EVALUATION REPORT

UHDP, Mirpur

SALVATION ARMY BANGLADESH

OCTOBER, 2008

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LIST OF ABREVIATIONS

BN	-	Bistandsnemnda (BN)
CDD	-	Center for Disability in Development
CHDP	-	Community Health and Development Program
CSG	-	Community Support Group
DOTS	-	Directly Observed Treatment, Short Course
EPI	-	Extended Program on Immunization
HSC	-	Higher Secondary Certificate
IGP	-	Income Generation Program
LCA	-	Leprosy Control Assistants
MCH	-	Maternal & Child Health
NGO	-	Non Government Organization
NTBP	-	National TB Program
SA	-	Salvation Army
SHG	-	Self Help Group
SSC	-	Secondary School Certificate
STD	-	Sexually Transmitted Diseases
TB	-	Tuberculosis Bacillus
TLM, B	-	The Leprosy Mission Bangladesh
TLMI	-	The Leprosy Mission International
TOR	-	Terms of Reference
UHDP	-	Urban Health & Development Project
WHO	-	World Health Organization

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EXECUTIVE SUMMARY

The Salvation Army currently operates an Urban Health and Development Project (UHDP) in and around the Bihari camps in Mirpur, Dhaka. This project began through a mobile medical relief team in 1972 and has expanded to include a clinic carrying out maternal and child health treatment, leprosy and TB surveillance and treatment, sanitation, community development groups, a small loan program and adolescent programming. The current catchment area included a population of over 3 lac individuals with over 120,000 residing in the Bihari camps.

The project is consistent with the Salvation Army International mandate to serve in a wholistic way to those who are most needy and disadvantaged in society. The goal for the UHDP is :

"To improve the Health and Socio economic status of the community people in the project catchments areas"

The objectives of the project are noted as follows:

- To improve the general health status of the community with emphasis for mother and child health
- To improve primary health care facilities to reduce the incidence of the common diseases.
- To provide treatment and support services to control Leprosy and Tuberculosis. (DOTS)
- To empower the community to improve their living environment, through participatory improvement of slum dwellers, with emphasis on sanitation, drainage and walkways.
- To assist the poor in developing and improving small businesses through a revolving loan scheme.
- To increase awareness and prevention of STDs, HIV/AIDS in the community, promoting community involvement in effecting behaviour change.

Project components and intervention areas include:

- Urban Renewal through drainage Improvement
- Micro-Credit for the Poor and Vulnerable
- Special Education for the Hearing Impaired
- Leprosy Control
- TB Detection and DOTS
- Clinical Services for MCH, Leprosy, TB
- CSG and Adolescent group formation and development

The project is staffed by 36 individuals including a Project Manager, Doctor, Senior Nurse, Leprosy Assistants, Lab Technicians, Teachers, Admin Support staff, Community Workers, guards and helpers. The project receives support in finance, training and consultation from

the Command in Dhaka. The project is also linked to other Salvation Army projects in Bangladesh and this provides good synergy for continual learning and sharing of ideas across programs, projects and intervention areas.

Major Strengths

This is a very strong program that is providing a valuable service to and with the community. The following are some of the highlights that were noted by the evaluation team.

- The project and project staff are well accepted and respected by the community. Community members trust the project and its staff and staff have a good rapport with the local Government, SA Corps and other NGOs in the area and the community members from all religious and ethnic backgrounds. The project office is located in its working area, making it easily accessible for the participants.
- The project tries to carry out wholistic, or integral community development and tries to address the needs of the individual through its integrated program components.
- Staff generally are skilled, dedicated and demonstrate servant leadership. Many are from the working area. They are also aware that a change of focus is taking place, and they appear flexible to learn new skills and take on new responsibilities. For example, many involved in the Leprosy program have learned in skills to assist in working in activities in the TB Program.
- The project is able to address needs in high risk groups and works outside of the conventional community development group model. As noted in previous evaluations, this is clearly a best practice of this project, and of the Salvation Army, Bangladesh.
- The project is clearly a learning organization. There have been numerous action research exercises conducted in the project area. New components have been added as the need arises. There is also good evidence that the project has acted on recommendations from previous evaluations (2005 UHDP evaluation, 2007 HIV and Aids evaluation, 2008 Leprosy Program evaluation). Being this quality of a learning organization is a Best Practice for the Salvation Army.

Recommendation Summary (for specific recommendation for each program component, see details in the report)

- The project should develop a new five year strategic plan considering new weighing of focus component areas eg. increase in TB and decrease in some of the other components as determined by staff..
- The project should consider hiring a staff person with expertise to oversee the technical areas of the TB program (or, as noted previously they could have a more formal linkage for these support services from the Damien Foundation).
- Staff training needs to be enhanced, and a yearly training plan developed. As noted, more skills training is needed for TB. Also recommended is training in behaviour change communication.
- The project needs a sustainability plan – particularly for the CSG's. This can be done using models generated from the Salvation Army's Jessore program.
- Finally, it is recommended that the UHDP staff review the recommendations in this work plan and come to consensus on those that are a priority. They should then develop a two year work plan complete with time frame as to how they will achieve these actions.

The evaluation team expresses its thanks to the staff and community members associated with UHDP. The staff and community members assisted the evaluation team in all logistics and also gave much time for interviews and focus group discussions. We appreciate the openness of the staff and the community participants.

I. BACKGROUND AND INTRODUCTION

The Salvation Army is a well established organization that has been active in Bangladesh since the 1970's. It is an international NGO that was founded by William Booth who set the main principle for the organization "to be servants to the most needy." Their key strategy is to working in integral mission, so that all will have wholeness of life.

The Salvation Army operates the Urban Health and Development Project (UHDP) in Mirpur, Dhaka. This began in 1972 with a mobile medical relief team. Development programs were added in the 1980's. The project began with the maternal and child health center, and then expanded into leprosy and self help ground development. The TB work began in 2001, with the partnership with the Government. The project is located in Mirpur 11, which is the area of the Bihari camps, and inhabited mainly by the Bihari population. The project has expanded from its initial exclusive general primary health focus to include an integrated approach of services delivery including leprosy and TB management, community development and water and sanitation. The primary donors for the project are Norad and the Leprosy Mission. The Leprosy Mission and Salvation Army also contribute funds to the project.

The goal of the project is "To improve the health and socioeconomic status of the community people in the project catchments." The overall demographics of the area show that they are approximately 120,000 people living in the camps. They are living primarily in tin sheds within the boundaries of the camps. According to the Project Manager, about 80 percent of the participants are from within the camps, and about 20 percent outside of the camps.

The overall objectives of the project are noted as follows:

- To improve the general health status of the community with an emphasis on mother and child health.
- To provide primary health care facilities to reduce the incidence of common disease (ARI, Diarrhea, etc.).
- To empower the community to improve their living environment through participatory processes, with an emphasis on sanitation, drainage and walkways.
- To assist the poor in developing and improving small business through a revolving loan scheme.
- To increase awareness of STD, HIV/AIDS and prevention in the community, promoting community involvement in effecting behaviour change s the main prevention strategy.

The deaf school is also located under this project and is overseen by the Mirpur office.

This project is under the five year Salvation Army Government approved proforma which began in 2007 and ends in 2012. The project currently does not have other licenses to operate (drug license, revolving loan license etc.), and is trying to find out what additional licenses are needed to run the project.

The project team, headed by a Manager is located in Mirpur adjacent to the working area. Support is provided by the Projects Officer, and the Officer Commanding of The Salvation Army, Bangladesh. The Salvation Army has also provided ongoing training and capacity development from outside consultants. As it is a learning organization there has been action research conducted, and ongoing internal evaluations.

BANGLADESH MAP

(Highlighting the working area of Mirpur, in Dhaka)

II. PURPOSE AND AIMS OF THE EVALUATION

This evaluation is the follow up to the Feasibility Study conducted in February, 2008. It was felt by the Salvation Army and its partners that a follow up focused review of program activities was needed to supplement this report and to give more direction for visioning and future programming. In June, 2008 the Salvation Army initiated the process of developing a Terms of Reference which would guide the evaluation. The TOR was based on the "Evaluation Guidelines" paper of Bistandsnemnde and included input from the various stakeholders. The final TOR, and evaluation team selection, was approved by BN in July, 2008. The evaluation was initially scheduled for July, 2008 however due to scheduling difficulties was held in August, 2008.

The Aims of the evaluation are noted as follows:

- Evaluate project performance as regards preparation and implementation of plans, follow-up on achievements of targets and objectives (impact)
- Make recommendations on possible improvements in project design and organization and on modifications to targets, objectives and plans for future implementation
- Make recommendations as to whether the project should be discontinued, consolidated, prolonged or expanded.
- Assess the future sustainability of the different activities supported by the project after the phasing out of external financial support
- Identify Best Practices
- Evaluate performance related to project sustainability and organizational performance
- Evaluate with regards to results on outcome level of the project related to long-term effects.

Issues to be dealt with during the Review:

a. **Monitoring/follow-up regarding the Project Phase**:

1. Desk study of recommendations of review report from 2005 and fulfillment of program objectives up to spring 2008. A desk study of the project's performance according to the financial and narrative reports (end of year reports).

General assessment of the implantation of the project and the future of the project

- Present status of the implementation compared to the approved activity plan an budget.
- Plans for the remaining project period
- Which activities should be continued and at what level and which activities will The Salvation Army, Bangladesh, the local government, local communities or others be willing and able to continue
- Measures to be taken before the project period expires in order to enhance the future possibilities of sustainability.

b. Evaluation/learning and looking ahead:

- Study of CSG development during this phase, their good stories and future visions – as well as their impact as far as that can be assessed.
- Youth awareness groups and peer to peer transfer of knowledge
- Assessing future direction of project activities, specifically the expansion of health activities to handled the increased TB caseload.
- Assessing how financial sustainability of the health services can be secured to a larger extent.

III. METHODOLOGY

In this evaluation, a qualitative process was used. The evaluation team did review reporting numbers however did not do any quantitative assessments as part of this evaluation. (It should be noted, however, that the evaluation team is very grateful to the Damian Foundation to share results of their quantitative assessments – using EPI info – to show prevalence rates of TB. This information was helpful in forming some of our recommendations regarding TB program expansion). As much as possible, the qualitative results were triangulated to identify common themes.

As in all Salvation Army programs, there is extensive documentation regarding history, project activities and subsequent reporting data. These were reviewed and used by the team to establish baselines and give a broad overview of the project.

This evaluation was participatory in both planning, process and conclusion summarization. Because the evaluation took place over a relatively short period of time (five days), the team was divided into sub groups to do an in depth focus on particular areas.

Overall, the team followed an Appreciative Inquiry Approach (Hammond, Cooperridder, et.al, 1991, 1996, 2004, 2007), which is helpful in identifying key successes and underlying principles of those successes. In this approach, it is felt that by identifying principles, weak areas can be built up using successes from other areas of the project.

The evaluation included site visits, semi formal interviews with key staff and community members, focus group discussions, desk reviews of plans, reports, previous evaluations, budgets and job description. The evaluation of February, 2008 (and an evaluation prior to that) included SWOTS, timelines, mapping, ranking and transects. This evaluation did not repeat that and instead to enhance that information and provide additional clarity.

The documents reviewed included the following:

- Evaluation reports (annual and midterm) 2005, 2006, 2007
- Feasibility Study by Independent Consultants, February 18, 2008
- Program Proforma (of all Salvation Army activities) for 2007-2012
- Project Overview
- Evaluation Policy for Bistandsnemnda (BN)

The evaluation was facilitated by Nancy TenBroek, M.A., MPH (equivalent) who has twenty five years of experience in health and community development programming in Africa and Asia. Team members included three members of The Salvation Army Bangladesh staff who have extensive experience in health and community development programming in Bangladesh: Captain Elizabeth Nelson, Mr. Albert Sarker and Captain Nipu Baroi. Ms. Jenn Power, a specialist from Canada in sign and deaf education who was on a short visit to Bangladesh was also added to the team and gave valuable insights and recommendations in the deaf education program. The team is very grateful to Ms. Power for giving her input and sharing her expertise during the evaluation.

IV. DESCRIPTION AND ANALYIS OF PROGAMS

The Mirpur project

Each evaluator selected their primary focus of responsibility for the evaluation. Therefore, each of the sections below were authored by the evaluator responsible for that section.

A. The Salvation Army Hearing Impaired School in Mirpur

Background

In the 2004 project evaluation, a number of concerns, ideas, and goals were reported. (See Appendix A) As a part of the 2008 UHDP evaluation, interviews were conducted with teaching staff, current and past students, and mothers of students. There was also some participatory observation in classroom time and special events.

The Hearing Impaired School is staffed by five teachers, one of whom is the site supervisor, one ayah, and four guards. The most recently hired teacher started working at the school 15 years ago. All teachers have received training in oral deaf education from HICARE. One teacher has been to training from the Center for Disability in Development (CDD) in sign supported instruction, which she then taught to the other teachers. They also have sign vocabulary resources: 2 books and 2 CDs.

The school does not advertise for students. Agencies screening children's hearing will send families to the school. They also are recommended by local word of mouth, parents of past students sending friends to The Salvation Army.

Prospective students must have a hearing test identifying their hearing loss and go through a 3-month probation period to assess whether it is the appropriate school placement, after which they will be accepted to the school or referred to another agency more suited to their specific needs.

There are currently 24 students enrolled, with a total capacity of 30. The school offers five class levels: 1st and 2nd nursery, 1st and 2nd junior, and senior classes. Locally developed course content is taught in all but the senior class, which follows government curriculum for social science and Bangla. Class subjects are: Bangla, English, math, social science, science, drawing, games, and natural conversation. The school day runs Sunday to Thursday, 8:00 am to 1:00 pm with a 30-minute break.

To create opportunities for fun, the school has started taking the children on study tours, celebrating students' birthdays, having an annual sports day and Christmas party. The Corps Officers have been invited to participate in these events as a bridge-building effort. Former students and families are invited to the Christmas parties.

Classes are very small, with an ideal semi-circular seating arrangement. All students can see each other while facing the teacher, allowing for lip-reading and signing. While the school began with oral deaf education, four years ago a recommendation was made to implement sign language instruction. As Bangla Sign Language is still being developed and standardized, there are limited resources. A solid basis has been laid with the teachers having

access to vocabulary books and discs. The students sign with each other using a mixture of sign taught in school, and their own "home signs".

Parent meetings are held monthly, mostly attended by mothers, as fathers are at work in the garment factories. The teachers also go on home visits (2 or 3 a month) and invite parents who are unable to attend parent meetings to drop by the school at their convenience to discuss their child's education.

The teachers seem to genuinely care for the students and to want the best for them. They all spoke of exercising patience, using multiple methods of communication, their desire to see the children continue their education once leaving the school, and concerns for the health and well-being of the children.

Once a student has completed the Hearing Impaired School curriculum, they are deemed ready to join a "normal" school at the class 2 level. There is no support system in place for the transition. There is no placement assistance from the school. Many students are unable to continue their schooling for a variety of reasons: finances, family pressure, frustration with new school setting/expectations.

The Salvation Army has arranged sponsorship for families with financial hardship to send their deaf child to The Salvation Army Hearing Impaired School and to continue their education after graduation, providing funding for students to enroll in secondary school or computer training courses, for example.

The teachers identified areas of need for the school include: vocational training for older students, computers for the classroom, provision of food for children whose families are unable to send a lunch with them, a school van for pick-ups, possibly expanding school level offering up to class 5, improving the school facilities, and comprehensive sign language training offered to staff, students, family members and community members.

Findings

- Language development of most, if not all, students is far below average
- Use of Bangla Sign Language in the classroom has begun
- Students sign more than they speak, especially with each other
- Teachers can communicate simple commands and ideas to the students
- Students predominantly cannot articulate complex ideas
- School is an extremely positive environment, for staff and students alike
- Strong relationships between students and staff, even after leaving the school, and high recommendations from parents of former students show how greatly the school is valued by the community
- Teachers have extensive experience working with deaf students and are sensitive to most of their needs
- There is no formal support for students transitioning out of the school
- Deaf resources in Bangladesh are at best disorganized

Strengths

- Teachers are committed to providing students with communication skills and an education, as well as showing concern for their emotional and physical health
- Well-respected by the parents of current and former students
- Solid start on implementing sign as a language of instruction
- Very enthusiastic students, with strong links to past students, ideal for building community
- Some very supportive mothers who could be pulled on board to work alongside the teachers in reaching educational and community development goals
- In a position to be a leader in development of deaf education

B. TB Control Program – UHDP Mirpur

Background

In 2001, an agreement was signed with National TB Control program to be involved in the TB Control program using the DOTS program. (Project located at Mirpur Sec- 11 Dhaka and Jessore Urban).

The present activities of the program are noted as follows:

a. Information: (Clinic and community health information through groups members, seminars, staff and night program)
b. Case detection:
c. Laboratory test
d. Diagnosis confirmed, DOTS / Treatment
e. Patient's Follow-up (house visit etc)
f. Meeting (In- office, Govt. and other agencies)
g. Report writing and submission

Since 2001 there has been an increasing emphasis, due to high prevalence and demand, for the TB program. Being involved in the Government TB Control program has helped the Salvation Army to have more linkages with Government and other NGOs in providing services to the community.

Staffing It was noted by the evaluation team that there has been an increasing pattern of engaging staff from the other programs to assist with the growing work in TB. Many staff expressed that the number of staff within the TB program is minimal, and that more staff are needed to keep up with the caseload and work generated within the TB program. This is noted below in the staffing list.

1 male doctor (who works with Leprosy, TB and MCH)
TB Control Assistant – 1 designated staff for TB program.
TB Control Assistant – moved from Leprosy
Health Educator – moved from Leprosy
Lab Technician- for Leprosy, TB and MCH

Training Staff have received the following specialty training in TB related areas.

Doctor – Trained from NTBP on TB/ DOTS management (year 2000)
Other field staff and CIC - Trained from NTBP on TB/DOTS management (year 2000)
TBCA – 4 month training from Damien Foundation
Lab Tech – Lab training on TB testing from NTBP

It is very clear that the rate of TB is increasing at an alarming rate. In meeting with key staff from the Damien Foundation, it became clear that the demographics show in increase in TB in urban settings and that the Salvation Army working area is in a TB prevalence area.

Chart of TB endemic – 2003-2008

Tuberculosis Control		
No. of Patients	**Year**	**Cure Rate**
189	2003	40.74
321	2004	75.88
319	2005	82.16
327	2006	80.42
318	2007	81.00
222 (current)	2008	

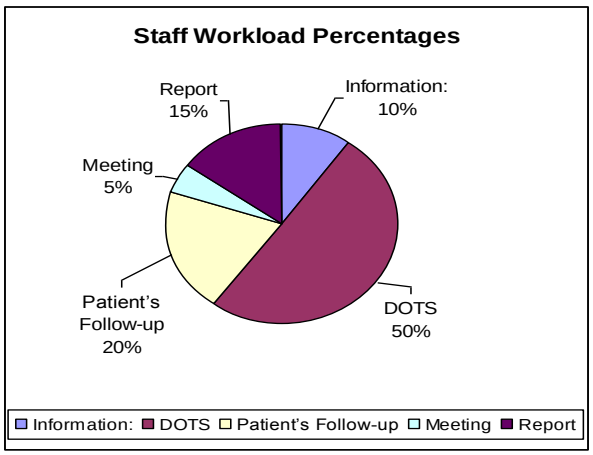
Endemic Areas

A recent map of endemic TB patients shows most vulnerable areas are camps, and the Salvation Army, as noted above, is working in this area.

TB clinic/Center in our catchments area

The Salvation Army and PSTC have a clinic for doing the testing and follow up of TB cases. Staff identified their work load percentages as follows:

Information: 10 %
DOTS 50 %
Patient's Follow-up 20%
Meeting 5 %
Report 15 %



Strengths

- Trained Doctor and staff
- Follows National policies of TB control Program (DOTS)
- Programs are systematic and organized so far.
- Cure rate is satisfactory
- Lab testing quality is fine
- Drugs and supplies received in due time from the National TB Program (NTBP).
- Frequent visits from the Government to see the program.
- Good relationship with other NGOs, such as the Damien foundation.

Gaps

- Staffing is low, compared to a high workload. Staff have been moved from other programs to assist.
- There is a lack of proper technical monitoring in order to ensure a quality program.
- The service is not always accessible as there are only two centers in the community.
- Currently, the program is more clinic based, rather than community based so they may be overlooking many potential clients.

C. Water and Sanitation

Background

SA had a plan to initiative a project on environmental sanitation among the 22 Bihari camps a baseline survey was completed in 2005. In 2006, there was an engineering survey of the Millat camp that recommended that the SA attempt to sink a water point there. However, the SA was unable to secure Government permission for this. One major point for refusal was that the Salvation Army does not own the land that was recommended for the water point.

The Salvation Army has taken as a 2nd priority to renovate the existing community toilets in Millat Camp and Rahamat camps and also to build a new public toilets connecting with a massive septic tank. The building of the toilets was completed in May, 2008.

The Salvation Army works with the CSGs (Community support groups) and carries out water and sanitation preventive motivation through these groups. It also records numbers of patients with water and sanitation related illnesses.

Findings

- Community awareness on water and sanitation has been integrated with other existing programs
- Infrastructure programming (toilet building) has been taken as possible. This requires approval from the Government. It also requires a high amount of monetary input and has not involved monetary contributions from the community.
- Staff participate in local Government coordination meetings with other NGOs.
- Community members are involved in decisions regarding site locations for infrastructure, needs assessments, etc.
- Staff received PRA training, and this is useful in carrying out water and sanitation work.
- Staff feel that they are currently spending the majority of their time in the infrastructure work (getting permission, plans, etc.) and that more time needs to be spent on awareness and education regarding water and sanitation.
- The infrastructure part of this program is clearly difficult to administer due to the heavy amount of regulations and Government procedures required for permission to carry out these activities.

D. Leprosy

Background

The program consists of preventative and curative leprosy programmes. It operates a leprosy clinic five days per week with the medical doctor and physiotherapist available for consultation, case detection and treatment. The staff consists of two leprosy control supervisors, four leprosy control assistants, nurse, and physiotherapist. The trained medical doctor and laboratory technician are shared with the Mother and Child Clinic. The physiotherapist gives wound care to patients with ulcers, counselling and shoe fitting for those with deformities resulting from the effects of leprosy. Referrals are made to The Leprosy Mission hospital in Nilphamari for reconstructive surgery.

Fieldwork conducted by the staff involves health education, surveying, night information programmes, Skin Camps, and seminar/workshops for various target groups in the community (garment workers, paramedics, schools, teachers, community leaders) for awareness raising, early case detection and preventative care.

Since 1996, The Leprosy Mission has been supporting The Salvation Army's leprosy control project in Mirpur section 11. The Salvation Army also partners with the National Leprosy Elimination Programme in Dhaka. They receive free medicines and supplies for patients.

The Leprosy control program prevalence rate of leprosy in Mirpur area has reduced to 0.90/10,000 compared to other areas of Dhaka Metro 3.95/10,000 (WHO). The grade – II deformity rate among new cases in Section –11, Mirpur is nil. A large slum in Bauniabad of Mirpur Section 11 was created in 2004 by poor Bengali migrant workers, who relocated from inner city slums that were destroyed by the Government. This slum continues to expand and is the now the prime source of new leprosy detection and all new leprosy patients with deformities are recent migrants from northern areas. The LCAs are now concentrating on this area for detection and awareness programmes.

Staffing

2 Leprosy Control Supervisors
3 Leprosy Control Assistants
1 Nurse

Part Time – Shared with MCH Clinic
1 Lab Technician
1 Medical Doctor

Statistical data for 2003-2008

Year	Population	PB	MB	Total	New children	Deformities	Prevalence
2003	303,642	119	11	130	18	G1-1,G2-2	5.11
2004	303,642	69	11	80	14	G1-5,G2-2	2.63
2005	303,642	50	5	55	8	G1-1,G2-4	2.00
2006	303,642 *	28	8	36	6	G2- 4	1.19
2007	**309,843**	**26**	**6**	**32**	**2**	**G1-3 G2-0**	**0.90**

PB – Paucibacillary – 5 or less lesions
MB – Multibacillary – 6 or more lesions
G- Grade

There is greater community participation in case detection in the community. Records show patients presenting at the clinic having been referred by community members has increased. Stigma in the community for people with leprosy has reduced greatly.

Strengths:

The staff are long serving, community focused and trained. They are able to articulate the vision, mission and strategy of The Salvation Army and see how their work fits into achieving it in community. The staff are versatile and are able to move from one program to another.

Staff care for patients holistically through the other project's program. The project has good partnerships with TLM and the NLEP, with staff participating on the coordinating committee.

Gaps:

Methods for awareness could be updated
There is a lack of mapping – being able to identify the high prevalence areas
Lack of TB expertise to lead the team

E. Community Development

Background

The program consists of giving individual loans to community people for income generating projects at a low 10% service charge; savings groups who also take loans, adolescent health care groups, awareness raising on HIV/AIDS, trafficking, and drug addiction and Participatory Action Research. There is one full time staff that works in this intervention area.

There are 7 savings groups involving 64 people (female, male, youth and adults). Two of these groups are combined with the adolescent health care program. There are a total of four adolescent groups, with 40 adolescents. Six Community Support Groups (CSGs) involving 120 adult community members. 134 loans were given last year to start income generating projects.

The leprosy staff are heavily involved in the community development programs as they see them as an integral part of the holistic approach to the community. Leprosy infected and affected are given preference for loans and savings groups to support their economic development.

Staff see the strength of the community groups and are working towards increasing these in number and according to the need of the community. Adult literacy has been identified as a concern by the community and classes are being requested. The adolescent girls are quite interested in getting more training in community work so they can participate as volunteers to transfer their skills and knowledge to other parts of the Mirpur 11 area.

Strengths

- Group members are actively involved in project activities and want more training so they can expand their influence in the community.
- Success in paying back loans is 99%.

Gaps

- There seems to be little or no training or follow up with loanees or the savings groups
- The program seems to focus on loaning money but not on the development of women or other community people to start IGPs to support their families.
- There is an opportunity to form more groups, and carry out more micro enterprise activities. However, staff need to ensure that they do not duplicate services with other NGOs.

F. Adolescent Groups (Note that this is considered part of the Community Development Program)

Background

Adolescent groups have a membership of ten girls and meet monthly. There are presently four groups functioning regularly. Two of these groups also save money monthly. The groups talk about the various issues that face them. They organized their own meetings but one of the SA staff comes to help facilitate. They have learned about various issues – dowry, early marriage, hygiene, menstruation, TB, leprosy, other health education, drug addiction, how to do PRA, importance of education, HIV/AIDS, and trafficking. Some of the members have been to Jessore for a program visit to learn about savings.

During the interviews, the adolescents gave many examples as to how this program is helping them. It is clear that the groups have helped them to increase their confidence, given them a forum to learn new things, get peer support for staying in school and avoiding bad habits and for learning new skills. Some samples are noted below.

"At first my family didn't understand about the issue of drug addiction. My younger sisters did not go to school because of the harassment of boys on the way. Through the counseling of the staff, my parents now send my sisters to school. We have learned how to deal with the boys."

"My parents didn't understand a lot. They didn't trust The Salvation Army. They didn't understand why they were working in our area. But after being in the group and seeing all that I have learned, they are happy and trust TSA."

"Before I didn't talk. I was shy especially with my mother about my period. Now I have taught my mother what I have learned and we talk openly. I used to keep my cloths inside the house but we learned it should be washed and put out in the sun to dry. Our mothers know now and others in the community. We have all changed."

"Before I was afraid to go outside. My mother had to go with me to school. I didn't like crowds. If I wanted to go out, my father told me to come back early. My father did not want me to stay in school. The staff counseled my father to keep me in school. I passed my SSC and then my father didn't want me to go any further. Again the staff talked to my parents and encouraged them to keep me in school. I now passed my HSC. My father still hasn't agreed to let me go for my BA but I want to continue with my studies."

"More girls are studying in our community. It is a great change. Parents are starting to change. Some girls who have to work in the garments industry see that we are going to school and so they have started to study through Open University. It is a bit of a competition."

The groups were also able to list some of their hopes. It is clear that they want to take initiative, with assistance of the Salvation Army, to increase programming and address their needs, and the needs of their community. Some of the hopes are noted below:

"We need a meeting place in our area. When we have meetings people can't always come. If there was community club or center, it would be good for all of us so we can meet. Monthly we could run our own meetings. TSA could come quarterly to encourage us."

"We also need to increase the number of savings groups. It is helpful for us and there are many more in our areas that need to be in a group. We need bigger loans as well as the cost of things has increased."

"The staff are doing a lot with the DOTS program. There are some who go to the garments factory who need their medicine but if they miss their work, they will lose their money. If we could get training we could help give out the DOTS to these people."

We are aware so we want to help others in our community to be aware

.

G. Administration and Management

Background and Findings

The UHDP of the Salvation Army is located in Mirpur, and staff work out of this location. The office is owned by the Salvation Army, however they do not have legal title to the land. A Project Manager oversees the staff and all of the components under UHDP. He also oversees the deaf school, which is located at a different site. He is supervised by the Projects Officer who is based at the SA main office in Banani. The project receives administration and finance support from the Banani office as well. The project work is bundled under the Salvation Army current five year projects proforma, and is not listed under a separate proforma. Policies are those for the entire Salvation Army, and not separate for individual projects.

The Project Manager is experienced and appears to work in a very participatory, team management style. There are regular staff meetings, with staff being able to give input into project planning. This was listed as a growth area in the 2005 evaluation, and has shown much improvement.

In a review of the project plans, there is a modified log frame but does not appear to be a clear results based management plan for project activities, particularly related to impact statements. However, there are objectives as listed in the project proforma.

The project does show gender sensitivity. It emphasizes the treatment of women for its MCH program. Men are included at the clinic for Leprosy and TB treatment. Over time, as noted in the evaluation of 2005, the project has placed an emphasis on working with families. This is a positive development.

In a brief review of the financial situation, it is ascertained that the program is cost effective. The program finances are monitored by the Dhaka headquarters of the Salvation Army. There are financial policies in place. Staff do have job descriptions, and a new salary policy has been put in place for all projects under the Salvation Army, Bangladesh.

The current staffing is as follows:

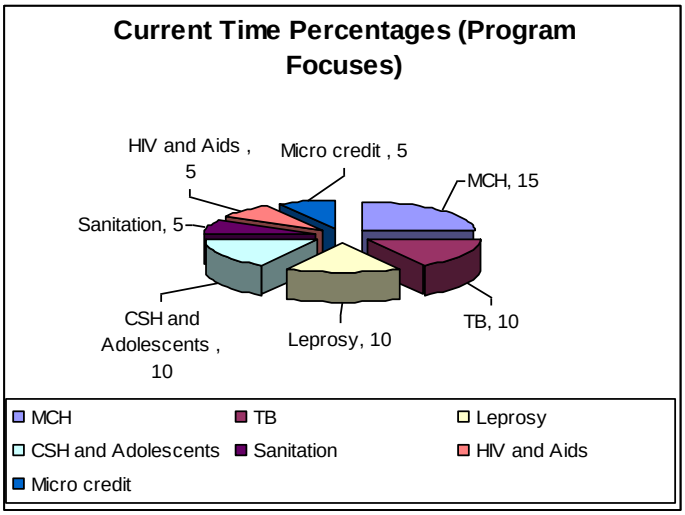
Project Manager – 1
Medical Officer – 1
Sr Nurse – 1
Lab Technician – 1
Jr/ Aids Nurse – 3
Physio Technician – 1
Leprosy control Assistant – 4
TB Control assist – 1
Ticket Clerk – 1
Field Development worker – 1
Leprosy supervisor – 2
Cash Collector – 1
Head Teacher - Deaf School – 1
Teachers for Hearing Impaired – 4
Guards – 10

Ayahs- 3

As noted previously, a large number of staff were hired as Leprosy Control officers. They have also been working now with the increasing demand in the TB control program (DOTS).

In the interviews, the project staff were asked to list the current time percentages that the program focuses on. This is listed as below:

MCH – 15 percent
TB – 10 percent
Leprosy – 10 percent
CSH and Adolescents – 10 percent
Sanitation – 5 percent
HIV and Aids – 5 percent
Micro credit – 5 percent



Staff were then asked to realign priorities based on their perception of needs in the community. This was more difficult to do, and there was some difficulty in consensus on the reallocations. However, all agreed that MCH should decrease, and TB work should increase. Staff felt that that MCH should continue, however agreed that there were other facilities in the community so this does not need to be a key focus area. All staff were in agreement that TB work is increasing at a rapid work and more human resources should be devoted to this. They also noted that the mapping would help them to focus in areas where there is a high prevalence rate of TB. They also agreed that CSGs could be then expanded in these areas.

There does not yet appear to be a clear sustainability plan. Based on this evaluation, there is strong evidence for another five year phase of the project. It is recommended that this phase also include a sustainability plan – especially in regards to building the capacity of the CSGs. Other projects in the Salvation Army are also doing this, so there could be much learning and sharing between the projects as to the best methods and outcomes to pursue. It is good to note that there is some cost recovery through the clinics. The project should continue to assess this to ensure that maximum cost recovery is achieved, based on conditions in the working area.

Strengths

- The project is locating in the community and the project office is easily accessible to the community participants.
- The curative program is strong and people come to know the project through coming to the clinic.
- The project is closely aligned with the Corps of SA, to ensure wholistic development of staff and community members. There is a good relationship between Corps staff and the Mirpur project staff.
- The program components are appropriate and are needs based. Continual research has brought about the addition of programming to respond to needs eg. HIV and Aids program, adolescent program, loan program.

- All of the components are linked. Eg. someone involved in the TB program is also encouraged to become involved in the SHGs.
- The project is well respected by the Government, other NGOs and the community. The project has received recognition from the Government for its good work in TB case detection.

VI. SAMPLE SUCCESS STORY

Moriam first came to the clinic in 2001. She had seen lots of doctors in the past. She didn't get help and didn't get better. She came to our clinic. Dr. Nath treated her. She couldn't walk. She also got counseling. She was a leprosy patient. Before that her husband did not treat her well – he beat her, etc. Then the staff went to her house and met with the husband. They talked about the 6 month treatment and said his wife would get better. She did get better. They then sent her to Nilphamari for reconstructive surgery. Her children now go to school. This was all because of SA help. Staff visited her and monitored her progress. SA gave her some hand work to do. She has taken a loan, and she works now with Sally Ann. She has a small shop and oversees this herself. Her family is now doing well. The children are in class 6 and class 8.

SA mission and vision really matches with the last story. The story of Moriam is how we work in a wholistic way with a patient. This is also living proof that leprosy is curable. We treat people of all faiths without any prejudice – we help all. Moriam also had a lot of counseling etc. – we still follow her and her case. When we do seminars - Moriams case is a good case of proving that leprosy is curable. Her husband received a loan so the family was helped financially. Moriam also felt like she got this disease because she sinned. So, the pastor was called in. So, we were working in wholistic mission. The pastor treated Moriam well and explained how she didn't do something that God was punishing her for. The pastor prayed at Moriams house. She joined some of the hand work group. She prays at this group. She feels God has given her a test, and she has stayed strong.

VII. SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

KEY FINDINGS and STRENGTHS and PROMISING PRACTICES

- The project and project staff are well accepted and respected by the community. Community members trust the project and its staff and staff have a good rapport with the local Government, other NGOs in the area and the community members from all religious and ethnic backgrounds. The project office is located in its working area, making it easily accessible for the participants.
- The project goals, objectives and activities are consistent with the overall vision and mission of the Salvation Army.
- Staff generally are skilled, competent and have a servant attitude. They are also aware that a change of focus is taking place, and they appear flexible to learn new skills and take on new responsibilities. For example, many involved in the Leprosy program have learned in skills to assist in working in activities in the TB Program.
- The project is able to address needs in high risk groups and works outside of the conventional community development group model. As noted in previous evaluations, this is clearly a best practice of this project, and of the Salvation Army, Bangladesh..
- The project is clearly a learning organization. There have been numerous action research programs conducted in the project area. New components have been added as the need arises. There is also good evidence that the project has acted on recommendations from previous evaluations (2005 UHDP evaluation, 2007 HIV and Aids evaluation, 2008 Leprosy Program evaluation). Being this quality of a learning organization is a promising practice.
- The project has done a good job of linking with the Damien Foundation. The Damien Foundation is particularly helpful in assisting the Salvation Army in expanding/improving their TB control work in the area.
- The project has an excellent linkage and relationship with the Leprosy Mission.
- The community members participate in planning and execution of the programs. The community was involved in decision making in the water and sanitation program, has formed groups, and carries out community action activities. There are numerous examples of this, including one of Muslim religious leaders being involved in community programs on World Aids Day.
- There is a strong linkage with several NGOs in the community including Radda Barnen, Caritas, Smiling Sun Francise, Plan, ICDDR,B. There is some overlap with NGOs and SA is very aware of this and committed to avoiding duplication of services. The project has initiated several NGO meetings to ensure cooperation and lack of duplication in the area.
- The project has had consistent, good support from two primary donors. There is a need however, to expand the financial support base from both within and outside of the country.
- Project staff recognize the need to shift focus a bit and staff have been flexible to learn new skills to fill in the gaps, particularly in regards to the increasing demands for the TB DOTS program.
- Through the CSGs, there is an opportunity and need for increasing the micro enterprise program to help the poor generate more income.
- There is some cost recovery in the clinics, although this service is subsidized. The project staff are thinking about cost recovery and there is the opportunity to develop a plan for this.

- HIV and Aids, maternal and child health, leprosy and TB education is mainstreamed in the community development work, and this should continue.
- Like the other projects within the Salvation Army Bangladesh, they are flexible in their approach and sensitive to the expressed needs in the community.

VIII. RECOMMENDATIONS AND GROWTH AREAS

Note that these recommendations are a summary of the recommendations and growth areas from each component and summarized by the evaluator responsible for that specific component.

1. The Salvation Army Hearing Impaired School in Mirpur:

- Sign language as mode of communication
    - Use primarily/only sign language for profoundly deaf students
        - Visual/gestural language is more accessible for deaf people
        - Class time can focus on educational curriculum instead of speech therapy
    - Work in conjunction with CCD in the development or standardization of Bangla Sign Language as a language of instruction (See Appendix B)
        - Further sign language training for staff
    - Increase accessibility and communication opportunities for deaf students by offering sign language instruction/practice for families, friends, neighbours

- Building Community
    - Deaf community
        - Become a gathering place for deaf community events/meetings
        - Develop a resource list of agencies and groups serving and working with deaf people (See Appendix C)
        - Create a space that encourages and fosters the development of sign language as an accepted and respected form of communication
    - Past students, family and friends
        - Develop database with contact information for former students
        - Offer continued support to students and families after graduation, including a place for socializing, access to deaf resources, sign language instruction/interaction
    - Mirpur Corps
        - Encourage relationship between the corps people and the school families
        - Offer sign language instruction to corps members, with the goal of creating a community of people who can interact with, encourage, and build supportive relationships with the deaf children and their families

- Technology in classrooms
    - Sufficient equipment to run computer classes and a resource area: multiple machines, data projector, network server, internet access and educational software
        - Provide teachers with basic computer training
        - Utilize educational software and internet sources within curriculum
        - Hire a computer teacher to run classes in computer skills for future employability
        - Increase students' awareness of deaf peoples' experiences around the world, provide a means of non-verbal communication with the general population via email, have signed conversations over the internet via webcams
        - Computer skills training for future job employability

- TV and DVD player, with movies and educational videos, including sign language videos, if/as they become available
- Video camera to record students signing

- Health and safety concerns for students
  - Poor families cannot always send food with the children
    - Provide snack for children with identified need
  - Rickshaw for children living far from school
    - Financial burden for some parents
    - Safety concerns on the narrow roads when children cannot hear car horns or warning shouts
  - Self defense training
    - Concerns for children who may not be able to call for help

- School transitions
  - Placement assistance to put students into appropriate programs based on individual needs and goals
  - Support for teachers inexperienced working with deaf students
  - Support for students adjusting to new setting
  - Students finish at the Hearing Impaired School at approximately age 12-13 and are then placed in another school in class 2 with 8 or 9 year olds
  - Partner with other schools
    - Gives deaf and hearing students positive exposure and socialization, creates a transitional period and fosters future inclusion of deaf students transferring to the school
    - Demystifies deaf people for hearing people who have never met or interacted with the deaf
    - Opportunity for students to widen social circles and have "safe" and accessible encounters with the hearing world

- Full-capacity schools
  - Identify reason(s) school is not running at full capacity
  - Identify agencies who could recommend students to the school

2. <u>TB Control Program – UHDP Mirpur:</u>

- Staffing needs to be reviewed. There should be a TB Field Organizer, or Coordinator. There is also the need to consider reassigning staff to the TB unit on a permanent basis.
- There should be consideration to setting up a DOTS center in the community so that treatment can be received right in the community.
- As noted above, the program is clinic based and consideration should be made to making it more community based. Consideration should be given to training private practitioners and volunteers to help with the work.
- Mapping and surveillance needs to be done. This can be done in conjunction with the Damien Foundation, or other similar organization.
- A data base of patients is needed. This could be done using a program such as EPI Info.
- Community awareness programs should be increased. Currently, there is only the night program, but this can be expanded.

- More skills training for IGPs should be made available for group/community members. (Note that this relates to the overall program as well).
- Technical support and training and monitoring. This could again be done by contracting services through another organization, such as the Damien Foundation.
- Internal evaluation and monitoring. This could be outsourced to a group like the Damien Foundation.

1. <u>Water and Sanitation</u>

- Continue to carry out community programs on water and sanitation.
- Water and Sanitation advocacy issues should be done in a consortium with other NGOS, and through advocacy with the Government.
- The project should decide on priorities regarding infrastructure development.

2. <u>Leprosy</u>

- Continue to update methods for awareness programs
- Work with the Leprosy program to determine appropriate staffing numbers
- Continue to look at ways to integrate this program into other program activities

3. <u>Community Development Adolescent Groups (Note that this is considered part of the Community Development Program)</u>

- The project should continue its current portfolio of programs for adolescents and consider expanding the adolescent program
- Adolescents can be involved more in community action programs
- CSGs can be expanded to included more members of the community. The groups should be formed where other UHDP activities are going on.
- There is a need for a sustainability plan for the CSGs.
- The focus of HIV and Aids education and other health education awareness programs should be continued.
- The project should use a simple package of health motivation and group motivation materials. The project could possibly use materials already developed by other projects within the Salvation Army.
- As in the Jessore based CHDP of the Salvation Army, there should be clear community capacity indicators developed and measured with and by the CSGs.

4. <u>Administration and Management</u>

- The project should develop a new five year strategic plan considering new weighing of focus areas.
- The project should consider hiring a staff person with expertise to oversee the technical areas of the TB program (or, as noted previously they could have a more formal linkage for these support services from the Damien Foundation).
- Staff training needs to be enhanced, and a yearly training plan developed. As noted, more skills training in needed for TB. Also recommended is training in behaviour change communication.
- The project needs to try to secure the needed legal licenses to operate clinics, dispense drugs and carry out micro finance programs.

- The project needs a sustainability plan – particularly for the CSG's. This can be done using models generated from the Salvation Army's Jessore program.
- The CSG component can be strengthened – including consideration for a self managed savings program with credit input for micro enterprise. The project can use models form the Salvation Army CHDP in Jessore.
- Once the project decides on focus areas for the next five years, job descriptions should be reviewed and amended as needed.
- The new five year plan should be developed by the staff of the project, with support form headquarters, Bangladesh. It should be done in an RBM format with clear and measurable indicators. Staff should then track this on a quarterly basis.
- Finally, it is recommended that the UHDP staff review the recommendations in this work plan and come to consensus on those that are a priority. They should then develop a two year work plan complete with time frame as to how they will achieve these actions.

IX. CONCLUSION

The Salvation Army has a strong foundation for carrying out its work in Bangladesh. The program has committed staff that live and work in the community they serve. The Mirpur Community Health Development Project is clearly serving a very clear need in the community. The project has built up a strong and trusting relationship with the community members, other NGOs in the area and the Government.

The Salvation Army is committed to training its staff and ensures that all of the programming is integrated and wholistic in nature. There is a strong evidence that this program, like others in the Salvation Army, is learning based and continually strives to incorporate new learning into its programming. Since the inception of this program, it is clear that the program has tried to be appropriate and effective. There have been numerous evaluations and research conducted in the program area and evidence to show that recommendations have been acted upon. The program also has strong networking with the local community, the Government and other NGOs.

The project serves a minority community that is disadvantaged in society. There is much scope to continue and expand this work so as to respond to the needs. The evaluation team heard many stories of success shared by staff and by individuals participating in the program. A clear theme that emerged was one of a wholistic and integrated program administered by caring and dedicated staff. The Corps of the Salvation Army adds to the dimension of wholism in the program.

The evaluation team consisted of individuals from both within and outside of the Salvation Army. They each had expertise in different areas which helped to add to the quality of the evaluation and its findings. It was a privilege for the team to meet with staff, community and other NGOs and to observe first hand the work of the Salvation Army in helping to bring about a positive change in the community.

ANNEX A

Terms of Reference
For
Evaluation of
Urban Health and Development Project (UHDP),
Mirpur 11
Jan 2003-July 2008

July 2008 at UHDP, Mirpur, Dhaka

The Salvation Army's Urban Health and Development Project has come to the end of a five year funding cycle with NORAD and The Salvation Army, Norway. Leprosy Mission International (TLMI)has also been funding UHDP during this time. The Salvation Army, Bangladesh and TLMI felt an evaluation was necessary in order to strategize future plans for the project. NORAD also requires an external evaluation be done in this final year.

1. The Purpose and scope of the Review is:

Overall aims:

- Evaluate project performance as regards preparation and implementation of plans, follow-up on achievements of targets and objectives (impact)
- Make recommendations on possible improvements in project design and organisation and on modifications to targets, objectives and plans for future implementation
- Make recommendations as to whether the project should be discontinued, consolidated, prolonged or expanded
- Assess the future sustainablity of the different activities supported by the project after the phasing out of external financial support.
- Identify Best Practices
- Evaluate performance related to project sustainability and organisational performance
- Evaluate with regard to results on outcome level of the project related to long-term effects.

2. The report of the Review will be shared with:

- NORAD, Norway
- The Salvation Army, Bangladesh
- UHDP, Mirpur
- The Salvation Army, Norway
- The Salvation Army, International Headquarters Projects Department
- The Leprosy Mission Bangladesh

3. Participants in the Review

The Review will be made as a joint effort with participation from all groups involved: Users of health facilities, participants in development work, project staff and manager, administrators from Bangladesh.

The Review Team will consist of:

- Nancy TenBroek (team leader)
- Captain Elizabeth Nelson, Projects Officer, TSA Bangladesh
- Captain Nipu Baroi, Assistant Projects Officer, TSA Bangladesh
- Albert Sarkar, Project Manager of UHDP, TSA Bangladesh

The Review Team will undertake visits and interviews on their own and give their independent recommendations but will work in close collaboration with Project staff.

4. Time Schedule for the Review:

The Review will take place at UHDP in Mirpur, July 2008.

Tentative timeline 2008:
July: Data collection by staff
Literature Review

July 8: Meetings with partner organizations (Damien Foundation, TLM, B) concerning future sustainability

July 27-28: Field visits and organised focused group discussions, larger group discussions with representatives from all relevant stakeholders, e.g. the users of the health facilities, members of loan groups, loan associations, Community Support Groups, and Community Volunteers.

July 29 - 30: Discussions and interviews with staff and team.

There will be a fee of USD 1,500 for the external consultant to cover two weeks of work, including the above and including a write-up of the findings and recommendations.

Main findings and recommendations will be presented to and discussed with UHDP and The Salvation Army, Bangladesh during the first week of August 2008. A paper and electronic report in English will be delivered to The Salvation Army Bangladesh, Norway and NORAD by September 2008.

5. Issues to be dealt with during the Review:

a. Monitoring/follow-up par regarding this Project Phase:
1. Desk study of recommendations of review report from 2005 and fulfilment of programme objectives up to spring 2008 by Nancy TenBroek. A desk study of the project's performance according to the financial and narrative reports (end-of-year-reports).

6. General assessment of the implementation of the project and the future of the project

- present status of the implementation compared to the approved activity plan and budget (cf. 7.)
- plans for the remaining project period.

- ❖ which activities should be continued and at what level and which activities will The Salvation Army, Bangladesh, the local government, local communities or others be willing and able to continue
- ❖ measures to be taken before the project period expires in order to enhance the future possibilities of sustanability.

b. Evaluation/learning part looking ahead:

- ❖ Study of CSG development during this phase, their good stories and future visions – as well as their impact as far as than can be assessed. How are they elected? What activities do they undertake? Needs for developing/strengthening group structures further.
- ❖ Youth awareness groups and peer to peer transfer of knowledge.
- ❖ Assesing future direction of project activities, specifically the expansion of health activities to handle increased TB patient load.
- ❖ Assessing how financial sustainability of the health services can be secured to a larger extent.

Focus group discussions with:

- Community Support Groups
- Users of CSG loan programmes
- Users of UHDP facilities, emphasizing health
- Adolescent groups

7. Reference Documents *(to be made available to all participants)*

Project Document, The Salvation Army in Norway and NORAD, January 2005

Project End-of-year-reports for NORAD

Evaluation Report from The Salvation Army International Projects Department, 2005

Feasibility Study, February 2008

ANNEX B

Bangla Sign Language

A Brief Introduction to an Emerging Language

Bangla Sign Language is currently in its infancy. At the Community for Disability in Development (CDD), researchers are working with deaf adults from across Bangladesh to identify indigenous signs in various regions and to establish a standardized Bangla Sign Language. This project has been underway for 5 years. It is a long process to categorize a language; so far there is an "official" vocabulary of approximately 4000 signs.

As CDD's researchers work to identify more signs, CDD is offering sign language training: a 6-day basic training with 500 words; a15-day training for teachers with vocabulary geared to the classroom; a 15-day interpreter training course, which teaches 1200 vocabulary words. The interpreter training course is only a basic introduction and people wishing to become interpreters must follow up on their own, perhaps using the dictionary, signing with deaf people in the community, etc.

They also offer a 10-day "inclusivity training", for people working with people with disabilities of all types, which includes approximately 2 days of sign language, as well as adaptation, technology, assistive devices, etc.

CDD's training programs are still being developed. They have 3 "trainers" who run the courses. They have had the deaf people who are working on the standardization project come to evaluate their training programs and monitor them for accuracy. They do not have any deaf teachers, as they "don't have training to train deaf people to teach".

The training CDD is offering is in Sign Supported Bangla. This means that the focus is on identifying vocabulary words and using the "matching sign" while you speak. This is not the way deaf people sign. The indigenous signed languages use a different word order than spoken Bangla. As the standardized sign language develops, there will ideally be a shift from following the spoken language grammatical structure, to following the original structure of the signed language.

There has been little progress in the rights of the deaf. This has been blamed on the lack of a "voice" for the deaf. That no educated deaf person has pushed for deaf rights or for sign language to be recognized as a language means that deaf people have been all but forgotten. By working to standardize Bangla Sign Language, there is hope that deaf people will finally have a "voice".

There have always been "interpreters" – mothers, sisters, friends, teachers – but never have there been trained interpreters. CDD's introductory training is a step towards inclusion of deaf people into society, where they have historically been excluded.

ANNEX C

Resource List

Agencies serving or working with the deaf

Bangladesh Deaf Sports Federation
National Hockey Stadium
233-234 First Floor
Dhaka
FAX 811 0245
Bangladesh@ciss.org

Center for Disability in Development
771 1379, 771 0425

National Federation of the Deaf
62 Bijoynagar Rd
Dhaka
935 8061

Additional Potential Resources for the Salvation Army in Bangladesh

1. Self Help Forum in Bangladesh

2. Behaviour Change Framework – This was developed by the CORE group in the U.S.A., of which the Salvation Army is a member. This can be downloaded from the CORE group website.

3. White Ribbon Alliance – Maternal and Child Health

4. Learning Circle Forum – Dhaka, Bangladesh