

AN INTERNSHIP REPORT ON

“Functions of The Leprosy Mission International- Bangladesh at Dinajpur District”

This report is submitted to the faculty of Business studies, Hajee Mohammad Danesh Science and Technology University as a partial requirement for the fulfillment of Degree of Masters of Business Administration (MBA-Evening) Program.

SUBMITTED BY

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MBA (Evening) Batch: 02

Major in:

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FACULTY OF BUSINESS STUDIES

**HAJEE MOHAMMAD DANESH SCIENCE AND
TECHNOLOGY UNIVERSITY,**

DINAJPUR-5200

APRIL, 2016

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**HAJEE MOHAMMAD DANESH SCIENCE AND
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APRIL, 2016

LETTER OF TRANSMITTAL

23 April 2016

RONY KUMAR DATTA

Assistant Professor

Department of Finance & Banking

Hajee Mohammad Danesh Science and Technology University, Dinajpur- 5200.

Subject: Submission of Internship Report on “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur District**”

Sir,

It is an immense pleasure for me to submit the internship report on “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur District**”.

Which I have prepared by 45 days internship at The Leprosy Mission Bangladesh to fulfill the requirement of MBA-Evening degree in the faculty of business studies, Hajee Mohammad Danesh Science and Technology University.

I sincerely believe that this internship program will help me to enrich my adaptability quality in the long run when I will involve myself in practical field. I am grateful for your valuable advices and great cooperation. I tried my best to go deep into the matters and make full use of my capabilities in making the report meaning, though there may be some mistakes and shortcomings. I shall be pleased to answer any kind of query you think necessary.

Now I have placed this report to you for your kind approval. I hope that my report will satisfy you. For any of your further queries I would be at your disposal at your convenience.

Sincerely yours,

PRANOY MICHAEL ROZARIO

Student ID: E130502030

MBA (Evening) Batch: 02

Major in: Accounting and Information System

Faculty of Business Studies

HSTU, Dinajpur.

CERTIFICATE OF SUPERVISOR

This is to certify that **Mr. Pranoy Michael Rozario** a student of MBA (Evening) program (Major in Accounting and Information System), Faculty of Business Studies, and bearing Roll No. E130502030 prepare an internship report entitled on “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur District**” under my supervision. I also certify that I have gone through the draft copy of the report. Thoroughly found it satisfactory for submission as a part of fulfillment of MBA degree.

I wish him every success for the days to come.

RONY KUMAR DATTA
Supervisor & Assistant Professor
Department of Finance & Banking
Faculty of Business Studies
HSTU, Dinajpur

CERTIFICATE OF CO- SUPERVISOR

This is to certify that **Mr. Pranoy Michael Rozario** a student of MBA (Evening) program (Major in Accounting and Information System), Faculty of Business Studies, and bearing Roll No. E130502030 prepare an internship report entitled on “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur District**” under my supervision. I also certify that I have gone through the draft copy of the report. Thoroughly found it satisfactory for submission as a part of fulfillment of MBA degree.

I wish him every success for the days to come.

MAHBUBA AKTAR

Co-Supervisor & Assistant Professor
Department of Finance & Banking
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HSTU, Dinajpur.

STUDENT'S DECLARATION

I hereby declare that the internship report entitled “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur District**” embodies the result of my own research works and efforts, prepared under the supervision of **MR. RONY KUMAR DATTA**, Assistant Professor Department of Finance & Banking, Hajee Mohammad Danesh Science & Technology University, Dinajpur.

I further affirm that work and information reported in this internship report is original and any part or whole has not been submitted to, in any other University or Institution for any degree or any other purpose.

PRANOY MICHAEL ROZARIO

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MBA (Evening) Batch: 02

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Faculty of Business Studies

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TLMiB

TLMI/NNN/MMM/

Date: 21 April 2016

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Pranoy Michael Rozario**, S/O- Mr. Gabriel Rozario, a student of MBA-Evening Program (Major in Accounting and Information System), ID No: **E130502030**, **Hajee Mohammad Danesh Science & Technology University, Dinajpur** has successfully completed 45 (Forty five) days (From 07th March to 20th April, 2016) long internship program at this Organization. During the period of his internship program with us he found punctual, hardworking and inquisitive.

We wish him every success in life.

Surendra Nath Sing

Program Leader-CP
The Leprosy Mission International-Bangladesh

ACKNOWLEDGEMENT

For the very first of all I would like to express my gratefulness and harmony to the **ALLMIGHTY** the supreme authority of the Universe, without whom we would be nothing. Next I would like to express my kindness to my **Beloved Wife and Daughters** whose continuous inspiration and sacrifices enrages me to make a right move in my life.

A single individual can achieve no noble objective. Words actually will never be enough to express how grateful I am nevertheless will try my level best to express my heart full gratitude towards some respected persons for their advice, suggestions, direction and cooperation which have enabled me to have an experienced in the dynamic environment such like in NGO sector.

First of all I would like to thank my honorable supervisor **Mr. Rony kumar Datta**, Assistant Professor, Department of Finance & Banking, Faculty of Business Studies, without whose help, suggestion the research and cooperation the total report will be valueless.

Extended his nice guidance and cooperation during the problem formulation as well as preparing the research proposal which preserve special thanks from the researcher.

I would like to express my indebtedness to my co-supervisor **Ms. Mahbuba Aktar**, Assistant Professor, Department of Finance and Banking, HSTU, Dinajpur for helping me and giving assistance in preparing the report.

The very first person of The Leprosy Mission International-Bangladesh to whom I would like to convey my gratitude is the Country Director of The Leprosy Mission International-Bangladesh Mr. Solomon Sumon Halder, for his kind consideration to give me an opportunity to complete my internship at The Leprosy Mission International-Bangladesh. I would also thankful to Mr. Surendra Nath Sing, Program Leader-CP, The Leprosy Mission International-Bangladesh, Nilfamari for his kind cooperation. Some other key persons of The Leprosy Mission Bangladesh, Dinajpur Office, whose valuable advice and kind cooperation helped me to gather more knowledge.

I would like to thank from the deep of my heart to those people who are related with making of this report and make it a success.

At last but not the least, the Hajee Mohammad Danesh Science and Technology University, Dinajpur, Bangladesh for giving me an opportunity to complete my MBA degree and give me a scope to gather practical experience and enrich my knowledge.

May ALMIGHTY bless all of them.

Author

EXECUTIVE SUMMARY

The discussing report is the terminal formalities of the internship program for the degree of Masters of Business Administration course of faculty of Business Studies at Hajee Mohammad Danesh Science and Technology University, Dinajpur which is compact professional progress rather than specialized. This report has prepared as per academic requirement of after the successfully completion of 45 days internship organized at The Leprosy Mission International-Bangladesh, Community Program, Dinajpur with the view to familiarized the students with the practical implementations of the knowledge provides the theoretical aspects of practical life.

It is my pleasure and great privilege to submit my report titled “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur**” worked out at Dinajpur Project Office during March 07, 2016 to April 20, 2016.

As the presenter of this report, I have tried my level best to get together as much information as possible to enrich the report while working at Current position, problems and prospect of The Leprosy Mission International-Bangladesh. I believe that it was a fascinating experience to work in the Implementation section and it has enriched both my knowledge and experience.

However, after all of this, as a human being, I believe everyone is not beyond limitation. There might have problems regarding lack and limitation in some aspects and also some minor mistake such as syntax error of typing mistake or lack of information. Please pardon me for that mistake and clarify these of my further information on those matters.

**DEDICATED TO
MY
WIFE AND
DAUGHTERS**

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Internship program has been included to MBA-Evening curriculum for providing talent, up-to date and smart, efficient executives. Internship means gaining supervised experience. Internship program offers an opportunity to know the environment of a particular organization. By doing this program, developed and refined theoretical knowledge gained in the classroom. This program provides exciting experience of planning, culture, behavior of employee and management style of that organization, which helps to fill the gap between theoretical and real practical world. Theoretical knowledge related to it, is important. A perfect consideration between theory and practice is important in the context of modern business world. In order to resolve the dichotomy between theory and practice, this program is compulsory for every student to complete his or her academic degree. Internship program brings students closer to the business theory and practical and thereby help them to substantiate their knowledge so that they can prepare themselves to start a successful career. Under the internship program, every student is assigned to an organization with a view to prepare a report in the selected organization under the guideline of his/her assigned teacher.

1.2 STATEMENT OF THE TITLE

In order to know the activities related with overall performance of The Leprosy Mission International-Bangladesh and documents required to maintain this system, I chose the topic as “Overall activities of The Leprosy Mission International-Bangladesh” in a Non-Government Organization sector in Bangladesh.

1.3 RATIONALE OF THE STUDY

The purpose of this report is to get a gist idea about The Leprosy Mission International-Bangladesh, which is operated in our country. Non-Government Sector in Bangladesh is a vast term and through this report helps to know the global fellowship of The Leprosy Mission, it's Projects in Bangladesh and analyze some crucial features. Without understanding the term of NGO, it is very difficult to go deeply of this organization and to make the NGO concept easier to the people. If the fund raising/financial position of the organization is not in a suitable position, the

organization may face crisis. In the report there are some basic ideas of The Leprosy Mission International- Bangladesh in Dinajpur including international linkage, global fellowship, international and country strategy, monitoring and auditing of country office, project development procedure, projects in Bangladesh.

1.4 OBJECTIVES OF THE STUDY

The main objective of the internship program is to formalize with the real market situation and helps to learn how bookish concepts are used in the real market. Therefore, from the very beginning of the study to conduct of internship with a view at achieve some specific objectives and gone across the various department of the NGO to acquire some related information and functioning procedure regarding that department.

The objectives of the study are mentioned below:

1. To acquire knowledge about the different operations of The Leprosy Mission Bangladesh.
2. To learn how the International management system of an organization operates.
3. To know the linkage with global fellowship.
4. To know about the product and services of The Leprosy Mission Bangladesh.
5. To identify the problems those are related to achieve the project goal.
6. To provide recommendations.

1.5 SCOPE OF THE REPORT

This report has been prepared through extensive discussion with organisation employees, clients and officers and on the information gathered from the TLM Handbook, annual report and prospectus of The Leprosy Mission Bangladesh and got the great opportunity to have an in-depth knowledge of system of The Leprosy Mission Bangladesh as an international NGO.

1.6 METHODOLOGY OF THE STUDY

The nature of this report is descriptive. so instead of doing any survey, observation method is used to complete this qualitative research. For the report, collect all such information that will reflect the actual situation of the organisation for any report and collected various types of primary and secondary data. For completing the report, various data from various sources by face to face. interview with the employees worked in different departments of organisation, Dinajpur Project office, personal investigation, circulars sent by Head office and maintaining daily diary which contains all the activities that has been observed in the organisation.

1.6.1 Population

The report has been prepared on current position, problems and prospect of The Leprosy Mission International-Bangladesh (A case study on Dinajpur Office).

Therefore, for the purpose of the study, all the offices of The Leprosy Mission International-Bangladesh have been considered as the population of the study.

1.6.2 Sampling Unit

Only one project office of The Leprosy Mission Bangladesh has been taken as the sampling unit for the study, i.e Dinajpur Office.

1.6.3 Sampling Method

Random sampling method has been used for purpose of the study.

1.6.4 Sources of data

The report is based on both primary and secondary sources of information. Interviewing the managers and officers of the organisation, talking to the customers, the primary data have been collect, Further more different publications of the organisation annual reports and the organisation's websites have been used for the purpose of collecting secondary data.

❖ primary Sources of Data

- i. Guidelines and suggestions from depot charge of The Leprosy Mission Bangladesh
- ii. Opinions and suggestions of company's officials.

❖ Secondary Sources of Data

- i. Hand Book of The Leprosy Mission Bangladesh

- ii. Annual report of The Leprosy Mission Bangladesh.
- iii. Published booklet of The Leprosy Mission Bangladesh.
- iv. Various published document.
- v. Websites.

❖ **Method of Data Collection**

For the purpose of the study, two methods of data collection have based:

- i. Observation method.
- ii. Interview method.

❖ **Analytical Tools and Software**

To make the report more understandable and give a nice look, different analytical tools and software, have been used to prepare the report. A number of flowchart, table and different computer software are used.

1.7 LIMITATIONS OF THE STUDY

Although employees did the full co-operation, clients officers of The Leprosy Mission Bangladesh and they also gave much time to prepare this report properly in the way of study, there was Some difficulties, which made the conduction of the program little hazardous. Some of these are mentioned below:

- i. It should be certainly mentioned that the time 45 days is very short to get the total view of the company's all functions.
- ii. The offices were quite busy with their regular activities. For this reasons it was a little problem to collect detail information from them.
- iii. In case of secondary data collection, there was very little secondary information. There were few support books, reports, journals, etc. moreover, the project office had very little of this information. That's why bulk of it had to be collected from the head office.

CHAPTER TWO

ORGANIZATIONAL PROFILE

2.1 The Leprosy Mission History

Wellesley Bailey was born in Abbeylieux, Ireland in 1846. On 17 March 1866 he became engaged to his childhood friend, Alice Grahame. But before their marriage, Wellesley wanted to make his fortune, so he set sail for Australia and New Zealand.

Alice, a keen Christian, asked Wellesley to go to church whenever he could. When unable to sail from Gravesend, because of fog, Wellesley went to a service.

Afterwards, words from Isaiah kept echoing through his mind: "I will lead the blind by ways they have not known, along unfamiliar paths I will lead them; I will turn the darkness into light before them, and make the rough places smooth. These things I will do; I will not forsake them." (Isaiah 42:16). He knelt by his bed and committed his life to Jesus Christ.

By 1868, Wellesley had returned to Dublin without the fortune he'd been seeking. He decided to try India where his brother was in the Indian Police force. Wellesley joined the American Presbyterian Mission and was sent to Ambala in the Punjab to work as a teacher.

There, Dr Morrison had built some simple huts for leprosy beggars.

When Wellesley met people affected by leprosy for the first time he remembers: "I almost shuddered... yet at the same time [I was] fascinated, and I felt, if ever there was a Christ-like work in the world it was to go amongst these poor sufferers and bring them the consolation, the hope of the gospel".

Dr Morrison went on home leave, leaving Wellesley to care for those with leprosy. He visited them regularly, helping with food and shelter and sharing the Gospel: "*soon I discovered that I had there, at my door, a splendid sphere of work for the Master*".

Wellesley and Alice married in October 1871 at Bombay Cathedral after Alice went to India to join Wellesley in his work. However, just two years later they returned to Dublin due to Alice's weak health. Wellesley spoke with such passion about leprosy affected people to their friends, Isabella, Charlotte and Jane Pim, that a public meeting

was arranged. In 1874, the first support group of the Leprosy Mission was formed. They pledged to raise £30 a year. In their first year they raised £600!

When Wellesley retired from TLM, aged 71, there remained a dynamic Christian mission: *"born and cradled in prayer...prayer has been the foundation of its success."* It is a Mission that is still working today to bring about a world without leprosy.

2.2 Global Fellowship

2008 Discussion began on ways to work more closely together with stronger links between the funding and implementing countries. Steps were taken to strengthen implementing Country Leaders and country offices with a decentralised facilitation role for the international office.

2011 On 30th May 2011 a charter was signed by 31 member countries which committed members to moving towards decentralisation, mutual accountability, interdependency and a shared approach to decision making. The Leprosy Mission Fellowship is made up of Member countries and TLM International.

2.2.1 The Global Fellowship

The Leprosy Mission is an international Christian organisation whose Members recognize the Lordship of Jesus Christ and enter a covenant relationship with God and with one another. We are participants in world mission, relating to people affected by leprosy in the context of their families and communities, with a Christ-centred and holistic gospel, working in close relation with communities, churches and other agencies including national governments and NGOs.

There are 32¹ TLM Fellowship Member countries which include both 'Supporting' (donor) Countries and 'Implementing' (field) Countries. Both are equally valued Members and are equal partners in the work. It is the Members who drive the Mission forward and make decisions about TLM's work.

TLM International operates as a central 'hub' to co-ordinate the needs of the Members and the Fellowship as a whole. It has around 20 staff, most of whom work at the International Office in London, UK.

In addition to the Member countries, the TLM Fellowship is involved in a number of other countries where leprosy programmes are funded or resources are raised. In total, TLM is present in more than 40 countries and has around 2000 staff worldwide. Increasingly the Mission seeks to work through partners rather than carrying out projects directly.

The Leprosy Mission is a member agency of ILEP (the International Federation of anti- Leprosy Associations), IDDC (the International Disability and Development Consortium), EUCORD,

People In Aid, the Micah Network and BOND. The Leprosy Mission also works in collaboration with other global consortia such as the International NDGO Neglected Tropical Disease Network (NNN).

The TLM Fellowship Charter is a statement of the commitments that the Members of the Fellowship make to one another. The Mission is held in unity through a genuine spirit of fellowship and cooperation based on the principles of covenant, not by rules and regulations. So, while each Member will be required to sign the Charter, they do so not as law but as an expression of their prayerful commitment to TLM and to the changes we are making in the way we work.

2.2.2 List of TLM Fellowship Members as at December 2014

Angola	France	Nigeria
Australia	Germany	Northern Ireland
Bangladesh	Hungary	Papua New Guinea
Belgium	Indonesia	Scotland
Chad	India	South Africa
China	Mozambique	South Korea
Democratic Republic of Congo	Myanmar	South Sudan
Denmark	Nepal	Sudan
England and Wales	Netherlands	Sweden
Ethiopia	New Zealand	Switzerland
	Niger	Timor Leste

2.3 Fellowship Culture and Effectiveness Principles

(Scheduled for review 2015)

The TLM Fellowship has made a deliberate decision and commitment to change the way we do things; marked by the signing of the Charter by Members in May 2011. The consolidation of the Fellowship's culture is being nurtured and becoming evident throughout the Fellowship. The culture, in many ways, retains the way we have done things previously: particularly in relation to being rooted in prayer and encouraging the faith and witness of trustees and staff. The Fellowship culture emphasises, amongst Members, a mutual and equal respect and interdependency in the way we make decisions, share resources and share achievements in relation to people affected by leprosy and their communities.

2.3.1 Scope

TLM's policies and strategies drive and rely on a Fellowship culture that helps us to fulfil the mission we are called to, in a manner that is increasingly effective and demonstrative of good stewardship. Our culture, therefore, will promote a sober assessment of many aspects of how we work through the peer review process. The Fellowship will continue to develop its learning culture and use that learning in creative and efficient ways, striving for necessary improvement and transparent accountability throughout the Fellowship.

2.3.2 Principles

There are now several levels of commitments in the Fellowship: values, principles, policies, position statements, and working practices. We need to consider how these fit together to make them all real and meaningful.

The working principles of the Fellowship are built on our values. The principles are the framework around which the Fellowship functions and the common understanding and culture that hold the Global Fellowship together, allowing us to make our proper contribution to the changes we have been called to contribute towards.

The working principles for TLM Global Fellowship are summarised by the following:

- **Interdependence**
- **Communication**
- **Accountability**

- Responsibility
- Effectiveness

2.4 The Leprosy Mission Structure

2.4.1 Routes of Accountability

The TLM Fellowship Charter states that all Members are regarded as autonomous, whether supporting or implementing. They are responsible for their own operations and accountable to the TLM Fellowship as a whole for their actions.

The decision-making roles and routes of accountability can begin to be illustrated by the following diagram:

- The Meeting of Members of the TLM Fellowship
- Member-Appointed Working Groups
- The TLM International Board
- The International Office General Director

The Representative Management Group (as described below but not illustrated in the diagram) has a very useful role in representing all Members to support TLM International in its decision-making.



Figure 1: The Leprosy Mission Structure

2.5 Policy on Policy Development of The Leprosy Mission

2.5.1 TLM Fellowship Policies

Why do we have TLM Fellowship policies? Because as a global organisation with a global brand, we need a consistent position on certain key topics. For this reason, the policies require approval by the TLMI Board and are mandatory on all Members and TLMI. They are intended not as prescriptive measures but as statements of commitment, designed to cover all of the contexts in which TLM works. They can therefore either be adopted for application as they are, or used as the starting point for in-country policies.

Alongside the policies are position papers, which outline the Fellowship's current stand on a variety of topics related to our practice. These are approved by the General Director following consultation with the Representative Management Group. Together the policies and position papers define the Fellowship's commitment to quality and best practice.

Members may decide to adopt TLM Fellowship policies as written, or to contextualise them by developing in-country policies, which must be consistent with the relevant TLM Fellowship policies.

Policies	Position Papers	In country policy	Policy Implementation Plan
<ul style="list-style-type: none">• Fellowship level• Product of values• Statement of commitment• Pillars of our identity• The way we behave and do our work	<ul style="list-style-type: none">• Fellowship level• The current stand we take on issues• Our approach to other organisations	<ul style="list-style-type: none">• Country level• Approved by local board or management• Contextualises top level policies	<ul style="list-style-type: none">• Country level• How we will implement the policies in country• Effect policy will have on practice

Figure 2: Polices and implementation

2.5.2 Process for Fellowship Policy Development

- Policy formation is overseen by the Member-appointed Policies and Standards Working Group
- It is participatory. The Policies and Standards MAWG aims for a broad Member involvement in policy formation and review

- It is transparent. So far as is practical, discussions and resulting actions are documented and freely available to all.
- All policies are approved by the TLM International Board upon recommendation by the Policies and Standards Working Group
- All policies are documented within the TLM Handbook and available on TLM Connect

The process of developing a policy is set out in the diagram below.

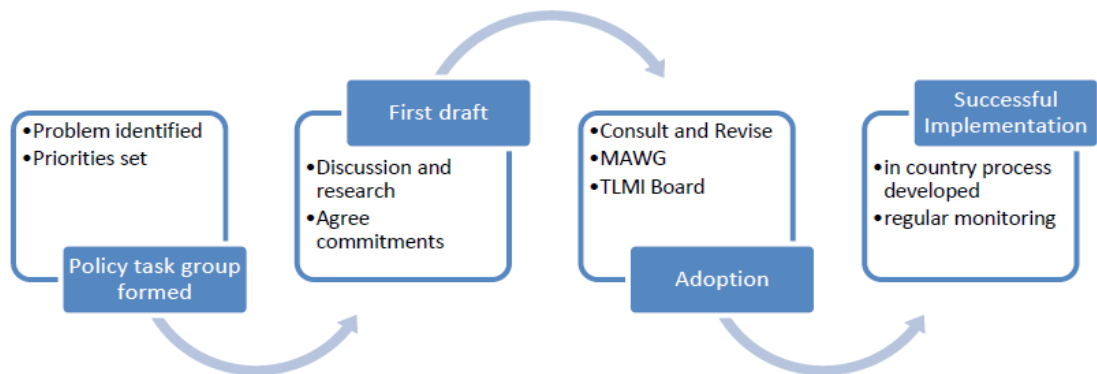


Figure 3: The process of developing a policy

Some of the key elements include:

- Problem identification can start anywhere in TLM, usually as a result of legal or environmental changes, lessons derived from TLM’s various learning processes, or demands from Members, lessons learnt from Project and Country Learning
- The Policies and Standards MAWG identifies representative task groups from across the TLM Fellowship to produce the first draft in line with terms of reference set by the MAWG.
- The MAWG adopts a process for consultation and revision of the first draft. Sometimes, depending on the feedback from consultation, this process can require several iterations.
- When it is satisfied with the consultation, the MAWG recommends the policy to the TLM Board for formal adoption on behalf of the TLM Fellowship

2.6 Implementation and Monitoring

TLM Fellowship policies and in-country policies are incapable of making much difference unless there is awareness and ownership of the policies and a clear

managerial commitment to them. In short, they must be put into practice. This requires a plan in each country to implement the policy. The **Policy to Practice checklist** and various guidelines are designed to help with this; and support from TLMI is available if needed. The implementation plan should include training and roll out of proposals so that staff members understand the implications of the policy implementation. All new members of staff should be made aware of policies in their induction programmes.

The implementation of the policies will be monitored through in-country learning processes and the Country Office Audit.

2.7 Country Office Audit

The TLM Global Fellowship has particular accountability requirements for Members of the Fellowship. A Country Office Audit is required by each Member of the TLM Fellowship – every 2 years for those Members without a local Board and every 3 years for those with a local Board. It is the responsibility of the Head of Quality Assurance at TLMI to ensure that every Member Country has a Country Office Audit on schedule

2.7.1 Methodology for Country Office Audits

TLMI's Head of Quality Assurance will discuss the purpose and scope of the Country Office Audit with the Country Leader, agree the timing of the Country Office Audit and respond to any issues raised.

The Head of Quality Assurance will identify suitable Reviewer(s) to take responsibility for the Country Office Audit. It is recognised that the Reviewer(s) will need to understand about the operations of the Member Country and should have the following technical and personal skills:

- Ability to identify and clearly define audit issues and root causes.
- Clear analytical skills.
- Be able to recommend improvement to the internal controls.
- A systematic and disciplined approach to work and ability to maintain documents – prepare work papers to adequately document audit work performed and to support conclusions reached.

- Good and clear communication and interpersonal skills – oral and written English.
- Understand the work of TLM at various levels of operations.
- Where the person conducting the Audit does not have specific skills in a particular area of activity they should be able to invite other experts to conduct specific sections of the Audit Programme which could happen at different times

The Country Leader should brief the person who is conducting the Audit.

The Reviewer should use the appropriate Country Office Checklist to conduct the overall assessment (**NB: There is one checklist for Implementing Countries and a different one for Supporting Countries**). The Checklist sets out a number of criteria for each of the areas of management and suggests 'means of verification' for establishing an evidence base to demonstrate compliance with each criterion. It is the responsibility of the Reviewer to establish the evidence base through a variety of activities such as interviews with staff, discussions with management, observation of staff performing certain controls, inspection of records. From the evidence base the Auditor should be able to make an assessment of the extent to which the Country Programme and Office complies with TLM policies and procedures. The Auditor should use the Country Office Audit Framework to record compliance with each criterion, using the 'Comments' column of the framework to highlight any issues that need to be addressed.

At the end of the Country Office Audit the Reviewer(s) will present the findings, conclusions, recommendations and actions needed to the Country Leader and other senior management staff.

Where appropriate, the Auditor may include a confidential annex for the Country Leader outlining any concerns.

A copy of the completed checklist will be placed on TLM Connect and sent to the Head of Quality Assurance who will in turn summarize the findings to TLMI's Audit Committee.

The findings of the Country Office Audit will also form part of the Member Review which will be undertaken by the Peer Review MAWG.

2.8 The Leprosy Mission International Board

The Leprosy Mission International is a charity and company registered in England. Before the advent of the TLM Fellowship, TLM international was the top decision-making body in TLM and was responsible for all TLM programmes in the field.

In the TLM Fellowship the TLMI Board has two distinct sets of responsibilities. First, it has a number of defined roles that extend across the TLM Fellowship, as a service to the Members. These roles are assigned by the Members, and can be unassigned or changed by the Members. Second, it is also the governing board of the entity TLM International. In that role it has legal responsibilities under English law, as well as being accountable to the Members. The TLMI Board is responsible for the appointment and managing the performance of the General Director.

The TLMI Board is accountable to the Members, who elect the trustees. It meets twice a year.

2.9 Alignment with the TLM global vision and strategy

2.9.1 Vision: Leprosy defeated, lives transformed

2.9.2 Mission: Following Jesus Christ, The Leprosy Mission strives to break the chains of leprosy, empowering people to attain healing, dignity and life in all its fullness

2.9.3 Strategic Focus:

STRATEGIC FOCUS	LONG TERM AIMS	AIM OVER THE NEXT FIVE YEARS
Leprosy Services	People affected by leprosy have timely access to quality leprosy services	TLM will develop strategic partnerships and implement services which result in early diagnosis, reduced disability, improved access to leprosy treatment, psychosocial support and specialist services

Dignity and Empowerment	People marginalised by leprosy, disability and other causes realise their worth and are empowered to overcome challenges	TLM will enable leprosy people's organisations, DPOs and SHGs to facilitate self-care and emotional support, challenge injustice and advocate for their rights and entitlements
Social Integration	Communities are free from stigma and discrimination towards people affected by leprosy and disability	TLM will raise awareness about leprosy and disability inclusion, and will facilitate integration within communities, education, livelihoods, NGOs, churches and Government services
Research and Learning	TLM will be a learning organisation that uses and shares evidence-based practice	New medical, social and fundraising knowledge, based on evidence, are integrated into TLM's policies and practices, and actively shared with others
Resource Mobilisation	TLM is well resourced in prayer, funds, partnerships and people to effectively achieve its mission	All TLM Fellowship Members develop and implement a fundraising strategy for significant income growth and use resources strategically in close partnership with other Members

2.10 Position TLMi-Bangladesh as a source of excellence in leprosy

TLMiB will position itself as a resource for leprosy related knowledge, treatment, test new knowledge through ongoing research and provide technical support to government and other partners during and after integration is implemented. Leprosy elimination (1/10,000) was achieved in Bangladesh in 2009, but there are pockets of high endemic areas existing in Bangladesh where leprosy services will be needed. More than 4300 cases were identified in 2009. Expertise will still be required into the future to deal with continued new cases. In addition, as we work towards Integration of leprosy service in Government health system, expertise and capacity development will be needed for many years. TLMiB has contributed much to the world of leprosy

over the years with leprosy related research (BANDS, Tripod, COLEP, etc). This contribution to the leprosy world will continue in the future, in order to guide future best practice.

2.10.1 Strategy objectives and corresponding initiatives in this area are provided below:

	Strategic objective	Strategy / initiative	Community Program
1	Increase expertise of TLMiB in all medical, social, psychological and spiritual aspects of Leprosy	<ul style="list-style-type: none"> • Increase the physical and staff capacity of existing DBLM hospital for high end modern treatment and care for leprosy affected people and people with disabilities • Sustain continuous medical and social applied research in collaboration with national and international partner and use the outcome in organizational empowerment • Expand capacity of RHP training centre to meet the needs of GOB, non-leprosy organization and international needs • Establish mobile training team • Affiliate training centre with national and international organizations/Universities • Establish TLMiB research centre • Assistive device making and distribution • Social aspects developed (e.g. mainstreaming of people affected by leprosy) • Document toolkit development for community based approaches 	<p>-TLM Nilpahari training center will run with their own income and expand capacity training center to meet the needs of GOB, non-leprosy and leprosy organization and international needs.</p> <ul style="list-style-type: none"> •Establish mobile training team •Affiliate training center with national and international organizations/Universities •Social aspects developed (e.g. mainstreaming of people affected by leprosy)
2	Develop TLMiB as a resource for	<ul style="list-style-type: none"> • Establish a separate TLMiB web site • Develop TLMiB central resource library 	.Sharing success case study and information's.

Leprosy information, technical training & assistance	<ul style="list-style-type: none"> • Regular newsletter / publication 	
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2.10.2 Foster effective partnerships

TLMiB needs to develop partnership with Government Organizations (GO), Non-government Organizations (NGO), churches, and disabled person organizations (DPO) (or CBR federations until the DPO's are established). Authentic Partnership is expected to maximize outcomes and allowing greater geographical coverage. In addition we expect more sustainability that will be resulted to increased mainstreaming of people affected by leprosy and other disabilities. The Partners/Potential Partners of TLMiB are provided in **Annex: 4** Strategy objectives and corresponding initiatives in this area are provided below:

	Strategic objective	Strategy / initiative	Community Program
3	Build and strengthen authentic relationships with partners for more leprosy work by partners	<ul style="list-style-type: none"> • Identify and engage in key networks • From networks identify partners through partner assessment • Develop mandate, roles and responsibilities for mutual benefit and leprosy work by partners besides TLMiB • Regular communication to create opportunities for learning & sharing of experience • Develop mechanism of joint monitoring and review • Joint leprosy awareness program to prevent disability 	<ul style="list-style-type: none"> • Identify and engage in key networks on disability related and women rights issues (Specially for Hagar women) -Encourage DPOs to refer suspect leprosy cases in leprosy clinics. •Regular communication to create opportunities for learning & sharing of experience

		<ul style="list-style-type: none"> Strengthen leprosy referral network 	
4	Enhance mainstreaming of people affected by Leprosy	<ul style="list-style-type: none"> Establish current level of client participation in programmes Build capacity of other organizations on leprosy through awareness raising, training & technical support Build bridge / linkages with key stakeholders (those with influence to mainstreaming) for leprosy and development work for the people affected by leprosy Joint monitoring and reporting of leprosy work 	<ul style="list-style-type: none"> Establish current level of client participation in programs(Group leaders participating CBRP project management committee meeting.) Joint monitoring and reporting of leprosy work Explore opportunities to easy access in different organization to get services. Strengthen partnership with ShishuPolliPlus (SPP), LAMB Hospital and GoB charity institutions so that Hagar women and children get services (Especially legal support for Hagar women) for long time.

2.10.3 Strengthen sustainable community based approaches

TLMiB will continue to develop CBR groups and develop the capacity of group members to identify and meet their needs. The groups are starting to network and are developing Upazila federations, district associations and eventually are expected to form disabled Person organizations (DPO). The groups are empowered to manage themselves and their needs with the expectation that they will stop receiving TLMiB support (monetary or staff) as they develop. The federations and DPOs will provide support to groups after TLMI-B support is withdrawn. The groups are expected to operate without further capital from TLMiB, but continue to provide loans to each other and find solutions to any other needs which they identify. By setting up

community based systems it is expected that the impact will last long after TLMiB has reduced/stopped supporting the work in a given area.

Strategy objectives and respective initiatives in the area of sustainability are provided below:

	Strategic objective	Strategy / initiative	Community Program
5	Actively contribute to an environment where people affected by leprosy within the community are able to exercise their rights	<ul style="list-style-type: none"> • Develop self-help groups / federations • Arrange training on human rights for <ul style="list-style-type: none"> • People affected by leprosy and other physical disabilities • Community leaders • Govt. staff and NGOs • Support practice of self-advocacy by people affected by leprosy and people with disability • Maintain or introduce effective communication to access different services in the community like: <ul style="list-style-type: none"> • Health assistive device • Disability ID card • Disability allowance • Govt. other benefits • Networking with other self-help groups and federations • Networking with other self-help groups & federations • Community disability clinic 	<ul style="list-style-type: none"> • Develop/Strengthen self-help groups / federations. • Arrange training on human rights & Gender for <ul style="list-style-type: none"> • People affected by leprosy and other people with physical disabilities • Community leaders • Government staff and NGOs • Support practice of self-advocacy by people affected by leprosy and people with disability • Maintain or introduce effective communication to access different services in the community like: <ul style="list-style-type: none"> • Health assistive device • Disability ID card • Disability allowance • Govt. other benefits • Networking with other self-help groups & federations • Provide Physical rehabilitation Therapy (PRT) at home

		<p>run by Group / federation</p> <ul style="list-style-type: none"> • Arrange leadership training for group / federation leaders to empower them to make right decisions • Increase the involvement of our clients in project management • Support to socially excluded women (Hagar project) • Arrange staff training on PRA, group development and human rights 	<ul style="list-style-type: none"> • Effective Self Care services to the potential beneficiaries • Arrange leadership &DPO management training for group / federation leaders to empower them to make right decisions • Increase the involvement of our clients in project management • Support to socially excluded women that can live with rights and justice. (Hagar project) • Arrange necessary training for the staff such as: training on PRA, group development and human rights
6	<p>Improve livelihoods for people affected by leprosy within their communities</p>	<ul style="list-style-type: none"> • Encourage group members for regular savings • Access to capital for IGA (grant, loan, seed money through individuals or groups) • Arrange community based vocational training – sometimes IBVT • Facilitated or provision safe drinking water and sanitation • Facilitated / Provide education scholarship for the children of parents affected by leprosy and other 	<ul style="list-style-type: none"> • Encourage group members for regular savings • Access to capital(cash/kind) for IGA (grant, loan, seed money through individuals or groups)under EPIP and CBR projects. • Arrange community based vocational training – sometimes IBVT • Facilitated or provision safe drinking water and sanitation • Facilitated / Provide education scholarship for the children of parents affected

		<p>disability</p> <ul style="list-style-type: none"> • Facilitate / Provision for welfare aid / ration during monga, flood, cold wave and other crisis situation (no job, no income, no food) • Provide assistive devices for the people with disabilities • Arrange staff training on livelihood 	<p>by leprosy and other disability</p> <ul style="list-style-type: none"> • Facilitate / Provision for welfare aid / ration during disaster (monga, flood, cold wave, and other crisis situation) (no job, no income, no food) • Provide assistive devices for the people with disabilities • Arrange staff training on livelihood • Linkage with other GoB/NGO services • Arrange/support for business plan development and marketing linkage. • Arrange training on entrepreneurships eg: ME & SME
7	Increase the sustainability of benefits of community based work	<ul style="list-style-type: none"> • Facilitate to form federation / association (DPO) • Community based awareness program on leprosy to prevent disability • Arrange leadership training • Networking with other federations or associations and other like-minded NGOs • Facilitate access to local resources (outside of TLMiB) • Increase participation of the community and clients 	<ul style="list-style-type: none"> • Facilitate to form federation (DPO) • Arrange training on leadership and facilitation skill. • Networking with other federations or associations and other like-minded NGOs • Facilitate access to local resources (outside of TLMiB) • Building capacity on planning implementing, monitoring and financial management to increase participation of the

	<ul style="list-style-type: none"> Facilitated groups to become legal federations and associations Document good practice 	<ul style="list-style-type: none"> community and clients Facilitated groups to become legal federations. Document good practice Promoting democratic practices within federation.
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2.10.4 Pursue functional integration

Pursue a governance and clinical system at all levels of government health system that allows people affected by leprosy to have medical services at all public health centers. Integration at the basic level is understood to ensure space for leprosy treatment in all upazilla health complexes, MDT services and gradual complication management (complication management will take longer time to be integrated) in the Government health system.

Implementation plan may go beyond the life of this Strategy. We want to see a future where access to quality leprosy and other treatment is available through the government to ensure that even if TLMiB and/or other NGO's are not providing leprosy services, that services will still be provided and accessible at all government health complexes. It is assumed that where possible all these objectives will be pursued in partnership among stakeholders. Implementation plan may go beyond the life of this Strategy. Strategy objectives and corresponding initiatives in this area are provided below:

	Strategic objective	Strategy / initiative
8	Develop a shared understanding of current situation of and opportunities for Integration in Bangladesh	<ul style="list-style-type: none"> Discuss NLEP and LTCC member organization and any other key stakeholders Collect information from a different sources for <ul style="list-style-type: none"> Epidemiological analysis Analysis of leprosy services Analysis of level of integration in the health system Conduct stakeholder analysis Perform SWOC (weaknesses, strengths and priorities) Visit & learn from other integrated initiatives in

		international health context
9	Promote the development of a clear integration plan and build commitment among all stakeholders	<ul style="list-style-type: none"> • Conduct workshop with key stakeholders to develop integration plan • Hold meeting / workshop to develop common understanding, responsibility and commitment • Generate a common formal declaration confirming commitment of stakeholders • Work together to share the information with wider stakeholders • Facilitate commitment from all stakeholders on leprosy awareness for early case detection and to prevent disability
10	Fulfill the agreed designated role of TLMiB in implementation of the integration plan during the lifetime of this strategy	<ul style="list-style-type: none"> • Develop a work plan budget and timeframe • Develop a monitoring system • Capacity building of staff relevant to implementation plan • MOU with partners • Implement TLMiB components of integration of Phase I • Ensuring support functions are in place (drugs, logistics etc) • Review the system

2.10.5 Promote an environment that enables people affected by leprosy to exercise their rights

TLMiB will work and do advocacy to develop and promote an enabling and sustaining environment in the community/society that acknowledges and respects individually and collectively the basic human rights of every member of the society including people with leprosy and disability, actively creates opportunity to exercise those rights and takes corrective measures in the case of violation of such rights so that each member of the society can express her/his full potential and live a meaningful life with dignity. Many people with leprosy experience stigma and are not treated as equal members of the society. In Bangladesh there is legal structure to

promote their inclusion in the society. People with leprosy should have access to their rights and TLMiB will work in this regard with the people affected by leprosy and with other organizations.

Strategy objectives and corresponding initiatives in this area are provided below:

	Strategic objective	Strategy / initiative	Community Program
11	Increase awareness on leprosy and human rights in TLMiB and among the general public	<ul style="list-style-type: none"> • Use different types of IEC materials with the local community • Awareness message with mass media TV, radio & newspaper • Orientation and teaching with people affected by Leprosy groups , federations and associations • Hold seminars with religious leaders, community leaders, Human rights activists etc • Network with NFOWD, HR orgs, LTCC, WHO and fraternal bodies • National day observation with Leprosy message (WLD) • Meetings with different types of stakeholders • Slide shows, Street play, street rallies, posters with Leprosy message 	<ul style="list-style-type: none"> • Use different types of IEC materials with the local community • Orientation and teaching with people affected by Leprosy and disability groups , federations • Hold seminars/meeting with religious leaders, community leaders, Human rights activists etc • Network with NFOWD, HR orgs, LTCC, WHO and fraternal bodies • National day observation with Leprosy message (WLD) • Meetings with different types of stakeholders
12	Strengthen advocacy with policy makers	<ul style="list-style-type: none"> • Advocacy for the rights of people affected by leprosy by the use of different media and 	<ul style="list-style-type: none"> • Advocacy for the rights of people affected by leprosy by the use of different

	<p>and authorities to effect positive changes in the lives of people affected by leprosy</p>	<p>in cooperation with other organizations</p> <ul style="list-style-type: none"> • Hold seminars, caucus etc with law makers, lawyers and govt. policy makers to repeal / modify policies and legislation prejudicial to the interest of people affected by leprosy • Lobbying networking and using pressure groups to press for policy change wherever necessary • Advocacy with concerned authorities for ensuring enough education on leprosy in MBBS and nursing curriculum for integration of treatment of leprosy • Advocacy with govt. health institutions to get their staff training in leprosy care updated. • Work for ensuring that people affected by leprosy are not deprived of different disabled people's facilities made available for them. • Advocacy with employers and industrialists for job opportunities for people affected by leprosy. • Advocacy with parliamentarians to harmonize any religious, tribal sectarian 	<p>media and in cooperation with other organizations(We support Physically)</p> <ul style="list-style-type: none"> • Hold seminars, caucus etc with law makers, lawyers and govt. policy makers to repeal / modify policies and legislation prejudicial to the interest of people affected by leprosy(We support Physically) • Lobbying networking and using pressure groups to press for policy change wherever necessary(We support Physically) • Work for ensuring that people affected by leprosy are not deprived of different disabled people's facilities made available for them. • Advocacy with parliamentarians to harmonize any religious, tribal sectarian law anything contrary to human rights granted to all citizens by constitution and also by the universal declaration of human rights and the UN Convention on the Rights
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	<p>law anything contrary to human rights granted to all citizens by constitution and also by the universal declaration of human rights and the UN Convention on the Rights of People with Disabilities.</p> <ul style="list-style-type: none"> • Develop advocacy capacity of beneficiaries, community leaders and TLMiB key staff and CBOs and support self-advocacy capacity and initiatives 	<p>of People with Disabilities.</p> <ul style="list-style-type: none"> • Develop advocacy capacity of beneficiaries, community leaders and TLMiB key staff and CBOs and support self-advocacy capacity and initiatives
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2.10.6 Prioritize organizational development

Organizational development is a process of continuous strengthening of organizational capacity and competency to deliver goods and services to its primary and other stakeholders while contributing towards the goal of the organization. Further organizational development of TLMiB is needed to ensure cost effectiveness for accessible, affordable quality service delivery and eventually its vision and mission. It is necessary to strengthen the organizational sustainability and Excellency.

2.10.7 Strategic objective and the corresponding strategy/ initiatives are provided below:

	Strategic objective	Strategy / initiative
13	Establish TLMiB as an organization that is relevant, effective and efficient	<ul style="list-style-type: none"> • Develop programmes and projects in a cost effective and sustainable manner involving all stakeholders • Continuous monitoring of TLMiB programmes and projects • Periodical reviews and necessary adjustments • Evaluation
14	Guided by our Christian values, develop capacity, knowledge	<ul style="list-style-type: none"> • Appropriate training • Value formation by sharing practice &

	and professionalism to ensure a relevant, effective and efficient organization	<ul style="list-style-type: none"> • promotion • Exchange cross visit • Skill transfer • Motivation & recognition
15	Further develop governance, organizational structure, systems & procedures to foster an enabling environment in the organization	<ul style="list-style-type: none"> • SWOC analysis and taking necessary measures • Improvement or change structure for effectiveness • Review systems, process and procedures and make necessary upgrading • Orientation on upgrading/ changes • Review policies & guidelines & manual and make necessary changes and upgrading to enhance effectiveness • Share mission, vision & values in all levels in the organization • Cultivate a participatory culture in decision making • Measures for organizational promotion • Explore the viability and requirements of local registration, governance, criteria for members in governance body and sequencing of necessary steps for local governance body
16	Embed Cross cutting themes in every aspect of TLMiB	<ul style="list-style-type: none"> • Gender balance in programs/projects (more women) • Follow the global Gender policy in the local context • Ensure community participation including women • Build Environment friendly/Disaster resilience community with gender balance • Build disaster response team/disaster related projects

2.11 Participatory learning and action Toolkit

2.11.1 Analysing the crisis to develop

What is it?

The aim of this exercise is to establish and validate collectively the global picture of a crisis and its impact on the affected populations.

Why use it? When to use it? Identification phase

Remember!/Facilitators notes

Mixed focus groups are welcome; minorities, though, have to be present. In certain contexts, specific focus groups for minorities should be set up, especially when the crisis involves conflict or attacks on particular groups.

Be careful with cross-cutting issues (security and protection, discrimination, and impartiality).

In most instances, you should triangulate collected information by interviewing key informants.

How to use it

1. You will need a board and some pens, a stick and the ground, and other local materials
2. This exercise can be organised around three main factors: Crisis trends in the area; the crisis being analysed; the impact of this crisis.
3. Invite the affected populations to fill three paperboards (pictures are welcome!)
4. Open the debate. Does everybody agree with the points being made? Does the impact of the crisis differ depending on factors like social position, age and gender?

Crisis trends in the area	Description of the crisis being analysed	Description of its impact
<ul style="list-style-type: none">• Types• Frequency• Impact of previous crises• Existing prevention or preparatory measures	<ul style="list-style-type: none">• What happened?• When?• What area was affected?• Were there any warnings?	<ul style="list-style-type: none">• What happened to you?• What happened in the village?• What happened in other areas?

Figure 4: Analysing the crisis to develop

2.11.2 Community Mapping

What is it?

A community map is a map showing important places in a community – for example, churches, mosques or temples, markets, health services, schools, bars, places where people meet, places where people socialise, and so on.

Why use it?

Community mapping is useful to:

- identify which places (and people) are important in the community, and why
- explore people's concerns about their communities and what they would like to change
- identify services and resources available in a community, and gaps in services
- highlight different groups' views. For example, a group of young people might draw different things on a map of the same area compared to a group of older people.

Remember!/Facilitators notes

- If the group is large and uses paper to draw the map, stick several pieces of paper together. Add more paper as the map grows – mapping or modelling on the ground (in which buildings and features are made, not just drawn) is easier, though.
- Different participants may draw very different maps of the same area, and that's OK – it reflects their different views of the community and of the topic discussed.
- Some marginalised groups may be concerned that information they put on the map be used to punish them. Agreeing how the map will be used before you start may help people feel comfortable.
- Community maps can show how things looked in the past and/or how people would like a place to look in the future. Discuss how to improve the situation in the community by comparing maps of the present and the future.

How to use it

1. Divide large groups into peer groups to make separate maps in order to compare different views of the community.
2. Discuss what sorts of places to show on the map. Ask participants to draw a map showing all the places the participants think are important to them. For example, participants might feel that health centres, markets, places where people go to relax and places where people get information are important.

3. If the group has trouble getting started, suggest that they begin by marking where they are right now on the map.

4. Discuss what is shown on the map by asking questions such as:

- How did you decide what to include? What was excluded?
- What was emphasised? Which are the most important parts?
- What was difficult to represent?
- What were the areas of disagreement?
- What can we learn from the map about the needs and capacities of the community?

Example:



Figure 5: Example of Community Mapping

2.11.3 SWOC analysis

What is it?

The purpose of a SWOC analysis is to identify the main **S**trengths, **W**eaknesses, **O**pportunities and **C**onstraints that characterize a particular situation or entity. SWOC analysis is often used as a management tool.

Why use it?

Using a SWOC analysis helps to:

- review the strengths and weaknesses of an organisation or an activity identify the strengths, weaknesses, opportunities and constraints to any situation
- decide whether a group has the ability to carry out a project
- look at the impact that the introduction of a new strategy may have on an organisation's staff, volunteers, supporters and activities
- show the strengths, weaknesses, opportunities and constraints of different projects.

Remember!/Facilitators notes

A SWOC analysis is best done by smaller groups. When working with large groups, divide participants into smaller groups of five to eight. Each small group can then work on different topics – for example, different activities, organisations or situations, or one group identifies strengths, one weaknesses, one opportunities and one constraints. The groups can then share their analysis with each other later.

How to use it

1. Discuss the meaning of the words:

- ‘strengths’ – the good points about an organisation, its activities or a situation
- ‘weaknesses’ – the weak points of an organisation, its activities or a situation
- ‘opportunities’ – the positive openings that exist for the organisation, activity or situation
- ‘constraints’ – the things that are or will get in the way of the organisation, an activity or situation achieving its goals.

2. Draw a matrix with two rows and two columns (see example below). Write or agree symbols for headings of each box in the matrix.

3. Take each box in the matrix in turn:

- Discuss the **strengths** of the organisation to carry out an agreed project, strategy or activity. Draw or write all the strengths in the box in the matrix.
- Discuss the **weaknesses** of the organisation to carry out an agreed project, strategy or activity. Draw or write all the weaknesses in the box in the matrix.
- Discuss what **opportunities** there are to carry out a new project, strategy or activity. Opportunities are usually things outside the group or organisation. Draw or write all the opportunities in the appropriate box in the matrix.

Discuss what **constraints** (or threats) exist which will prevent or hinder a new project, strategy or activity. Constraints are usually things outside the organisation or group. Draw or write all the constraints in the box in the matrix.

4. Discuss how participants can make use of the strengths, reduce the weaknesses and constraints and make use of the opportunities to achieve their goals.

5. Summarise the main points of the discussion. Agree the next steps for action.

EXAMPLE: STRENGTH, WEAKNESSES, OPPORTUNITIES AND CONTRAINTS ANALYSIS OF A HOME BASED SELF-CARE PROGRAMME

<p>STRENGTHS 😊</p> <ul style="list-style-type: none"> • Three people have training in home-based care • Families are supportive • Regular team meetings of learning and review of activities 	<p>WEAKNESSES ☹️</p> <ul style="list-style-type: none"> • Lack of involvement of people affected by leprosy in planning • Health staff reluctant to give up 'control' • High dependency of people affected by leprosy on project staff
<p>OPPORTUNITIES +</p> <ul style="list-style-type: none"> • Links with the church • IDEA • Local DPO • Supportive local health councillor 	<p>CONSTRAINTS -</p> <ul style="list-style-type: none"> • Stigma around leprosy in the community • Some local chiefs are not too keen

Figure 6: Example of SWOC analysis

2.12 Guidelines for External Auditing

2.12.1 External Auditing

Fulfils statutory need primarily - it is the Balance Sheet/Audit Function of the organisation.

The programme will prepare an Income and Expenditure Report and a Balance Sheet. The

Balance Sheet can be the balance of funds represented by cash, bank fixed assets and other

investment.

2.12.2 Requirements:

- ☞ All programmes should have external professional audit.
- ☞ Auditors to be appointed looking at availability of professional auditors and cost associated with the audit.
- ☞ Auditor should have reasonable command of English and have a good understanding and be familiar with the operation of International Non-Governmental (Charitable) Organisations (INGO) within the country.
- ☞ All audits should take place by 31 March.
- ☞ Frequency – once a year.
- ☞ External Auditors should give a report to the management as well as statutory audited accounts and report prepared according to the International and National Accounting Standards after their auditing.
- ☞ Terms of Reference must be agreed with the Auditors.
- ☞ Auditor is appointed for a period of three to five years maximum by the local Governing Board. Member Countries with no Governing Board, TLMI Board is responsible. Head of Finance will appoint Auditors where TLMI has the governance responsibility.

2.13 List Projects of The Leprosy Mission International Bangladesh

- I. Chittagong Leprosy Management Project:
- II. Chittagong Hill Tracts Leprosy and Economic Development Project
- III. Chittagong People-led Development Project
- IV. Chittagong Integrated Leprosy Services and Stigma Reduction Project.
- V. Children development through empowering self-help Group (CEG) under DCBRP
- VI. Diabetes survey of Leprosy disabled
- VII. DHAKA COMMUNITY BASED REHABILITATION PROJECT (DCBRP)
- VIII. Gaibandha-Jaypurhat Leprosy Care Project(GJLCP)
- IX. Hagar Project (NariNiketon)
- X. Leprosy Field Research in Bangladesh

- XI. Urban Health & Development Project (Leprosy Control unit)
- XII. Community Based Rehabilitation Partners
- XIII. TB Control Program (Reduction of TB prevalence by 6% by 2017)
- XIV. Nilphamari Training Center (NTC)-TLMIB
- XV. TB Care II Bangladesh Project
- XVI. Advocacy for Empowerment Project (AEP)
- XVII. DBLM Hospital Program
- XVIII. Dhaka Leprosy Care Project (DLCP)
- XIX. North-West Bangladesh Ultra Poverty Initiative Project (Nu-PIP)
- XX. Poverty Reduction through Strengthened Health Systems Bangladesh
- XXI. RHP-Poverty Reduction through Strengthened Health Systems and Social protection
- XXII. Dinajpur Sustainable Community Based Rehabilitation Project (DSCBRP)

CHAPTER THREE

FUNCTIONS OF THE LEPROSY MISSION

INTERNATIONAL-BANGLADESH AT DINAJPUR DISTRICT

3.1 Functions of The Leprosy Mission at Dinajpur District

3.1.1 Title of the Project: Dinajpur Sustainable Community Based Rehabilitation Project-DSCBRP

3.1.2 Context of the project

🚩 **Geography:** Dinajpur district has a population of roughly 3 million people organized into 13 upazilas (government sub-district units). The district covers an area of 3444 square kilometres. Dinajpur district has a mostly flat topography. The project works in 4 upazilas (sub-districts) in the North West part of the district: Dinajpur Sadar, Phulbari, Parbatipur, and Chirirbandar. The combined population of the 4 upazilas is about 850,000 people. There are 40 unions in the 4 upazilas.

🚩 **Cultural:** The population is primarily Bengali, although there is more tribal influence than in some other flat land areas of Bangladesh. 2.71% of the population is tribal. The dominant language is Bengali.

🚩 **Socio-economic Condition:** The 2011 census reports that the overall literacy rate of the population 7 years and older is 52%. The literacy rate for women is 49%, while men have a 54% literacy rate. The average household size in Dinajpur was 4.1 people in the 2011 census. Most people are involved in agriculture related jobs. The people of the area have access to schools, hospitals, railway, road transport, water & sanitation, electricity and all other facilities of the Government. The poor and ultra-poor people have reduced access to government services even though the services are supposed to be free for all.

Bangladesh is a predominantly Muslim country and many people feel that women should not be seen in public, or have leadership roles.

🚩 **General Health Situation:**The national life expectancy at birth is 63.4 for men and 65.5 for women. There is roughly 1 hospital bed per 4615 population.

🚩 **Leprosy:**Leprosy control in Dinajpur district is provided by Dhanjuri Leprosy Control Project (DLC), which is run by PIME fathers. From its inception through December 2011, 13,436 people affected by leprosy have been released from treatment (RFT) in Dinajpur District. Of those individuals more than 3200 had a disability at the time of diagnosis. Other than the Rural Health Program (RHP) (covering 4 districts to the north of Dinajpur) no other leprosy control project in Bangladesh reports a greater total disability. Due to a lack of resources, DLC does not do CBR for people with leprosy, although a few (10-20?) people with leprosy are included in their other poverty reduction project.DLC staff and management have been very supportive of the DSCBRP project.

🚩 **The main sector** being targeted is an overlap between the health sector and social welfare with more emphasis on the latter. The social welfare department in Dinajpur district, as with many other districts in Bangladesh, is not particularly well informed regarding the rights of people with disabilities. The department has large programs aimed at the disbursal of stipends and assistance for the poor, but targeting is a chronic problem and the demands outstrip the resources. The DSCBR project has been giving workshops to the government staff to inform them of the rights of people with disabilities and has been working with the group members to advocate for the rights and stipends that should be available to them. There are other organizations working on poverty alleviation, but they have little interest on a disability focus.

3.1.3 Problem and stakeholder analysis

People living with leprosy related disabilities, leprosy and disabilities from other causes have a variety of barriers preventing their equal participation in community life. The problems include: a) access to existing rights, b) limited livelihood options, and c) physical limitations related to their leprosy related disabilities.

(a) The causes of the rights based issues include: Societal beliefs, coupled with fear of the unknown, which result in a fear of and undervaluing of people with leprosy and disabilities

1. People with leprosy and disabilities lack adequate knowledge about their rights
 2. People with leprosy and disabilities lack the confidence and experience needed to advocate for unclaimed rights
- (b) The causes of difficulties with livelihoods include: A community belief that people with leprosy and disabilities cannot work as “normal” people.
1. A lack of access to capital by people with leprosy and disabilities.
 2. A lack of skills related to livelihood by people with leprosy and disabilities.
 3. A lack of basic education for families affected by leprosy and disabilities.
 4. A lack of savings or reserves to buffer against emergencies
- (c) The causes of the leprosy related disability management problems are:
1. a lack of knowledge of how to manage (heal) simple ulcers in the community
 2. A lack of social supports to encourage the practice of self-care needed to heal simple ulcers when there is anesthesia.
 3. A lack of assistive devices to enable community mobility (needed for social participation and livelihoods).

3.2 PROJECT DESCRIPTION

3.2.1 Target group

The **potential target beneficiary groups** for this project are:

1. Primarily, people affected by leprosy, and who have a disability as a result of their leprosy. According to DLC records there are 1988 people who have grade 1 or 2 disability in the four targeted upazilas. More than 60% are men.
2. People affected by leprosy, who are poor and do not have a physical disability from leprosy. The number of people with leprosy, but no grade 1 or 2 disability in the working area is reported to be about 6600
3. Some people with physical disabilities not related to leprosy will also be included because in Bangladesh most of the stigma faced by people with leprosy is a result of the disability. All of the empowering legislation belongs to people with disabilities as a whole. Including physical disabilities increases the number of people available to advocate with the community. This number is estimated at about 85000 people using the WHO estimate of 10% of the population.

3.2.2 The project's objectives and success criteria (indicators)

✓ Development objective

To realize a sustainable improvement in respect and opportunities of people with leprosy and physical disabilities, through the existence of self-help groups supported by a registered representative organization (This will likely be an organization formed by the self-help groups, although the groups will determine for themselves what the representative organization looks like)

✓ Objectives:

1. Men and women in the 4 upazilas of Dinajpur district who have leprosy or other physical disabilities have increased access to their basic human rights
 - a. 80 self-help groups (64 existing plus 16 new) running in 4 upazilas of Dinajpur comprised of people with leprosy or other disabilities by December 2015. (Means of Verification: project records, group minutes)
 - b. 60 percent of groups (from 1.1) report increased access of members to their basic human rights including government safety net programs. (Means of Verification: annual participatory monitoring report)
2. Improved livelihood options are available for men and women participating in self-help groups in the 4 upazilas of Dinajpur district who have leprosy or other physical disabilities.
 - a. 400 group members who report increased satisfaction with their income by December 2015, as compared to the time of joining the group. (Means of Verification: annual participatory monitoring report)
 - b. 40 groups in existence more than 3 years with a group fund value of at least 4000tk per person in the group by December 2015. (Means of Verification: project records, group financial records)
 - c. 82 percent of self-help group members school aged children will attend school by December 2015. (Means of Verification: project records)
3. Men and women who are at risk of leprosy related ulcers and physical disabilities have access to basic care and mobility assistance devices

- a. 85 percent (or more) of group members who have leprosy with sensory loss will go ulcer free (meaning having an ulcer for less than 10 days) for a year by Dec 2015. (Means of Verification: project records and group records)
- b. 60 self-help group members will have accessed the disability management fund and report increased mobility. (Means of Verification: project records)

3.2.3 Activities and outputs

Activities	Expected outputs from each group of activities
<ul style="list-style-type: none"> a. Form 16 new groups b. On-going support/capacity development for group (16 new groups and existing 64 groups) c. Annual Needs assessment/ranking carried out by all groups d. Annual plan preparation by groups e. Continuous Contextual Capacity development (management, leadership, gender, disaster, rights) f. Group member inter group visits to share experiences and create relationships (Community Motivator visits). 	1.1. 80 groups meeting on a regular basis and growing in capacity
<ul style="list-style-type: none"> g. Federation leader inter 	1.2. 4 Regional representative bodies will develop and

<p>group visits to share experiences and develop networks (Community Motivator visits)</p> <p>h. Federation capacity development</p> <p>i. Annual group members upazila meeting</p> <p>j. Participation in Project Management Committee</p>	<p>leadership capacity will develop</p>
<p>k. Support groups in their self-advocacy efforts</p>	<p>1.3. Groups will have access to rights and will have the skills/confidence to be sustainable</p>
<p>l. Government upazila staff trainings on rights (United Nations Convention on the Rights of People with Disabilities and 2001 People with Disabilities Act)</p> <p>m. Federation leaders will facilitate training for Union parishad committees in their region</p>	<p>1.4. Government staff, and other elected officials, will have increased awareness of current laws regarding disability rights in Bangladesh</p>
<p>n. Continuous Contextual Capacity Development in IGA, savings, money management and business planning</p>	<p>2.1. Group members will have increased skill and capital to start and run income generating activities</p>

<p>o. Community Based Vocational Training</p> <p>p. Seed Capital support to qualifying groups</p>	
<p>q. Facilitate installation of Sanitary Latrine for group members.</p> <p>r. Education support for children of group members</p>	<p>2.2. Group members and their families will be healthier and have greater capacity to learn and work.</p>
<p>s. Routine monitoring of ulcer status of at risk group members</p> <p>t. Self-Care Training in Groupmembers</p>	<p>3.1. Group members will have fewer chronic ulcers due to leprosy</p>
<p>u. Facilitate access to disability management fund by group members</p> <p>v. Facilitate access to assistive devices for group</p>	<p>3.2. Group members will have greater mobility and face fewer activity limitations</p>

3.3 Major assumptions and risks

3.3.1 Assumptions:

- 1) The government policy will remain friendly towards NGO's. This is beyond the control of the project, but the project will work for good government relations.
- 2) There is a real possibility of a natural disaster. As natural disasters are not infrequent in Bangladesh, this should not interfere with the project (assuming it is the "normal" type of disaster involving too much water).
- 3) Government will allow groups to give and take loans to group members, even though TLMB does not have microcredit registration.

3.3.2 Main Risks and mitigation plan:

- 1) Staff will not live the empowering methodology and simply execute the activities. This has been addressed at the outset through training and ongoing supervision.
- 2) Staff will not fully implement the low input, empowerment approach and instead try to take control. This has been addressed through careful selection and training of staff, as well as ongoing training and supervision.
- 3) The government will see the advocacy and rights training as a threat and try to close the project. This continues to be addressed by working for peaceful relationships and linking to existing government programs.
- 4) Beneficiaries will take the “seed capital” and quit the groups. This will be addressed through good formulation of criteria for getting seed capital, adequate training of staff and good participation of the group members (this has not been seen in Dinajpur or in other areas where the methodology has been used).
- 5) Banks will not accept groups for accounts, or groups of individuals with disabilities. With good advocacy this has been overcome so far
- 6) Field staffs may not like to use bicycle when other TLM animators use a motorcycle. To reduce the risk it will be clearly explained at the outset and advertised clearly. However, even then there are complaints.
- 7) The community may not use the new business/trades of people affected by leprosy. As with other access issues it will be addressed through advocacy/awareness raising with government and community leaders in cooperation with the group members.

3.4 Sustainability

The project has been in existence for about 3 years, but lost funding from the previous donor due to a strategy shift on the side of the donor. Significant progress has been seen in that time, but it is not expected that enough groups will be formed or developed to maturity for the project to be sustainable for 8-10 years.

The project defines sustainability as a point in time when there are 3-4 groups per union, with sub-district federations operational in each sub-district, and an association

above the. At that time, there would be: 1) knowledge of rights, 2) experience in networking to enjoy access to the rights, 3) access to capital, 4) experience in maintaining the capital they own, 5) skills for livelihoods development, 6) capacity to continue the operation of the group federation, and 7) knowledge and experience in managing leprosy ulcers at the community level.

The project actively works toward sustainability. The methodology has been selected in order to remove as many barriers as possible. There is a gradual transfer of assets and knowledge to the groups. There will be a modeling of success in the groups. The final result of the project methodology is an increase capacity for self-governance and self-management of needs related to physical rehabilitation, advocacy and livelihoods.

As groups reach third time seed capital, or if they stall too long on their way than they are considered "graduated from seed capital". At that point staff support to the group tapers to once a quarter. It is expected that federations and the association will benefit from, and increasingly provide support to these groups. The expectation is that the project can gradually withdraw most supports and the groups/federation/associations will continue.

It is therefore expected that another period of external support will be needed in addition to the one proposed here.

3.5 Division of responsibilities and tasks

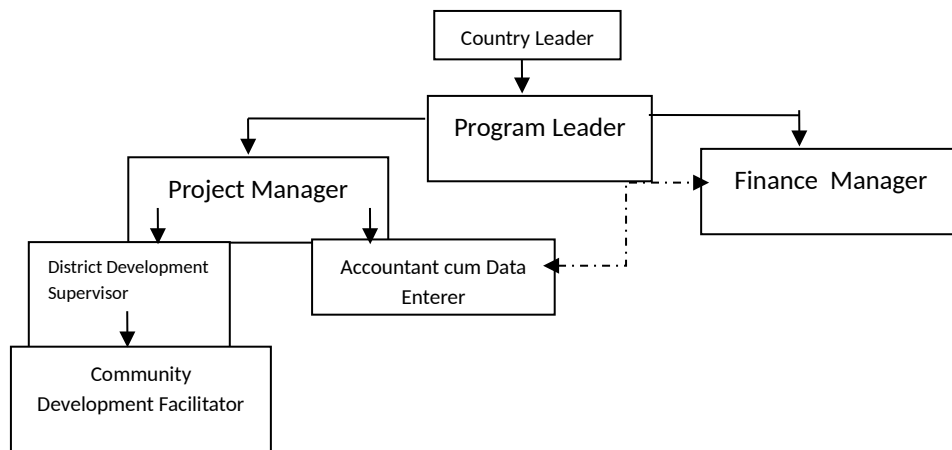
This project is implemented by TLMI-Bangladesh with the approval of NGO Bureau. Community Program is directly responsible to implement CBR projects in north-west Bangladesh and this project also supervised by Community Program.

The project has a management committee consisting of 50% group leaders. The positions are elected for a period of 2 years by the group members, with 50% of the positions changing every year. The committee is not expected to make decisions pertaining to the budget or project staff. Project Manager is the chairperson of this committee. There is a program management committee that includes all project managers and Finance Manager in Community Program (CP) for sharing progress, learning and

program leader chaired this committee. Program Leader represent in country level management committee.

Financial management supervised by CP Finance Manager communicating with Program Leader, country support office and donor.

Organogram:



3.6 Project monitoring

3.6.1 How is the project monitored locally?

The staff collect baseline information on all groups at the time of group formation and then update that information on a regular basis (some information is reported monthly, other quarterly or annually depending on amount of change and need for the information).

Staff have a monthly staff meeting where they collate all their information and compare it to their plans. These reports are condensed and shared with the TLMiB and other stakeholders on a quarterly basis. The group representatives in the project management committee will be involved in regular project monitoring during their quarterly meetings.

The groups do an annual monitoring exercise where they use a group monitoring form. Staff and members of other groups fill it out on each group to record changes

and learn how to move forward. Federation leaders monitor all groups in their regular federation meeting.

There is an annual project learning meeting where project staffs, group representatives and other stakeholders look at the project success, challenges and learning.

In addition there will be an annual participatory monitoring exercise where PRA (Participatory Rural Appraisal) methods will be used to elicit the opinions of group members on a variety of issues. The data is collected by an outside organization in a participatory way and the results written up and given to the project management. It is not expected that the people collecting the information will make recommendations or suggestions based on the data they collect, unless a specific issue comes up while collecting the data.

As the groups/ federations improve their abilities they should start to take care of the baseline reports and updating the project in regards to any changes that occurred on a quarterly basis (instead of the animators taking care of that job).

3.6.2 Describe the financial monitoring of the project.

The project manager and finance team will work closely. Every month the finance team will produce budget/expenditure reports for budgetary control. All staffs are informed about project annual activity plan including budget for each activity beginning of every year. During the monthly staff meeting financial issues are compared with activity plans. The finance manager will produce quarterly/ half yearly/ annual financial report for donor, local Government (including NGO Bureau) and TLM. An external audit is completed at the end of every financial year by an external audit firm.

CHAPTER FOUR

FINDINGS, RECOMMENDATIONS AND CONCLUSION

4.1 Findings/ Observations

After completing study some observations were recorded for improvement of the project performance more efficiently.

➤ *Staff capacity building*

No doubt that present staffs are qualified and committed to run the project successfully. However, they were not properly oriented on participatory tools and techniques to support SHGs and federations to build their capacity. They need more extensive training on participatory planning, monitoring and evaluation and Facilitation techniques at community level. Staffs will also requires orientation on establish linkages of SHGs and federations with different government departments and NGOs.

➤ *SHG Capacity building and leadership*

SHG and federations members are now more aware about their roles and responsibilities. Ownership is evolving gradually among the members due to regular meeting and savings generation. However, they still lack skills in organization management and leadership. They need facilitation support and orientation on leadership development, resource mobilization and participatory monitoring.

➤ *Linkages with service providers*

Some linkages have established with UP. But all SHGs were not successful in availing services of UP provided by the government through different government departments and UP. SHGs and federation will require extensive facilitation support from project staff in this regard.

4.2 Recommendations

The following recommendations have been put forward to complete project successful and more effective.

1. Organize training for the staff on facilitation and participatory planning, monitoring and evaluation (PM&E) to support SHGs and federations effectively.
2. Orient staffs on techniques to establish professional linkages with different government departments and NGOs.
3. Provide proper transport i.e. motor bike to the field staff for faster movement in the field
4. Facilitate SHG leaders to generate and mobilize resources more efficiently.
5. Orient federation members on establishing linkages with government departments and NGOs
6. Facilitate SHG committee members and federation leaders to gain leadership skills and proper use of progress monitoring format.
7. Organize training for the federation leaders and SHG committee members on conflict resolutions, IGA selection, group management and financial management
8. Support federations to establish own office and apply for registration to Social Services department.

4.3 Conclusion

It is acknowledged different functions and day to day business operation on the way to complete this internship. From the starting day, gathering knowledge and practical experience by doing & observing the tasks of various departments carefully was very helpful. To do so the officials of the organisation help for the report much. They are so much cordial, sincere, helpful & responsible. However, this report has explained the best in respect of the real experience gathered from different departments. The realization for the report will be in harmony with most of the organisation thinkers. Now a day NGO sector is more competitive. The Leprosy Mission International-Bangladesh management always gives its highest attention in project development, implementation, monitoring activities, quality services, and research on Leprosy and community development activities.

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AN INTERNSHIP REPORT ON

“Functions of The Leprosy Mission International- Bangladesh at Dinajpur District”

This report is submitted to the faculty of Business studies, Hajee Mohammad Danesh Science and Technology University as a partial requirement for the fulfillment of Degree of Masters of Business Administration (MBA-Evening) Program.

SUBMITTED BY

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FACULTY OF BUSINESS STUDIES

**HAJEE MOHAMMAD DANESH SCIENCE AND
TECHNOLOGY UNIVERSITY,**

DINAJPUR-5200

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APRIL, 2016

LETTER OF TRANSMITTAL

23 April 2016

RONY KUMAR DATTA

Assistant Professor

Department of Finance & Banking

Hajee Mohammad Danesh Science and Technology University, Dinajpur- 5200.

Subject: Submission of Internship Report on “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur District**”

Sir,

It is an immense pleasure for me to submit the internship report on “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur District**”.

Which I have prepared by 45 days internship at The Leprosy Mission Bangladesh to fulfill the requirement of MBA-Evening degree in the faculty of business studies, Hajee Mohammad Danesh Science and Technology University.

I sincerely believe that this internship program will help me to enrich my adaptability quality in the long run when I will involve myself in practical field. I am grateful for your valuable advices and great cooperation. I tried my best to go deep into the matters and make full use of my capabilities in making the report meaning, though there may be some mistakes and shortcomings. I shall be pleased to answer any kind of query you think necessary.

Now I have placed this report to you for your kind approval. I hope that my report will satisfy you. For any of your further queries I would be at your disposal at your convenience.

Sincerely yours,

PRANOY MICHAEL ROZARIO

Student ID: E130502030

MBA (Evening) Batch: 02

Major in: Accounting and Information System

Faculty of Business Studies

HSTU, Dinajpur.

CERTIFICATE OF SUPERVISOR

This is to certify that **Mr. Pranoy Michael Rozario** a student of MBA (Evening) program (Major in Accounting and Information System), Faculty of Business Studies, and bearing Roll No. E130502030 prepare an internship report entitled on “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur District**” under my supervision. I also certify that I have gone through the draft copy of the report. Thoroughly found it satisfactory for submission as a part of fulfillment of MBA degree.

I wish him every success for the days to come.

RONY KUMAR DATTA
Supervisor & Assistant Professor
Department of Finance & Banking
Faculty of Business Studies
HSTU, Dinajpur

CERTIFICATE OF CO- SUPERVISOR

This is to certify that **Mr. Pranoy Michael Rozario** a student of MBA (Evening) program (Major in Accounting and Information System), Faculty of Business Studies, and bearing Roll No. E130502030 prepare an internship report entitled on “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur District**” under my supervision. I also certify that I have gone through the draft copy of the report. Thoroughly found it satisfactory for submission as a part of fulfillment of MBA degree.

I wish him every success for the days to come.

MAHBUBA AKTAR

Co-Supervisor & Assistant Professor
Department of Finance & Banking
Faculty of Business Studies
HSTU, Dinajpur.

STUDENT'S DECLARATION

I hereby declare that the internship report entitled “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur District**” embodies the result of my own research works and efforts, prepared under the supervision of **MR. RONY KUMAR DATTA**, Assistant Professor Department of Finance & Banking, Hajee Mohammad Danesh Science & Technology University, Dinajpur.

I further affirm that work and information reported in this internship report is original and any part or whole has not been submitted to, in any other University or Institution for any degree or any other purpose.

PRANOY MICHAEL ROZARIO

Student ID: E130502030

MBA (Evening) Batch: 02

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Faculty of Business Studies

HSTU, Dinajpur.

TLMiB

TLMI/NNN/MMM/

Date: 21 April 2016

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Pranoy Michael Rozario**, S/O- Mr. Gabriel Rozario, a student of MBA-Evening Program (Major in Accounting and Information System), ID No: **E130502030**, **Hajee Mohammad Danesh Science & Technology University, Dinajpur** has successfully completed 45 (Forty five) days (From 07th March to 20th April, 2016) long internship program at this Organization. During the period of his internship program with us he found punctual, hardworking and inquisitive.

We wish him every success in life.

Surendra Nath Sing

Program Leader-CP
The Leprosy Mission International-Bangladesh

ACKNOWLEDGEMENT

For the very first of all I would like to express my gratefulness and harmony to the **ALLMIGHTY** the supreme authority of the Universe, without whom we would be nothing. Next I would like to express my kindness to my **Beloved Wife and Daughters** whose continuous inspiration and sacrifices enragés me to make a right move in my life.

A single individual can achieve no noble objective. Words actually will never be enough to express how grateful I am nevertheless will try my level best to express my heart full gratitude towards some respected persons for their advice, suggestions, direction and cooperation which have enabled me to have an experienced in the dynamic environment such like in NGO sector.

First of all I would like to thank my honorable supervisor **Mr. Rony kumar Datta**, Assistant Professor, Department of Finance & Banking, Faculty of Business Studies, without whose help, suggestion the research and cooperation the total report will be valueless.

Extended his nice guidance and cooperation during the problem formulation as well as preparing the research proposal which preserve special thanks from the researcher.

I would like to express my indebtedness to my co-supervisor **Ms. Mahbuba Aktar**, Assistant Professor, Department of Finance and Banking, HSTU, Dinajpur for helping me and giving assistance in preparing the report.

The very first person of The Leprosy Mission International-Bangladesh to whom I would like to convey my gratitude is the Country Director of The Leprosy Mission International-Bangladesh Mr. Solomon Sumon Halder, for his kind consideration to give me an opportunity to complete my internship at The Leprosy Mission International-Bangladesh. I would also thankful to Mr. Surendra Nath Sing, Program Leader-CP, The Leprosy Mission International-Bangladesh, Nilfamari for his kind cooperation. Some other key persons of The Leprosy Mission Bangladesh, Dinajpur Office, whose valuable advice and kind cooperation helped me to gather more knowledge.

I would like to thank from the deep of my heart to those people who are related with making of this report and make it a success.

At last but not the least, the Hajee Mohammad Danesh Science and Technology University, Dinajpur, Bangladesh for giving me an opportunity to complete my MBA degree and give me a scope to gather practical experience and enrich my knowledge.

May ALMIGHTY bless all of them.

Author

EXECUTIVE SUMMARY

The discussing report is the terminal formalities of the internship program for the degree of Masters of Business Administration course of faculty of Business Studies at Hajee Mohammad Danesh Science and Technology University, Dinajpur which is compact professional progress rather than specialized. This report has prepared as per academic requirement of after the successfully completion of 45 days internship organized at The Leprosy Mission International-Bangladesh, Community Program, Dinajpur with the view to familiarized the students with the practical implementations of the knowledge provides the theoretical aspects of practical life.

It is my pleasure and great privilege to submit my report titled “**Functions of The Leprosy Mission International-Bangladesh at Dinajpur**” worked out at Dinajpur Project Office during March 07, 2016 to April 20, 2016.

As the presenter of this report, I have tried my level best to get together as much information as possible to enrich the report while working at Current position, problems and prospect of The Leprosy Mission International-Bangladesh. I believe that it was a fascinating experience to work in the Implementation section and it has enriched both my knowledge and experience.

However, after all of this, as a human being, I believe everyone is not beyond limitation. There might have problems regarding lack and limitation in some aspects and also some minor mistake such as syntax error of typing mistake or lack of information. Please pardon me for that mistake and clarify these of my further information on those matters.

**DEDICATED TO
MY
WIFE AND
DAUGHTERS**

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1.1 BACKGROUND OF THE STUDY

Internship program has been included to MBA-Evening curriculum for providing talent, up-to date and smart, efficient executives. Internship means gaining supervised experience. Internship program offers an opportunity to know the environment of a particular organization. By doing this program, developed and refined theoretical knowledge gained in the classroom. This program provides exciting experience of planning, culture, behavior of employee and management style of that organization, which helps to fill the gap between theoretical and real practical world. Theoretical knowledge related to it, is important. A perfect consideration between theory and practice is important in the context of modern business world. In order to resolve the dichotomy between theory and practice, this program is compulsory for every student to complete his or her academic degree. Internship program brings students closer to the business theory and practical and thereby help them to substantiate their knowledge so that they can prepare themselves to start a successful career. Under the internship program, every student is assigned to an organization with a view to prepare a report in the selected organization under the guideline of his/her assigned teacher.

1.2 STATEMENT OF THE TITLE

In order to know the activities related with overall performance of The Leprosy Mission International-Bangladesh and documents required to maintain this system, I chose the topic as “Overall activities of The Leprosy Mission International-Bangladesh” in a Non-Government Organization sector in Bangladesh.

1.3 RATIONALE OF THE STUDY

The purpose of this report is to get a gist idea about The Leprosy Mission International-Bangladesh, which is operated in our country. Non-Government Sector in Bangladesh is a vast term and through this report helps to know the global fellowship of The Leprosy Mission, it's Projects in Bangladesh and analyze some crucial features. Without understanding the term of NGO, it is very difficult to go

deeply of this organization and to make the NGO concept easier to the people. If the fund raising/financial position of the organization is not in a suitable position, the organization may face crisis. In the report there are some basic ideas of The Leprosy Mission International- Bangladesh in Dinajpur including international linkage, global fellowship, international and country strategy, monitoring and auditing of country office, project development procedure, projects in Bangladesh.

1.4 OBJECTIVES OF THE STUDY

The main objective of the internship program is to formalize with the real market situation and helps to learn how bookish concepts are used in the real market. Therefore, from the very beginning of the study to conduct of internship with a view at achieve some specific objectives and gone across the various department of the NGO to acquire some related information and functioning procedure regarding that department.

The objectives of the study are mentioned below:

1. To acquire knowledge about the different operations of The Leprosy Mission Bangladesh.
2. To learn how the International management system of an organization operates.
3. To know the linkage with global fellowship.
4. To know about the product and services of The Leprosy Mission Bangladesh.
5. To identify the problems those are related to achieve the project goal.
6. To provide recommendations.

1.5 SCOPE OF THE REPORT

This report has been prepared through extensive discussion with organisation employees, clients and officers and on the information gathered from the TLM Handbook, annual report and prospectus of The Leprosy Mission Bangladesh and got the great opportunity to have an in-depth knowledge of system of The Leprosy Mission Bangladesh as an international NGO.

1.6 METHODOLOGY OF THE STUDY

The nature of this report is descriptive. so instead of doing any survey, observation method is used to complete this qualitative research. For the report, collect all such information that will reflect the actual situation of the organisation for any report and collected various types of primary and secondary data. For completing the report, various data from various sources by face to face. interview with the employees worked in different departments of organisation, Dinajpur Project office, personal investigation, circulars sent by Head office and maintaining daily diary which contains all the activities that has been observed in the organisation.

1.6.1 Population

The report has been prepared on current position, problems and prospect of The Leprosy Mission International-Bangladesh (A case study on Dinajpur Office).

Therefore, for the purpose of the study, all the offices of The Leprosy Mission International-Bangladesh have been considered as the population of the study.

1.6.2 Sampling Unit

Only one project office of The Leprosy Mission Bangladesh has been taken as the sampling unit for the study, i.e Dinajpur Office.

1.6.3 Sampling Method

Random sampling method has been used for purpose of the study.

1.6.4 Sources of data

The report is based on both primary and secondary sources of information. Interviewing the managers and officers of the organisation, talking to the customers, the primary data have been collect, Further more different publications of the organisation annual reports and the organisation's websites have been used for the purpose of collecting secondary data.

❖ primary Sources of Data

- i. Guidelines and suggestions from depot charge of The Leprosy Mission Bangladesh
- ii. Opinions and suggestions of company's officials.

❖ **Secondary Sources of Data**

- i. Hand Book of The Leprosy Mission Bangladesh
- ii. Annual report of The Leprosy Mission Bangladesh.
- iii. Published booklet of The Leprosy Mission Bangladesh.
- iv. Various published document.
- v. Websites.

❖ **Method of Data Collection**

For the purpose of the study, two methods of data collection have based:

- i. Observation method.
- ii. Interview method.

❖ **Analytical Tools and Software**

To make the report more understandable and give a nice look, different analytical tools and software, have been used to prepare the report. A number of flowchart, table and different computer software are used.

1.7 LIMITATIONS OF THE STUDY

Although employees did the full co-operation, clients officers of The Leprosy Mission Bangladesh and they also gave much time to prepare this report properly in the way of study, there was Some difficulties, which made the conduction of the program little hazardous. Some of these are mentioned below:

- i. It should be certainly mentioned that the time 45 days is very short to get the total view of the company's all functions.
- ii. The offices were quite busy with their regular activities. For this reasons it was a little problem to collect detail information from them.
- iii. In case of secondary data collection, there was very little secondary information. There were few support books, reports, journals, etc. moreover, the project office had very little of this information. That's why bulk of it had to be collected from the head office.

2.1 The Leprosy Mission History

Wellesley Bailey was born in Abbeylieux, Ireland in 1846. On 17 March 1866 he became engaged to his childhood friend, Alice Grahame. But before their marriage, Wellesley wanted to make his fortune, so he set sail for Australia and New Zealand.

Alice, a keen Christian, asked Wellesley to go to church whenever he could. When unable to sail from Gravesend, because of fog, Wellesley went to a service.

Afterwards, words from Isaiah kept echoing through his mind: "I will lead the blind by ways they have not known, along unfamiliar paths I will lead them; I will turn the darkness into light before them, and make the rough places smooth. These things I will do; I will not forsake them." (Isaiah 42:16). He knelt by his bed and committed his life to Jesus Christ.

By 1868, Wellesley had returned to Dublin without the fortune he'd been seeking. He decided to try India where his brother was in the Indian Police force. Wellesley joined the American Presbyterian Mission and was sent to Ambala in the Punjab to work as a teacher.

There, Dr Morrison had built some simple huts for leprosy beggars.

When Wellesley met people affected by leprosy for the first time he remembers: "I almost shuddered... yet at the same time [I was] fascinated, and I felt, if ever there was a Christ-like work in the world it was to go amongst these poor sufferers and bring them the consolation, the hope of the gospel".

Dr Morrison went on home leave, leaving Wellesley to care for those with leprosy. He visited them regularly, helping with food and shelter and sharing the Gospel: "*soon I discovered that I had there, at my door, a splendid sphere of work for the Master*".

Wellesley and Alice married in October 1871 at Bombay Cathedral after Alice went to India to join Wellesley in his work. However, just two years later they returned to Dublin due to Alice's weak health. Wellesley spoke with such passion about leprosy affected people to their friends, Isabella, Charlotte and Jane Pim, that a public meeting

was arranged. In 1874, the first support group of the Leprosy Mission was formed. They pledged to raise £30 a year. In their first year they raised £600!

When Wellesley retired from TLM, aged 71, there remained a dynamic Christian mission: *"born and cradled in prayer...prayer has been the foundation of its success."* It is a Mission that is still working today to bring about a world without leprosy.

2.2 Global Fellowship

2008 Discussion began on ways to work more closely together with stronger links between the funding and implementing countries. Steps were taken to strengthen implementing Country Leaders and country offices with a decentralised facilitation role for the international office.

2011 On 30th May 2011 a charter was signed by 31 member countries which committed members to moving towards decentralisation, mutual accountability, interdependency and a shared approach to decision making. The Leprosy Mission Fellowship is made up of Member countries and TLM International.

2.2.1 The Global Fellowship

The Leprosy Mission is an international Christian organisation whose Members recognize the Lordship of Jesus Christ and enter a covenant relationship with God and with one another. We are participants in world mission, relating to people affected by leprosy in the context of their families and communities, with a Christ-centred and holistic gospel, working in close relation with communities, churches and other agencies including national governments and NGOs.

There are 32¹ TLM Fellowship Member countries which include both 'Supporting' (donor) Countries and 'Implementing' (field) Countries. Both are equally valued Members and are equal partners in the work. It is the Members who drive the Mission forward and make decisions about TLM's work.

TLM International operates as a central 'hub' to co-ordinate the needs of the Members and the Fellowship as a whole. It has around 20 staff, most of whom work at the International Office in London, UK.

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In addition to the Member countries, the TLM Fellowship is involved in a number of other countries where leprosy programmes are funded or resources are raised. In total, TLM is present in more than 40 countries and has around 2000 staff worldwide. Increasingly the Mission seeks to work through partners rather than carrying out projects directly.

The Leprosy Mission is a member agency of ILEP (the International Federation of anti- Leprosy Associations), IDDC (the International Disability and Development Consortium), EUCORD,

People In Aid, the Micah Network and BOND. The Leprosy Mission also works in collaboration with other global consortia such as the International NDGO Neglected Tropical Disease Network (NNN).

The TLM Fellowship Charter is a statement of the commitments that the Members of the Fellowship make to one another. The Mission is held in unity through a genuine spirit of fellowship and cooperation based on the principles of covenant, not by rules and regulations. So, while each Member will be required to sign the Charter, they do so not as law but as an expression of their prayerful commitment to TLM and to the changes we are making in the way we work.

2.2.2 List of TLM Fellowship Members as at December 2014

Angola	France	Nigeria
Australia	Germany	Northern Ireland
Bangladesh	Hungary	Papua New Guinea
Belgium	Indonesia	Scotland
Chad	India	South Africa
China	Mozambique	South Korea
Democratic Republic of Congo	Myanmar	South Sudan
Denmark	Nepal	Sudan
England and Wales	Netherlands	Sweden
Ethiopia	New Zealand	Switzerland
	Niger	Timor Leste

2.3 Fellowship Culture and Effectiveness Principles

(Scheduled for review 2015)

The TLM Fellowship has made a deliberate decision and commitment to change the way we do things; marked by the signing of the Charter by Members in May 2011. The consolidation of the Fellowship's culture is being nurtured and becoming evident throughout the Fellowship. The culture, in many ways, retains the way we have done things previously: particularly in relation to being rooted in prayer and encouraging the faith and witness of trustees and staff. The Fellowship culture emphasises, amongst Members, a mutual and equal respect and interdependency in the way we make decisions, share resources and share achievements in relation to people affected by leprosy and their communities.

2.3.1 Scope

TLM's policies and strategies drive and rely on a Fellowship culture that helps us to fulfil the mission we are called to, in a manner that is increasingly effective and demonstrative of good stewardship. Our culture, therefore, will promote a sober assessment of many aspects of how we work through the peer review process. The Fellowship will continue to develop its learning culture and use that learning in creative and efficient ways, striving for necessary improvement and transparent accountability throughout the Fellowship.

2.3.2 Principles

There are now several levels of commitments in the Fellowship: values, principles, policies, position statements, and working practices. We need to consider how these fit together to make them all real and meaningful.

The working principles of the Fellowship are built on our values. The principles are the framework around which the Fellowship functions and the common understanding and culture that hold the Global Fellowship together, allowing us to make our proper contribution to the changes we have been called to contribute towards.

The working principles for TLM Global Fellowship are summarised by the following:

- **Interdependence**
- **Communication**
- **Accountability**

- Responsibility
- Effectiveness

2.4 The Leprosy Mission Structure

2.4.1 Routes of Accountability

The TLM Fellowship Charter states that all Members are regarded as autonomous, whether supporting or implementing. They are responsible for their own operations and accountable to the TLM Fellowship as a whole for their actions.

The decision-making roles and routes of accountability can begin to be illustrated by the following diagram:

- The Meeting of Members of the TLM Fellowship
- Member-Appointed Working Groups
- The TLM International Board
- The International Office General Director

The Representative Management Group (as described below but not illustrated in the diagram) has a very useful role in representing all Members to support TLM International in its decision-making.



Figure 1: The Leprosy Mission Structure

2.5 Policy on Policy Development of The Leprosy Mission

2.5.1 TLM Fellowship Policies

Why do we have TLM Fellowship policies? Because as a global organisation with a global brand, we need a consistent position on certain key topics. For this reason, the policies require approval by the TLMI Board and are mandatory on all Members and TLMI. They are intended not as prescriptive measures but as statements of commitment, designed to cover all of the contexts in which TLM works. They can therefore either be adopted for application as they are, or used as the starting point for in-country policies.

Alongside the policies are position papers, which outline the Fellowship's current stand on a variety of topics related to our practice. These are approved by the General Director following consultation with the Representative Management Group. Together the policies and position papers define the Fellowship's commitment to quality and best practice.

Members may decide to adopt TLM Fellowship policies as written, or to contextualise them by developing in-country policies, which must be consistent with the relevant TLM Fellowship policies.

Policies	Position Papers	In country policy	Policy Implementation Plan
<ul style="list-style-type: none">• Fellowship level• Product of values• Statement of commitment• Pillars of our identity• The way we behave and do our work	<ul style="list-style-type: none">• Fellowship level• The current stand we take on issues• Our approach to other organisations	<ul style="list-style-type: none">• Country level• Approved by local board or management• Contextualises top level policies	<ul style="list-style-type: none">• Country level• How we will implement the policies in country• Effect policy will have on practice

Figure 2: Polices and implementation

2.5.2 Process for Fellowship Policy Development

- Policy formation is overseen by the Member-appointed Policies and Standards Working Group
- It is participatory. The Policies and Standards MAWG aims for a broad Member involvement in policy formation and review

- It is transparent. So far as is practical, discussions and resulting actions are documented and freely available to all.
- All policies are approved by the TLM International Board upon recommendation by the Policies and Standards Working Group
- All policies are documented within the TLM Handbook and available on TLM Connect

The process of developing a policy is set out in the diagram below.

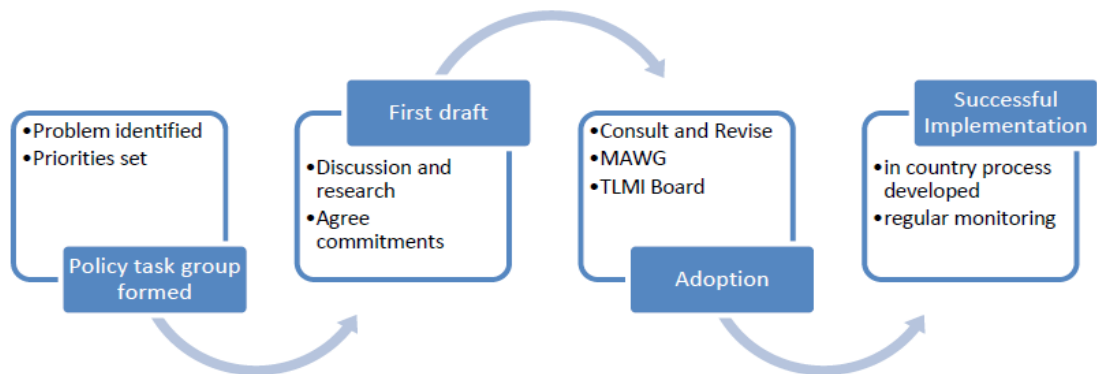


Figure 3: The process of developing a policy

Some of the key elements include:

- Problem identification can start anywhere in TLM, usually as a result of legal or environmental changes, lessons derived from TLM’s various learning processes, or demands from Members, lessons learnt from Project and Country Learning
- The Policies and Standards MAWG identifies representative task groups from across the TLM Fellowship to produce the first draft in line with terms of reference set by the MAWG.
- The MAWG adopts a process for consultation and revision of the first draft. Sometimes, depending on the feedback from consultation, this process can require several iterations.
- When it is satisfied with the consultation, the MAWG recommends the policy to the TLMI Board for formal adoption on behalf of the TLM Fellowship

2.6 Implementation and Monitoring

TLM Fellowship policies and in-country policies are incapable of making much difference unless there is awareness and ownership of the policies and a clear

managerial commitment to them. In short, they must be put into practice. This requires a plan in each country to implement the policy. The **Policy to Practice checklist** and various guidelines are designed to help with this; and support from TLMI is available if needed. The implementation plan should include training and roll out of proposals so that staff members understand the implications of the policy implementation. All new members of staff should be made aware of policies in their induction programmes.

The implementation of the policies will be monitored through in-country learning processes and the Country Office Audit.

2.7 Country Office Audit

The TLM Global Fellowship has particular accountability requirements for Members of the Fellowship. A Country Office Audit is required by each Member of the TLM Fellowship – every 2 years for those Members without a local Board and every 3 years for those with a local Board. It is the responsibility of the Head of Quality Assurance at TLMI to ensure that every Member Country has a Country Office Audit on schedule

2.7.1 Methodology for Country Office Audits

TLMI's Head of Quality Assurance will discuss the purpose and scope of the Country Office Audit with the Country Leader, agree the timing of the Country Office Audit and respond to any issues raised.

The Head of Quality Assurance will identify suitable Reviewer(s) to take responsibility for the Country Office Audit. It is recognised that the Reviewer(s) will need to understand about the operations of the Member Country and should have the following technical and personal skills:

- Ability to identify and clearly define audit issues and root causes.
- Clear analytical skills.
- Be able to recommend improvement to the internal controls.
- A systematic and disciplined approach to work and ability to maintain documents – prepare work papers to adequately document audit work performed and to support conclusions reached.

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- Good and clear communication and interpersonal skills – oral and written English.
- Understand the work of TLM at various levels of operations.
- Where the person conducting the Audit does not have specific skills in a particular area of activity they should be able to invite other experts to conduct specific sections of the Audit Programme which could happen at different times

The Country Leader should brief the person who is conducting the Audit.

The Reviewer should use the appropriate Country Office Checklist to conduct the overall assessment (**NB: There is one checklist for Implementing Countries and a different one for Supporting Countries**). The Checklist sets out a number of criteria for each of the areas of management and suggests 'means of verification' for establishing an evidence base to demonstrate compliance with each criterion. It is the responsibility of the Reviewer to establish the evidence base through a variety of activities such as interviews with staff, discussions with management, observation of staff performing certain controls, inspection of records. From the evidence base the Auditor should be able to make an assessment of the extent to which the Country Programme and Office complies with TLM policies and procedures. The Auditor should use the Country Office Audit Framework to record compliance with each criterion, using the 'Comments' column of the framework to highlight any issues that need to be addressed.

At the end of the Country Office Audit the Reviewer(s) will present the findings, conclusions, recommendations and actions needed to the Country Leader and other senior management staff.

Where appropriate, the Auditor may include a confidential annex for the Country Leader outlining any concerns.

A copy of the completed checklist will be placed on TLM Connect and sent to the Head of Quality Assurance who will in turn summarize the findings to TLMI's Audit Committee.

The findings of the Country Office Audit will also form part of the Member Review which will be undertaken by the Peer Review MAWG.

2.8 The Leprosy Mission International Board

The Leprosy Mission International is a charity and company registered in England. Before the advent of the TLM Fellowship, TLM international was the top decision-making body in TLM and was responsible for all TLM programmes in the field.

In the TLM Fellowship the TLMI Board has two distinct sets of responsibilities. First, it has a number of defined roles that extend across the TLM Fellowship, as a service to the Members. These roles are assigned by the Members, and can be unassigned or changed by the Members. Second, it is also the governing board of the entity TLM International. In that role it has legal responsibilities under English law, as well as being accountable to the Members. The TLMI Board is responsible for the appointment and managing the performance of the General Director.

The TLMI Board is accountable to the Members, who elect the trustees. It meets twice a year.

2.9 Alignment with the TLM global vision and strategy

2.9.1 Vision: Leprosy defeated, lives transformed

2.9.2 Mission: Following Jesus Christ, The Leprosy Mission strives to break the chains of leprosy, empowering people to attain healing, dignity and life in all its fullness

2.9.3 Strategic Focus:

STRATEGIC FOCUS	LONG TERM AIMS	AIM OVER THE NEXT FIVE YEARS
Leprosy Services	People affected by leprosy have timely access to quality leprosy services	TLM will develop strategic partnerships and implement services which result in early diagnosis, reduced disability, improved access to leprosy treatment, psychosocial support and specialist services

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Dignity and Empowerment	People marginalised by leprosy, disability and other causes realise their worth and are empowered to overcome challenges	TLM will enable leprosy people's organisations, DPOs and SHGs to facilitate self-care and emotional support, challenge injustice and advocate for their rights and entitlements
Social Integration	Communities are free from stigma and discrimination towards people affected by leprosy and disability	TLM will raise awareness about leprosy and disability inclusion, and will facilitate integration within communities, education, livelihoods, NGOs, churches and Government services
Research and Learning	TLM will be a learning organisation that uses and shares evidence-based practice	New medical, social and fundraising knowledge, based on evidence, are integrated into TLM's policies and practices, and actively shared with others
Resource Mobilisation	TLM is well resourced in prayer, funds, partnerships and people to effectively achieve its mission	All TLM Fellowship Members develop and implement a fundraising strategy for significant income growth and use resources strategically in close partnership with other Members

2.10 Position TLMi-Bangladesh as a source of excellence in leprosy

TLMiB will position itself as a resource for leprosy related knowledge, treatment, test new knowledge through ongoing research and provide technical support to government and other partners during and after integration is implemented. Leprosy elimination (1/10,000) was achieved in Bangladesh in 2009, but there are pockets of high endemic areas existing in Bangladesh where leprosy services will be needed. More than 4300 cases were identified in 2009. Expertise will still be required into the future to deal with continued new cases. In addition, as we work towards Integration of leprosy service in Government health system, expertise and capacity development will be needed for many years. TLMiB has contributed much to the world of leprosy

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over the years with leprosy related research (BANDS, Tripod, COLEP, etc). This contribution to the leprosy world will continue in the future, in order to guide future best practice.

2.10.1 Strategy objectives and corresponding initiatives in this area are provided below:

	Strategic objective	Strategy / initiative	Community Program
1	Increase expertise of TLMiB in all medical, social, psychological and spiritual aspects of Leprosy	<ul style="list-style-type: none"> • Increase the physical and staff capacity of existing DBLM hospital for high end modern treatment and care for leprosy affected people and people with disabilities • Sustain continuous medical and social applied research in collaboration with national and international partner and use the outcome in organizational empowerment • Expand capacity of RHP training centre to meet the needs of GOB, non-leprosy organization and international needs • Establish mobile training team • Affiliate training centre with national and international organizations/Universities • Establish TLMiB research centre • Assistive device making and distribution • Social aspects developed (e.g. mainstreaming of people affected by leprosy) • Document toolkit development for community based approaches 	<p>-TLM Nilpahari training center will run with their own income and expand capacity training center to meet the needs of GOB, non-leprosy and leprosy organization and international needs.</p> <ul style="list-style-type: none"> •Establish mobile training team •Affiliate training center with national and international organizations/Universities •Social aspects developed (e.g. mainstreaming of people affected by leprosy)
2	Develop TLMiB as a resource for	<ul style="list-style-type: none"> • Establish a separate TLMiB web site • Develop TLMiB central resource library 	.Sharing success case study and information's.

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Leprosy information, technical training & assistance	<ul style="list-style-type: none"> • Regular newsletter / publication 	
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2.10.2 Foster effective partnerships

TLMiB needs to develop partnership with Government Organizations (GO), Non-government Organizations (NGO), churches, and disabled person organizations (DPO) (or CBR federations until the DPO's are established). Authentic Partnership is expected to maximize outcomes and allowing greater geographical coverage. In addition we expect more sustainability that will be resulted to increased mainstreaming of people affected by leprosy and other disabilities. The Partners/Potential Partners of TLMiB are provided in **Annex: 4** Strategy objectives and corresponding initiatives in this area are provided below:

	Strategic objective	Strategy / initiative	Community Program
3	Build and strengthen authentic relationships with partners for more leprosy work by partners	<ul style="list-style-type: none"> • Identify and engage in key networks • From networks identify partners through partner assessment • Develop mandate, roles and responsibilities for mutual benefit and leprosy work by partners besides TLMiB • Regular communication to create opportunities for learning & sharing of experience • Develop mechanism of joint monitoring and review • Joint leprosy awareness program to prevent disability 	<ul style="list-style-type: none"> • Identify and engage in key networks on disability related and women rights issues (Specially for Hagar women) -Encourage DPOs to refer suspect leprosy cases in leprosy clinics. •Regular communication to create opportunities for learning & sharing of experience

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		<ul style="list-style-type: none"> • Strengthen leprosy referral network 	
4	Enhance mainstreaming of people affected by Leprosy	<ul style="list-style-type: none"> • Establish current level of client participation in programmers • Build capacity of other organizations on leprosy through awareness raising, training & technical support • Build bridge / linkages with key stakeholders (those with influence to mainstreaming) for leprosy and development work for the people affected by leprosy • Joint monitoring and reporting of leprosy work 	<ul style="list-style-type: none"> • Establish current level of client participation in programs(Group leaders participating CBRP project management committee meeting.) • Joint monitoring and reporting of leprosy work • Explore opportunities to easy access in different organization to get services. • Strengthen partnership with ShishuPolliPlus (SPP), LAMB Hospital and GoB charity institutions so that Hagar women and children get services (Especially legal support for Hagar women) for long time.

2.10.3 Strengthen sustainable community based approaches

TLMiB will continue to develop CBR groups and develop the capacity of group members to identify and meet their needs. The groups are starting to network and are developing Upazila federations, district associations and eventually are expected to form disabled Person organizations (DPO). The groups are empowered to manage themselves and their needs with the expectation that they will stop receiving TLMiB support (monetary or staff) as they develop. The federations and DPOs will provide support to groups after TLMI-B support is withdrawn. The groups are expected to operate without further capital from TLMiB, but continue to provide loans to each other and find solutions to any other needs which they identify. By setting up

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community based systems it is expected that the impact will last long after TLMiB has reduced/stopped supporting the work in a given area.

Strategy objectives and respective initiatives in the area of sustainability are provided below:

	Strategic objective	Strategy / initiative	Community Program
5	Actively contribute to an environment where people affected by leprosy within the community are able to exercise their rights	<ul style="list-style-type: none"> • Develop self-help groups / federations • Arrange training on human rights for <ul style="list-style-type: none"> • People affected by leprosy and other physical disabilities • Community leaders • Govt. staff and NGOs • Support practice of self-advocacy by people affected by leprosy and people with disability • Maintain or introduce effective communication to access different services in the community like: <ul style="list-style-type: none"> • Health assistive device • Disability ID card • Disability allowance • Govt. other benefits • Networking with other self-help groups and federations • Networking with other self-help groups & federations • Community disability clinic 	<ul style="list-style-type: none"> • Develop/Strengthen self-help groups / federations. • Arrange training on human rights & Gender for <ul style="list-style-type: none"> • People affected by leprosy and other people with physical disabilities • Community leaders • Government staff and NGOs • Support practice of self-advocacy by people affected by leprosy and people with disability • Maintain or introduce effective communication to access different services in the community like: <ul style="list-style-type: none"> • Health assistive device • Disability ID card • Disability allowance • Govt. other benefits • Networking with other self-help groups & federations • Provide Physical rehabilitation Therapy (PRT) at home

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		<p>run by Group / federation</p> <ul style="list-style-type: none"> • Arrange leadership training for group / federation leaders to empower them to make right decisions • Increase the involvement of our clients in project management • Support to socially excluded women (Hagar project) • Arrange staff training on PRA, group development and human rights 	<ul style="list-style-type: none"> • Effective Self Care services to the potential beneficiaries • Arrange leadership &DPO management training for group / federation leaders to empower them to make right decisions • Increase the involvement of our clients in project management • Support to socially excluded women that can live with rights and justice. (Hagar project) • Arrange necessary training for the staff such as: training on PRA, group development and human rights
6	<p>Improve livelihoods for people affected by leprosy within their communities</p>	<ul style="list-style-type: none"> • Encourage group members for regular savings • Access to capital for IGA (grant, loan, seed money through individuals or groups) • Arrange community based vocational training – sometimes IBVT • Facilitated or provision safe drinking water and sanitation • Facilitated / Provide education scholarship for the children of parents affected by leprosy and other 	<ul style="list-style-type: none"> • Encourage group members for regular savings • Access to capital(cash/kind) for IGA (grant, loan, seed money through individuals or groups)under EPIP and CBR projects. • Arrange community based vocational training – sometimes IBVT • Facilitated or provision safe drinking water and sanitation • Facilitated / Provide education scholarship for the children of parents affected

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		<p>disability</p> <ul style="list-style-type: none"> • Facilitate / Provision for welfare aid / ration during monga, flood, cold wave and other crisis situation (no job, no income, no food) • Provide assistive devices for the people with disabilities • Arrange staff training on livelihood 	<p>by leprosy and other disability</p> <ul style="list-style-type: none"> • Facilitate / Provision for welfare aid / ration during disaster (monga, flood, cold wave, and other crisis situation) (no job, no income, no food) • Provide assistive devices for the people with disabilities • Arrange staff training on livelihood • Linkage with other GoB/NGO services • Arrange/support for business plan development and marketing linkage. • Arrange training on entrepreneurs eg: ME & SME
7	Increase the sustainability of benefits of community based work	<ul style="list-style-type: none"> • Facilitate to form federation / association (DPO) • Community based awareness program on leprosy to prevent disability • Arrange leadership training • Networking with other federations or associations and other like-minded NGOs • Facilitate access to local resources (outside of TLMiB) • Increase participation of the 	<ul style="list-style-type: none"> • Facilitate to form federation (DPO) • Arrange training on leadership and facilitation skill. • Networking with other federations or associations and other like-minded NGOs • Facilitate access to local resources (outside of TLMiB) • Building capacity on planning implementing, monitoring and financial management to increase participation of the

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		community and clients • Facilitated groups to become legal federations and associations • Document good practice	community and clients • Facilitated groups to become legal federations. • Document good practice • Promoting democratic practices within federation.
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2.10.4 Pursue functional integration

Pursue a governance and clinical system at all levels of government health system that allows people affected by leprosy to have medical services at all public health centers. Integration at the basic level is understood to ensure space for leprosy treatment in all upazilla health complexes, MDT services and gradual complication management (complication management will take longer time to be integrated) in the Government health system.

Implementation plan may go beyond the life of this Strategy. We want to see a future where access to quality leprosy and other treatment is available through the government to ensure that even if TLMiB and/or other NGO's are not providing leprosy services, that services will still be provided and accessible at all government health complexes. It is assumed that where possible all these objectives will be pursued in partnership among stakeholders. Implementation plan may go beyond the life of this Strategy. Strategy objectives and corresponding initiatives in this area are provided below:

	Strategic objective	Strategy / initiative
8	Develop a shared understanding of current situation of and opportunities for Integration in Bangladesh	<ul style="list-style-type: none"> • Discuss NLEP and LTCC member organization and any other key stakeholders • Collect information from a different sources for <ul style="list-style-type: none"> • Epidemiological analysis • Analysis of leprosy services • Analysis of level of integration in the health system • Conduct stakeholder analysis • Perform SWOC (weaknesses, strengths and priorities) • Visit & learn from other integrated initiatives in

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		international health context
9	Promote the development of a clear integration plan and build commitment among all stakeholders	<ul style="list-style-type: none"> • Conduct workshop with key stakeholders to develop integration plan • Hold meeting / workshop to develop common understanding, responsibility and commitment • Generate a common formal declaration confirming commitment of stakeholders • Work together to share the information with wider stakeholders • Facilitate commitment from all stakeholders on leprosy awareness for early case detection and to prevent disability
10	Fulfill the agreed designated role of TLMiB in implementation of the integration plan during the lifetime of this strategy	<ul style="list-style-type: none"> • Develop a work plan budget and timeframe • Develop a monitoring system • Capacity building of staff relevant to implementation plan • MOU with partners • Implement TLMiB components of integration of Phase I • Ensuring support functions are in place (drugs, logistics etc) • Review the system

2.10.5 Promote an environment that enables people affected by leprosy to exercise their rights

TLMiB will work and do advocacy to develop and promote an enabling and sustaining environment in the community/society that acknowledges and respects individually and collectively the basic human rights of every member of the society including people with leprosy and disability, actively creates opportunity to exercise those rights and takes corrective measures in the case of violation of such rights so that each member of the society can express her/his full potential and live a meaningful life with dignity. Many people with leprosy experience stigma and are not treated as equal members of the society. In Bangladesh there is legal structure to

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promote their inclusion in the society. People with leprosy should have access to their rights and TLMiB will work in this regard with the people affected by leprosy and with other organizations.

Strategy objectives and corresponding initiatives in this area are provided below:

	Strategic objective	Strategy / initiative	Community Program
11	Increase awareness on leprosy and human rights in TLMiB and among the general public	<ul style="list-style-type: none"> • Use different types of IEC materials with the local community • Awareness message with mass media TV, radio & newspaper • Orientation and teaching with people affected by Leprosy groups , federations and associations • Hold seminars with religious leaders, community leaders, Human rights activists etc • Network with NFOWD, HR orgs, LTCC, WHO and fraternal bodies • National day observation with Leprosy message (WLD) • Meetings with different types of stakeholders • Slide shows, Street play, street rallies, posters with Leprosy message 	<ul style="list-style-type: none"> • Use different types of IEC materials with the local community • Orientation and teaching with people affected by Leprosyand disability groups , federations • Hold seminars/meeting with religious leaders, community leaders, Human rights activists etc • Network with NFOWD, HR orgs, LTCC, WHO and fraternal bodies • National day observation with Leprosy message (WLD) • Meetings with different types of stakeholders
12	Strengthen advocacy with policy makers	<ul style="list-style-type: none"> • Advocacy for the rights of people affected by leprosy by the use of different media and 	<ul style="list-style-type: none"> • Advocacy for the rights of people affected by leprosy by the use of different

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<p>and authorities to effect positive changes in the lives of people affected by leprosy</p>	<p>in cooperation with other organizations</p> <ul style="list-style-type: none"> • Hold seminars, caucus etc with law makers, lawyers and govt. policy makers to repeal / modify policies and legislation prejudicial to the interest of people affected by leprosy • Lobbying networking and using pressure groups to press for policy change wherever necessary • Advocacy with concerned authorities for ensuring enough education on leprosy in MBBS and nursing curriculum for integration of treatment of leprosy • Advocacy with govt. health institutions to get their staff training in leprosy care updated. • Work for ensuring that people affected by leprosy are not deprived of different disabled people's facilities made available for them. • Advocacy with employers and industrialists for job opportunities for people affected by leprosy. • Advocacy with parliamentarians to harmonize any religious, tribal sectarian 	<p>media and in cooperation with other organizations(We support Physically)</p> <ul style="list-style-type: none"> • Hold seminars, caucus etc with law makers, lawyers and govt. policy makers to repeal / modify policies and legislation prejudicial to the interest of people affected by leprosy(We support Physically) • Lobbying networking and using pressure groups to press for policy change wherever necessary(We support Physically) • Work for ensuring that people affected by leprosy are not deprived of different disabled people's facilities made available for them. • Advocacy with parliamentarians to harmonize any religious, tribal sectarian law anything contrary to human rights granted to all citizens by constitution and also by the universal declaration of human rights and the UN Convention on the Rights
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	<p>law anything contrary to human rights granted to all citizens by constitution and also by the universal declaration of human rights and the UN Convention on the Rights of People with Disabilities.</p> <ul style="list-style-type: none"> • Develop advocacy capacity of beneficiaries, community leaders and TLMiB key staff and CBOs and support self-advocacy capacity and initiatives 	<p>of People with Disabilities.</p> <ul style="list-style-type: none"> • Develop advocacy capacity of beneficiaries, community leaders and TLMiB key staff and CBOs and support self-advocacy capacity and initiatives
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2.10.6 Prioritize organizational development

Organizational development is a process of continuous strengthening of organizational capacity and competency to deliver goods and services to its primary and other stakeholders while contributing towards the goal of the organization. Further organizational development of TLMiB is needed to ensure cost effectiveness for accessible, affordable quality service delivery and eventually its vision and mission. It is necessary to strengthen the organizational sustainability and Excellency.

2.10.7 Strategic objective and the corresponding strategy/ initiatives are provided below:

	Strategic objective	Strategy / initiative
13	Establish TLMiB as an organization that is relevant, effective and efficient	<ul style="list-style-type: none"> • Develop programmes and projects in a cost effective and sustainable manner involving all stakeholders • Continuous monitoring of TLMiB programmes and projects • Periodical reviews and necessary adjustments • Evaluation
14	Guided by our Christian values, develop capacity, knowledge	<ul style="list-style-type: none"> • Appropriate training • Value formation by sharing practice &

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	and professionalism to ensure a relevant, effective and efficient organization	<ul style="list-style-type: none"> • promotion • Exchange cross visit • Skill transfer • Motivation & recognition
15	Further develop governance, organizational structure, systems & procedures to foster an enabling environment in the organization	<ul style="list-style-type: none"> • SWOC analysis and taking necessary measures • Improvement or change structure for effectiveness • Review systems, process and procedures and make necessary upgrading • Orientation on upgrading/ changes • Review policies & guidelines & manual and make necessary changes and upgrading to enhance effectiveness • Share mission, vision & values in all levels in the organization • Cultivate a participatory culture in decision making • Measures for organizational promotion • Explore the viability and requirements of local registration, governance, criteria for members in governance body and sequencing of necessary steps for local governance body
16	Embed Cross cutting themes in every aspect of TLMiB	<ul style="list-style-type: none"> • Gender balance in programs/projects (more women) • Follow the global Gender policy in the local context • Ensure community participation including women • Build Environment friendly/Disaster resilience community with gender balance • Build disaster response team/disaster related projects

2.11 Participatory learning and action Toolkit

2.11.1 Analysing the crisis to develop

What is it?

The aim of this exercise is to establish and validate collectively the global picture of a crisis and its impact on the affected populations.

Why use it? When to use it? Identification phase

Remember!/Facilitators notes

Mixed focus groups are welcome; minorities, though, have to be present. In certain contexts, specific focus groups for minorities should be set up, especially when the crisis involves conflict or attacks on particular groups.

Be careful with cross-cutting issues (security and protection, discrimination, and impartiality).

In most instances, you should triangulate collected information by interviewing key informants.

How to use it

1. You will need a board and some pens, a stick and the ground, and other local materials
2. This exercise can be organised around three main factors: Crisis trends in the area; the crisis being analysed; the impact of this crisis.
3. Invite the affected populations to fill three paperboards (pictures are welcome!)
4. Open the debate. Does everybody agree with the points being made? Does the impact of the crisis differ depending on factors like social position, age and gender?

Crisis trends in the area	Description of the crisis being analysed	Description of its impact
<ul style="list-style-type: none">• Types• Frequency• Impact of previous crises• Existing prevention or preparatory measures	<ul style="list-style-type: none">• What happened?• When?• What area was affected?• Were there any warnings?	<ul style="list-style-type: none">• What happened to you?• What happened in the village?• What happened in other areas?

Figure 4: Analysing the crisis to develop

2.11.2 Community Mapping

What is it?

A community map is a map showing important places in a community – for example, churches, mosques or temples, markets, health services, schools, bars, places where people meet, places where people socialise, and so on.

Why use it?

Community mapping is useful to:

- identify which places (and people) are important in the community, and why
- explore people's concerns about their communities and what they would like to change
- identify services and resources available in a community, and gaps in services
- highlight different groups' views. For example, a group of young people might draw different things on a map of the same area compared to a group of older people.

Remember!/Facilitators notes

- If the group is large and uses paper to draw the map, stick several pieces of paper together. Add more paper as the map grows – mapping or modelling on the ground (in which buildings and features are made, not just drawn) is easier, though.
- Different participants may draw very different maps of the same area, and that's OK – it reflects their different views of the community and of the topic discussed.
- Some marginalised groups may be concerned that information they put on the map be used to punish them. Agreeing how the map will be used before you start may help people feel comfortable.
- Community maps can show how things looked in the past and/or how people would like a place to look in the future. Discuss how to improve the situation in the community by comparing maps of the present and the future.

How to use it

1. Divide large groups into peer groups to make separate maps in order to compare different views of the community.
2. Discuss what sorts of places to show on the map. Ask participants to draw a map showing all the places the participants think are important to them. For example, participants might feel that health centres, markets, places where people go to relax and places where people get information are important.

3. If the group has trouble getting started, suggest that they begin by marking where they are right now on the map.

4. Discuss what is shown on the map by asking questions such as:

- How did you decide what to include? What was excluded?
- What was emphasised? Which are the most important parts?
- What was difficult to represent?
- What were the areas of disagreement?
- What can we learn from the map about the needs and capacities of the community?

Example:



Figure 5: Example of Community Mapping

2.11.3 SWOC analysis

What is it?

The purpose of a SWOC analysis is to identify the main **S**trengths, **W**eaknesses, **O**pportunities and **C**onstraints that characterize a particular situation or entity. SWOC analysis is often used as a management tool.

Why use it?

Using a SWOC analysis helps to:

- review the strengths and weaknesses of an organisation or an activity identify the strengths, weaknesses, opportunities and constraints to any situation
- decide whether a group has the ability to carry out a project
- look at the impact that the introduction of a new strategy may have on an organisation's staff, volunteers, supporters and activities
- show the strengths, weaknesses, opportunities and constraints of different projects.

Remember!/Facilitators notes

A SWOC analysis is best done by smaller groups. When working with large groups, divide participants into smaller groups of five to eight. Each small group can then work on different topics – for example, different activities, organisations or situations, or one group identifies strengths, one weaknesses, one opportunities and one constraints. The groups can then share their analysis with each other later.

How to use it

1. Discuss the meaning of the words:

- ‘strengths’ – the good points about an organisation, its activities or a situation
- ‘weaknesses’ – the weak points of an organisation, its activities or a situation
- ‘opportunities’ – the positive openings that exist for the organisation, activity or situation
- ‘constraints’ – the things that are or will get in the way of the organisation, an activity or situation achieving its goals.

2. Draw a matrix with two rows and two columns (see example below). Write or agree symbols for headings of each box in the matrix.

3. Take each box in the matrix in turn:

- Discuss the **strengths** of the organisation to carry out an agreed project, strategy or activity. Draw or write all the strengths in the box in the matrix.
- Discuss the **weaknesses** of the organisation to carry out an agreed project, strategy or activity. Draw or write all the weaknesses in the box in the matrix.
- Discuss what **opportunities** there are to carry out a new project, strategy or activity. Opportunities are usually things outside the group or organisation. Draw or write all the opportunities in the appropriate box in the matrix.

Discuss what **constraints** (or threats) exist which will prevent or hinder a new project, strategy or activity. Constraints are usually things outside the organisation or group. Draw or write all the constraints in the box in the matrix.

4. Discuss how participants can make use of the strengths, reduce the weaknesses and constraints and make use of the opportunities to achieve their goals.

5. Summarise the main points of the discussion. Agree the next steps for action.

EXAMPLE: STRENGTH, WEAKNESSES, OPPORTUNITIES AND CONTRAINTS ANALYSIS OF A HOME BASED SELF-CARE PROGRAMME

<p>STRENGTHS 😊</p> <ul style="list-style-type: none"> • Three people have training in home-based care • Families are supportive • Regular team meetings of learning and review of activities 	<p>WEAKNESSES ☹️</p> <ul style="list-style-type: none"> • Lack of involvement of people affected by leprosy in planning • Health staff reluctant to give up 'control' • High dependency of people affected by leprosy on project staff
<p>OPPORTUNITIES +</p> <ul style="list-style-type: none"> • Links with the church • IDEA • Local DPO • Supportive local health councillor 	<p>CONSTRAINTS -</p> <ul style="list-style-type: none"> • Stigma around leprosy in the community • Some local chiefs are not too keen

Figure 6: Example of SWOC analysis

2.12 Guidelines for External Auditing

2.12.1 External Auditing

Fulfils statutory need primarily - it is the Balance Sheet/Audit Function of the organisation.

The programme will prepare an Income and Expenditure Report and a Balance Sheet. The

Balance Sheet can be the balance of funds represented by cash, bank fixed assets and other

investment.

2.12.2 Requirements:

- ☞ All programmes should have external professional audit.
- ☞ Auditors to be appointed looking at availability of professional auditors and cost associated with the audit.
- ☞ Auditor should have reasonable command of English and have a good understanding and be familiar with the operation of International Non-Governmental (Charitable) Organisations (INGO) within the country.
- ☞ All audits should take place by 31 March.
- ☞ Frequency – once a year.
- ☞ External Auditors should give a report to the management as well as statutory audited accounts and report prepared according to the International and National Accounting Standards after their auditing.
- ☞ Terms of Reference must be agreed with the Auditors.
- ☞ Auditor is appointed for a period of three to five years maximum by the local Governing Board. Member Countries with no Governing Board, TLMI Board is responsible. Head of Finance will appoint Auditors where TLMI has the governance responsibility.

2.13 List Projects of The Leprosy Mission International Bangladesh

- I. Chittagong Leprosy Management Project:
- II. Chittagong Hill Tracts Leprosy and Economic Development Project
- III. Chittagong People-led Development Project
- IV. Chittagong Integrated Leprosy Services and Stigma Reduction Project.
- V. Children development through empowering self-help Group (CEG) under DCBRP
- VI. Diabetes survey of Leprosy disabled
- VII. DHAKA COMMUNITY BASED REHABILITATION PROJECT (DCBRP)
- VIII. Gaibandha-Jaypurhat Leprosy Care Project(GJLCP)
- IX. Hagar Project (NariNiketon)
- X. Leprosy Field Research in Bangladesh

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- XI. Urban Health & Development Project (Leprosy Control unit)
- XII. Community Based Rehabilitation Partners
- XIII. TB Control Program (Reduction of TB prevalence by 6% by 2017)
- XIV. Nilphamari Training Center (NTC)-TLMIB
- XV. TB Care II Bangladesh Project
- XVI. Advocacy for Empowerment Project (AEP)
- XVII. DBLM Hospital Program
- XVIII. Dhaka Leprosy Care Project (DLCP)
- XIX. North-West Bangladesh Ultra Poverty Initiative Project (Nu-PIP)
- XX. Poverty Reduction through Strengthened Health Systems Bangladesh
- XXI. RHP-Poverty Reduction through Strengthened Health Systems and Social protection
- XXII. Dinajpur Sustainable Community Based Rehabilitation Project (DSCBRP)

3.1 Functions of The Leprosy Mission at Dinajpur District

3.1.1 Title of the Project: Dinajpur Sustainable Community Based Rehabilitation Project-DSCBRP

3.1.2 Context of the project

🚩 **Geography:** Dinajpur district has a population of roughly 3 million people organized into 13 upazilas (government sub-district units). The district covers an area of 3444 square kilometres. Dinajpur district has a mostly flat topography. The project works in 4 upazilas (sub-districts) in the North West part of the district: Dinajpur Sadar, Phulbari, Parbatipur, and Chirirbandar. The combined population of the 4 upazilas is about 850,000 people. There are 40 unions in the 4 upazilas.

🚩 **Cultural:** The population is primarily Bengali, although there is more tribal influence than in some other flat land areas of Bangladesh. 2.71% of the population is tribal. The dominant language is Bengali.

🚩 **Socio-economic Condition:** The 2011 census reports that the overall literacy rate of the population 7 years and older is 52%. The literacy rate for women is 49%, while men have a 54% literacy rate. The average household size in Dinajpur was 4.1 people in the 2011 census. Most people are involved in agriculture related jobs. The people of the area have access to schools, hospitals, railway, road transport, water & sanitation, electricity and all other facilities of the Government. The poor and ultra-poor people have reduced access to government services even though the services are supposed to be free for all.

Bangladesh is a predominantly Muslim country and many people feel that women should not be seen in public, or have leadership roles.

✚ **General Health Situation:**The national life expectancy at birth is 63.4 for men and 65.5 for women. There is roughly 1 hospital bed per 4615 population.

✚ **Leprosy:**Leprosy control in Dinajpur district is provided by Dhanjuri Leprosy Control Project (DLC), which is run by PIME fathers. From its inception through December 2011, 13,436 people affected by leprosy have been released from treatment (RFT) in Dinajpur District. Of those individuals more than 3200 had a disability at the time of diagnosis. Other than the Rural Health Program (RHP) (covering 4 districts to the north of Dinajpur) no other leprosy control project in Bangladesh reports a greater total disability. Due to a lack of resources, DLC does not do CBR for people with leprosy, although a few (10-20?) people with leprosy are included in their other poverty reduction project.DLC staff and management have been very supportive of the DSCBRP project.

✚ **The main sector** being targeted is an overlap between the health sector and social welfare with more emphasis on the latter. The social welfare department in Dinajpur district, as with many other districts in Bangladesh, is not particularly well informed regarding the rights of people with disabilities. The department has large programs aimed at the disbursal of stipends and assistance for the poor, but targeting is a chronic problem and the demands outstrip the resources. The DSCBR project has been giving workshops to the government staff to inform them of the rights of people with disabilities and has been working with the group members to advocate for the rights and stipends that should be available to them. There are other organizations working on poverty alleviation, but they have little interest on a disability focus.

3.1.3 Problem and stakeholder analysis

People living with leprosy related disabilities, leprosy and disabilities from other causes have a variety of barriers preventing their equal participation in community life. The problems include: a) access to existing rights, b) limited livelihood options, and c) physical limitations related to their leprosy related disabilities.

- (a) The causes of the rights based issues include: Societal beliefs, coupled with fear of the unknown, which result in a fear of and undervaluing of people with leprosy and disabilities
1. People with leprosy and disabilities lack adequate knowledge about their rights
 2. People with leprosy and disabilities lack the confidence and experience needed to advocate for unclaimed rights
- (b) The causes of difficulties with livelihoods include: A community belief that people with leprosy and disabilities cannot work as “normal” people.
1. A lack of access to capital by people with leprosy and disabilities.
 2. A lack of skills related to livelihood by people with leprosy and disabilities.
 3. A lack of basic education for families affected by leprosy and disabilities.
 4. A lack of savings or reserves to buffer against emergencies
- (c) The causes of the leprosy related disability management problems are:
1. a lack of knowledge of how to manage (heal) simple ulcers in the community
 2. A lack of social supports to encourage the practice of self-care needed to heal simple ulcers when there is anesthesia.
 3. A lack of assistive devices to enable community mobility (needed for social participation and livelihoods).

3.2 PROJECT DESCRIPTION

3.2.1 Target group

The **potential target beneficiary groups** for this project are:

1. Primarily, people affected by leprosy, and who have a disability as a result of their leprosy. According to DLC records there are 1988 people who have grade 1 or 2 disability in the four targeted upazilas. More than 60% are men.
2. People affected by leprosy, who are poor and do not have a physical disability from leprosy. The number of people with leprosy, but no grade 1 or 2 disability in the working area is reported to be about 6600
3. Some people with physical disabilities not related to leprosy will also be included because in Bangladesh most of the stigma faced by people with leprosy is a result of the disability. All of the empowering legislation belongs to people with disabilities as a whole. Including physical disabilities increases

the number of people available to advocate with the community. This number is estimated at about 85000 people using the WHO estimate of 10% of the population.

3.2.2 The project's objectives and success criteria (indicators)

✓ Development objective

To realize a sustainable improvement in respect and opportunities of people with leprosy and physical disabilities, through the existence of self-help groups supported by a registered representative organization (This will likely be an organization formed by the self-help groups, although the groups will determine for themselves what the representative organization looks like)

✓ Objectives:

1. Men and women in the 4 upazilas of Dinajpur district who have leprosy or other physical disabilities have increased access to their basic human rights
 - a. 80 self-help groups (64 existing plus 16 new) running in 4 upazilas of Dinajpur comprised of people with leprosy or other disabilities by December 2015. (Means of Verification: project records, group minutes)
 - b. 60 percent of groups (from 1.1) report increased access of members to their basic human rights including government safety net programs. (Means of Verification: annual participatory monitoring report)
2. Improved livelihood options are available for men and women participating in self-help groups in the 4 upazilas of Dinajpur district who have leprosy or other physical disabilities.
 - a. 400 group members who report increased satisfaction with their income by December 2015, as compared to the time of joining the group. (Means of Verification: annual participatory monitoring report)
 - b. 40 groups in existence more than 3 years with a group fund value of at least 4000tk per person in the group by December 2015. (Means of Verification: project records, group financial records)
 - c. 82 percent of self-help group members school aged children will attend school by December 2015. (Means of Verification: project records)

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3. Men and women who are at risk of leprosy related ulcers and physical disabilities have access to basic care and mobility assistance devices
 - a. 85 percent (or more) of group members who have leprosy with sensory loss will go ulcer free (meaning having an ulcer for less than 10 days) for a year by Dec 2015. (Means of Verification: project records and group records)
 - b. 60 self-help group members will have accessed the disability management fund and report increased mobility. (Means of Verification: project records)

3.2.3 Activities and outputs

Activities	Expected outputs from each group of activities
a. Form 16 new groups b. On-going support/capacity development for group (16 new groups and existing 64 groups) c. Annual Needs assessment/ranking carried out by all groups d. Annual plan preparation by groups e. Continuous Contextual Capacity development (management, leadership, gender, disaster, rights) f. Group member inter group visits to share experiences and create relationships (Community Motivator visits).	1.1. 80 groups meeting on a regular basis and growing in capacity
g. Federation leader inter group visits to share experiences and develop networks (Community Motivator visits) h. Federation capacity development i. Annual group members upazila meeting j. Participation in Project Management Committee	1.2. 4 Regional representative bodies will develop and leadership capacity will develop

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k. Support groups in their self-advocacy efforts	1.3. Groups will have access to rights and will have the skills/confidence to be sustainable
l. Government upazila staff trainings on rights (United Nations Convention on the Rights of People with Disabilities and 2001 People with Disabilities Act) m. Federation leaders will facilitate training for Union parishad committees in their region	1.4. Government staff, and other elected officials, will have increased awareness of current laws regarding disability rights in Bangladesh
n. Continuous Contextual Capacity Development in IGA, savings, money management and business planning o. Community Based Vocational Training p. Seed Capital support to qualifying groups	2.1. Group members will have increased skill and capital to start and run income generating activities
q. Facilitate installation of Sanitary Latrine for group members. r. Education support for children of group members	2.2. Group members and their families will be healthier and have greater capacity to learn and work.
s. Routine monitoring of ulcer status of at risk group members t. Self-Care Training in Groupmembers	3.1. Group members will have fewer chronic ulcers due to leprosy
u. Facilitate access to disability management fund by group members v. Facilitate access to assistive devices for group	3.2. Group members will have greater mobility and face fewer activity limitations

3.3 Major assumptions and risks

3.3.1 Assumptions:

- 1) The government policy will remain friendly towards NGO's. This is beyond the control of the project, but the project will work for good government relations.
- 2) There is a real possibility of a natural disaster. As natural disasters are not infrequent in Bangladesh, this should not interfere with the project (assuming it is the "normal" type of disaster involving too much water).
- 3) Government will allow groups to give and take loans to group members, even though TLMB does not have microcredit registration.

3.3.2 Main Risks and mitigation plan:

- 1) Staff will not live the empowering methodology and simply execute the activities. This has been addressed at the outset through training and ongoing supervision.
- 2) Staff will not fully implement the low input, empowerment approach and instead try to take control. This has been addressed through careful selection and training of staff, as well as ongoing training and supervision.
- 3) The government will see the advocacy and rights training as a threat and try to close the project. This continues to be addressed by working for peaceful relationships and linking to existing government programs.
- 4) Beneficiaries will take the "seed capital" and quit the groups. This will be addressed through good formulation of criteria for getting seed capital, adequate training of staff and good participation of the group members (this has not been seen in Dinajpur or in other areas where the methodology has been used).
- 5) Banks will not accept groups for accounts, or groups of individuals with disabilities. With good advocacy this has been overcome so far
- 6) Field staffs may not like to use bicycle when other TLM animators use a motorcycle. To reduce the risk it will be clearly explained at the outset and advertised clearly. However, even then there are complaints.
- 7) The community may not use the new business/trades of people affected by leprosy. As with other access issues it will be addressed through advocacy/awareness raising with government and community leaders in cooperation with the group members.

3.4 Sustainability

Functions of The Leprosy Mission at Dinajpur District

The project has been in existence for about 3 years, but lost funding from the previous donor due to a strategy shift on the side of the donor. Significant progress has been seen in that time, but it is not expected that enough groups will be formed or developed to maturity for the project to be sustainable for 8-10 years.

The project defines sustainability as a point in time when there are 3-4 groups per union, with sub-district federations operational in each sub-district, and an association above the. At that time, there would be: 1) knowledge of rights, 2) experience in networking to enjoy access to the rights, 3) access to capital, 4) experience in maintaining the capital they own, 5) skills for livelihoods development, 6) capacity to continue the operation of the group federation, and 7) knowledge and experience in managing leprosy ulcers at the community level.

The project actively works toward sustainability. The methodology has been selected in order to remove as many barriers as possible. There is a gradual transfer of assets and knowledge to the groups. There will be a modeling of success in the groups. The final result of the project methodology is an increase capacity for self-governance and self-management of needs related to physical rehabilitation, advocacy and livelihoods.

As groups reach third time seed capital, or if they stall too long on their way than they are considered "graduated from seed capital". At that point staff support to the group tapers to once a quarter. It is expected that federations and the association will benefit from, and increasingly provide support to these groups. The expectation is that the project can gradually withdraw most supports and the groups/federation/associations will continue.

It is therefore expected that another period of external support will be needed in addition to the one proposed here.

3.5 Division of responsibilities and tasks

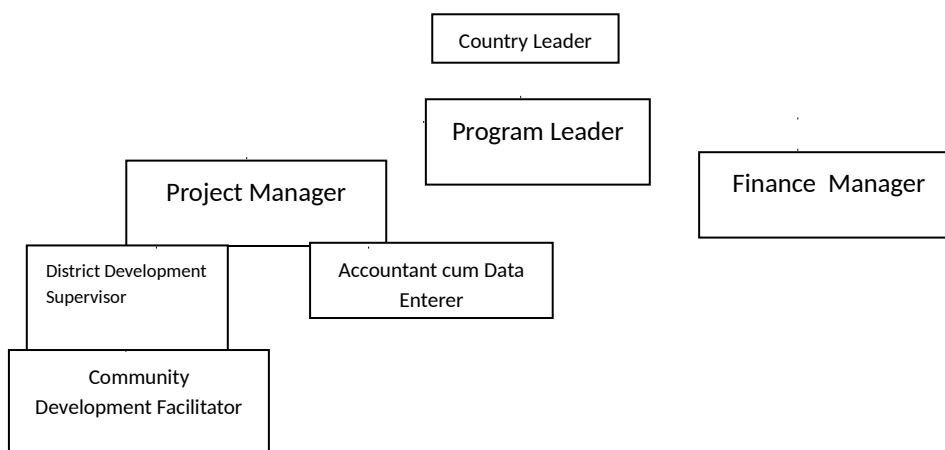
This project is implemented by TLMI-Bangladesh with the approval of NGO Bureau. Community Program is directly responsible to implement CBR projects in north-west Bangladesh and this project also supervised by Community Program.

Functions of The Leprosy Mission at Dinajpur District

The project has a management committee consisting of 50% group leaders. The positions elected for a period of 2 years by the group members, with 50% of the positions changing every year. The committee is not expected to make decisions pertaining to the budget or project staff. Project Manager is the chairperson of this committee. There is program management committee includes all project managers and Finance Manager in Community Program (CP) for sharing progress, learning and program leader chaired this committee. Program Leader represent in country level management committee.

Financial management supervised by CP Finance Manager communicating with Program Leader, country support office and donor.

Organogram:



3.6 Project monitoring

3.6.1 How is the project monitored locally?

The staff collect baseline information on all groups at the time of group formation and then update that information on a regular basis (some information is reported monthly, other quarterly or annually depending on amount of change and need for the information).

Staff have a monthly staff meeting where they collate all their information and compare it to their plans. These reports are condensed and shared with the TLMiB and other stakeholders on a quarterly basis. The group representatives in the project

management committee will be involved in regular project monitoring during their quarterly meetings.

The groups do an annual monitoring exercise where they use a group monitoring form. Staff and members of other groups fill it out on each group to record changes and learn how to move forward. Federation leaders monitor all groups in their regular federation meeting.

There is an annual project learning meeting where project staffs, group representatives and other stakeholders look at the project success, challenges and learning.

In addition there will be an annual participatory monitoring exercise where PRA (Participatory Rural Appraisal) methods will be used to elicit the opinions of group members on a variety of issues. The data is collected by an outside organization in a participatory way and the results written up and given to the project management. It is not expected that the people collecting the information will make recommendations or suggestions based on the data they collect, unless a specific issue comes up while collecting the data.

As the groups/ federations improve their abilities they should start to take care of the baseline reports and updating the project in regards to any changes that occurred on a quarterly basis (instead of the animators taking care of that job).

3.6.2 Describe the financial monitoring of the project.

The project manager and finance team will work closely. Every month the finance team will produce budget/expenditure reports for budgetary control. All staffs are informed about project annual activity plan including budget for each activity beginning of every year. During the monthly staff meeting financial issues are compared with activity plans. The finance manager will produce quarterly/ half yearly/ annual financial report for donor, local Government (including NGO Bureau) and TLM. An external audit is completed at the end of every financial year by an external audit firm.

4.1 Findings/ Observations

After completing study some observations were recorded for improvement of the project performance more efficiently.

➤ Staff capacity building

No doubt that present staffs are qualified and committed to run the project successfully. However, they were not properly oriented on participatory tools and techniques to support SHGs and federations to build their capacity. They need more extensive training on participatory planning, monitoring and evaluation and Facilitation techniques at community level. Staffs will also requires orientation on establish linkages of SHGs and federations with different government departments and NGOs.

➤ SHG Capacity building and leadership

SHG and federations members are now more aware about their roles and responsibilities. Ownership is evolving gradually among the members due to regular meeting and savings generation. However, they still lack skills in organization management and leadership. They need facilitation support and orientation on leadership development, resource mobilization and participatory monitoring.

➤ Linkages with service providers

Some linkages have established with UP. But all SHGs were not successful in availing services of UP provided by the government through different government departments and UP. SHGs and federation will require extensive facilitation support from project staff in this regard.

4.2 Recommendations

The following recommendations have been put forward to complete project successful and more effective.

1. Organize training for the staff on facilitation and participatory planning, monitoring and evaluation (PM&E) to support SHGs and federations effectively.
2. Orient staffs on techniques to establish professional linkages with different government departments and NGOs.
3. Provide proper transport i.e. motor bike to the field staff for faster movement in the field
4. Facilitate SHG leaders to generate and mobilize resources more efficiently.
5. Orient federation members on establishing linkages with government departments and NGOs
6. Facilitate SHG committee members and federation leaders to gain leadership skills and proper use of progress monitoring format.
7. Organize training for the federation leaders and SHG committee members on conflict resolutions, IGA selection, group management and financial management
8. Support federations to establish own office and apply for registration to Social Services department.

4.3 Conclusion

It is acknowledged different functions and day to day business operation on the way to complete this internship. From the starting day, gathering knowledge and practical experience by doing & observing the tasks of various departments carefully was very helpful. To do so the officials of the organisation help for the report much. They are so much cordial, sincere, helpful & responsible. However, this report has explained the best in respect of the real experience gathered from different departments. The realization for the report will be in harmony with most of the organisation thinkers. Now a day NGO sector is more competitive. The Leprosy Mission International-Bangladesh management always gives its highest attention in project development, implementation, monitoring activities, quality services, and research on Leprosy and community development activities.

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CHAPTER ONE

INTRODUCTION

CHAPTER TWO

ORGANIZATIONAL PROFILE

CHAPTER THREE

FUNCTIONS OF THE LEPROSY MISSION

INTERNATIONAL-BANGLADESH AT DINAJPUR DISTRICT

CHAPTER FOUR

FINDINGS, RECOMMENDATIONS AND CONCLUSION

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TO WHOM IT MAY CONCERN

This is to certify that **Mr. Pranoy Michael Rozario**, S/O- Mr. Gabriel Rozario, a student of MBA-Evening Program (Major in Accounting and Information System), ID No: **E130502030**, **Hajee Mohammad Danesh Science & Technology University, Dinajpur** has successfully completed 45 (Forty five) days (From 07th March to 20th April, 2016) long internship program at this Organization. During the period of his internship program with us he found punctual, hardworking and inquisitive.

We wish him every success in life.

Surendra Nath Sing

Program Leader-CP

The Leprosy Mission International-Bangladesh