimum Taka 50 per month (or Taka 300 per year). Close to 70% members now eat thrice a day and remainders twice a day, while slightly above 5% member used to have 3 meals a day in baseline. Now a total of 73% take fish in a week, 21% meat, 43% egg and 20% milk in a week, overall a minimum of 85% take fish/meat/eggs once per week, against the expectation of 50% having 1 meal/week with fish/meat/eggs per week, as estimated in Outcome 3. Under Outcome 4, it is envisaged that group members have increased confidence and ability to form and manage SHGs.

The findings of the group member and other surveys, FGDs and discussions with concerned staff, suggest that the confidence and ability of the target members of the project have definitely increased to a great extent, however, still far below 90%, as expected in Outcome 4. There are wide variations across the groups and across the members within the group so far ability and confidence are concerned.

The members are increasingly utilizing the skills they are learning through training provided by the project, undertaking new IGAs and thereby the economic situation of the concerned families vis-à-vis the direct members has improved as envisaged in Objective 2. Present average income of the t HHs is estimated at Taka 5,854, of that Taka 2800 (or 48%) is the contribution of the sampled members and 76% of them claimed that income has increased from the baseline situation (Annex 3 B, Table 10). However, though the confidence and ability of the members are on the increasing trend, still there are shortage and gaps. All these suggest that achievement of Objective 2 of the project is largely satisfactory.



2.6 Performance Analysis of Objective-3

Prelude: Under Objective 3 (To improve the ability of people affected by leprosy, the physically disabled and the marginalized in the CHT), the project has identified 5 distinct Outcomes and 10 activities (Box 3.3, Annex-2).

Performances/Achievements against Activities (Obj-3): Of the total 10, project achieved the targets of 4 activities comfortably, slightly lagged behind in 1 activity, while attainments in the remaining ones ranged from 23 to 91%. It could arrange 84% of the projected training on volunteers on rights issues (Activity 3.1). Actually all the volunteers got training, as some of them were reappointed. Of the estimated 1975 Community Leaders, 1951 were trained suggesting an achievement of 99% (Activity 3.2). Few leaders did/could not attend the orientation as either they had other engagement or declined as the honorarium was less than their expectation. It may be mentioned that rate of honorarium is much higher in other projects/organizations especially in UNDP Confidence Building project of CHT area, and reportedly, it caused problems in ensuring attendance of the participants of the project events. The Activity 3.3 is a district level activity organized at District Commissioners' Office to do advocacy/orientation with government officials on PEOPLE AFFECTED BY LEPROSY , PWD and marginalized people. Despite many attempts, project failed to organize more than once per district and therefore the achievement is only 55%. The rat of achievement of networking/coordinating with right based organization was also too low (23%), as there is very limited number of organization working on rights issues in CHT areas (Activity 3.5).

However, CHTLC&RP was successful in observance of days related to Leprosy and Disability (Activity 3.5) with 100% rate of accomplishment. It has arranged meetings with 91% planned participants from Upazila and Union level government officials and local leaders (Activity 3.6). Like Activity 3.2, it was constrained by lower budget/honorarium and participants preoccupations in other activities. The activity called Group Members' Orientation on rights issues (Activity 3.7)

was not fully achieved (shortfall of 12%) mainly because of over estimation. Members of 125 groups were supposed to receive the orientation. Some of these groups already had orientation earlier and some formed in 2011 were not given the orientation based on their level of maturity. A total of 363 community people against the target of 350 on awareness meeting on rights issues, 772 participants on advocacy on gender against the target of 740 and 643 participants against the estimate of 640 on advocacy on human and disability rights were successfully organized by the project.

Performances/Achievements against Outcomes (obj-3): Close to 90% community leaders (religious, elected, headmen and Karbari) are found have knowledge on rights of the people affected by leprosy and PWDs and around 80% of them are in favor of establishing rights of the target groups. Interestingly, out of 25 respondents, these 80% included 18 from who received training and two from who did not receive training. People affected by leprosy of rural areas (more stigmatized area), our survey data reveals, are increasingly included in the social activities (ceremony celebration, festivals). The project has to do a lot to bring momentum (Outcome 2). It is found that orientation and awareness training on leprosy and disability related issues have impacts as the trained people were found more aware and advanced in perception. The training persons have not only far clearer perception about the status, change of the direct target groups and roles and responsibilities of the respective stakeholder groups (Tables 1-5: Annex 3D).

Through discussions with individuals and group (formal and informal), it reveals that there is no sign of 'especial consideration' for the people affected by leprosy to include in the safety net program of government (Outcome 3), though during the project period 71% of the total respondents with leprosy received such support. The people affected by leprosy are generally considered as members of vulnerable groups, not as persons for special consideration. Of the total 100 respondents 79 were reported to be eligible for safety net support, and only 18 persons (23% of eligible) have so far received safety net supports from government.

The achievement in 'NGOs working on human right will take the leprosy an agenda for their program, as outlined in Outcome 4' is not also satisfactory as very few rights-based NGOs exist in CHT areas and project so far has managed to establish contacts with only 7. And these NGOs has not yet shown interests in considering leprosy as an agenda either because of limited interaction/advocacy by the project or lack of interest by the other side. The project has to work hard for reaping benefits from this activity. The target people, as reflected mainly through the qualitative surveys, were found more or less knowledgeable about their rights, but little sign of raising their voice was visible, and project, therefore, has to walk miles so that their(people's) voices are heard (Outcome 5).

Thus, based on the above analysis, it can be concluded that Objective 3 is partially achieved. Target people are now increasingly aware about their rights, their ability has to some extent improved, but they are not yet totally acceptable by the mainstream society, and most importantly their voices are seldom raised, let alone valuing/hearing their voices.

CHAPTER 3

3. Overall Assessment (Effectiveness, Impacts and Sustainability)

3.1 Introduction

This chapter analyzes, synthesizes and draws conclusions of the finding generated from different methods applied in accomplishing the assignment, keeping primarily in mind the key evaluation questions grouped under Effectiveness, Impact and Sustainability of the project. To elaborate further, attempts are made to assess:

The Effectiveness of the project in achieving its stated Goal and Objectives and the effectiveness of the activities undertaken to achieve these objectives

- The Impact of the project
- The Sustainability of the projects' outcomes and achievements
- In addition to above, the following additional issues were also addressed, as described in the TOR:
- To what extent have the mid-term evaluation recommendations been acted upon? What were the obstacles to the implementation of these recommendations?
- What are the key areas of learning that can be built upon in the Phase 3 project?
- To explore the rational for planning the subsequent phase of the project and the future direction of the project
- Provide sufficient information on the current needs and priorities of project stakeholders to enable a new project phase to be designed

3.2 Effectiveness

Effectiveness relates to the extent to which development interventions have achieved their objectives. The tangible benefits stemming from interventions and physical achievements with particular attention to cross cutting themes like health, poverty reduction, gender issues, behavioral changes that have occurred related to baseline levels, extent to which identified results are due to the project interventions rather than other external variables/factors. Also consider availability of baseline information, records/documentation of changes, non-achievements of stated objectives, how far effectiveness of project monitoring and evaluation indicators is useful and has been used (Box 4.1: Effectiveness outlined in the ToR).

Box 4.1: Effectiveness

- To what extent have intended Objectives been achieved as a result of the project?
- To what extent have gender and human rights of people affected by leprosy and disability issues been effectively addressed?
- What unintended outcomes (positive and negative) have occurred as a result of the project?
- What has constrained or enhanced the achievement of the project's Objectives? (e.g. management of risk)
- Could the project have benefitted from more collaboration with other local NGOs, disabled groups, etc, which exist in CHT region?

As discussed earlier, with few exceptions, the project has by and large achieved all 3 objectives as a result of implementation of the intended activities so far quantitative achievements are concerned.

The conditions of health of the target group in the project areas, has found to be significantly improved, as outlined in Objective 1, though there are scope for further improvements and deepening. Knowledge on health related issues (including WatSan, nutrition, and health behavior) has been scaled up and widespread now than before, more patients are now covered under self-care practice etc. The important outcomes attained are: reduced rate of

Case-1: Mobilizing SHG through targeted beneficiary

A leprosy victim Arup Kanti (32) of Satchori union in Rangamati District, had to hide him-self in a remote jungle hill for a couple of weeks in 2008 due to severe social stigma. Later, the project staff (LCDA), knowing the situation, contacted Anup through his wife. The LCDA, then took him to UHC for treatment and taught 'self-care' (how to look after his hands and feet to prevent from ulcers or impairments). Anup having multi drug treatment got cured in six months.

In June 2009, Arup led to mobilize a SHG with 8 members (4 women including a PEOPLE AFFECTED BY LEPROSY and 4 men). He inspired fellow members to accumulate savings, which currently stood at 31,000. TLM provided Arup and his group members with training on: group management, leprosy disease, rights issues, livestock rearing, Ginger/Turmeric cultivation, Homestead gardening, Mushroom Cultivation etc, followed by seed money for individual loan. All the group members received loan from the project, some more than once. They are now aware about their rights, awareness about health and hygiene issues (water borne disease, safe drinking water and latrine), nutrition, importance of children's education, social safety net mechanism, and other NGO services. Very recently, TLM also provided Arup with a small loan so that he can buy materials for repairing his house. Now, Arup and his family live in this newly built house. They are doing homestead gardening and growing vegetables and are able to eat three meals a day.

leprosy prevalence (from 2.24 to 0.79 per 10,000); reduced of disability rate among new cases (from 14 to 11.25%); new UHC staff oriented/trained (more than 80%), increased demand for and practice of improved WASH means/methods (thanks to the NGOs working the area) and Improved knowledge of health issues among community members.

Likewise, project's achievement in economic situation of the target groups in terms of Objective 2 can also be ranked as satisfactory. Against only 96% irregular savers (or 4% regular savers) before the project, now all the member are savers (at the rate of Taka 47 per month), and so far deposited on an average Taka 1078 to the respective SHG/bank. They are now increasingly utilizing skills training provided by the project (56%) in the IGAs. Average income of all the target group household is estimated at 5,854 a month, close to 50% being contributed by the target members. Of the total members, 76% claimed that their income has increased compared to baseline. About 72% respondents have either undertaken new business or expanded (scaled up) ongoing IGAs. A good number of them can operate their business efficiently and demand for new or more loans to undertake/scale up their business. However, with few exceptions, the group members are still not matured enough to operate the groups on their own.

The project's overall achievements against Objective 3 and Expected Outcomes can be termed as 'moderate' (not that satisfactory). Of course the target people's ability has improved, and their knowledge/awareness has improved, but the overall movement towards Objective 3 and related Outcome is not yet at an expected pace. Though target group and community people have been more or less successfully trained/oriented, people affected by leprosy/PWDs in the remote areas are not entirely included in the mainstream events (festivals, ceremonies, functions etc.). Though few target members have reportedly access (or established access) in government facilities (like UHC), however people affected by leprosy/PWD and even the majority marginalized people, as the survey findings suggest, do not have easy access to the government safety net Programs as they are historically excluded from the society. They are not yet ready (or prepared) to voice their rights. Raising voice and establishing their rights will take more time and further facilitation would be required. One of the important reasons is limited knowledge of the staff, especially the field level ones, about right issues and mobilization of the community.

Special emphasis is increasingly given to women. Not only women members are increasing, women are now encouraged to shoulder leadership and other responsibilities. Of the total members, 55% are women. Mixed group approach is working well. However, staff needs to be further oriented on gender issues and rights of women, and thereby the target groups. Project needs Module based training on Gender and Human Rights, preferably together.

Project has been benefited from collaboration with other NGOs working in the project area. This is mainly reflected through increased demand for and practice of water and sanitation methods, which project is not directly supporting. However, there is shortage of NGOs working with rights

issues, let alone Leprosy. Project has to put more efforts towards collaboration with the existing NGOs so that they increasingly consider Leprosy as an important agenda. However, project has established stronger and effective relation and linkages with government health department. The trend needs to be maintained or furthered.

The target members need more support and facilitation to become self-propelled as they lack ability and confidence. One should keep in mind that the majority target people are indigenous people having limited exposure and mobility, they are isolated socially and physically (in terms of communication and transportation) and there were political disturbances in the project area for years together.

The following factors, among others, enhanced the overall achievement of the project

- Total community (holistic) approach involving target groups, community members, community leaders, school teachers, students, UHC, local NGOs etc. in one hand and providing/arranging wide range of services not only for improving health, but also for overall socioeconomic development on the other.
- Group based working strategy has been very effective in building capacity of target people supporting their socio economic development. Forming and developing mixed group in terms of gender (both male and female) and ethnicity (Bengali and Indigenous people) is also proved to be a successful approach.
- In order to ensure easy access to community people, selection of volunteers from among them to do work as 'Peer Educator' is an effective approach. These people know the community and stakeholders (in particular their language and culture).
- Hiring a Persons affected by Leprosy as the Manager of the project is a strategic decision taken by the project management. It is obvious that the project manager will have real-life experience and understanding about the needs and priorities of people affected by leprosy.
- Seeking cooperation from community people, beneficiary in particular, to repair/build house for people affected by leprosy is working well. Project assists people affected by leprosy for repairing their houses in a partnership arrangement (through contribution in terms of labor and material resources from community and the recipient). This initiative also brings ownership and commitment of the target group and the community people toward the people affected by leprosy.
- Likewise, assisting children of people affected by leprosy families is an appreciative activity Project provides supports to children of people affected by leprosy families with books/admission fees/bags/others
- The project conducted Baseline Survey, Mid-term Review, Annual stakeholder meeting, Annual project review learning workshop and Final Evaluation, and all these help assess progress, performances and trend of development as well as undertake appropriate actions.

The important constraints that hampered or slowed down the project include

- The project has not yet developed an Operation Manual and Modules for the Training being conducted at Staff and Target Group levels. Absence of Operational Manual in a multi dimensional project like CHTL&RP is believed to have impacts on performances of the project, and so the training modules. However, there are some training guides which need to be upgraded as full-fledged modules.
- Electricity (load shedding and power cut) is a major problem in the country, more acute in the hilly and remote working areas of the project. The project offices are not equipped

with alternative power generation (generator or solar lighting), causing works and communication difficult for all concerned.

- Limited or low level of knowledge and skills, of course with few exceptions, of staff (especially of LCDA and Volunteers about the rights issue and group management) and they need further training with provision of refreshers courses.
- Embargo by MRA to operate Microcredit program. Project has so far disbursed seed money to only 21 SHGs (17%) and provided credit to some 40% members against huge demand for loans.
- The designations of the key staff members at District and Upazila levels are not comparable with those of other organizations, and thus TLM staff members are frequently underestimated by government and NGOs in the working areas. Status/position, in our culture, is very important for accomplishing tasks and building rapport. These two persons are to represent TLM at monthly coordination and other Local meetings, meeting with doctors and high officials, leaders etc.
- The project is using a variety of IEC materials/methods used (namely miking, poster, street drama, photo exhibition, small bill board (sign board), without studying effectiveness of them in this particular project context. Although, it is reported by the project staff only bill board and miking at hat or bazaars (especially for awareness development) and sign boards (for disseminating information) were found effective.
- Training, especially the skills development ones are always not demand driven. Instead of identifying and selecting by respective SHGs, the project staff/volunteers sometimes select them as proper needs assessments are not executed. Poor monitoring and follow up is another reason for low utilization of skills training. Refreshers courses are seldom organized. Project lacks module for conducting training.
- Weak concentration on rehabilitation issue for the leprosy affected people. There is only one/two Leprosy screening unit only in the entire project areas, located at Chandraghona and Chittagong program office, far off from most of the remaining area.
- Establishment of pilot project on Mushroom, Livestock, Vegetables etc. did not work well because poor market and business analysis.

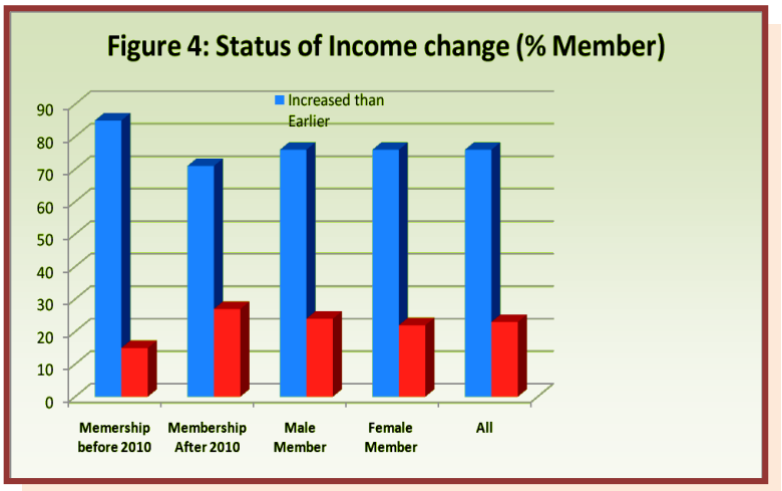
3.3 Impacts

'Impact' is defined as the totality of effects of a (or a set of) development intervention(s), positive and/or negative, intended and/or unintended. It refers to wider results and achievements of overall objectives as set out in the project development plans. It also considers the intended and unintended effects of the intervention on people, institutions and the physical environment (also see Box 4.2, as outlined in ToR). In line with these facts and factors, impacts are being assessed. On the basis of these factors, it has been found that the target beneficiaries have become largely skilled and knowledgeable on the issues affecting their lives. They are more aware than ever before on personal health, children's education, and food security, human rights including rights of the people affected by leprosy and PWDs and other livelihood related measures and gained the potentials to express them. Major impacts and changes observed of the CHTLC&R project are as follows:

Box 4.2 Impacts

- What positive and negative long term impacts at societal level have resulted from the project?
- In particular, what are the observable changes in capacity at the self-help group level which the project has brought about?
- What would have happened without the project?
- Have the project's activities had the impact which was anticipated at the start of the project?

- General awareness on leprosy, disability and related issues increased among all the stakeholders. Some group members now also help identify other patients and provide necessary counseling for treatment. Community also send patient to UHCs/Clinics. That is increased number of patients comes to clinic/UHC for leprosy treatment. People affected by leprosy are claiming and receiving treatment for other illness from government hospitals.
- Local leaders are more aware and concerned now than before for the rights of people affected by leprosy /PWDs including their treatment and inclusion. Inclusion of group members at the community level is gradually improving showing signs of acceptance by the wider community.
- Leprosy prevalence rate reduced to <0.79/10,000. Number of PB (Puasy Bacillary) is now more than MB (Multi Bacillary) compared to situation prevailed before the phase (it was reverse at the beginning of the phase).
- Superstition/stigma about leprosy has significantly decreased in all the project areas with few exceptions.
- Rights and status of people affected by leprosy in family and society improved.
- Mobility and exposure of the target groups (who were socially and economically excluded for centuries together) in general increased to a great extent. Women members are now not only more mobile and exposed to the community/society, their participation at the decision-making level increased both at group and family as well. A good number of them are leading the groups.
- Knowledge on nutrition/WatSan project beneficiary members increased notably, and they are increasingly practicing the lessons learned. Other social development indicators have shown improvement in livelihood conditions, such as enrollment of children at primary and secondary schools is seemingly increasing. Some of the SHG members have established access to government safety net programs of SHG members increased.



- Members are doing banking (depositing savings in the nearby commercial banks), and they have learnt to maintain some of the records at group level on their own.
- All the SHG group members who did not save earlier are now, with few exceptions, deposit savings regularly (on average @ Taka 47 a month).
- Demand for credit and credit fund has increased manifold.
- Most of the students, who received financial support for education, are continuing education, and hence the project has contributed in continuation children education.
- IGA skills of SHG members increased, and so the income of the families and that of the direct beneficiaries.

- Recapitulated, had there been no such project in place, the people in project area, particularly the target groups would remain isolated and excluded with little or no socioeconomic development, and stigmatized, majority uncared and some under the care of traditional healers.
- People affected by leprosy, are not forced to live out of their families. They are now more aware about their rights and responsibilities. The community people have now started to include them in social events. They, for example, claim healthcare services form UHCs for diseases other than leprosy also.

The above listed impacts and changes of lives of the target groups have started taking place as expected in the project design. However, all these are still in nascent stage and short term in nature. However, though still at a slow pace, signs of sustaining those are becoming visible, with the passage of time.

3.4 Sustainability

'Sustainability' generally means continuation of project activities, methods and outcomes results without external support after closure of the project. The CHTLC&RP, like most other projects, also puts a strong emphasis on 'sustainability' (i.e. continuation of the activities, methods and outcomes under the project without any external support). In short, the prime aim of the TLMI-B is to empower the people so that they can eventually own (or self-manage) their development process (Box 4.3).

Box 4.3. Sustainability

- To what extent are there likely to be continued positive outcomes for activities, methodologies and achievements after the current phase of the project.
- What will constrain or enhance the sustainability of the results of the project?
- To what extent is local ownership of the project and its activities developing?

- The community member, leaders, volunteers who are getting training/education will remain in the community, is expected to carry forward the activities and outcome of the project. Since the project involved the community people and leaders in its implementation process, through total community or holistic approach, a sense of ownership and participation is growing slowly but steadily in the project area. The staff members were found to have access to community with development approach being pursued.
- Doctors/health staff trained on leprosy, as expected, will continue to identify and give treatment to leprosy people.
- Increased number of people will operate IGAs and contribute to the family income towards a sustainable livelihoods .
- Networking and coordinating with local NGOs for some of the interventions like water and sanitation can be considered as a step or gesture towards sustainability also. This will also facilitate the SHG members to glean supplementary benefits. Collaboration and relation with the local NGOs needs to further cementing to be more sustainable.
- Group based working strategy, comprising male and female vis-à-vis Bengali and indigenous people, has been observed to be very effective in building capacity of target people supporting their socio economic development, and sustaining the project activities. Initially TLM worked on individual development approach, later followed the group based approach and still pursuing the latter which found to be more effective and sustaining.
- Project is nursing the SHG in such a fashion that the group members will gradually take up the responsibilities so that they can run the group on their own. Group members are

now increasingly depositing their amount of savings, operating their accounts in the bank, getting involved in writing their books and registers, etc to make the group ultimately a real self help one. However, it should be kept in mind there are 3 categories of groups:

  - Relatively Advanced/Developed Group
  - Developing/Emerging Group
  - Nascent Groups

- Of the total, very few are Advanced (who need minimum nursing but not yet sustainable), as the Consultant Team Observed, a good number of them are Developing group (need relatively more assistance than advanced group) and majority are still Nascent groups (need maximum assistance). Sustainability of the groups will therefore depend on how project can develop or improve the latter two into number one or beyond.
- At group level, all members are not yet taking part in the discussions during meeting, and in this sense the decisions are not totally participatory and democratic or demand driven; meeting minutes are by and large maintained by the staff, particularly in developing and struggling groups, and in some cases in advanced groups too. Group members are not fully aware that groups are 'Self Help' ones. Book keeping by the group members has started in few groups (limited to pass books), while some of the groups do not have a literate member to write books and records.

Case 2: Group needs support to walk along cross-roads

Betchari Manab Kallayan Somitee, a project facilitated group officially formed in June 2010, in a difficult to reach, remote and mountain zone under Nanairchar Upazila of Rangamati District. It is located some 55 kilometers away from Rangamati and along the roadside of Khagrachari district. The only means of communication to Betchari is foot walk with significant dependency on the ability of climbing through narrow hilly slopes, which during rainy season, becomes very difficult and risky. The area has limited (traditional) agricultural opportunity due to hilly landscape, and no or very limited access to essential services - health, water and sanitation, and no schooling facility within 3 kilometers diameter. This is a mixed group of nine tribal people comprising of 6 males and 3 females – and a significant variation exist in terms of their aging structure ranging from 20 to 55, appears not a barrier in grouping for community development.

The group included two leprosy-affected males, one female with leprosy resultant disability and another female member who represents her leprosy-affected father. The rest (majority) are marginalized people (individual or section of a community that feels excluded and powerless within mainstream society). There is no kinship existed among the group members but neighborhood, leprosy and community marginalization are the main factors assembled them together with strong and dominating facilitation of project staff - where true group dynamics is yet to crop-up.

The group members live in isolation in different hills that by default prevent opportunity of regular interaction. They usually meet during monthly meetings – deposit their savings, although none of them is aware about the exact size of their savings amount. It is the project staff that knows the exact figure what is recorded in their individual passbook. The members understand that economic support extended by the project can only be accessed if they remain in the group. There is a general sense of fellow feelings among the group members but a competition is evident to get individual loan out of the limited seed money provided by the project.

Bookkeeping and accounting are, so far, the job of project staff (LCDA) and none of the group members is technically capable to do that. There is a male member in the group with formal schooling experience up to level 3 who can only sign and write numeric figures.

Agriculture based work is the only option for livelihood of the members. Two out of nine group members received training on improved Ginger and Turmeric cultivation, and one of them had the opportunity to utilize the training knowledge after receiving loan.

The facilitation support by the project appears very limited or inadequate to make the group understand the group based development approach and its inherent benefits. The members are could not even visualize their future plan. The young LCDA, Sumita recruited from the tribal community with considerable understanding on TLM work approach, visits the group only once a month, far from what the group needs at this stage of development. The challenge remains far from activating community based groups to the level to take charge of their own development process and in establishing their rights and responsibilities; unless a provision of more systematic and frequent facilitation support is created by the project.

- Some group size (on average 8 members) appears not ideally conducive for longer-term sustainability, given the situation where target members are few. However, the review team feels that the project should strive to increase number of group members within the purview of target people criteria.
- One of the preconditions of group development is good and transparent record keeping. There is a lacking of good record keeping in certain groups as observed by the review team, and therefore, recommended that the group to consciously include at least one capable member for doing record keeping functions, if not, create provision for inclusion of representative capable family members or seek volunteer from the group members family to maintain records.
- Sustainability is also a complex and intricate issue and involves critical analysis. It appears that CHTLC&RP has started advancing forward towards gaining organizational sustainability through forming and strengthening SHGs. Along with this effort, it is also equally important to sustain the behavioral and attitudinal changes of target groups, their family members and other community people as a whole. As part of 'total sustainability' at community level, these types of 'qualitative' changes need to be prioritized from designing through implementing of development interventions so that at

the end it would be worthwhile to develop an exit plan. The team has experienced that still the group members are not aware of sustainability of the SHGs.

3.5 Other Issues including MTR Findings Follow Up

Compliance and Follow up Actions of MTR: Mentionable that Mid Term Review (MTR) was delayed by a year and project did not get sufficient time to take necessary actions against all recommendations. Most of the recommendations are being followed up, few yet to start.

- Regarding developing strong network at Upazila and District, the project, as a part of continuous implementation process, has been working with most of the concerned organizations in the project area (NGOs, Government Health Offices at District and Upazila levels, Educational Institutions). As observed, the level of cooperation in terms of intensity and number of organization is increasing though there is very limited number of agencies working particularly on what the project is doing.
- The project, since inception, is working with government field level personnel of health and family planning workers, field level workers (LCDA and volunteers) emphasizing human rights, disability issues, Leprosy care, development of Self Help Group (SHG) and developing capacity of these people. The project is yet to start participatory monitoring involving the SGHs.
- The project has not initiated some actions in involving more workers to cover the project area, as suggested by MTR. Only the vacant positions are being filled-in. The Final Evaluation also feels that in order to cover remote and hard to reach areas, the number of volunteer should also be increased from existing provision of two per Upazila and one additional staff at Upazila to assist LCDA.
- The project has started translating/developing IEC materials in Bengali, as suggested by MTR. However, the process needs to be further intensified and expanded.
- As suggested by MTR, we also feel that a 'Policy Guideline' for running day-to-day works should be developed for smooth implementation of the project. We rather feel that along with a Policy Guideline (or not), an Operational Manual (for management and implementation of all the project activities and institutionalizing the SHGs) is a must for CHTLC&RP.
- The project started giving increased focus on advocacy and counseling program, especially in case of implementing rights-based social development program in association with the leprosy patients, their family members and other community/social leaders, according to MTR recommendation. It needs further concentration and intensification in this respect.
- As suggested in the MTR, the next phase project has incorporated a phase out plan. In the same fashion, the project would take effective strategy to empower and institutionalize the SHGs through various measures and actions.

3.6 Lessons Learned

The key lessons learned during implementation of the project include

- It is possible to achieve results to a satisfactory level in a project working with hard to reach people and areas provided it has a fleet of committed staff, most of them are 'son or daughter of the soil', know local language, culture and behavior etc.
- Instead of one-to-one approach, project has adopted a multi-stakeholder approach involving a host of direct and indirect beneficiaries/partners, most importantly the local/community leaders, and that helped in achieving the expected outcomes/results

more easily and quickly. For inclusion/ mainstreaming and accessing the facilities and opportunities the target groups, this approach was very effective.

- Since the project involved the community people and leaders in its implementation process, a sense of ownership and participation has developed in community, easing the access of and staff to community with the development approach.
- Establish relation and collaboration with Upazila Health Staff, District Surgeon and other district level official, providing training to UHC Staff, and setting Office at Upazila Health Complex helped a lot to make the services effective and sustainable. Now the project beneficiaries not only get leprosy related services from government health offices, but they started claiming treatment for other diseases and illness.
- The project has established cooperation and linkages with local government (agriculture, livestock, fishery and social welfare, health departments) and local NGOs. Intensification and scaling up the efforts both horizontally (local level) and vertically (national level) would help glean more benefits for the direct target groups and the project as well.
- Staff members are not given any IGA/Skills development training. This is a problem in case of providing follow up services to IGA operators related to the skills training.

3.7 Current Needs and Priorities of the Target Groups:

- The overall prevalence rate of leprosy has been reduced to a satisfactory level, thanks to hard work of the project staff and cooperation of government agencies in particular, the project is now to focus on consolidating the achievement accomplished, undertake measures to further reduce the stigma, intensify the inclusion and mainstreaming process and overall socio economic development of the target groups.
- Intensifying the activities targeting inclusion process, linking the group to the GO/NGO services, and making them exposed to society.
- Community members and leaders, school students and teachers and other concerned including NGOs and government agencies/departments to be contacted and bring under the rapport building network, both existing and new ones. Project should develop a strategy for inclusion and mainstreaming of the target people supported by effective communication methods and continuous follow up.
- The SHGs need continuous and frequent facilitation support of the project staff. One of the expatiations of the project is that the group takes care of their own development process and therefore institutional development of SHGs is considered instrumental. The evaluation team suggests that tools and processes for institutional capacity strengthening of SHGs need to be introduced. Self-analysis and visioning exercise of SHG themselves are very important; the project staff can facilitate the process through a systematic group development approach.
- To faster the group development process, project may think of involving group members in economic activities, and therefore providing SEED money to group is a priority issue for some of the developing groups. The project may arrange exposure visits for developing groups to the groups who already handled Seed money within this project.
- The project should continuously develop the capacity of the staff in management, implementation, M&E of project activities, and carry out supportive supervision.

3.8 Unintended results

- The target group members including people affected by leprosy are now not only seeking services for leprosy but also healthcare services for other diseases from the government Upazila Health Complex

Case -3: Prokito Tripura is now mainstreamed in the society

Prokito Tripura (47) considered himself as a successful man mainly because his community shows respect to him, often they ask for his help for being well. Mr. Tripura is known as active and well behaved person. In his life, this honor is achieved by his own effort. Turning point of his life is gifted by a disease named “Leprosy”. The disease begets both pain and pleasure in his life.

Prokito Tripura is the president of “Baillachari Manob Kalllayn Samity” at Baillachori rubber Garden of Matiranga Upazila in Khagrachari district. Leprosy was detected in his body about 3 years back. Initially, he was very badly treated and neglected by the community. Local people even told that it is the result of his secret sin of life. People were so arrogant that he was not permitted to do any work, putting him into deep frustration. .

Leprosy Mission stands beside him on the moment, gave him treatment and education (on the diseases), help to create awareness among community people about the disease and eliminate superstition. Thus Leprosy takes away his frustration by giving some hope. With the help of Mission, he built a *Samity* started savings along with other members so that they can earn more for better livelihood. Besides, he started motor cycle driving on rental basis (taking interested passengers on the back seat to their destination at mutually agreed charge/money), changing his original profession of day labor. Income from this new profession helped improve his economic condition and made his life more comfortable; and finally Prokito Tripura survived. All these positive changes contributed towards developing as him as a role model. Now community people regularly come to him ask for his help and consultation on their various needs. As reward, he gets love and respect from them.

CHAPTER 4

4. Project Management and Implementation

4.1 Project Management

The Leprosy Mission International, Bangladesh (TLMI-B) is an international NGO and has been in operation in Bangladesh since 1971. It currently implements 19 projects in the leprosy prevalence areas of Bangladesh. The CHTLC&R project is one of such project of TLMI,B implemented under Chittagong Programme with financial assistance of LMNZ and TLM Scotland and governments of New Zealand and Scotland. TLM follows its own organizational systems and policies in managing the project in complaint with prevailing laws of Bangladesh.

The Chittagong programme of TLMI-B supports CHTLC&R project under a shared management arrangement. In this project, TLMI-B works both directly in implementation of medical service component and as a facilitating agency for community based development of groups comprised of persons with leprosy, disabilities and marginalized people. This project has widened the scope for TLMI-B to work with community based development and rehabilitation approach.

Project head office is located at Rangamati district HQ – the district supervisor of Rangamati also shares the same office. Other two district offices are located at the Sadar Upazilas of Khagrachai and Bandarban districts.

The strategic leadership of the project comes from the Programme Leader (PL) of Chittagong programme. The project is privileged by the professional guidance of a competent and professionally exposed PL. The Project Manager (PM), a Person affected by Leprosy, and a local person having right academic and long professional experience in development management runs the project operation from Rangamati Office. The Project Officer (PO), reported the fourth one of the project age (high turn-over in this position) supports the PM in the development activities while Medical officer supports in health activities at the field level.

Despite high turnover of staff at the field implementation levels, the project team appears strong and committed. The key project implementation staffs are locally hired that created an enabling culture of rapport building and communication among the stakeholders. This policy is well appreciated.

TLMI-B values transparency and free flow of information and so is the project. For instance, the field level staffs are well aware of the inherent objectives of each activity and associated budget allocation. This has been a good practice although rare in Bangladeshi NGO culture. Such a practice makes the implementation planning effective both in physical and financial terms in a timely fashion.

The designations of the key staff members at District and Upazila level are not comparable with those of other organizations and because of this TLM staff members, reportedly, are frequently underestimated by government and NGOs in the working areas. Status/position, in our culture, is very important for accomplishing tasks and building rapport. These two persons are to represent TLM at monthly coordination and other local meetings, meeting with doctors and high officials, leaders etc.

Compared to other similar organizations the staff turnover in the project is, as reported by some staff, are high because of relatively poor salary and benefits package. The other important reasons for leaving the project include: the geographical condition of the project area and getting better job opportunity. Therefore, retention of experienced staff is an issue for the management amidst of emerging dissatisfaction among the staff for increased benefit.

Transportation in the hilly project area is concern for both management and implementation staff. The project management may like to review the existing transportation arrangement for smooth implementation of the project.

There is one designated staff called Revolving Loan Facilitator for supporting the credit activities of SHGs across the Upazilas (entire district) with some admin support jobs whereas the project has discontinued loan activities (from the project) couple of months. They can be re-designated with well-defined job description suiting works in relation to disbursement and operation of Seed Money.

Electricity (load shedding and power cut) is a major problem in the country; it is more acute in the hilly and remote working areas of the project. The project offices are not equipped with alternative power generation (generator or solar lighting), making communication difficult for all concerned. Internet facilities are in place down to District Offices (not at Upazila level).

In each District Office, only one person (Revolving Loan Facilitator) knows computer and he prepares the report. In absence of RLF, the concerned office may face serious problem in preparing and submitting report.

As observed, a fair amount of transparency exists in the operational management of the project. Financial management is automated and done incongruence with the TLMI-B's financial manual. TLMI-B has also policy and procedures in place for human resource management. The Finance Manager, a shared position stationed at Chittagong with the PL. An impress cash management system between the project office at Rangamati and Chittagong office supports day-to -day financial requirements of project office. In terms of logistical support to the project, the project has necessary provisions, technical support for self and ulcer/disability care, assistive devices for the beneficiary etc.

4.2 Planning and Monitoring

The planning and monitoring, in goal-orientated approach, perhaps originated from the previous project were replaced by result measurement framework approach with adequate budgetary provisions for monitoring activities. The scientific management tool has contributed significantly in tracking the progress of the project and bringing effectiveness of the project activities. This project provides an opportunity for cross learning, monitoring and decision making in a participatory way.

Monthly project management and performance review meetings between the field staff (LCDA) and district supervisors are held regularly at district level. The information generated from these meetings are again reviewed and discussed at the project level monthly meetings at Rangamati. The project also organizes Annul Review Meetings. These reflective meetings are often attended by the PL where lessons learned are documented, shared and addressed through re-planning in a roll-over plan process. The project pays adequate attention to review and planning processes. It prepares analytical and high quality periodical reports (impressive by any standard), unusual in NGO culture of the country, engages consultant for conducting baseline and periodic reviews, and takes necessary actions for further improvements and corrective measures.

The Statistical Supervisor (SS) stationed at Chittagong Office manages the project MIS functions. The SS, again a shared position, has a limited exposure on CHTLC&R project activities at the field level. The project is perhaps missing an anchor to facilitate monitoring and evaluations functions at Rangamati level. It is a need expressed by the PM and the evaluation team suggests that a person with adequate exposure on monitoring, MIS and IT, be placed at Rangamati to facilitate the monitoring and evaluation activities including the MIS functions of the project. The project also could use the position for field monitoring, spot visit and survey purposes. A third eye monitoring, upon proper orientation, could benefit the project in quality assurance. However, a

careful attention, in such case is essential to make the spot checks rather supportive than enquiring.

The project is nurturing about 125 self-help groups and activities are centered around these groups. The project is yet to introduce any group maturity monitoring tools besides monthly reporting of LCDA. It is important that the project develops an appropriate tool with visual monitoring techniques so that SHG and its members can exercise it by themselves.

The monitoring visits from the PM and the PD appeared not adequate given the need of project. The PM stationed at Rangamati is the interface between Chittagong and Rangamati project office. There is no plan in place for field visits of Project Manager (only need based visit by PM) and the Project Director, in absence of which, field visits by these two key staff members are held at ad hoc basis. The project thus is missing opportunity to listen about group level problems and potentialities from horse's mouth. The PM must have a plan to make certain number of group visits in a month. For the PL, who always runs in time stretch, and seemingly has no choice other than to spend un-budgeted time for project preparation, donor's negotiation and strategic management of Chittagong programme. Having said that the evaluation team is under the impression that field visit by the PD at least once a month for this project could be an opportunity for him to remain update with the ground realities.

4.3 Staff Development and Capacity Building

A large majority of project implementation staff had rolled-over from the previous phase of the project, however, have left the project (LCDA) over the course of time. Currently they are the minority. Good news is that most of the key and senior management level staff have not left and key capacities still remains (except PO in three occasions and LCDS in two occasions). In this high staff turnover project (13 out 25 LCDA), capacity building is an ever emerging need and always remains as a priority agenda for effective programme delivery.

The project had a staff specific capacity building plan at the beginning of the project while it implemented most of them. The project focused on community based development approach along side with leprosy control at individual level. The evaluation team did not notice any training on community or group development provided to the staff during this project phase. Perhaps, such training was rendered in the previous phase. However, the community based development and rehabilitation approach is relatively new, and therefore, staff at the ground level should have clear understanding on systematic community and group development process. The staff should also have uniform and common understanding about community development, and in absence of which 'learning by doing' approach is often practiced in development projects.

Box 4.1: Major Training Needs of TLM workers

For all staff except-SS, AA, MO: Basic Computer Training, Communication, Presentation and Facilitation Skill Development, Supportive Supervision, Community Development and Group Dynamics (focus on Rehabilitation specifically for people with disability).

For PM, PO, PS and MO: Project Cycle Management, Strategic Thinking/Planning, Management Development, Simple MIS Development and Maintenance, Monitoring and Evaluation, Team Building, Delegation and Time Management.

As far as technical leprosy related training is concerned, the project probably has provided necessary skills to its staff. It has also supported the project medical officer in doing his Masters in Public Health (MPH). While the evaluation team is highly appreciates about the commitment and dedication of the project staff, it also notes a significant amount of inadequacy in project management skills among the majority of staff. The evaluation team is under the impression that the project phase 2012-2015 would address these capacity needs in due course, however, a list

containing staff development needs is presented in the annex-4). The evaluation team also feels that a proper and through need assessment must take place before arranging any capacity development activity for the project staff. The focus of staff capacity building should be organization wide, not individual so that capacity is not fully gone with the left out staff. The team also suggests that the project should look into alternative and appropriate strategies of capacity building such as exposure visit, internship, coaching and mentoring etc.

CHAPTER 5

5. Conclusions and Recommendations

Throughout the report, the evaluation team either intentionally or to maintain logical sequence of analysis, drawn conclusions and suggested measures, however, a complete set of recommendations for the policy and management decision makers of the project is presented in this section.

Leprosy is one of the major causes of preventable disability, including impairments, problems in activities of daily life and social exclusion resulting from stigma. Progress in dealing with these consequences of leprosy has not nearly been as successful as the progress in the antibacterial treatment of the disease. There continues to be a large backlog of people with leprosy-related disability who are in need of disability prevention services and/or rehabilitation. In Bangladesh, leprosy is not a priority issue in overall health and rehabilitation service of the government. There are reasons to believe that irrespective of number, the leprosy-affected persons require attention of public and private development partners.

In this context, the CHTLC&R project is designed to reduce the vulnerability of the People affected by leprosy (the key target people), PWD and the marginalized people living in the 3 CHT districts. Together with the target beneficiaries, the project is looking at the needs and priorities of the communities they live in, the opportunities within, and the rights and responsibilities of communities as a whole. The project follows a holistic or total community approach in achieving the overall goal of improved well-being of target people through addressing all relevant stakeholders and covering wide range of deliverables.

The evaluation team is convinced that the target people were, compared to now, more stigmatized, socially excluded, less educated, less mobile and exposed-- living in the 3 politically disturbed and socially isolated areas with poorest transport and communication facilities, justifying among others the relevance of undertaking and continuing the project. The project attempted to focus its attention on the leprosy-affected people/leprosy disabled, physically disabled and marginalized. The creation of community based group for perusing rehabilitation and social inclusion is definitely a step that would make a positive impact towards making the relevant stakeholders responsive to the human needs.

Many of the group members now are seemingly more confident to peruse their own development and are showing signals of interacting with service providers and relevant stakeholders both from demand and supply side. Local leaders are more aware and concerned now for the rights and inclusion of people affected by leprosy/PWDs including their treatment. The inclusion of group members at the community level is gradually improving, showing signs of acceptance by the wider community. The Project ~~have~~ has started enhancing group morale and developing self-confidence, disseminating best practices, identifying areas for further improvement and suggesting corrective measures, extending technical support to individual members. IGA skills of SHG members increased, and so the income of the direct beneficiaries including that of the families.

The project is nursing the SHG in such a fashion that the group members will gradually take over the responsibilities so that they can run the group on their own. Group members are now increasingly depositing savings, operating their accounts in the bank, getting involved in writing their books and registers, etc to make the group ultimately a real self help one. The project has contributed to increasing mobility and exposure of the target groups, especially those of women members.

The Evaluation Team concludes that CHTLC&R project strived to increase general awareness on leprosy, disability and related issues among all the stakeholders. People affected by leprosy are

also claiming and receiving treatment for other illness from government hospitals. Superstition/stigma about leprosy has significantly decreased in all the project areas with few exceptions. Rights and status of people affected by leprosy in family and society improved to some extent. The group members have expressed that the provision of support created by the project was very appropriate and would eventually improve their overall quality of lives.

While the Evaluation team appreciates the quality and good work of the project and vouch for future continuation, it also identifies some shortcomings, grey areas and gaps suggesting further scope for improvements towards creating long term impacts and making the achievements more sustainable. The following section provides a set of recommendations – needs to be prioritised by project management for implementation.

5.1 Recommendations

- The multi-stakeholder community based approach (involving a host of direct and indirect beneficiaries/partners, most importantly the local/community leaders, and that helped in achieving the expected outcomes/results more easily and quickly) appears to the evaluation team effective. The project should capitalize on this approach – with increasing emphasis on multi-stakeholders and community involvement.
- There are different types of groups so far their maturity (or stage of development is concerned- Advanced/Developed Groups (very few); Developing or Emerging Group (a good number) and Nascent Groups (large number). Priority and needs of individual groups are different. Project shall have to categorize them professionally based on some maturity criteria (e.g. criteria for Chittagong Sustainable Development Project- CSDP of TLMI-B), and make strategy for their development on assessing needs of individual SHGs. For example, some SGHs will need relatively more nursing and increased visits/follow up actions, some lesser inputs and supports etc. At group level, decisions are in most cases are not participatory and they should practically oriented to introduce democratic practices.
- One of the preconditions of group development is good and transparent record keeping. Group members are not fully aware that groups are 'Self Help' ones. Books/records are largely maintained by the workers either because the groups have not yet been assigned with tasks or there is no literate member in the group. As appropriate, the relevant worker/volunteer will gradually shift the responsibility to group; SHG will recruit a new literate member or take assistance of the literate children of any member.
- The project is yet to introduce participatory monitoring practices particularly at SHG levels (through involving the groups), assessing monthly progress with visual monitoring tool. The visual process is likely to be understood by all the group members irrespective of their literacy level. This would eventually help them analyse their current situation and induce them for development planning. Therefore, capacity of staff on participatory monitoring and internal evaluation needs to be developed with an aim to ultimately shouldering the responsibility the SGH members/leaders; assess their performances and chalk out necessary actions. It is also needed to increase visit at community level by the LCDAs in order to building community capacity regarding leprosy issue, and other socioeconomic development including rights and gender aspects. The visit is also essential for following-up increased utilization of all types of training including skills and rights based ones, and assess if training brings changes.
- The project is yet to introduce any SGH maturity monitoring tools besides monthly reporting of LCDA, although it is pursuing institutional development of SGH, so that it can run independently. It is therefore recommended that the project develops an appropriate graduation matrix with visual monitoring techniques so that the group

members can exercise it by them-selves. The group development process, in particular the institutional capacity development of groups is a priority issue for 125 SHGs in the next one year to come.

- Project, initially on pilot basis, can start agriculture based training at the SHG sites (all members or majority members of a group are included in the training) in order to make the training more widespread, useful and effective, preferably the common agricultural requirements.
- The project lacks an Operational Guideline/Manual (for implementation of day-to-day activities at all levels with emphasis on grassroots) and formal Training Modules for all types of training (particularly at grassroots level). These essential documents should be immediately drafted and finalized incorporating the comments from all levels.
- There is huge demand for credit. So far only 21 SHGs received Seed Money and covered close to 40% members by microcredit, because of many reasons including embargo by MRA. If the group is otherwise eligible, process of providing Seed money should be expedited. The project can motivate the group members to increase the rate of savings deposit (particularly those with low rate of savings) on one hand, and utilize the group savings against IGAs by other group members.
- As all the IEC material and methods are not found effective and useful, project should conduct a quick effectiveness survey /research on different communication techniques – and set strategy to achieve increased effectiveness.
- In order to bridge the gap between leprosy patients and Government service providers, high level advocacy (district level) is needed. Project should involve its senior staff to get concrete results. TLM also can take support of processional event and advocacy organizations to organize such events. Project also can develop a network comprising government health dept., NGOs, private health service providers (clinic/hospital) at grassroots level (down to Union level) to work together on leprosy and to take 'Leprosy' as an agenda in their service package.
- The project may arrange exposure visits for developing groups to the groups who already handled Seed money within this project. The project may think of involving group members in economic activities, and therefore providing SEED money to group is a priority issue for some of the developing groups.
- CHTLC&RP is coordinating and networking with NGOs working in CHT. There are very few NGOs working with rights issues (and none with leprosy), they were found not very interested in considering Leprosy as an agenda, though the success in providing WatSan found to be more or less satisfactory. In order to bring them more in the fold and improve the networking and collaboration status, project has to find out an effective strategy- giving them an agenda for awareness building.
- It is also needed to design special program to establish a network among the social leaders, headman, karbari, religious leaders, teachers etc. and with existing local power structures (like UP, Cooperative body, existing CBOs, professional groups/forums etc.) to continue awareness and other development programs in a sustainable way.
- The designations of the key staff members at District and Upazila level are not comparable with those of other organizations and because of this TLM staff members are frequently underestimated by government/NGOs in the working areas. They should be re-designated as District Coordinator or Manager. Likewise, there is one staff called Revolving Loan Facilitator for supporting the credit activities of SGHs across the Upazilas

whereas the project has discontinued loan activities (from the project) some months back. His designation and job description may be changed too.

- The project team by and large looks committed and motivated. Majority of them know why and what and for whom they are doing, learned/oriented mainly through different types of professional/relevant training. However, compared to other similar organizations the staff turn-over in the project is reportedly high because of relatively poor salary package and benefits. Project should develop a staff retention strategy to retain its competent staff.
- Electricity (load shedding and power cut) is a major problem in the country; it is more acute in the hilly and remote working areas of the project. The project offices are not equipped with alternative power generation (generator or solar lighting), making communication difficult for all concerned. Project may consider providing alternative power generation (solar) and providing Internet facilities with laptop (instead of desk top) at District level.