KEY ACHIEVEMENTS OF THE FIRST COUNTRY STRATEGY

• TLMTI became a learning organisation which helped the organisation to sustain itself in a changing environment.
• Leadership bench-strength increased due to focused leadership development programmes.
• A deeper engagement with people affected by leprosy resulted in addressing their issues, like claiming rights, livelihoods needs and counselling patients to explore career options, comprehensively.
• Strategic engagement with policy makers resulted in EDPAL Bill for repealing discriminatory laws.
• Strategic partnership with various ministries and Government departments at National level helped influence policy making.

Working towards creating a transformed, inclusive society that has overcome leprosy, where people affected by leprosy live with dignity

“The new Country Strategy is exciting in that it takes our implementation to a next higher level of influencing and is based on increased cross-functional work among the domains. It builds on the strong foundation of the transformational change brought in by our previous Country Strategy.”

DR SUNIL ANAND
Executive Director, The Leprosy Mission Trust India

Our Vision
“People affected by leprosy living with dignity in a transformed, inclusive society that has overcome leprosy.”

Our Mission
“We work with individuals and communities disadvantaged by leprosy, irrespective of caste, creed and religion, by addressing their physical, mental, social and spiritual needs to uphold human dignity and eradicate leprosy.”

Our Values
• To be like Jesus
• Relevant
• Professionalism
• Upholding justice
• Integrity
• Inclusive

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<td>Country Strategy 2016-18 explained</td>
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</table>
Country Strategy 2016-18 has been developed building on the learning from implementing the Country Strategy 2011-15. During the current Country strategy, TLMTI will work towards creating a transformed, inclusive society that has overcome leprosy, where people affected by leprosy live with dignity.

The current Country Strategy identifies six strategic priorities:

1. **Changed Societal Mindsets**
   Society and communities have changed mindsets about leprosy and people affected by leprosy. They accept people affected by leprosy as equals and advocate for accessing their fundamental and human rights.

2. **Leprosy Detected and Cured**
   Leprosy is detected early and patients receive appropriate treatment in time. They remain free from disability, and those already disabled are rehabilitated.

3. **Favourable Policy Environment**
   Policy makers:
   a. Formulate/modify policies at National and State levels, favourable to people affected by leprosy.
   b. Ensure practices are inclusive of people affected by leprosy.

4. **Responsive Duty Bearers**
   Duty bearers/service providers (various ministries and Government departments) are responsive to the issues and needs of people affected by leprosy and take affirmative actions for their inclusion.

5. **Empowered Affected Communities**
   People affected by leprosy are free from fear and stigma and come forward for timely treatment. They are empowered, mobilise themselves and claim their rights and entitlements through collective advocacy.

6. **Organisational Effectiveness**
   TLMTI recognises, adapts and responds to the changing internal and external environment through developing relevant programmatic, financial and organisational strengths. This will help the organisation to sustain and effectively implement its programmes so that healing, inclusion and dignity become a reality in the lives of people affected by leprosy and people from other marginalised communities.

While implementing the strategy, TLMTI programmes will adopt holistic, participatory, rights-based and social entrepreneurship approaches. The organisation will drive internal change through strategic governance and new ways of networking and collaboration.
STRATEGY MAP 2016-18: HOW DO WE GET THERE?

1. Changed Societal Mindsets

**Objective:** Society and Government acknowledge leprosy as a public health priority.

**Strategies**
- Advocate and support mass media social impact campaigns for public awareness on leprosy.
- Influence stakeholders for positive action.
- Build alliances with mainstream groups, disability and other organisations and movements.

**Expected Outcomes by 2018**
- Increased mass awareness on leprosy.
- State, employers, media, educationists, health service providers, PRI leaders, thought leaders, religious leaders, etc., take positive actions for inclusion.
- Increased support for leprosy as a cause.

**Indicators**
- Mass media campaigns at National level and in five States (Andhra Pradesh, Chhattisgarh, Delhi, Tamil Nadu and Uttar Pradesh).
- Positive actions for inclusion taken at National level and in five States (Andhra Pradesh, Chhattisgarh, Delhi, Tamil Nadu and Uttar Pradesh).
- Mainstream groups, disability and other organisations/movements taking forward leprosy as a cause in all TLMTI locations.

2. Leprosy Detected and Cured

**Objective:** Early detection and timely treatment of leprosy and its complications.

**Strategies**
- Advocate and support the Government for active case detection.
- Build expertise for early detection of leprosy and its complications and disability management.
- Promote models of a functioning referral system through:
  - providing quality services
  - nurturing new health professionals
  - functioning tracking mechanism for referrals
  - rehabilitation services (medical and psycho-social)
- Build synergies with other programmes and movements addressing NTDs, WASH and disability.

**Expected Outcomes by 2018**
- Early detection and timely treatment of leprosy and its complications.
- Increased knowledge and competence of TLMTI and Government healthcare professionals to manage leprosy.
- Functioning referral system in TLMTI locations.
- Increased scope for mutual influence and learning.

**Indicators**
- Reduced Grade 2 disability among new cases.
- Functioning tracking mechanism for referrals in TLMTI locations in Chhattisgarh and Maharashtra.
- All TLMTI locations have collaborations for NTDs, WASH and disability.

3. Favourable Policy Environment

**Objective:** Government policies and current legislative environment are favourable towards people affected by leprosy.

**Strategies**
- Actively engage with the Government for enactment of the new legislation (EDPAL).
- Influence implementation of policies and recommendations of Report No. 256 of the Law Commission of India.
- Leverage our expertise as a knowledge partner with relevant Government bodies and also undertake policy and social research.

**Expected Outcomes by 2018**
- Non-discriminatory legislative environment for people affected by leprosy.
- Recommendations of Report No. 256 are implemented at State level.
- TLMTI is able to influence Government policy and action.

**Indicators**
- EDPAL Bill becomes an Act.
- Minimum three recommendations adopted in five States (Andhra Pradesh, Chhattisgarh, Maharashtra, Tamil Nadu and Uttar Pradesh).
- TLMTI is a member of technical panels/advisory committees in four States and four National level Government bodies.
- Two research papers published.
## Responsive Duty Bearers

**Objective:** Duty bearers/service providers take affirmative action in response to the issues and needs of people affected by leprosy.

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>EXPECTED OUTCOMES BY 2018</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build and strengthen strategic partnerships among collectives and CSOs to engage with duty bearers.</td>
<td>Strategic partners engaging actively with duty bearers at district/State/National levels.</td>
<td>Strategic partnerships at National level and in five States (Andhra Pradesh, Chhattisgarh, Maharashtra, Tamil Nadu and Uttar Pradesh).</td>
</tr>
<tr>
<td>Actively engage with duty bearers on Government policies and implementation of the guidelines.</td>
<td>Increased resource allocation and utilisation for the development of people affected by leprosy and the communities they live in.</td>
<td>Government orders favouring people affected by leprosy at the National level and in five States (Andhra Pradesh, Chhattisgarh, Maharashtra, Tamil Nadu and Uttar Pradesh).</td>
</tr>
<tr>
<td>Promote participation of people affected by leprosy at different levels of governance.</td>
<td>Inclusion of people affected by leprosy in decision making process.</td>
<td>People affected by leprosy elected to PRI positions/planning &amp; development committees/associations at National level and in five States (Andhra Pradesh, Chhattisgarh, Maharashtra, Tamil Nadu and Uttar Pradesh).</td>
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## Empowered Affected Communities

**Objective:** Collectives of people affected by leprosy are actively advocating and claiming their rights.

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>EXPECTED OUTCOMES BY 2018</th>
<th>INDICATORS</th>
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</thead>
<tbody>
<tr>
<td>Build and strengthen collectives of people affected by leprosy.</td>
<td>People affected by leprosy advocating actively and collectively.</td>
<td>Collectives of people affected by leprosy in five States (Andhra Pradesh, Chhattisgarh, Maharashtra, Tamil Nadu and Uttar Pradesh).</td>
</tr>
<tr>
<td>Link collectives of people affected by leprosy to one another and to other disability/rights movements.</td>
<td>Inform and influence State and National policies and practices.</td>
<td>Minimum three recommendations of Report No. 256 adopted in five States (Andhra Pradesh, Chhattisgarh, Maharashtra, Tamil Nadu and Uttar Pradesh).</td>
</tr>
<tr>
<td>Build champions/ambassadors to raise awareness and leprosy profile.</td>
<td>Adequate representation of people affected by leprosy at relevant forums.</td>
<td>Champions at National level and in six States (Andhra Pradesh, Chhattisgarh, Delhi, Maharashtra, Tamil Nadu and Uttar Pradesh).</td>
</tr>
</tbody>
</table>

## Organisational Effectiveness

**Objective:** TLMTI will develop programmatic, financial and organisational strengths to work towards sustainability.

<table>
<thead>
<tr>
<th>PROGRAMMATIC: TLMTI will continue to ensure relevance and sustainability of all its institutions (Hospitals, VTCs and Research lab), build skills and mentor to sustain, enhance and develop excellence in our core competencies of:</th>
<th>EXPECTED OUTCOMES BY 2018</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Leprosy and other NTDs</td>
<td>Core competencies developed and sustained.</td>
<td>All TLMTI Units have programmes to train and mentor professionals in the core competency areas.</td>
</tr>
<tr>
<td>✓ Dermatology</td>
<td></td>
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<tr>
<td>✓ Ophthalmology</td>
<td></td>
<td></td>
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<tr>
<td>✓ Physiotherapy</td>
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<tr>
<td>✓ Disability Management</td>
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<tr>
<td>✓ Sustainable Livelihoods</td>
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<tr>
<td>✓ Community Engagement</td>
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<tr>
<td>✓ Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Research (clinical, social, lab)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Advocacy and Communication</td>
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<tr>
<td>Build a learning organisation</td>
<td>TLMTI has the capacity and ability to learn from its and others’ programmes and implement best practices.</td>
<td>No. and description of best practices as a result of Research &amp; Learning.</td>
</tr>
<tr>
<td>Take up newer areas: ✓ NTDs and WASH ✓ Foot care (leprosy, DM, LF and other limb disability) ✓ Solar energy ✓ Disaster risk reduction (DRR)</td>
<td>NTDs, WASH, foot care, disability management, DRR and DRM become integral across TLMTI programmes.</td>
<td>WASH, disability management and foot care in all Units.</td>
</tr>
<tr>
<td></td>
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<td>Diabetic clinics in all hospitals.</td>
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<td></td>
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<td>Two Units with solar energy projects.</td>
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<td>Two TLMTI DRM teams in place.</td>
</tr>
<tr>
<td>STRATEGIES</td>
<td>EXPECTED OUTCOMES BY 2018</td>
<td>INDICATORS</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td><strong>FINANCIAL:</strong> Resource Mobilisation (including tapping funds from Government aid agencies, Trusts, Foundations, Corporates, Individuals, Churches).</td>
<td>Financial sustainability of TLMTI programmes.</td>
<td>Number and amount of fundraising and institutional funding proposals developed, submitted and funded.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>85% of the gross expenditure funded through domestic income generation.</td>
</tr>
<tr>
<td></td>
<td>Revenue generation by TLMTI Units and programmes (services, production, utilisation of infrastructure and vacant land, consultancy/training).</td>
<td>85% of the gross expenditure funded through domestic income generation.</td>
</tr>
<tr>
<td></td>
<td>Strengthen financial management systems.</td>
<td>Documented systems in TLMTI Finance Manual in place.</td>
</tr>
<tr>
<td><strong>ORGANISATIONAL:</strong> Unit level organisational development (programme, finance, HR and structure).</td>
<td>Requisite leadership bench strength at all levels, taking accountability and ownership for the programmes.</td>
<td>Unit level organisational development implemented in all Units.</td>
</tr>
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<td>Leadership development at National and Unit levels.</td>
<td>Country-wide leadership programme implemented.</td>
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<td>Appropriate systems and policies in place for:</td>
<td>TLMTI has policies on inclusion, gender and integral mission, and its implementation.</td>
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<tr>
<td></td>
<td>✓ Inclusion and participation of people affected by leprosy and disabilities in the organisational processes</td>
<td>TLMTI is a more inclusive and gender sensitive organisation.</td>
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<tr>
<td></td>
<td>✓ Integral mission</td>
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</tr>
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<td></td>
<td>✓ Gender</td>
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<tr>
<td></td>
<td>Organisational communication (internal and external).</td>
<td>Strategic partnerships for funding and programme implementation at National and International levels (Governments, corporates, institutional funders, NGOs, Trusts, Foundations, etc).</td>
</tr>
</tbody>
</table>

**IMPLEMENTATION OF THE COUNTRY STRATEGY - HOW THE CHANGE WILL BE MONITORED AND EVALUATED**

- Implementation plan will be monitored annually, and reasons for variance from the set targets will be analysed for learning.
- Unit level programmes will be aligned to the Country Strategy and will be reviewed half-yearly and annually.
- Best practices from these reviews will be incorporated in the programmes.
- Annual Country Learning will be designed to share the learning from implementing the Country Strategy across TLMTI programmes.
- A mid-term evaluation during 2017 and an Impact Assessment during 2018 will assess the progress and impact, respectively, of the Country Strategy.
ABOUT TLMTI

The Leprosy Mission (TLM) is the oldest and largest leprosy-focused organisation in the world. TLM was established in India in 1874 where it continues as The Leprosy Mission Trust India (TLMTI). TLMTI is the largest NGO in India with a core leprosy focus, working with people affected by leprosy and other NTDs, people living with disabilities and other marginalised groups, like rural and urban poor, particularly women, tribals, etc.

TLMTI’s programme covers the areas of healthcare, education, sustainable livelihoods, community development, advocacy, research and training. TLMTI Programme is operational in nine States (Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Maharashtra, Tamil Nadu, Uttarakhand, Uttar Pradesh and West Bengal) through 14 hospitals, six Vocational Training Institutes, five residential facilities for care of elderly leprosy affected people, a Molecular Biology Research Laboratory, Advocacy & Communication and Research functions and many community development projects. It works closely with various Government Ministries and Departments at State and National levels, WHO, ILEP, grassroots level organisations, local Churches, and National and International development organisations. TLMTI supports the National Leprosy Eradication Programme (NLEP) of the Government of India in Chhattisgarh, Delhi and Maharashtra. TLMTI has around 850 staff members.

TLMTI is a member of TLM Global Fellowship, an international federation of 31 Member countries, which through a TLM Charter have made commitments to one another and to certain principles and ways of working.

GLOSSARY OF TERMS

CSO Civil Society Organisation
DRM Disaster Risk Management
DRR Disaster Risk Reduction
EDPAL Eliminating Discrimination against Persons affected by Leprosy
ILEP International Federation of Anti-Leprosy Associations
NGO Non-Governmental organisation
NTD Neglected Tropical Disease
PRI Panchayati Raj Institution
TLM The Leprosy Mission
TLMTI The Leprosy Mission Trust India
WASH Water, Sanitation and Hygiene
WHO World Health Organisation

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