

# NATIONAL LEPROSY ERADICATION PROGRAMME







## Best Practice Documentation

The National Leprosy Eradication Programme (NELP) has significantly accelerated the progress towards leprosy elimination nationwide. Achieving the new goal of “Interruption of leprosy transmission by 2027” requires a probing look into how states are harvesting new ideas and the results they are getting. The first step towards this is creating a precedent for cross-learning and inter-regional knowledge sharing, which can motivate implementation partners across all regions to replicate that learning in their respective settings and firm up their approach towards achieving zero transmission, zero disability, and zero discrimination innovatively. The purpose of this documentation of best practices is to not only recognize & reward leprosy best practices but also to facilitate knowledge sharing across states and countries.

Please use the attached reporting template to share your best practice. While identifying a best practice, please note the following:

- A best practice is defined as a technique or methodology that through implementation has proven reliably to lead to the desired result.
- We encourage you to share a best practice that was implemented between 2013-2023
- In one reporting template, please share information about only 1 best practice. You can report more than one best practice.

### Following criteria will be applied to ascertain leprosy best practices

Criterion	Description
 <b>Effectiveness</b>	This is a fundamental criterion implicit in the definition. The practice must work and achieve results that are measurable
 <b>Relevance</b>	Must address NLEP priorities
 <b>Sustainability</b>	Must be implementable over a long period with the use of existing resources
 <b>Efficiency</b>	Must produce results with a reasonable level of resources and time
 <b>Possibility of replication</b>	Must be replicable elsewhere in India or other leprosy endemic countries
 <b>Community involvement</b>	Must involve participation of the affected communities

The reporting template has 5 sections (A-E), a brief description of each section is as follows:

Section	Description
A	Please provide information about yourself and your office/organisation
B	Please provide basic information about the best practice
C	Describe the PROBLEM in context of NLEP goals, targets, objectives, and/or priorities to demonstrate how the best practice supported NLEP. This will help determine the effectiveness & relevance of the best practice.
D	Describe the best practice in detail. This section focuses on several criteria, including effectiveness, relevance, community involvement, and efficiency.
E	<i>List the results (outputs, outcomes, or impact) of the best practice. This section will help determine the potential for replication/scale-up.</i>

In each section, the symbols indicate the criteria that applies to the reported best practice. Rows that are shaded grey have additional information about the question being asked.

At the end of the template, please feel free to add other details about the best practice. We also request you to share any published reports/news/articles about the best practice.

If you have any questions, please contact XXX email id: XXX, phone number: XXX.

Please email the template and additional documents to xxx by DDMMYYYY.

Thank you for your participation!

## REPORTING TEMPLATE

SECTION A. IDENTIFYING INFORMATION		
A1	<b>Name of organisation/office</b>	NLR India Foundation
A2	<b>Name of reporting officer</b>	Dr Chandra Mani
A3	<b>Address</b>	Shastri Nagar
A4	<b>District</b>	Patna
A5	<b>State</b>	Bihar
A6	<b>Phone number</b>	9334052330
A7	<b>Email id</b>	chandramani@nlrindia.org
A8	<b>Date of submission</b>	30 <sup>th</sup> November 2023

### Categories of Best Practices



Awareness Creation	Diagnosis	Treatment
Case detection	Disability prevention & management	Drug delivery
Training	Psychosocial support	Assistive devices
Self-care	<b>Reduction of Stigma &amp; Discrimination</b>	<b>Socio-economic Empowerment</b>
Resource mobilization	Other	

SECTION B. BEST PRACTICE BASIC INFORMATION		
B1	<b>Name of the best practice</b>	Disability Inclusive Development (DID) promotes self-reliance of persons with disabilities by empowering and institutionalising the affected.
<i>A good title is brief (10-15 words), mentions the problem, solution, population, &amp; time, e.g., Leveraging mobile schools to improve measles vaccination coverage among nomads, Karnataka, 2005</i>		
B2	<b>When was the best practice implemented (tentative duration)?</b>	June 2016-December 2023
<i>Do NOT report a best practice that was prior to year 2013</i>		
B3	<b>Mention the category of the best practice</b>	Socio-economic Empowerment
<i>NLEP best practices will be presented in 2 broad domains: active case detection &amp; service delivery.</i>		
B4	<b>Level of service</b> <i>(check all that apply)</i>	<ol style="list-style-type: none"> <li>1. <b>Community level</b></li> <li>2. Primary</li> <li>3. Secondary</li> <li>4. Tertiary</li> <li>5. Other</li> </ol>
B5	<b>Area(s) where the best practice was implemented</b> <i>(Name the areas and the facilities)</i>	<ol style="list-style-type: none"> <li>1. Urban</li> <li>2. Peri-urban/semi-urban</li> <li>3. Urban slums</li> <li>4. <b>Rural</b></li> <li>5. Tribal</li> <li>6. International border</li> <li>7. Other</li> </ol>
B6	<b>Any target population?</b>	<ol style="list-style-type: none"> <li>1. Children</li> <li>2. Women</li> <li>3. Elderly</li> </ol>

		<p>4. Institutionalised people (prisoners, old age home, orphanage, etc.)</p> <p>5. Other</p> <p>6. All population groups</p>
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### SECTION C. PROBLEM DESCRIPTION




*In this section, please focus on the problem.*  
*While describing the problem please refer to NLEP goals, targets, objectives, and/or priorities to demonstrate how the best practice supported NLEP.*  
*Information will help determine the effectiveness & relevance of the best practice.*  
*The practice must offer to solve a problem which is measurable & is aligned with NLEP.*



C1 	<p><b>Which problem did this best practice address?</b>  <i>(Please support the description with relevant data)</i></p>	<p>According to the Census 2011 the population of the Aurangabad is approx. 26 Lac. Around 71750 are persons with disabilities including those affected by leprosy. Our best practice address the challenges faced by the persons with disabilities and their families.</p>
<p><i>Please describe the problem or the challenge that the best practice addressed or solved. In the description, please provide details of NLEP component which was not being delivered optimally or the population that was not being served optimally.</i></p>		
C2	<p><b>Who was most impacted by the problem?</b></p>	<p>Persons affected by leprosy and disabilities</p>
C3	<p><b>How did the problem impact the target population?</b>  <i>(Please support the description with relevant data)</i></p>	<p>Leprosy and disabilities have impacted the target population (all age groups) in different ways including the following:</p> <ul style="list-style-type: none"> <li>• Socioeconomic rehabilitation issues of the leprosy disabled persons.</li> <li>• Stigma -self, social and family</li> <li>• Discrimination, and exclusion from family, community; and government services</li> <li>• Physical and mental health related issues</li> <li>• Loss of employment, and poverty</li> </ul> <p>While there are about 71750 PWDs including the persons disabled by leprosy, NLR India has been working with more than 4500 such affected persons.</p>
C4 	<p><b>Which NLEP goals, targets, indicators, objectives, or priorities were getting impacted due to this problem?</b>  <i>(Please support the description with relevant data)</i></p>	<p>According to DPMR guidelines 2012 these problems were impacted to life of Persons with disabilities.</p>

### SECTION D. DETAILS OF BEST PRACTICE

*In this section, please describe the best practice in detail.*  
*Information from this section will be used to determine effectiveness, relevance, community involvement, and efficiency.*

D1	<p><b>Please give a summary of the best practice (less than 100 words)</b></p>	<p>NLR India promoted self-reliance of persons with disabilities by creating peoples' institutions like self help groups (SHGs), village and block level committees, and federations of the organizations of persons with disabilities (OPDs). It not only empowered and institutionalised the persons affected by leprosy and disabilities, but also focussed on</p>
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		different aspects of development including income generation of the families of persons with disabilities due to leprosy & other conditions. The project equipped the affected individuals and their institutions with information for accessing services related to health, education, livelihood and mental wellbeing.
D2 	<b>Goal(s) of best practice</b>	To achieve the goal of zero exclusion
<i>Align the goal(s) of best practice with NLEP priorities</i>		
D3 	<b>Objectives (primary &amp; specific) of best practice</b>	<ul style="list-style-type: none"> <li>• Promote self-reliance of persons with disabilities by creating peoples institutions like self help groups (SHGs), village and block level committees, and federations of the organizations of persons with disabilities (OPDs).</li> <li>• Increase income of families of persons with disabilities due to leprosy &amp; other conditions.</li> <li>• Equip them with information for accessing services related to health, education, livelihood and mental wellbeing</li> </ul>
<i>List the objectives; measurable/quantifiable objectives help measure effectiveness</i>		
D4	<b>Main activities of best practice</b>	<p><b>Initial steps-</b> District Aurangabad in Bihar was selected for this project because of the large number of disability cases in Aurangabad as per 2011 Census – 71,743. Approximately 700 persons were leprosy affected. Social and economic condition of the disabled people in the district needed to be enhanced. Persons with disabilities are one of the most vulnerable groups due to physical and mental challenges, stigma, discrimination, poverty, and gender related issues.</p> <p>We partnered with the disability rights organization - Vihar Viklang Adhikar Manch (VVAM). This has led to good practices and achievements, and in becoming a model. MOU was signed with Vihar Viklang Adhikar Manch (VVAM) in 2016. VVAM is an organisation of persons with disabilities (OPD). The organisation is directed by a person with disability (PWD).</p> <p>A team of 11 Block DID Coordinators (all are PWDs) are engaged, one person for each of the 11 total blocks of Aurangabad district. The team was trained by NLR India on community based development activities (needs assessment, awareness, plan for availing services, formation of CBOs etc).</p> <p>We helped the affected persons to build their community based organisations of different forms, including their federations. There were trainings on organisational development, partnerships, community engagement and livelihood promotion, and also how to access government services to which they are entitled to. NLR played the role of facilitator with the affected in the drivers' seat.</p>
D5 	<b>When &amp; where were the activities carried out?</b>	From June 2016 onwards... continuing. It was carried out at District Aurangabad Bihar.
<i>Mention how community participation was solicited and for what purpose.</i>		

D6	<b>What factors were considered while designing / implementing this practice? (endemicity, local norms, culture, etc.)"</b>	The issues, needs and challenges were the driving factors. Lack of awareness among the people was another issue that helped us to design the DID project as need accordingly. The desire for change, and the willingness of the affected to come forward and together was a guiding factor to institutionalise them.	
D7	 <b>Who were the key implementers &amp; collaborators?</b> (for each please mention name, type (Govt, NGO, private, philanthropy, community group, etc.), role)	<b>Name</b> NLR India VVAM Bihar Govt	<b>Type</b> NGO NGO Govt
<i>Emphasize upon the satisfactory &amp; successful partnership with stakeholders</i>			
D8	 <b>Tentative cost of implementing the best practice</b>	Rs 75,84,289 for year 2023	
<i>How much does it cost (men, money, material) to implement this practice? Can it produce results with reasonable level of resources?</i>			


### SECTION E. RESULTS OF BEST PRACTICE

*In this section, please share the results of the best practice. The results can be outputs, outcomes, or impact. Quantitative data encouraged. Link the result to NLEP goals/targets. The results can be anticipated or projected results. Information from this section will help determine the potential for replication/scale-up*


*Quantifiable results help determine efficiency*


E1	<b>List out the benefits that the best practice had on the target population?</b>	Benefits	Numbers (between June 2016-December 2023)
		Government (duty bearer) staff trained on leprosy or issues related to leprosy	169
		Places made accessible (by improving infrastructure) for person with disabilities:	79 Toilets 24 Water Taps 22 Ramps 33
		<b>No. of Divyang SHGs</b>	<b>231</b>
		<b>Total members</b>	<b>3695</b>
		<b>Total Savings of SHGs</b>	<b>Rs.69,28,645/-</b>
		<b>Monthly saving and deposit by each member</b>	<b>Rs.50/-</b>
		Number of DPOs formed	13
		Trained on organization development, advocacy, Right to information (RTI), Rights and entitlements, Rights of Persons With Disabilities (RPWD) Act, and leprosy	4016





		Disability Certificate	3040
		Disability Pension	2272
		Grade - 2 Certificate	631
		Grade - 2 Pension	503
		UDID Card	2636
		Ration Card	526
		MNREGA Job Card	723
		Railway Pass	406
		Bus Pass	478
		Assistive Devices	2468
		SHG members doing business or other livelihood activities	1302
		PWDs got temporary work in local govt activities for income generation	723
		Women & adolescent girls trained in NLR mobile tailoring center	408
		Persons earning form tailoring training	85
		PWDs linked with vocational trainings	48

E2 	<b>Was an assessment or evaluation of the best practice carried out? If yes, what were the results?</b>	The assessment is being currently done under the guidance of technical committee chaired by the DDG, Central Leprosy Department, GoI
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*Validation and proof of success help determine potential for replication/scale-up*

E3 	<b>What worked well? What facilitated this?</b>	<p><i>What worked well?</i> Collectivization of the PWDs, formation of SHGs, village committees, block committees etc; empowerment of the PWDs; giving voice to them; PWD friendly villagers; linkage with government schemes &amp; services</p> <p><i>Facilitating factors:</i> The plan that was formulated with involvement of the intended beneficiaries, community leaders and PRI members. The willingness of the people, support from the community leaders partnership with the government, highlights from the media, empowerment of the affected leading to their initiatives and ownership.</p>
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E4 	<b>What did not work? Why?</b>	<ul style="list-style-type: none"> <li>➤ Complete removal of myth e.g. linking disability to past sins affected their participation in DID project</li> <li>➤ Achieving zero stigma and discrimination</li> </ul>
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		<ul style="list-style-type: none"> <li>➤ Adequate livelihood for all</li> <li>➤ Comfortable access of services by all</li> <li>➤ Good roads for wheel chairs and PWD access friendly government offices</li> </ul> <p><i>Why?</i></p> <ul style="list-style-type: none"> <li>• Poverty – the PWDs are very poor, many a time they are unable to access services as they don't have resources for mobility</li> <li>• Adequate and timely decision, resource allocation and implementation by government departments</li> </ul>
E5 	<b>Please suggest programmes or places (countries, states, districts) or populations who have similar problem can consider replicating your best practice.</b>	Districts/ blocks having high load of disability cases should replicate this model.
E6 	<b>Please suggest disease (including neglected tropical diseases) programmes that can consider replicating your best practice.</b>	Lymphatic Filariasis and other diseases/ causing physical disabilities
<i>This information will facilitate targeted sharing of your best practices nationally, globally, &amp; with other disease programmes.</i>		
E7 	<b>What recommendations can be made for those intending to adopt this best practice?</b>	<ul style="list-style-type: none"> <li>• Generate resources for scaling-up the operations; the need is large</li> <li>• Advocacy with government, donors and other stakeholders for replication</li> <li>• Work on the formation, strengthening and sustainability of the organisations of the persons with disabilities (OPDs)</li> <li>• Undertake major livelihood generating initiatives</li> <li>• Socila welfare, rights, gender equity and basic survival and mental health and wellbeing needs to be the drivers</li> </ul>
<i>Share 3-4 pre-requisites that will improve the success of the best practice</i>		
E8 	<b>Any report/document that can be shared to learn more about this best practice?</b> <i>Please attach the document.</i>	<p>Attached are:</p> <ul style="list-style-type: none"> <li>• Brief on DID model and steps</li> <li>• Three PPTs (DID introduction, implementation, results and lessons) of the virtual event held on 28 September 2023.</li> <li>• Link of virtual event based on DID project: <a href="https://fb.watch/oXRjEz8lkg/">https://fb.watch/oXRjEz8lkg/</a></li> </ul>



E9 **Please submit photographs related to the best practices.** (Minimum file size of each photo should be 1 MB. Photographs without captions will not be accepted)



Figure 1 Advocacy meeting for promoting DID

