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Bangladesh
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End of Project Evaluation Report
Dhaka Community Based Rehabilitation Project (DCBRP)
The Leprosy Mission International, Bangladesh

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List of Abbreviations

ADS	Area Development Supervisor
AMC	Area Management Committee
BDT	Bangladeshi Taka
CBOs	Community Based Organizations
CSDP	Chittagong Sustainable Development Project
CBR	community-based rehabilitation
CBSG	Capacity Building Service Group
CCULB	The Co-Operative Credit Union League of Bangladesh
CDD	Community-driven Development
CDF	Community Development Facilitator
CEG	Children development through empowering self-help Group
CRP	Community Resource Person
DCBRP	Dhaka Community Based Rehabilitation Project
DEO	Data Entry Operator
FGD	Focus Group Discussion
FM	Finance Manager
HH	House Hold
HQs	Headquarters
HR	Human Resources
HSC	Higher Secondary Certificate
IGA	Income Generating Activities
KII	Key Informant Interview
LFA	Log Frame Analysis
MDG	Millennium Development Goal
NGO	Non-Governmental Organization
PAL	Person Affected with Leprosy
PL	Program Leader
PM	Program Manager
SDG	Sustainable Development Goal
SHG	Self Help Group
SSS	Society for Social Service
TG	Target Group
TLM	The Leprosy Mission
TLMI-B	The Leprosy Mission International-Bangladesh
UCC	Ulcer Care Committee

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Joyanta Roy
CBSG Evaluation Team Leader

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Executive Summary

Dhaka Community Based Rehabilitation Project (DCBRP) is a community based rehabilitation support project started in Dhaka city, Gazipur and Narayanganj in 2007. In 2013, the project was extended to Comilla, Munshiganj and Brahmanbaria adopting Self Help Groups (SHGs) development approach. The project facilitates SHG development to create forum to claim rights and entitlements collectively, and support them to identify and analyze their problems, find solutions and supports them with capital to run small businesses and access services. Support to education for the deserving children added to the project as new strategy. Later the project envisages bringing a number of SHGs in close proximity together to form Area Management Committee (AMCs) to establish sustainable and self-managed credit cooperatives.

CBSG has been assigned to evaluate the project in February. Main objective is to assess relevance, efficiencies, effectiveness, impacts and sustainability of the project with a particular focus on the AMCs and the phase out options. The evaluation mainly adopted qualitative methods supplemented by a rapid sample survey over 15 SHGs (10% of total SHGs) and 159 group members.

Relevance:

In designing and implementing the project, the management has articulately taken into consideration the priority needs of the target groups, particularly the needs of the core target people, the leprosy affected people, who face massive difficulty in integrating with the mainstream community.

The project has been implemented in a relatively high concentrated leprosy area mainly in the slums and densely populated urban areas. About 62% of the project participants are either leprosy affected or family member of affected person, the rest 38% are from local marginal community. Relatively high number of marginal people in the group is justified as community based group approach required a critical mass. However, no leprosy-affected people in the community are left out from the programme. The project has almost adequately addressed the priority needs of the target group particularly in terms of their institutional, social and economic needs to achieve sustainability.

This program is filling a strategic gap to support leprosy-affected people as government has been giving lower importance on leprosy. This project has given emphasis on rehabilitation of Leprosy affected people along with persons with disability caused mainly due to leprosy and marginalized community.

About 83% of the project beneficiaries are women and many are elevated to community level leadership positions. The evaluation team impressed to see that most of the group leaders are female; the ration between female and male is 80:20. Therefore, the project not only rehabilitates leprosy-affected people but also contribute to women empowerment.

The community rehabilitation approach enabled the members control over planning and investment decisions, and made the development process inclusive. The most significant role of the project has been to develop and nurture 153 community groups comprising leprosy affected families, disabled people and the local marginal groups.

Efficiencies

TLM-B has adopted its organizational procedures and management systems to optimize the use of project resources both human and financial. The project has delivered most of the planned outputs on a timely fashion, and mostly within cost. They include but not limited to-

- The project has trained 1676 members (85% are female) against the target of 1280
- All most 100% business expansion targets are achieved (1173 against 1181)
- More seed capitals are disbursed to the SHGs (147 SHGS) than originally planned (124)
- Education support is provided to 115 children against the target of 100.
- Ulcer care training is provided to 110 people while the target was only 85

However, there are gaps as well

- Most significant was that 17 new groups were formed against the target of 20
- Average group size still less than 20, higher group size is evident in Dhaka than other districts
- There are cases of shortfalls too, however not significant, in instance distribution of assistive device and AMC registration.

The project performance suggests that it ensured value for money specially when quantitative outputs are viewed with the quality and long term benefit perspective. There are challenges as well where efficiencies were compromised. Relatively high attrition rate among the project staff have made occasional hiccup, slowed down implementation and affected work processes particularly in group mobilization and facilitation processes, for it is a very personal matters and requires interpersonal relations and trust. Low compensation coupled with high workload have been attributed to staff turnover.

Currently one ADS looks after around 76 groups and one CDF 19 groups. Community based and recruited CRPs are responsible for 8 Groups. Therefore, the project structure provides adequate supervision and monitoring at the operational level and ensues consistency and compliance with methodologies. Community groups appreciate the value of services that CRPs are providing to them and are currently sharing CRPs cost up to 50%. This indicates of growing self-reliance of the groups.

An amount of BDT 13.20 m spent against the total budget of BDT 13.45 m as of January 31, 2017, with a burning rate over 98%, which is an indication of good project management. The project also revised its budget processes from block allocation to detail activity based budgeting. This allowed better project planning and budget management.

The project has introduced a group maturity-monitoring tool to access progression overtime, which is prepared in consultation with the members. This provides members ownership and understanding on the trajectory that they must go to become a self-help group. The use of this tool not only monitors progress but also creates sensitivity and awareness among the members of their successes and failures and thus stimulate actions. Therefore, it is not only a monitoring tool but also a group development processes. However, potential of this processes have not used adequately.

Group maturity assessment tool at its current state have many components and issues, which may have seemed to over stretching and looks at subjective and contentious issues. This can be further reviewed to focus on fewer but more objective areas where group members can engage in open discussion and take the lead in follow up action processes.

Effectiveness and Impact:

The project received a high degree of appreciation not only for the services it provided to the community but more so for the change this bring in their socio-economic life. On the economic front, many members have got away from poverty and enjoy economic solvency. About 68% beneficiaries are highly satisfied with the project services; none has expressed dissatisfaction.

The project envisages less 32% group members to earn less than BDT 1,000 per month at the end of the project. At present, less than 5% group members earn that amount which is a huge economic gain that can be attributed to the project success. Indeed, more than 68% group members earn BDT 3,000 and above, which provides them with a decent living. All most all (about 99%) members acknowledged increased in savings while 80% acknowledged income increases. SHG create scope for savings who did not have alternative means to save.

One of the main objective of the project was to enhance mobility and service access to the SHG members. Rapid survey conducted as part of evaluation process, revealed that almost 75% members have sought public services like health, education, banking, social services and safety net. Many of them actually succeeded to receive services. Leprosy affected and disable members now receive special attention for health services and safety net allocation.

SHG development was one of the main objectives of the project. There have been mixed accomplishments follow group maturity life cycle, which reveals:

- 58% SHG has been alleviated to grade A, from 24% - a significant improvement but yet misses target of 65%
- Relatively high percentage of B category SHGs (31% while the target was to bring it down to 20%)
- There are still 11% C category groups - many of them are from old SHGs - a serious deficiency and needs special attention

The main reasons for non-accomplishing group maturity have been, among others dependency on record and bookkeeping, lower saving rate, low IGA coverage, lack of adequate monitoring both by group and project staff. They still require capacity strengthening and facilitation support from project.

SHGs' capacity has significantly improved to shoulder keys group responsibilities while bookkeeping remains a challenge. Only a handful of groups can operate independently without CRP support some are running with the support from group members' children. Dependence on CRP is the Achilles' heel of the groups towards self-functioning.

Almost all members save regularly, ranging from BDT 50 to 500 per month. With the inflow of group development fund (up to BDT 40,000) from the project coupled with accumulated savings, most of the groups now have a formidable fund to recycle within the group and develop a sustainable micro credit. Members are utilizing the credit fund in their existing IGAs (for it expansion or scaling up) or in new IGAs, some following vocational training arranged by TLM. Thus both individual and HH income has increased, moderate to higher level. Most members who had/have ulcer, got support from the project. Seven (7) Ulcer Care Committees have been formed which are very instrumental for taking care of the affected persons. As a result of gender awareness interventions, most women members acknowledged that gender based violence has now reduced within the families, as well as impacted on other families in the community.

The education supports to children under both Scottish and Netherlands (CEG programme) have benefited 531 children (416 – under Netherlands and 115 Scottish support) during the project period. Significant impact includes- increase of interest towards education both the children and their parents, drop out of children from school, awareness about the importance for sending children to school has increased significantly, teachers found becoming more sympathetic to these support recipients and they encourage the students. Besides, some of the children help their sibling in education, some doing tuition, in particular some have already find job opportunities. Thus the can now contribute to their family income. Some directly help group in bookkeeping and documentations – strengthening SHGs.

Sustainability:

The project has capacitated 58% SHGs (A category groups) towards self-sustainability. Majority of A category looks self-financing to a great extent, but remainders definitely need time, indicating among others that overwhelming majority needs support from the project, CRP in particular, for some period, depending on the status/maturity of the SHG. The project as part of its exit strategy, SHGs would be under the control and umbrella of relevant AMCs.

However, at individual level many activities would sustain like savings practice, skills in operating IGAs and using loan, awareness on leprosy ad connection/network with some service-providing agency like Social Welfare department etc.

Towards that, one of the major strategies adaptation of the current phase is to develop AMC bringing together number of SHGs as cooperative union. So far, 10 AMCs has been formed that are registered with the Department of Cooperatives, GoB. There are six more AMCs formed and waiting to be registered. These AMCs are still rudimentary and requires much more leadership, social skills and managerial competencies than managing a SHG. Far more transparency and clearly defined rules, procedures, service criteria are needed at the AMC level.

All the registered AMCs do have an office with a bunch of registers and documents. EC members meet once in a month. Like CRPs, AMC will also need staff to function effectively but they should not be drawn from members or their kin to avoid any conflict of interest. Role of the EC and the AMC staff needs to be very clear, specific devoid of any overlap. Governance in EC and operation management by the staff should clearly specify in AMC management guidelines.

TLM envisaged linking AMCs with the CCULB (Cooperative Credit Union League of Bangladesh (CCULB) is an umbrella organization of credit cooperatives) to enhance AMCs operation capability is certainly a good strategy. CCULB actions so far are limited to capacity development training and orientation programs. Most AMCs have deficits on basic standards to become a member of CCULB.

The leaders and members appreciate purpose of the AMCs though; there is still a sense of hesitancy and uncertainty. There is a unified demand from all AMCs to have continued TLM support to establishing them as self-governed institutions. CCULB input can be and should be integrated with TLM support to develop effective and self-managed AMCs. Phasing out of AMCs is not only premature at this stage, it may risk of getting them disintegrated as group and even risks SHGs to fall in disarray.

Recommendations:

- For longer-term sustainability of the project impacts, TLM needs to prepare a roughly three-year transitional strategy for AMC involving the SHGs and CCULB to further institutionalize the AMC systems towards their mature and rational phasing out. The transitional strategy should include but not limited to the following:
- Elevate AMCs to the CCULB accreditation level (full membership) in key areas such as membership, savings, capital, loan fund etc. and prepare a clearly articulated phase out strategy involving CCULB;
- Prepare and establish a sustainable management structure with staff that are slim, cost effective and sustainable (pay with the income generated at AMCs without any external subsidy);
- Facilitate a business / financial sustainability plan for each individual AMCs. The expertise for developing such plan, if not available within TLM, can be hired from external sources in order to start the process immediately.
- Strengthen AMC governance (EC accountability and transparency) while establish functional management by hired staff with clearly articulated, agreed and negotiated job description;
- Develop and establish office administration and management systems to institutionalize standard operating procedures and practices;
- And, ensure "Controlled freedom" of operation to individual AMCs under direct monitoring and surveillance of TLM that will have the options to intervene in AMC affairs as and when needed;
- Planning and Motoring systems should be improved with increased involvement of field level staff and AMC/SHGs and making the feedback more vibrant following thorough review of the existing design and practices. The potential of Group Assessment Process has not used adequately, suggesting a thorough review particularly narrowing down the indicators (presently there are 17) and making them more definitive, simple and objective.
- There seems to have disproportionate allocation of training between leaders and the general members, particularly in IGA training. It should have been made inclusive so that only 'few do not take all'. However, the project offered a lot of training, but it missed refreshers/follow up training. Such training could have been arranged.
- Group size, averaging 16 members per group, seems low and uneconomic. It should have been increased, at least to 20.
- Leaders are 'selected', not elected, and it is done once for all (without any change). There could have rotation system so that new leaders could emerge.
- Group B and C yet to be consolidated thus need to increase group members (if PAL is not found then form disable or form marginal community), strengthen self-monitoring, develop skills of group member to undertake IGA, develop leadership skills of potential group members, and provide follow-up and hands on support for record maintenance and special facilitation support by AMC and/ or project (if there is any provision).

- Existing Education Support so far has covered about 20% of group members' families. The programme has great potentials project, and therefore recommended to continue such support in the future.
- The evaluation team observed demand for creating more SHGs existing and newly extended project areas both in urban and rural areas. The project could not even have covered whole Dhaka city. TLM may consider extending project benefit to new and /or uncovered areas in Dhaka and newly included districts.

Chapter 1: Background of DCBRP Evaluation

1.1 The Project

TLM – B has been providing leprosy control services along with awareness (on leprosy) in the Dhaka metropolitan area through its leprosy control project since 1996. Alongside, in order to provide rehabilitation and social integration support to the leprosy stricken people, Dhaka Community Based Rehabilitation Project (DCBRP) has been implemented in Dhaka city, Gazipur and Narayanganj since in 2007. The project completed its first phase in 2012 and established 136 self-help groups (SHGs). The second and current phase started in 2013, and was extended to Comilla, Munshiganj and Brahmanbaria districts.

As outcomes, the second phase of the project envisaged stronger self-help groups of people-affected by leprosy and persons with physical disabilities. The impact statement has been 'Improved quality of life of people-affected by leprosy and people with physical disabilities, especially women'. The project is financially supported by TLM Scotland and Netherlands and will continue till March 2017.

DCBRP, in order to achieve the results against outcome and impact levels, the project planned four major outputs –capacity strengthening SHGs, increasing income of group and members, creating provision of ulcer care, and enrolment of children of the project participants in the primary schools.

This phase of DCBRP included some new activities to strengthen and improve leadership capabilities of the Self Help Groups. These activities attributing the SHGs to function better, bringing in new techniques to improve the management of the SHGs, supplementing the financial condition through various income generating activities and by recommending the inclusion of the affected group to the present programs, enhancing the capability of the diseased ones by presenting technological means and by improving access to public medical care services and increasing group awareness and consciousness towards medical treatments, supporting child education by increasing access to schooling for the children of the targeted group members.

The project currently supports 153 self-help groups (111 in Dhaka city, 7 in Gazipur, 16 in Narayanganj and 10 in Brahmanbaria, 5 in Comilla and 4 in Munshigonj) comprising 2,363 members -83% of them are female. A total of 115 children received education support from the project.

1.2 Objective of the Evaluation

The objective of the evaluation is to assess the effectiveness of the set strategies (objectives) to achieve the intended goal. This evaluation seeks to analyze the progress made by the project to meet its objectives and goal over the past 37 months, and suggests if there is any need/justification for further continuation in order to have a better impact on the lives of the targeted beneficiaries in a sustainable manner. The scope of the evaluation is included in the ToR, presented in Annex-1 for further reference.

1.3 Evaluation Approach and Methodologies

The evaluation team adopted a combination of quantitative and qualitative investigation methodology to assess the end of project performance along with results achieved. Towards that, a number of participatory approaches were followed for analysis and draw conclusions. TLM staff were also involved in field data collection along with CBSG staff.

The evaluation consultants also visited number of project locations to discussion with project beneficiaries and other stakeholders. The matrix below presents the methodology adopted for the final evaluation

Matrix 1.1: Methods and Samples

Methods	Activities conducted
Qualitative approach	• Key Informants Interview (semi structured nature) with Key project staff and important stakeholders including Social Welfare Officers, NGO officials, School Teacher, Upazila Livestock Officer, CCULB officials, DCBRP project staff, CRP, group members, students receiving education support. • FGD with five groups, two UCCs and two AMCs, total 9 FGDs, using checklists. • KII-Total 29, Students 15 other stakeholders 14 • Case studies with UCC and individual members • Observation: group development process
Quantitative approach	• Sample Survey using structured questionnaire and direct interview with the beneficiaries. About 10% groups were proportionately sampled according to the group maturity status and all the available group members were interviewed. As such 159 members (25 male and 134 female) of 15 SHGs were covered in the sample survey. The simple random sampling method was applied while selecting sampled group. • Analysis of quantitative achievement against target
Mix of quantitative and qualitative approaches	• Group profiling of 15 sampled groups • 15 Children supported under education programme and 14 other stakeholders. • Review of documentation including the project documents, annual and review reports, project information system, and • Interaction session with TLM management and DCBRP officials during field note sharing.

1.4 Implementation of Evaluation

The evaluation was fielded from February 01, 2017 with an inception meeting between CBSG consultants and TLM senior management including Country Programme Leader. Thereafter CBSG consultant team developed information collection tools, which was shared with BCBRP management staff. Afterwards, an orientation session on information collection was organised on 8 February at TLM Dhaka office and field investigation was done between February 9 and 16. Then the collected data was compiled and shared with TLM and DCBRP management on February 20, 2017 at the TLM office, Dhaka.

Chapter 2: Evaluation Findings

2.1 Relevance and Appropriateness

Leprosy has victimized people for hundreds of years. Persons affected by leprosy experience exclusion from social and economic life and receives unsympathetic reactions. Leprosy can be clinically cured relatively easily; yet, its effects on a victim's life can last indefinitely. This eventual stigmatizing condition affects all facets of a leprosy-affected person's life.

To address this, DCBRP project adopted facilitation processes for community-based rehabilitation (CBR). Main features of the project include creation of community-based groups, unite the affected people with the larger communities, demand their social and economic rights, and promote reflection-action strategies towards better understanding of issues to combat, promoting networking and exposures to similar groups as well as with other organizations work for similar social cause. The project plays an important catalytic role, endeavoring to enhance access to services, reflect the need of services for themselves and communities, support creation of savings and credit funds, arrange skill and group development training, promote self-care and prevention of disabilities, conduct advocacy campaign to accomplish their rights, identify and support issues for social integration and breaks barriers of isolation.

DCBRP was designed with CBR approach to take a concerted effort of people with disabilities, their families and communities, can access appropriate health, vocational, economic and social services and establish their rights.

The most significant role of the project has been to develop and nurture 153 community groups – with participation of marginalized community people that enhances their confidence to peruse their own development and hope for better living. Community rehabilitation (development) is an approach to local development that gives control over planning decisions and investment resources to community groups (including the women and the excluded). It makes development more inclusive. DCBR project demonstrated the result applying community driven development strategies.

Box 2.1: Relevant MDGs & SDGs

A. Millennium Development Goals (MDGs)

G-1: Eradicate Poverty and Hunger
G-2: Achieve Universal Primary Education
G-3: Promote Gender Equality

B. Sustainable Development Goals (SDGs)

G-1: No Poverty
G-2: No Hunger
G-3: Good Health
G-4: Quality Education
G-5: Gender Equality
G-7: Good Jobs and Economic Growth
G-10: Reduced Inequalities
G-17: Partnership for the goals

The project services (four outputs) fill important gaps in the national system for the rehabilitation of leprosy stricken people - linking them with banks and public and private services and facilities, support them by providing skill training and help manage their economic activities efficiently, support with educational aid to their children, expose them with mainstream people, and realities and creating confidence for accessing their rights. The project thus not only fulfilled the needs and priorities of the selected target groups and it plays important complimentary roles to the national health services and rehabilitation efforts. In addition, the project has also been found relevant to a number of MDGs and SDGs (BOX 2.1).

The project has rightly targeted three (3) most vulnerable and excluded group centering on Leprosy. Of the total, 18% of project beneficiaries are direct leprosy affected, 24% are Leprosy affected family members, and 7% are Leprosy disabled (altogether affected 49%), while 6% and 8% are general disabled and family members of General disabled respectively and remainders (38%) are people from the local marginalized families. Of the total members, majority (83%) is woman who gets not only leadership positions, but also other shares of the project deliverables. Though local marginal people are not the priority beneficiary, in effect they are present in large numbers in the project. Reason for this is that there is not large number of affected people in a community to form a feasible community group. In addition, their inclusion contributed to social integration of affected people much easier and effective. Nonetheless, the project has worked in the leprosy and disability concentrated slums and low-income communities.

TLM, through this project is playing an appropriate and gap-filling role in rehabilitating the leprosy-affected people in the working areas where there is relatively high prevalence of leprosy. The measures include among others providing awareness and supportive measures towards physio for reducing impairment, reaction/neuritis treatment, ulcer care that is absent from govt. These strategies and interventions are therefore essential and relevant.

> "It is always not easy for Government to reach all the pockets, especially the hard-to-reach poverty stricken ones, where NGOs' work is very relevant and essential as well."
>
> Upazila Social Welfare Officer, Nasirnagar, Brammanbaria district

It should be mentioned that TLM is not only collaborating with government and providing necessary support to control and treatment, but also extending support to the target groups in accessing and getting general healthcare services. With development of social capital, most group members now avail services and establish their rights. .

Through supporting boys and girls towards continuing their education, the project has been successful to reduce drop out of students. This initiative was found very relevant taking into account the socioeconomic status of target group members. A total of 115 boys and girls are getting benefit through this especial intervention.

> "Education support aided me to concentrate my study that is why I performed better result in last final examination".
>
> Md. Sakib Khan, a student of class

The project has been successful in covering the Leprosy Affected people and their families as well in the project areas. However, it was found that the other two types of target people (People with disability-PWD and marginalized community) are not entirely covered, mainly due to limited financial and human resources.

2.2 Efficiency of Using Resources of the Project

Both human and financial resources of the project are largely used efficiently with few exceptions. The project is implemented following organizational vision, mission and strategy of TLMI-B and in congruence with each other. The DCBR project looks at itself as a facilitating agency for building community based institutions - groups with persons affected by leprosy and leprosy related disability and marginalized people, forming their association to take charge of their own development and establish their rights in the society.

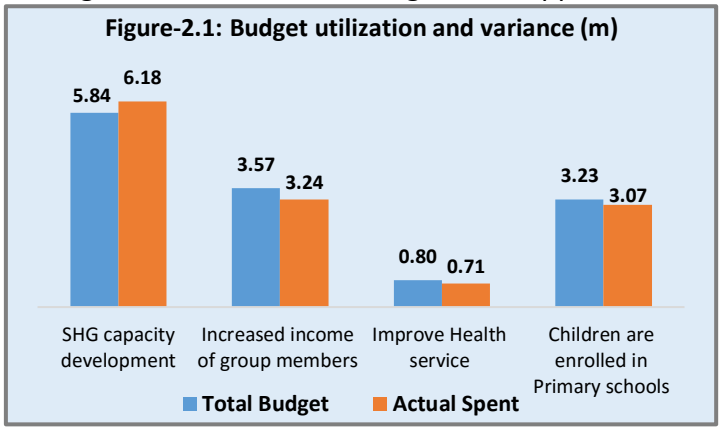
The project organogram provides for 12 full-time, and 4 shared staff including the Programme Leader. Besides, there are 20 supportive workers (CRP). At the operational level, a Project Manager manages the project. The project loose the first project manager just after one year, and current PM has joined in mid-2015. The Programme Leader, who is primarily stationed in Chittagong, however provides regular guidance remotely over phone or email and periodic visit, provide the strategic management support. There are two Area Development Supervisors (ADS), eight Community Development Facilitator and periodic (CDF) and 20 CRPs—majority females, recruited locally and paid on cost sharing basis with group.

Management and coordination relies on the strategic overview and direction provided by the senior management (Country Leader, Programme Support Coordinator, Programme Leader, Finance Manager and Project Manager). Information to them is made available through monthly meetings, separate project reports, advance tour plan (ATP) and field visits.

The leadership positions have adequate and strong professional exposure on project management. This project is benefitted from learning and experience of a similar project 'Chittagong People-led Development Project-(CPDP)' being implemented in Chittagong, given the DCBR project leader has strong professional competency both in terms of strategic and operational management of this particular type of project.

Task/work load allocation is mostly done judiciously following the principle of "higher number of groups in the contiguous areas (in close proximity) and lower in the scattered areas". On average, one Area Development Supervisor (ADS) is to look after 76 groups, a Community Development Facilitator (CDF) 19 groups and a Community Resource Person (CRP), recruited from the community and managed on cost share basis (project and groups both sharing expenses), close to 8 groups—higher who works in the areas having concentration of groups and vice versa (having lesser groups in scattered areas). At times, it becomes difficult for the field staff to cover groups when it is located in scattered areas, affecting quality of facilitation and supervision. For instance, the CDF deployed in Brammanbaria is to look after 10 groups under 5 Upazilas of the district, and some are assigned for more than one districts. It means that either some reorganization on allocation areas/groups is needed or staffing strength needs to increase.

Financial management is automated and done incongruence with the recently updated financial manual. TLMI-B has also policy and procedures in place for human resource management. In terms of logistical support to the project, the project has necessary provisions, such as transportation facility for field staff, technical support for self and ulcer/disability care both in Dhaka and Nilphamari, assistive device for the beneficiary etc. The project has a full time accountant who works under the supervision of a shared finance manager.



An amount of 13.20 million was spent against the total budget of 13.45 million as of January 31, 2017. The rate of utilization of budget is estimated over 98%, however the project has overspent about 5% for SHG's capacity development (Output–1)

while in all other outputs expenditure in under spent varies in degrees, 2% to 5 %, indicating a higher burning rate(Annex 06: Budget utilization).The project's overall plans and budget were initially chalked on chunk or block basis without detailed/micro level break-up. However, from mid-2015, after joining the present Project Manager in particular, a process of detailed planning and budgeting is being increasingly practiced. Budget and plans are reviewed at times and actions taken. For example, there was no budget provision for developing Exit Plans of groups, but under revised budget, allocation of fund has arranged for the task.

The project spent BDT 1,32,01,179 over a period of more than 3 years directly benefiting 2,363 members, meaning that on average BDT 5,587 was spent per member. Considering the socioeconomic improvement of the members, this amount seems that the project has created a good amount of value for money.

TLMI-B maintains transparency and free flow of information across its different projects. For instance, monthly review meeting with key management staff of all projects (DCBRP, ILISH etc) is organized in Dhaka. This provides an opportunity for cross learning, monitoring and decision making in a participatory way. The information generated from monthly reporting is shared periodically through review and/or reflection sessions. Therefore, lessons learned are documented and addressed through re-planning in a roll-over plan process.

The most significant monitoring tool for CBO/SHG the project practices is the maturity matrix. This group progression encompasses 4 major areas – leadership, commitment, cohesion (relation) of group development processes. It's instrumental 'to assess progress overtime though too many indicators (17) impede its regular and object use. The tool has been developed in consultation with a number of groups, and therefore, believed to have reflection of the opinion of group members while categorizing them into three different stages – A, B and C. The maturity matrix not only monitors progress but also creates sensitivity and awareness among the members of their successes and failures and thus stimulate actions. Therefore, it is not only a monitoring tool but also a group development processes.

At SHG level, there is no tool for self-monitoring and planning. Monitoring visits by CDF and ADS are not always adequate. While in Dhaka the project personnel face difficulty in movement due to huge traffic, in other districts the project areas are mostly scattered. However, monitoring visit plans are generally made based on needs and maturity of the groups. Project manager and other senior management staff occasionally visit groups.

The project has a monitoring and documentation manager, which experienced high turnover (5 times during the project) that affected consistent and quality monitoring. In absence and/ or vacant period, the project manager has to assume such responsibility.

2.3 Effectiveness of the Project

Achievement of Objective: The overriding objective (goal of the project) being 'improved quality of life of people-affected by leprosy and people with physical disabilities, especially women' through producing following:

- Empowered and enhanced capability of CBOs, members and leaders of CBOs and their family members to gain access over their entitlements.
- Enhanced skills to increase income and income generation options of project participants, especially for women.

- Improved quality of services for person having ulcer (with recurrent reaction and other form of complications).
- Children of target families have improved levels of education.

Information received from the project management and our field investigations suggest that the project has largely achieved the specific and overall objectives as outlined in the project. Not only the direct project participants but also their family members are increasingly empowered institutionally, socially and economically. SHGs or Community Based Organizations (CBOs) are formed, leadership developed and leaders/members are capacitated to lead the groups in implementing the activities sustainably.

Capacity of the CBOs/SHGs appeared significantly improved in terms of shouldering their roles and responsibilities in convening meetings, resolving conflicts and sensitive issues and making participatory decisions, though bookkeeping remains a challenge area (as it mainly performed by CRP). The group members, in most cases jointly, are found capacitated to visit and claim their entitlements, rights to public offices and services, and generally succeeded. They now visit to various places/offices (private/NGO/Government) and demand for their entitlements. This not includes the offices/departments they have direct relations like Banks, Coops, Social Welfare Offices but also other offices. In majority cases, it is mentionable that still support or facilitation by CRP is needed; however, degree of facilitation depends on the maturity/category of the groups (meaning that Category A groups needs least, B lesser and a C category needs most support). Again, in majority cases, the activities are confined to the leaders of the groups, while the general members and their family members are seldom involved (unless needed). It is worth mentioning that there is no rotation of leadership, i.e. once selected, remains leader until desertion (eviction of residence) or death. The group members found to be satisfied with the existing leader as leader are relatively more educated and they have better communication skills.

> "A strong and sustainable bondage has been established between the group and the community, and importantly within the group. This will continue for long". -One ADS of the project

Both the project data and our field data confirm that the members are provided with IGA Operation/business Development and technical/vocational training based on their needs and interests. However, there seems to have disproportionate allocation of training between leaders and the general members, particularly in IGA training. There is a feeling of 'leaders take all' - a serious concern for group harmony.

With few exceptions, most of the trainees/participants utilized the learning in respective IGA. Majority (almost all) of the members used to save regularly, ranging from BDT 50 to 500 per month. With the inflow of group development fund (up to BDT 40,000) from the project coupled with accumulated savings, most of the groups have a formidable, though not adequate to support all members, amount of fund. This fund is prudently utilized as revolving fund for micro credit to the members (annex-03, table from group profile). Members are utilizing the credit fund in their existing IGAs (for it expansion or scaling up) or in new IGAs, some following vocational training arranged by TLM. Information from all sources suggest that both individual and HH income has increased, moderate to higher level. Accordingly, to the survey results, about 70% members, with little difference between male and female, are involved in businesses and have managed to enhance their income.

Most of the target members who had or have ulcer, got support from the project. Most importantly, seven Ulcer Care Committees have been formed which are very instrumental for taking care of the affected persons. It is a peer learning process. Not only the patient, but also the family and community members are learning the procedure of ulcer care. It also created bondage among themselves (patients), family and the community around. The support provided include: Patient referral, Emergency treatment support, UCC/ulcer and Assistive support inter alia.

Forming Ulcer care committee and providing treatment support to leprosy patients through them is proved to be an effective approach in this project design. The evaluation team noted the following specific performances while interacting with committee members:

- Community level awareness about leprosy increased and among the affected persons and their family members
- Members of the committees know how to take care in some case the family members and beyond
- Leprosy is detected more easily and mostly importantly, diagnosed early, as reported by committee members.
- Increased number of people know the right source of treatment

The embedded education programme of the project has so far supported 115 children of group members. While analyzing the result of education support, the evaluation team observed the following changes

- Students themselves are now more serious and attentive about their studies, some of them are producing out-standing results
- Interest in education increased among the beneficiary families and in the communities as informed by the KII respondents (students)
- Teachers found becoming sympathetic to these support recipients and they encourage the students
- Drop out from schools has reduced, in particular for children of SHG beneficiaries
- Some supported children got jobs (including some CRPs), some are earning through doing coaching, and some help group in bookkeeping's and documentations.

Output Results: The project, with few exceptions, has mostly achieved targets against outcome as well as of outputs in project period, largely maintaining quality standards. The targets and achievements against the outputs (that lead to attain the projected outcome) are discussed below:

Output 1: Empowered and Enhance capacities of CBOs/SHGs and their families

Against the target of improving the group's maturity, the success is satisfactory though some lapses were identified. Of the target of promoting 65% to A category, there is a shortfall of 7% (with 58% achievement of A) against the baseline of 24%, while the progress in B group is 11% higher than projection and so the C category group (4% lower). Except A category, the present status in other two

Table 2.1: SHG Status as on Jan 2017 (%)

Category /Grade	Baseline	Target	Achieved Jan 17
A	24	65	58
B	37	20	31
C	39	15	11

categories is positive. The study findings generated through FGD, Group Profile and KII confirm that the progress in terms of self-functioning group as reported by the project management is close to reality. However, it was also observed that management and leadership quality is concentrated among the top leaders of the groups mainly President/Chair, Secretary and the Treasurer) as they are leading the group since its commencement without any change. The other members in most groups are not even interested to change the leaders. Participation in project activities is skewed to the leaders. It is observed that around 80% leaders are female, which is a resounding achievement for empowerment of women. Here, comparative scenario of two board categories of groups is shown in table 2.2.

Table -2.2: Group Features and Considerations

A Category	C Category	Group may consider
Group size relatively bigger (18 members)	Group size relatively smaller (10 members)	Strategy to increase members (disable, marginal if PAL is not found)
Groups are consolidated	Yet to be consolidated	Improve Self-monitoring – meeting frequency and attendance etc.
Higher savings rate, mostly regular (BDT 100-500)	Lower savings rate (BDT 50-100)	Adjust to capacity of group members
Lower drop out	Relatively higher drop out	Strategy to retain interest of group members
IGA Beneficiary higher (13 members)	IGA beneficiary much lower (3 members)	Develop skills of group members to undertake IGA
Higher Seed money received	Lower seed money received	Improve group performance to qualify
Lesser dependent on CRP/project staff	Higher dependency on project staff	Attention to leadership development and record management
More training received	Less training received	Tap soft skill resources – accessing service and linkages
Higher mobility and social capital	Lower mobility and social capital	Conduct awareness campaign
Majority urban based	Majority rural	Adapt maturity scaling on contextual settings

The groups of all categories (including A) have major weaknesses in bookkeeping, despite involving group members' sons and daughters, who were given relevant training, to assist the group. However, the evaluation team is under the impression that about 70% of A category groups can operate independently with the support from CRP. Dependence on CRP is the Achilles' heel of the groups (and the project as well) towards fully self-functioning. This is mainly because of low level of education of the group members. As revealed in our sample survey, 43% beneficiaries have no education (including 17% who can sign their names only) at all, some 30% has primary level, while remainders (27%) have studied to secondary level only.

Output 2: Enhanced skills to increase income and income generation options of Project Participants, especially for women.

With the objective to increase the income generating options and income per se the project has undertaken and implemented a number of activities like training, IGA support, providing group development found etc. Close to 60% (majority women-81%), members received IGA Support and expand their business. A total of 174 (59% women) got formal and informal business skills trainings that includes livestock, poultry, handicraft, vocational-sewing, house wringing, garments, driving etc. About 81% group members covered under the group operated credit program. The ratio between female and male loanee is 63:37. Average monthly income of the members, as per of our survey estimates, is BDT 4,954 (Male- 6,670, Female 4,450) in February 2017. It is also important to note that 5% of SHG members earn less than BDT 1,000/month. Except very few, all members have develop practice of depositing saving ranging BDT 100-500.

Box-2.2: Education Support makes Sohagi self-employment

Ms. Sohagi Akter (20), Secretary of Maniknagar AMC, DCBRP, comes from a very poor family. Her mother was leprosy-affected woman. Sohagi got education support including admission fees, tuition fees, school dress, educational materials and excursion facility from the project during 2003 to 2011. Now she is studying in HSC. She is very grateful to TLMB and expects that in future the project will continue supporting more poor children and will extend the education support program up to graduation level. Now she is working in World Vision Bangladesh as a Nutrition Promoter. She thankfully recognized the support of the project "DCBR project helped us establish relation with the general people in the community, supported education and changed my life.

Output 3: Improved quality of services for persons having Ulcer, Recurrent reaction and other form of complication.

A total of 127 people received emergency referral and treatment of physiotherapist support. Total 110 members received ulcer care training. A good numbers of group members established linkage with hospital, DLCP and other support sources. In addition to that, 63 disable persons received assistive devices that includes- shoes, crutch, glass, wheel chairs etc. Furthermore, referral is ongoing to DBLM, government hospital for complicated cases.

Output 4: Children of Target families have improved levels of education

The Education component supported by TLM Scotland and Netherlands jointly supported 531 children of group members. As a consequence, school enrolment of the children of beneficiary families increased while the drop-out rate has significantly reduced. Besides, interest of the SHG members towards education increased a lot. The CEG programme (supported by TLM Netherlands) alone targeted provision of support for 750 children. However, it could only provide support to 416 children, as amount of financial support reduced gradually in year 2 and 3.

Under Scotland support, DCBRP provided educational support to 115 children against the project target of 100 during the project period. A total of 39 student were awarded for academic excellence. In addition to that, 69 students attended in peer education and thematic workshop. Further, regular quarterly meetings were conducted with students, parents and teachers. It not only helped continuation of their education, some of these students (40) are helping SHG book keeping, some (2) in group audit, while a good number of them (73) are supporting education of their siblings and 34 students are contributing financial support to the families from the conducting coaching (tuition).

Unintended Outcomes: The key unintended outcomes/results include: Through motivation of the project, many members are now cooperating among themselves and with the community, and participating in social works - going outside their confined to the community as a whole. *For example, one-day one boy fell in a burning pan where something was cooked and nobody except a woman member was passing by, and she came forward, rescued the boy and with the help of other group members and few community people arranged his treatment*. There are several such incidences where the DCBRP members participated in social works.

With the development of groups, now the beneficiaries, who were excluded and virtually confined to her/himself or within the family, are now functioning as forums, and gaining increased value and recognition. The members are increasingly involved in various local committees. Some members of Mirpur, for instance, are now selected in the Fire Brigade Committee in Mirpur area, Dhaka.

Through adequate motivation and orientation, DCBRP members on their own are now claiming and gaining access to facilities provided by government and non-government NGOs. For instance, on their own contacts, 4 women members got support froma local NGO (Torango) to operate IGAs/business on meat, cloth, retail and cosmetics. Besides, few women members have received tailoring training with sewing machine from the same organizations.

Most women interviewed informed that gender based violence has reduced within the families, which has a demonstrative (positive) impact on other families in the community also.

Contributing Factors, Constraints, Challenges and Risks: Like most other projects, the DCBRP also faced a number of challenges and risks. The important ones and measurement undertaken by the project management are as follows:

Contributing Factors (or factors that enhanced implementation)

- **Group Approach:** Working through **group approach,** instead of individual approach help expedite the project activities and bringing more and long lasting results. Forming mixed groups based on gender and beneficiaries (Leprosy patients, General and leprosy affected disabled and marginalized persons) helped materialize the results. Women members are found effective for delivering project service. Again, groups are founded based mostly on common cause and with homogenous people. This also help proper function of the groups.
- **Group Development Activities:** After formation, the project has been providing necessary supports to build capacity of SHG members (Orientation, Training, Mentoring, Providing CRP, Linkage development etc.) based mainly on needs and potentials. It may be considered a right step towards development of groups.
- **Linking and Networking**: Project helps the leaders establish linkage with some stakeholders that will affect the sustainability.
- **Ulcer Committees**: Forming ulcer committees is also an effective strategy particularly in identifying leprosy-affected people, and taking due care, involving family and community members.
- **Engaging Community Resource Persons (CRP):**Deploy and introduce CRPs, who are from the community and trained by the project to support the groups (paying small amount—now sharing by the groups).Some of them are group members, some were supported under education program

- **Savings Mobilization and Credit Operation:** Encourage group members to mobilize savings, accessing banks to open and operate their accounts, which were not usually practiced earlier by these persons. Help introduce operating credit by the group members including selecting loaners, recovering loans and operating bank account on their own, supported by IGA/Business and vocational training. The project discouragement towards engagement with MFIs and other NGOs proved to be a right direction as it helped them not losing their identity.
- **Group Development fund**: Providing seed money to the groups also helped the groups enhancing financial capacity. This is used for credit operation of the groups, which restricted the members to refrain from NGOs for credit. The project has been discouraging enter into microcredit programs of other NGOs/projects.

Challenges and Risks

The project has been facing a number of challenges and risks during its implantation period, namely:

- **Staffing and their turnover of the project:** As mentioned elsewhere, staff turnover is relatively higher in the project due to high workload and low salary package. During the project period, a total of 13 staff member have left/resigned (excluding CRP).
- **Eviction of Slum:** The project witnessed some partial or full eviction of slums during the project period, and some are under threat of demolition (e.g. the Gandaria area). With the demolition of the makeshift houses or the entire slum, the dwellers are to relocate and look for other shelter, and leave the group. Happily, the project faced few such problems, but reportedly, all the deserted members rejoined the group.
- **Frequent change of Government Officials**: Frequent transfer/change is a common phenomenon in Bangladesh. With the change of an official, all efforts towards rapport building and institutional memories are lost, and the concerned staff members of TLM are to start the activities afresh. It should be mentioned that rapport is usually developed between staff members of TLM and also some cases with the group leaders and the government offices, not with the group and government official. Therefore, when there is transfer or turnover from any side, the connection is simply lost. The concerned staff, with the change/transfer of an official, therefore tries best to visit the new/incoming officials in the working area and brief him/her as early possible.
- **Needs versus provisions;** There was huge demand for education support, increased group development fund, skills development training which the project could not address mainly because of resource constraints.
- **Political unrest:** The project witnessed huge political disturbance before and during the last national parliamentary election, and this affect movement of staff and thus project performances.

2.4 Impacts of the Project

The project has created a number of impacts---most of them are direct and intended. The project has been, as intended, notably succeeded in improving the quality of life of the target group members, including leprosy affected people and women. The important direct and intended impacts include:

Improved Health Services and Socioeconomic Status: Income per HH is found at around BDT 20,000. Members are now more skilled than before in operating IGA, both in technical and financial terms. As per sample survey, 62% members have received loan from the group and they are operating their IGAs more professionally and skillfully than before. Most members now have access to government health centers and some have developed liaison with NGO/government health services clinics, Social Welfare and local educational institutions. The leadership role of SHG leaders has extended to communities; in particular, women members have earned a societal recognition as leaders in the community as well. They now participate in social processes and play decision-making roles to resolve on societal issues.

Box-2.3: Anwar, an undefeated Leprosy Patient

Md. Anowar Hossain (32), vegetables seller in Bandor, Narayanganj has a small family of three members, surviving with his own income only, averaging BDT 4,000-5,000/month. In 2001, he noticed some spots in his body, but could not identify what it was. Sometime in 2004, though several tests he was diagnosed as a leprosy patient. He was treated with MDT and later went to Nilphamari several times for surgery.

In 2013, Anwar became familiar with the activities of TLM and knew about other leprosy affected-patient. Anwar joined SHG--Prottasha Unnoyan Samity--in 2013. According to him, "I have joined the groups to run my vegetable stall, getting treatment and loan". He attended several training program and learnt how to do self-care and become self-reliant. He received training on basic cleanliness, IGA, self-caring techniques etc. TLM provides him treatment; assistive devices (Shoe and Crutch), clothes and ulcer care equipment.

He also took loan of BDT 10,000 from the group for expanding his vegetable business. Now his income has increased and can afford the family expenses. Noticeably, he has now ample knowledge and skill on self-care and working as a helping hand for others ulcer patient. Anwar now tries to identify other leprosy-affected people to mitigate their sufferings. According to him, TLM has done a tremendous work with the leprosy-affected people and their family. Anwar expressed that, "If I did not get support from TLM, I would not survive at all".

Savings increased: Members are not only mobilizing savings at an increased rate, they have developed a practice/habit of depositing/mobilizing savings. Almost all members (close to 99%) are regularly saving between BDT 100-500 a month now, which was limited to very few persons and much lower amount. Average monthly savings per member is estimated at BDT 135 and average cumulative saving per member stands at BDT 8,260 (against the target of 8,000).

Mobility and Exposures: Members now not only go to bank, they go to different places and offices. Some also go far off places for personal purposes. Mobility and exposure of the members was very limited before joining the groups. Awareness on different life skills and issues are also developed due mainly to exposures and different kinds of training conducted by TLM/DCRBP.

Education of children: The project has one built-in education component supported by TLM – Scotland and an add-on complement titled Children development through empowering self-help Group (CEG). Both the education components targeted children of project direct beneficiaries (group members). These two separate but mutually exclusive children support so far provided to 531 children (115 under Scottish and 416 with Netherlands support). The type of support is similar but varies in degree/intensity. As a result of these supports, the community people, in particular the marginal families has largely been benefited. Awareness about the importance for sending children to school has increased significantly. The most visible impacts included – supported children are more serious than before about their studies; interest in education increased among the beneficiary families; teachers found

becoming sympathetic to these support recipients and they encourage the students; drop out of children from schools has reduced, in particular for children of SHG beneficiaries; and the most significant one is that some supported children now are finding employment opportunities (including some CRPs), supported children provided coaching to their siblings and earning through doing coaching, and some help group in bookkeeping's and documentations.

Stigma and exclusion: Stigma and exclusion of leprosy and other group members have significantly reduced. Not only the members are inviting the mainstream members of the community any religious or cultural events, but also the community people are inviting the group members, and reportedly, both parties participate without hesitation.

Participation in decisions: Members are increasingly taking decisions, more particularly women and leprosy patients.

In addition to direct and unintended impacts, the project has also created some **unintended** ones, namely, among others.

- Domestic Violence at the family level has reduced significantly among the target HHs, and at community level (among other members in the community).
- Many people within and outside project groups/areas become more aware about the source of leprosy treatment. Group members and the community people extending help to find treatment, and sometimes even invest time and money (free of cost)
- Interest to educate children has increased outside the target families.
- As the group members are now united in a group, they now can easily claim their right and entitlements, like making complains or filing cases to police stations. For example, through their lobbying and

Table-2.3: Groups mobility – past and now

Places/Persons	Before project intervention	Present situation	Comments of Evaluation team
Visit to Relatives (by women in particular)	Nearby Relatives (mostly with a male)	Nearby and far off relatives (with or without male companion)	Before with at least a male companion, now can go alone
Banks	Almost none	At least leaders visits	Majority along with CRP
Social Welfare Office	Almost none	Some members visit	Most cases project staff accompany them to get SSN
Cooperative Office	Almost none	Usually Leaders visit	Facilitated by staff
Health Centers /Hospitals	When there was an emergency	When there is health problem of any family/SHG	Signs of overcoming stigma
Other NGO offices	Almost none	Some leaders visit	Along with project staff
Educational Institutions	Seldom visited	More frequent	Project facilitates deliberately
TLM Control project and Nilphamari hospital	Seldom	More frequent	Some like to stay even after treatment in Nilphamari
Attending Social Events (marriage, religious events, community events)	Hesitant about acceptability	Well accepted by the society	Outcome of project's inclusive strategy

advocacy the local representative constructed two roads in Chanpara area, Rupganj.

- More importantly, the communication skills of the target group members, especially of women, have notably increased. The group members were found very communicative when the study team visited them, and informed this change very loudly.
- The group members help contribute in social works, provide financial and other supports in terms of arranging marriage of poor, arrange treatment, stop child marriage, discourage dowry within and outside the group etc.
- Relation and bondage with community has increased. Now around 80% group members as well as community members support each other when each of them are in problems, which was almost impossible before the project. They invite each other when there is an event (CBSG Sample survey).

2.5 Sustainability of the Project

The project has been successful in promoting 58% groups to A category as against 24% at baseline, 31% B category and rest C category. Majority of A category looks self-financing to a great extent, but remainders definitely need time, indicating among others that overwhelming majority needs support from the project, CRP in particular, for some period, depending on the status/maturity of the SHG.

However, at individual level, IGA training skills, business skill, ulcer and self-care skill, recognition in family and community, participation in family decision-making process, concern for Child education is believed to sustain for long. Likewise, CRPs with development of her skills in leprosy care and group development has multiple impact and sustain for long.

As planned, the groups would be under the control and umbrella of relevant AMCs, 10 of which are already registered with and 6 under process. Actual sustainability of project outcomes and achievements therefore depends much on the performances of the AMCs in the coming days.

The groups have established network and relations with local offices (GO-NGO), representations from local bodies and other concerned in the areas. Moreover, through this an ownership of the local communities has developed. However, this relationship is to be further cemented by the AMC/Project in order to enhance sustainability.

2.6 AMC: Progress and the needs

One of the major strategies adaptation of the current phase from the earlier one is to develop AMC bringing together number of SHGs and give it an institutional identity that are recognized and as such can operate independently with other institutions. So far, 10 AMCs has been formed that are registered with the Department of Cooperatives, GoB. There are six more AMCs formed and waiting to be registered. All AMCs are to be run in accordance with the Bangladesh Cooperative Act.

AMC is a well-directed strategy towards sustainability. Besides registration, AMC to be sustainable needs careful advance planning on key issues including governance, standardization of operating systems, professional and paid management staff and profitable financial operation which by default is dependent on: 1. Member number 2. Revolving Loan fund 3. Average loan size and 4. Cost of operation management. Therefore, Each AMC will be

needed to prepare and implement a feasible business plan for profitable operation. An indicative business plan is provided later in this report.

2.6.1 Institutional Formation of AMC

AMC is a membership organization. All related SHG members become AMC member automatically. Members are to elect 6 member Executive Committees to run the day to day operation of AMC. The 6 members' executive committee include: President, Vice-President, Secretary, Asst. Secretary, Cashier and a Member. As per the co-operative rules, this committee are to be elected through direct voting of the member. In reality, most committees are actually formed though an agreed but informal selection processes. Few AMC, however, have undergone through election process to select their leadership. AMC leaders are either drawn or elected from SHG committees who are known to the related SHGs and have shown leadership in the past. In some cases, alternative leaderships were exposed that led to election to form AMC executive committee.

AMC requires much more leadership, social skills and managerial competencies than managing a SHG. This is not only for the sheer size of the operation, financial volume and membership but also for the need of reconcile many voices, setting priorities, maintain transparency and above all institutionalize a fair and effective accountability system within the cooperative. Leadership needs to be truly representative without casting any division within the group taking advantage of strong cohesiveness built at the SHG levels. Far more transparency needed to establish at the AMC level on number of areas including:

- Project selection and financial support
- Benefit allocation such as education stipend, medical aid and so on
- Training nominations

There needs to have absolute clear criteria (simple and objective) on the above and other AMC services so that members have full confidence on the systems.

2.6.2 Sub-Committees

Sub-committees work on specific issues. There are five sub-committees in an AMC which include: Credit committee; Education Committee; IGA committee; Communication & Networking Committee; and Ulcer Care Committee. Each committee comprise of five members and they are drawn from the existing SHGs though open discussion. These sub-committees function nominally at present though provide important forum to practice leadership. Activating these committees is critical to enhance services to the members.

2.6.3 Office Management

All the registered AMCs do have a office with a bunch of registers and documents. Specific documentations include: Meeting minutes /resolution book; Ledger book; Cashbook; Passbook; Visitors Book; Check Book; Bank account and Membership book. CRPs work from this office and maintains books and documents with the EC members.

EC members meet once in a month mainly to discuss on SHG problems, loan and savings rates including defaults, leprosy issues. It also discusses on various ongoing projects. Sub-committees meet in three months but only irregularly.

2.6.4 Association with CCULB:

Cooperative Credit Union League of Bangladesh (CCULB) is an umbrella organization of credit cooperatives that support its members to comply with high standards, maintain regulatory compliances, capacity development and financial audit. It's support to the member improves effectiveness and sustainable growth. TLM envisaged linking AMCs with the CCULB to enhance AMCs operation capability as well as external watch/monitoring which in turn will ensure effectiveness. CCULB has only been involved with the AMCs from late last year. Though late, it is certainly a good strategy to ensure professional support as well as regulatory compliance for the AMC while devolving functional autonomy from the TLM project. CCULB actions so far are limited to capacity development training and orientation programs in to order to set CCULB general standards at the AMCs, which would enable them to become its member. Basic requirements for CCULB membership are among others are:

- 300 members
- 500,000 taka in capital
- Loan disbursement 4 m taka

Most AMCs have deficits on these basic standards to become a member of CCULB. However, they may first become an observer, then to a preliminary members and finally a full fledge member.

Box 2.4: Co-operative Credit Union League of Bangladesh Limited (CCULB):

Establishment: 14 January 1979
Registration: 03 April 1986

Vision: Competitive integrated network of cooperative financial institutions in Bangladesh

Mission: Ensuring the sustainable growth of cooperative financial institutions enabling them to provide quality services that improve the lives of people.

Activities: The important activities include i.e.:

- Educating people about Savings;
- Form new Credit Union;
- Training;
- Mutual Aid Service;
- National & International Affiliation;
- Inter-lending and special Inter-lending;
- Help organize Teachers Credit Union
- Stationary & Form Supply and Publication
- Audit;
- Women Development;
- Agri-Finance;
- Monitoring, Evaluation and Legal support.

Members: 753 Credit unions/organizations (723 registered) and 445,000 individual

2.6.5 AMC needs

AMCs will be in a cross road if they are abandoned at this stage. Most if not all are at a nascent stage - far weaker than the SHGs. Purpose of the AMCs are appreciated by the leaders and members though, there is still a sense of hesitancy and uncertainty. This has been strongly voiced by the leaders and members alike. There is a unified demand from almost all AMCs to have continued TLM support to establish them as self-governed effective running institutions. CCULB input can be and should be integrated with TLM support to develop effective and self-managed AMCs. Phasing out of AMCs is not only premature at this stage, it may risk of getting them disintegrated as group and even risks SHGs to fall in disarray. Therefore, TLM needs to prepare a roughly three year transitional strategy involving CCULB to further institutionalize the AMC systems towards mature and rational phasing out. Key elements of the transitional strategy should include but not limited to the following:

- Elevate AMCs to the CCULB accreditation level (full membership) in key areas such as membership, savings, capital, loan fund etc.
- Strengthen AMC governance (EC accountability and transparency) while establish functional management by hired professional staff.

- Prepare and establish a sustainable management structure with staff that are slim, cost effective
- Clarify roles of EC members so as to eliminate any duplicating of roles and responsibilities among the EC members
- The SHGs, and the members would be gradually integrated with the AMC. The existing SHGs can work local hub or cluster point for service delivery such as savings and loan collection etc.
- Develop and establish office administration and management systems (or a policy manual to institutionalize standard operating procedures and practices.

2.6.6 Financial Viability Analysis of a typical AMC

Currently, AMC have very minimum financial activities except monthly subscription and interest income to be earned from project loan. On the contrary, SHGs are buoyant on financial activities and many have actually reached a point of self-reliance.

Hence, the evaluation team have run a viability test of the AMC considering that the SHGs are fully integrated into an AMC with its own staff and income. Following provides the test result which shows that AMC will have negative financial results but have strong prospects for long term sustainability and growth. The following matrix presents financial analysis with arbitrary values.

Financial Viability Analysis: A Typical AMC with arbitrary values

AMC's key indicators	**Base year-2016**	**2017**	**2018**	**2019**
Average Members	200	250	300	350
Revolving Loan Fund	3,000,000	4,000,000	6,000,000	8,000,000
Av loan Size (one loan per member)	30,000	32,000	40,000	45,714
Av outstanding loan per member	15,000	16,000	20,000	22,857
Av Savings per member	10,000	10,000	11,000	12,000
Members Total Savings	2,000,000	2,500,000	3,300,000	4,200,000
Interest Income @ 20% (10% flat rate)	600,000	800,000	1,200,000	1,600,000

Operating Expenses	**Base year-2016**	**2017**	**2018**	**2019**
Savings expenses @ 6% (to be distributed to the members)	120,000	150,000	198,000	252,000
Office Running Cost	*180,000*	225,000	252,000	288,000
Staff Salary	*120,000*	540,000	594,000	712,800
Loan loss @ 5% of interest income	30,000	40,000	60,000	80,000
Total Operating Cost	450,000	955,000	1,104,000	1,332,800

NET Financial Position	**150,000**	**(155,000)**	**96,000**	**267,200**

Key:

- Base year 2016: We use arbitrary values but close to average of 16 AMCs and resembles close a well-functioning typical AMC.
- Three-year projection has been made to figure out financial implications which is based on a mostly likely scenario - not necessarily on base case scenario.
- Office cost, staff salary and loan loss (estimated to be around 5% of interest income to set aside) provision for the base year are provided to have an understanding on current modalities which is heavily subsidized by the project - especially salary and office cost; Three staff has been planned for each AMC - One manager!! and two loan officer!! As well as their salary will increase @ 10% per annum.
- The year 2017 and onward, operating expenses are estimated on potential actual cost (no external subsidy).
- Each AMC will need to prepare a business plan based on this sustainability model

Chapter 3: Lessons Learned, Conclusions and Recommendations

3.1 Lessons Learned

The project addressed the issue of rehabilitation of leprosy affected disable persons in the targeted areas through an integrated community based rehabilitation (CBR) approach. The project attempted to focus its attention on the leprosy-affected people/leprosy disabled, physically disabled and marginalized. The evaluation team identified following learnings /good practices, the project learned though implementation since 2007.

- Formation of SHGs with members having common cause and cohesion, instead of individual approach, is more effective in building capacity of the vulnerable and excluded people like the target groups of DCBRP. Attempting to federate them with AMC is a step forward towards sustained development of the CBOs and the target members. Likewise, formation and operation of Ulcer Care Committee was found every useful for the affected people, their family and community.
- Identifying the appropriate stakeholders, both primary and secondary (like local communities and representatives, service providers (GO-NGO and private) and interacting and networking witht hem found to generate positive results for a project like DCBRP.
- Assessing the needs and priorities of the target groups, and designing project including identification and provision of services are crucial for the success of the project.
- The major strengths of SHGs include: Group Operational Guideline in place; Majority women members; Solidarity and unity of the members; Practice and mobilization of savings; Credit and banking operation by group themselves; Provision of exposure visit, Interest in IGA; Skills training; Low interest rate, interest and exercise of self care, community support, involving of educated children in maintaining group records etc. The important weaknesses/deficits are: Smaller in size (averaging around 16 members only); Lack of skill in book keeping–absence of literate members, lack of adequate skill to run IGA, Dependence on CRP (especially B and C category groups);No or little scope for alternative leadership development--Selection of EC/leaders (no election) without any change; Leaders take most opportunities etc.
- Like the SHGs, AMCs have some strengths and weaknesses. The strengths are: Mostly united and maintain the norms and standards; Some AMC easily select the EC members because of their group commitment; AMC works as the awareness campaigner for the leprosy-affected people and the general community; Networking capacity; Women leadership and empowerment; Capacity of Project selection and Implementation. The mentionable weaknesses of AMCs include: Not yet ready for fulfilling the registration requirements of coops like mobilizing/recruiting minimum 300 members and generate huge amount of money (about BDT4.0m); Limited fund base- (sources so far are contribution of the groups and BDT 100,000 from project); Lack of adequate training; No financial benefits for the EC members who work on voluntary basis; Potentiality of conflict/chaos in selecting right EC, either by Selection process or Election process; No short term and long term plan of action; Low level of education of the members; Inadequate fund for fulfilling demand for credit.

Therefore, capacity building of AMCs and mobilizing resources (Human and financial) is of crucial importance to go for transition process.

- There are scopes for improving the planning, budgeting and monitoring of project activities particularly assessment of groups and involvement of groups in the activity. The indicators for group assessment, as many as 16, are largely general, lacking definite focus.
- Most OECD criteria (Relevance, efficiency, effectiveness, impacts) are largely fulfilled except sustainability. The project found very much relevant so far fulfilling the needs and priorities of the target members, among others; generally efficient in planning and utilizing resources; effective in achieving objectives, outcomes and results, and creating overall impacts. Though more than half of the groups are found more or less self-operating, others need some time to reach that level.

3.2 Conclusion

The target people of the project were very much confined neglected and excluded for centuries together; however, they now can easily talk/communicate to people, gained articulation in speaking. Mover from distant places and offices (such as social welfare department, banks, livestock offices, etc.) was almost impossible in few years back. Major impact added value in the groups and group members, as: started claiming and establishing rights, lodging complains if rights are violated, increased enrollment and regular schooling of children, aware on social and economic condition of own self and the society, able to identify other patients and provide necessary counseling for treatment. Health seeking behavior and personal hygiene improved; practice of savings developed/ increased and some claimed have cash in hand; family, community and social level inclusion improved.

The Evaluation concludes that DCBRP strived to innovate a sustainable CBR model to empower the leprosy-affected people, physically challenged and poor/marginalized people of the project area and showing them a vision of quality life. While the appreciates the quality and good work of DCBRP and vouch for future support to AMCs, it also identifies some shortcomings and gaps suggesting further scope for improvements towards creating long term impacts and making the achievements more sustainable

3.3 Recommendations

I. So far, the AMC are not fully operational, the groups should continue as units/clusters under the umbrella and control of the respective AMC, and necessary measures should be pursued to make these groups becoming self-operating.

II. TLM needs to prepare a roughly three-year transitional strategy involving CCULB to further institutionalize the AMC systems towards mature and rational phasing out AMCs. Key elements of the transitional strategy should include but not limited to the following:
   - Elevate AMCs to the CCULB accreditation level (full membership) in key areas such as membership, savings, capital, loan fund etc.
   - Prepare a clearly articulated phase out strategy involving CCULB
   - Strengthen AMC governance (EC accountability and transparency) with the following training and capacity building

    - Board management, meeting conduction and decision making
    - Business planning, Budgeting, Fund Management and Monitoring
    - Staff management, supervision and appraisal
    - Networking and advocacy
- Establish functional management by hired staff with job description and capacity development training in key areas such as
    - Communication and facilitation skills
    - Accounts keeping and office management
    - Micro Project appraisal, business development and loan processing
- CRPs are playing a very critical role in SHG management. AMC will need Staff with similar competency to function effectively. However, the evaluation team suggests that they are not drawn from members rather from the community to avoid any conflict of interest issue. They need to be even more capable to run the AMCs based on standard and approved systems and operational guidelines - many of which needs to be developed or adapted from other cooperative systems.
- Role of the EC and the AMC staff needs to be very clear, specific devoid of any overlap. Staff accountability to the EC needs to be clear and specific through an established mechanism. Therefore, the team suggests that governance with EC in the helm and the management operation by the staff have to be clearly articulated in AMC management guidelines.
    - Micro credit management and control systems
    - Fund Management
- Prepare and establish a management structure with staff that are slim, cost effective and sustainable (pay with the income generated at AMCs without any external subsidy).
- Clarify roles of EC members (President, Vice President, Secretary, Treasurer and so on) to eliminate any duplicating roles and responsibilities among the EC members.
- Gradually, Integrate SHGs/members within the AMCs. However, existing SHGs can be local hub or cluster point for service delivery such as savings and loan collection etc.
- Develop and establish office administration and management systems to institutionalize standard operating procedures and practices.
- And, ensure "Controlled freedom" of operation to individual AMCs under direct monitoring and surveillance of TLM that will have the options to intervene in AMC affairs as and when needed (if things go wrong).

III. Planning and Monitoring systems should be improved with increased involvement of field level staff and AMC/SHGs and making the feedback more vibrant following thorough review of the existing design and practices. The potential of Group Assessment Process has not used adequately, suggesting a thorough review particularly narrowing down the indicators (presently there are 17) and making them more definitive, simple and objective.

IV. There seems to have disproportionate allocation of training between leaders and the general members, particularly in IGA training. It needs to be made inclusive so that only ‘few do not take all’. Though the project offered a lot of training, but it by passed refreshers/follow up training. Such training could have been arranged.

V. Leaders are ‘selected’, not elected, and it is done once for all (without any change). There could have rotation system so that new leaders could emerge.

VI. Group B and C yet to be consolidated thus need to increase group members (if PAL is not found then form disable or form marginal community), strengthen self-monitoring, develop skills of group member to undertake IGA, develop leadership skills of potential group members, and provide follow-up and hands on support for record maintenance and special facilitation support by AMC and/ or project (if there is any provision).

VII. Existing Education Support so far has covered about 20% of group members’ families. The programme has great potentials project, and therefore recommended to continue such support in the future.

VIII. The evaluation team observed demand for creating more SHGs existing and newly extended project areas both in urban and rural areas. The project could not even have covered whole Dhaka city. TLM may consider extending project benefit to new and /or uncovered areas in Dhaka and newly included districts.