



**The Leprosy Mission  
Trust India**

*healing.inclusion.dignity*

**Country Strategy  
2019-25**





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# Executive Summary

India currently bears 60% of the world's leprosy burden and the government has firmly reiterated its intention to eradicate the disease. As the strongest single reservoir worldwide of comprehensive skills and competence in the field of leprosy, TLMTI envisages a critical role for itself in the nation's efforts to eradicate leprosy.

TLMTI is a member of The Leprosy Mission Global Fellowship, an international federation of 28 Member countries. The impact of TLM's largest and most strategically positioned programme in India where the greatest need, the greatest potential for global influence and the greatest scope for replicable models exists, will have global reach and significance for leprosy care, leprosy research, strategic partnerships and policy influence.

The Country Strategy 2019-25 has been developed in a widely participative manner, building on the learnings of the implementation of Country Strategy 2016-18, and in response to the current situation and opportunities for influence.

It aims at tackling leprosy in a holistic manner reaching the most marginalised and ensuring "no one is left behind". The strategy also focusses on TLMTI striving towards being a sustainable organisation that leverages its strengths in leprosy and allied disease management, community engagement, working with people with disabilities and the marginalised, and providing opportunities and support to those with unmet needs.

*The strategic objectives defined in the Country Strategy 2019-25 are:*



## Towards Zero Leprosy

Thousands of people affected by leprosy continue to go undiagnosed every year. The health sector itself has dwindling expertise in ensuring early detection and management of complications of leprosy. TLMTI could use its existing strengths to raise awareness about leprosy and its treatment, promote early reporting and create training programmes to enhance capabilities in providing holistic and effective leprosy care and complication management. In addition, it will continue to provide holistic leprosy services at all locations of TLMTI.



## Community Empowerment

People affected by leprosy are still routinely overlooked, ignored or prevented from a full participation in public, social, economic and cultural life. TLMTI believes everyone has the right to live with dignity and hence it is committed to providing a non-discriminatory environment for inclusive development of people affected by leprosy. TLMTI will do this through capacity building, influencing policy and providing sustainable livelihood opportunities.



## Speciality Services in Allied Areas

For underserved communities, TLMTI will continue to offer quality medical services in dermatology, disability, ophthalmology and diabetes -- fields of expertise already required for the treatment of leprosy and its multiple complications.



## Thought Leader

Through a focussed approach on documentation and dissemination of knowledge, TLMTI will attempt to create a knowledge repository that can be accessed by stakeholders within and outside India. TLMTI's research and resources will become a reference point for proactively influencing policies relating to leprosy, disability management and community empowerment.



## Organisational Sustainability

TLMTI will build environmental and operational sustainability by exploring alternate energy options. There will also be a concerted effort to maintain and/or upgrade functional infrastructure. Systems and processes in key areas like finance, human resource and other critical operational areas in data and resource management will be reviewed and streamlined to reduce costs and improve efficiency.



## Enablers

The strategy is centred around TLMTI's values and towards the vision of being an equitable society, where everyone has an opportunity to live with dignity and without discrimination. To enable this, the strategy will intentionally invest in four enablers, namely Resource Mobilisation, Advocacy and Communication, Human Resource Management, and Strategic Partnerships.

The outcomes stated for 2022 are the first significant steps the organisation hopes to take to realise its vision.

In this strategy, there is a focus on a programmematic approach towards reaching the stated objectives, and a stress on operational efficiency to drive programme effectiveness. The aim is to provide comprehensive services with compassion and integrity in the 10 states of India where TLMTI currently works and also leverage its knowledge and experience beyond. The organisation will work closely in a strategic manner with other partners and stakeholders to bring about the defeat of leprosy and transform the lives of people affected in mind, body and spirit.

Mitigation plans are in place to minimise identified key risks that could negatively impact implementation of the strategy. Progress of the Country Strategy will be assessed through regular monitoring of key indicators, a midterm review and end term evaluation.

We look forward to this country strategy as a road map to realise our Vision.

**Dr Mary Verghese**  
Executive Director, TLMTI

October 2018



# 1

## Who we are



### 1.1 About The Leprosy Mission Trust India

The Leprosy Mission, the oldest and largest leprosy-focused organisation in the world today, was established in Ambala, in 1874 by an Irishman named Wellesley Cosby Bailey. It was then known as 'The Mission to Lepers'. Subsequently in 1973, The Leprosy Mission Trust India (TLMTI) was registered as a Society under the Societies Registration Act of 1860. It is now called The Leprosy Mission Trust India (TLMTI).

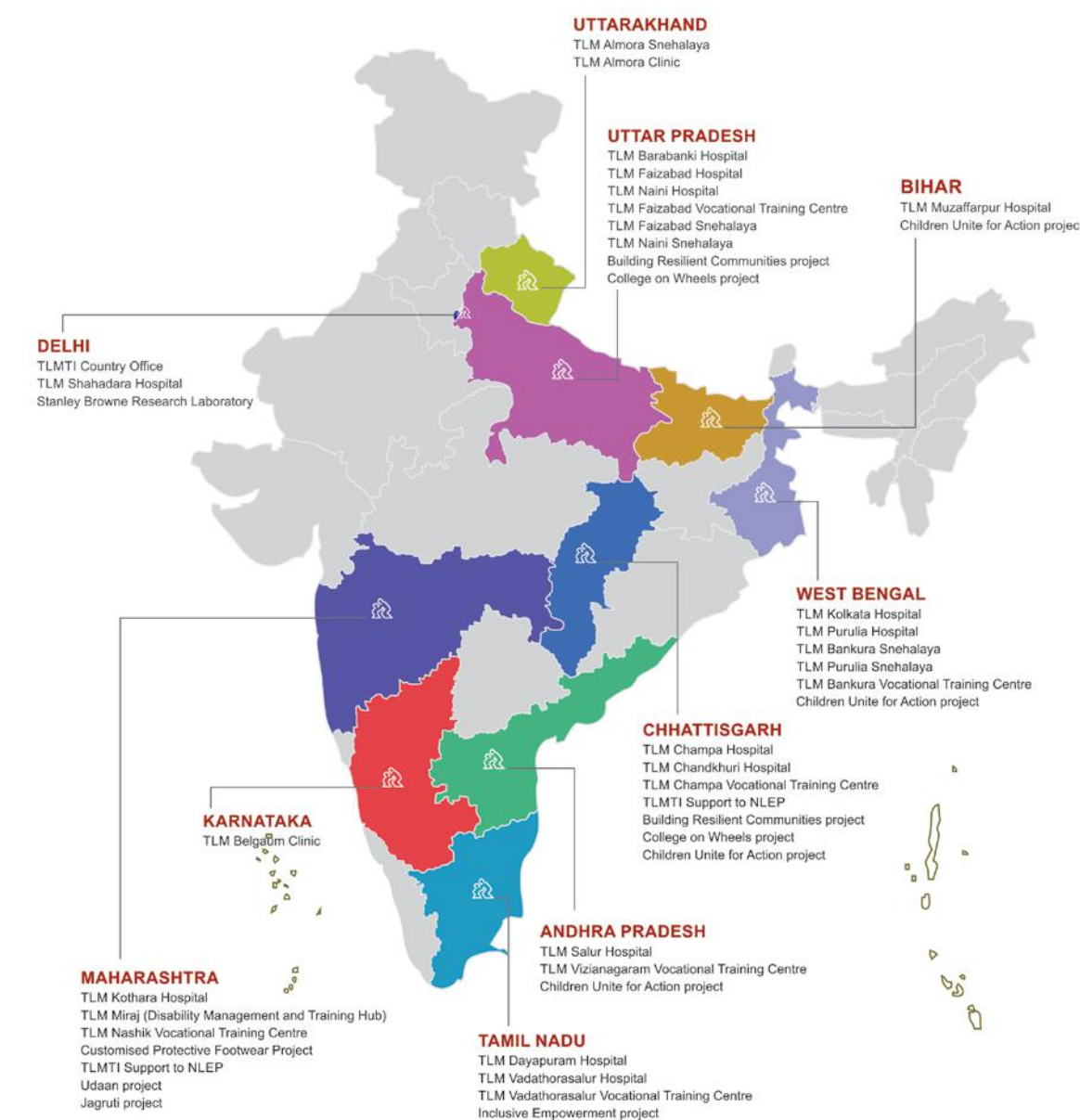
TLMTI is a member of TLM Global Fellowship, an international federation of 28 Member countries which through a TLM Charter have made commitments to one another and to certain principles and ways of working.

TLMTI works with people affected by leprosy and other Neglected Tropical Diseases (NTDs), people living with disabilities and other marginalised groups, like rural and urban poor, particularly women and tribals. The organisation's programmes are healthcare, education, sustainable livelihoods, community empowerment, advocacy, research and training. It also has been working in the area of harmonising laws and creating a favourable policy environment through advocacy, communications, and research functions.

TLMTI programmes are operational in 10 states, through 14 hospitals, 2 clinics, 6 vocational training centres, 5 residential facilities for care of elderly people affected by leprosy, several community empowerment projects, a molecular biology research laboratory, advocacy and communication, research and training. It works closely with various government ministries and departments at state and national levels, the WHO, ILEP, grass roots level organisations, local churches, and national and international development organisations. TLMTI currently supports the National Leprosy Eradication Programme (NLEP) in Chhattisgarh, Maharashtra and Delhi.

[www.leprosymission.in](http://www.leprosymission.in)

### TLMTI Presence in India - 2019





# 2

## Current Situation

TLMTI's Country Strategy 2016-18, developed in a widely participative manner, had built on the gains of the organisation's first ever Country Strategy framed for 2011-15. It identified six Strategic Priorities:

1. Changed societal mindset
2. Leprosy detected and cured
3. Favourable policy environment
4. Responsive duty bearers
5. Empowered affected communities
6. Organisational effectiveness

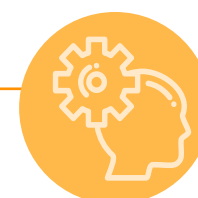
### 2.1 Impact Assessment of TLMTI Country Strategy 2016-18<sup>1</sup>

By implementing the six strategic priorities, it was hoped that TLMTI would be able to achieve multiple effects: mass awareness campaigns to raise the profile and focus of leprosy in close collaboration with the government and ILEP agencies in India; build synergies with other programmes and movements; address Neglected Tropical Diseases (NTDs), disability etc., and engage to be part of the national and regional discourse on disabilities; facilitate the formation of and capacitating collectives of people affected by leprosy; create community engagement models in all TLMTI locations using participatory approaches; engage with and build the capacity of duty bearers to influence government policies and implement guidelines; take on policy and social research; advocate for appropriate resource allocation and utilisation and ensure unit level organisational development.

Given their scale and ambition, the strategic objectives for 2016-18 worked with a very short time frame. During this period, TLMTI made considerable progress to achieve its stated objectives. Using multiple tools, ranging from workshops, direct interviews with internal and external stakeholders, field visits and various tools of analysis, the independent review team's assessment rated the organisation between 3-7 on a scale of 0-10.

Given the significant burden of the disease that India shoulders, it is imperative to build on these achievements and move beyond.

<sup>1</sup> Impact Assessment of TLMTI Country Strategy 2016-18 report



#### Changed Societal Mindset

Changing societal mindset is a long-term goal and three years is too short a period to critically review outcomes. The outreach and engagement by various teams within TLMTI have created the right foundation for tangible outcomes towards this goal. The government adopted the leprosy awareness campaign conceptualised and designed by TLMTI, called "Sapna Hai Kusht Mukht Bharat Ka". TLMTI also used media platforms to raise awareness about leprosy. National campaigns like Sparsh and Sapna are aimed at addressing information gaps and removing misconceptions about leprosy. It is imperative that publicity campaigns be more targeted and outreach efforts are more consistent in execution.



#### Leprosy Detected and Cured

Depending on the effectiveness of the state machinery in implementing the leprosy eradication programme, different states show varying levels of achievement. In several states, Grade II disabilities are reducing and TLMTI is partnering actively with the government in lending momentum to leprosy programmes, like the Leprosy Case Detection Campaign (LCDC) which was initiated in 2016 for active case detection. In the field, quality services at all times cannot be ensured because of various reasons; the number of children reporting leprosy too is worrying because it shows ongoing transmission.

TLMTI is acknowledged as a leader in several national and international forums with respect to skills and services offered to people affected by leprosy, especially with complications of leprosy.



#### Favourable Policy Environment

There has been progress in terms of engagement with multiple institutions and individuals on discrimination and disability rights. TLMTI staff are on many advisory and technical panels related to leprosy. Some outcomes, like the repealing of discriminatory laws, have emerged in the last six months, so TLMTI appears to be on firm footing on this front. The organisation has created the right foundation to build further on its interactions with all levels of the government, with influencers, people's groups and NGOs. TLMTI has laid the right foundation in 2016-18 to emerge as a more active and integral player in think tanks and research bodies that impact policy.





### Responsive Duty Bearers

There is engagement between TLMTI and all levels of government and civil society. There has been lobbying for correct assessment to people with leprosy-related disabilities. There is tangible progress in certain locations in Maharashtra, Tamil Nadu and Uttar Pradesh where people affected by leprosy and people with disabilities have been participating at different levels of governance within and outside TLMTI. But engagements with the government that happen through short term projects do not allow for a sustained relationship to be built between the two sides.



### Empowered Affected Communities

TLMTI projects effectively worked to forge 1,684 collectives of people affected by leprosy and their capacities are being built. Champions have been identified across multiple states and they have been effective in creating rights awareness among people affected by leprosy. But opportunities for replicating and scaling projects that have demonstrated effectiveness have not been explored enough. Behavioural research findings by TLMTI have yet to be effectively leveraged to bring greater impact to projects. TLMTI has made significant strides in empowering affected communities through its Vocational Training Centres (VTC) and projects that could be scaled up and replicated across geographies as well as sectors.



### Organisational Effectiveness

There were adequate training programmes throughout the year that covered the whole organisation. However, training needs assessment needs to be improved to be more aspirational. There is also a marked shortage in clinical and non-clinical staff at various units. TLMTI generated ~70% of funds required in 2017 moving up from ~67% in 2016. The funding gap at the unit level for several locations was high and needs to be bridged through internal fund-raising efforts. The infrastructure available with TLMTI is good, but in many places, it seemed to be in need of urgent functional upgradation. Continued focus on financial sustainability will be a cornerstone in determining TLMTI's ability to maintain the quality and repertoire of services going forward.

## 2.2 Situation Analysis 2018

### Epidemiology of leprosy in India

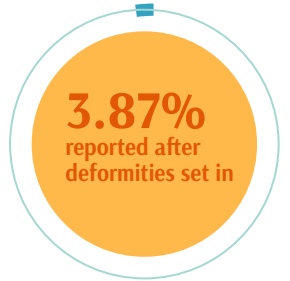
In 2005, India declared that leprosy had been 'eliminated'. This meant that the national average for prevalence rate had fallen below 1 per 10,000 population. With the elimination, leprosy went out of the public discourse because it was assumed that the problem was over. Leprosy services were merged with general health services and while this has meant more access for treatment, it has also diluted the sharp focus the disease once received. Instead of active surveillance, the system now depends on voluntary reporting of the patients. But leprosy is still heavily stigmatised in India. Patients tend to report late due to low awareness and the stigma associated with the disease. By the time patient reports for treatment, he or she has already moved into the later stages of the disease marked by deformities and disability.

India continues to account for 60% of new cases reported globally each year and is among the 22 "global priority countries" that contribute 95% of world numbers of leprosy warranting a sustained effort to bring the numbers down.



Currently (2016-17), India reports a Child Case Rate of 8.7%, Female Case Rate of 39.17%, Grade II Disability Rate of 3.87% and Annual New Case Detection Rate (ANCDR) of 10.17 per 100,000 population. Leprosy Case Detection Campaign (LCDC) has been on since 2016.

It is estimated that over one million people with visible deformities due to leprosy exist in India (NLEP). What should also cause alarm bells to ring is that 9% of all new leprosy cases in India were reported among children and that 3.87% of cases reported in the period came in after deformities had set in.



### STIGMA AND DISCRIMINATION

Leprosy disproportionately affects the poorest and the most vulnerable in society. People affected by leprosy still suffer stigma and discrimination. Though they are increasingly living and working in mainstream society, there are still around 750 'leprosy colonies' in India where over 2 lakh people live marginalised lives. Many of those affected still report being treated with fear and revulsion in public places even by those who know that the disease is curable. Workplaces are becoming visibly less discriminatory, accepting trained individuals with ease.

Towards creating a non-discriminatory and inclusive environment, the Law Commission, in 2015, submitted its Report No. 256 on "Eliminating Discrimination Against Persons Affected by Leprosy," along with the draft bill by the same name, EDPAL Bill, to the Union Minister of Law and Justice. Further, a Private Members' Bill was introduced in the Parliament in December 2017. The Union Cabinet cleared the Personal Law (Amendment) Bill 2018 that seeks to strike down leprosy as grounds for divorce in August 2018.

### SHORTAGE OF TRAINED MEDICAL STAFF

There is also a shortage of healthcare providers with skills to detect early signs of leprosy. Those who do work in the field are not adequately trained and this means late detection and increased chances of nerve damage. A lot of staff dedicated to leprosy eradication have also been dispersed into other infectious diseases such as TB and HIV.

### FUNDS CRUNCH

There has been a dwindling of funds for leprosy work from big donors. Currently India's leprosy eradication programme is funded mostly by the government. However, individuals, smaller corporates and foundations continue to be bankable sources of funds for NGOs working in the field.

### RENEWED GOVERNMENT FOCUS

The government has expressed its intention to eradicate leprosy from India. This increased urgency requires skills, and widespread mobilisation of resources. The government has been emphasising digitisation in all spheres of activity and public interaction with its Digital India programme and the need to step up employment opportunities for all, including people with disabilities in its Skill India Programme. Both these programmes can work as important roadmaps.



## 2.3 SWOT Analysis

### STRENGTHS

1. TLMTI is the strongest single reservoir worldwide of comprehensive skills and competence in the field of leprosy – in cure, rehabilitation and empowerment. It has mastered core areas of clinical specialisations for treating leprosy and its after-effects by virtue of the number of cases it handles: dermatology, ophthalmology, disability and physiotherapy. It has the composite skills needed for integrated foot care (diabetes, lymphatic filariasis) because of familiarity with similar complications of leprosy.
2. TLMTI has the largest capacity to train medical and paramedical professionals in the field of leprosy. It is currently doing so and has the potential to expand its reach in the field much more
3. Its vocational training centres have created successful corporate tie-ups and have been acknowledged for quality training. Not only that, but also, the organisation is proactive about learning - it has a strong tradition of mentorship, which is rated highly by newcomers.
4. TLMTI's community outreach programmes have perfected the art of mobilising communities. Projects have been effective in building and strengthening collectives of people affected by leprosy.
5. The organisation has focussed and dedicated staff for community projects, the primary source of community and government outreach. They have good grassroots- and district-level connections.
6. TLMTI has grown to have diverse partner organisations in the last few years. The diversity of these partnerships and the relationships built over the years are well established.
7. TLMTI has credible standing with various government bodies and state departments, particularly in Tamil Nadu and Maharashtra.
8. The organisation has considerable infrastructure across its units and these are available for optimal and diverse utilisation in the years to come.
9. TLMTI's greatest strength is its people who have diverse skill sets and are passionate and committed to be the change they foresee in the organisation and in the lives of people affected by leprosy.

### WEAKNESSES

1. TLMTI's brand image needs to be strengthened. For the kind of history, knowledge reserve and field expertise it possesses, it is not known widely enough. Its presence - and awareness about leprosy - globally and nationally, needs to be further strengthened. Those who know it outside the immediate professional circle do not view it as a progressive, professional expert organisation.
2. The organisation's internal communication system is not as strong and vibrant. Communication between various domains, units and country office needs strengthening.
3. TLMTI's immense contribution to research on various subjects relating to leprosy and rehabilitation is not shared sufficiently across domains. Also, outcomes of community / PRI outreach are not shared adequately across the board. This work needs to be documented and communicated better for perceivable positive action.
4. The framework for partnerships, with the government and other bodies, needs to be reworked to allow it better positioning to negotiate the terms of collaboration so that both parties benefit.
5. TMTI's individual units are not adequately equipped to grow rapidly and strategically. Also, its hospitals/VTCs and projects have limited opportunities to engage together.
6. TLMTI's second level of leadership needs to be strengthened and a system of identification of training needs should be formalized.
7. In some units the patient-doctor load is so heavy that it is not sustainable over a long period of time.
8. There is shortage of younger doctors and in some areas of staff from allied services.
9. Perception among employees is that they are not recognised or incentivised enough in the organisation
10. High-performing short-term staff members (contractual doctors, project staff, paramedics) are not optimally utilised. Overall lack of manpower leads to staff having to multitask.



## OPPORTUNITIES

1. Considering its comprehensive skills and competence in leprosy TLMTI should aim to become a global knowledge/ expertise hub for leprosy. It also needs to explore more avenues for training medical and paramedical personnel in other organisations engaged in leprosy eradication.
2. Since TLMTI specialises in leprosy-related disabilities, by virtue of its work in leprosy, TLMTI can provide end-to-end interventions - from identification of problems and sensitisation, to cure and rehabilitation, to empowerment and sustenance to those affected by other locomotor disabilities.
3. There is scope for the original and potentially impactful research done at the organisation to influence all kinds of leprosy campaigns. An example is the social science research on attitudes to leprosy. TLMTI could be a more active and integral player in the think tanks and research bodies if these works get the limelight they deserve.
4. TLMTI has projects with potential for scaling up for fundraising that can be used as template by documenting their success. Star performers at these projects could be felicitated.
5. India's growing economy, its urbanisation spread further reaching Tier 2 and 3 towns, mean a variety of job opportunities for trained youth affected by leprosy living in these areas.
6. Government's commitment to rural areas, the poor and vulnerable, and to people with disabilities opens new opportunities to help those affected by leprosy.
7. There is growing focus on the rights of the disabled through community mobilisation. There is scope for a confidence-building tool kit for persons affected by leprosy that helps them fight for their rights.
8. Skill India is an ambitious government programme that has the target to skill 40 crore people. TLMTI should specifically engage with the scheme to find employment potential for its graduates from vocational training centres.
9. The Corporate Social Responsibility (CSR) Act mandates corporates to allot funds for philanthropic activities. These funds can be sought in a more systematic and effective manner by TLMTI.
10. TLMTI has been successful in building Champions from among those affected by leprosy. However, women make for less than 10% of the total number of Champions TLMTI has identified and developed. There is tremendous scope in identifying and building Champions from among women affected by leprosy alongside men affected by leprosy. This will also enable approaching women affected by leprosy for conversations about confidence building and empowerment.

## THREATS

1. The widespread perception that leprosy has been eradicated is yet to be changed. This impacts attention given to leprosy as well as funding made available to it.
2. The organisation might not be able to attract and retain fresh medical graduates since there is no special retention scheme in place for them.
3. The delay of fund flow in the government is a threat to implementation of leprosy campaigns on various fronts.
4. Lack of interest and limited cooperation of stakeholders in some states / districts threaten success of the efforts. Referrals for complicated cases could go down.
5. TLMTI will be susceptible to changes / stringent laws in the regulatory environment.



# 3

## TLMTI Country Strategy 2019-25

### 3.1 Vision

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

What we are working to achieve is transformation (an inward change that will manifest itself in outward actions) of society, communities, and people affected by leprosy, so that leprosy as a disease and its associated deep-rooted, age-old fear and stigma are overcome and are no longer barriers to the inclusive development of people affected by leprosy.

### 3.2 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.

### 3.3 Our Values and how they shape the way we work

- 1.To be like Jesus
- 2.Relevant
- 3.Professionalism
- 4.Upholding Justice
- 5.Integrity
- 6.Inclusive
- 7.Humility

#### To be like Jesus:

Being like Jesus means, our lives will be influenced by His life and teachings, which will reflect in our work as our Christian witness.

*As a reflection of this value we will:*

- ✚ work with compassion
- ✚ treat everyone with dignity and respect
- ✚ value men and women
- ✚ be servant leaders
- ✚ be responsive to the needs of people affected by leprosy and other marginalised sections of society
- ✚ take time apart as an organisation to retreat into God's presence to find direction, wisdom and ability to move forward in our service to Him

#### Professionalism:

Being professional in our attitude, actions and management means, as an organisation we are committed to excellence and high ethical standards.

*As a reflection of this value, we will:*

- ✚ strive for excellence in all we do
- ✚ be good stewards of time and resources
- ✚ be participatory and foster team culture and ownership
- ✚ be transparent in our dealings

#### Integrity:

Having integrity means individually as staff and collectively as an organisation, we will conduct ourselves honourably in all our actions.

*As a reflection of this value we will:*

- ✚ be truthful
- ✚ be reliable
- ✚ adhere to the highest standards of service and accountability



Relevance:

Being relevant means as an organisation we will constantly scan, strategically develop, and adapt to the current environment.  
*As a reflection of this value, we will:*

- be a learning organisation
- be sensitive to the changing environment and the emerging needs of the organisation and primary stakeholders
- be innovative

Upholding Justice:

Upholding justice means as an organisation, we will uphold social justice and equity for access to community resources and opportunities.  
*As a reflection of this value, we will:*

- defend and promote human rights in a non-confrontational way
- support equity and fair dealings
- prioritise the most vulnerable and marginalised people
- engage with communities in a participatory way to secure justice

Being Inclusive:

Being inclusive means as an organisation we will ensure that all marginalised and excluded people are stakeholders in their development processes.  
*As a reflection of this value, we will:*

- be inclusive in our programmes and policies
- accept diversity and work with people from different backgrounds
- demonstrate mutual respect

Humility:

Being humble means as an organisation we will appreciate and respect who and what others are and their contribution.  
*As a reflection of this value, we will:*

- be open and teachable
- seek and provide honest feedback
- be willing to change for continuous improvement
- learn from mistakes and successes in equal measure

3.4 Strategic objectives and Enablers

- 1. Towards Zero Leprosy:** Reduction in new leprosy and leprosy-related disability cases.
- 2. Community Empowerment:** People affected by leprosy and disability have access to sustainable livelihoods and dignity in living.
- 3. Specialty Services in Allied Areas:** Underserved communities will have access to quality services in dermatology, disability, ophthalmology and diabetes.
- 4. Thought Leader:** TLMTI will influence policy in the field of leprosy, disability management and community empowerment.
- 5. Organisational Sustainability:** TLMTI will build environmental and operational sustainability.

Enablers

- 1. Resource Mobilisation
- 2. Advocacy and Communication
- 3. Human Resource Management
- 4. Strategic Partnerships

3.5 Target groups that TLMTI will work with

- 1. People affected by leprosy and other Neglected Tropical Diseases (NTDs)
- 2. People with disabilities
- 3. Other marginalised groups (rural and urban poor particularly women, tribals, etc.)

3.6 Approaches that TLMTI will adopt across its programmes

- 1. Holistic:** Reaching the most marginalised in a holistic manner and ensuring “no one is left behind” by implementing health, economic, and education initiatives to meet the community’s and the individual’s development goals.
- 2. Participatory:** Stakeholders will influence and share control over development initiatives and decisions and resources that affect themselves.
- 3. Rights-based:** Individuals and communities know and claim their rights and participate in the development of policy and practices which affect their lives.
- 4. Social entrepreneurship:** Applying commercial strategies to enhance human and environmental wellbeing resulting in positive social impact
- 5. Strategic partnerships:** Leveraging our knowledge and experience with other partners and stakeholders to bring about the defeat of leprosy and transform the lives of people affected.

3.7 Strategic objectives, execution elements, outcomes & impact

3.7.1 Towards Zero Leprosy:

Reduction in new leprosy and leprosy-related disability cases.

A lot of strides have been made in the early diagnosis and treatment of leprosy, but thousands of people who are affected by leprosy continue to go undiagnosed every year. The health sector has dwindling expertise in the understanding of how to end leprosy transmission and ensuring early detection and management of complications. The situation is particularly critical in India, which bears 60% of the world’s leprosy burden.

In recent years, some welcome steps have been taken by the government through the launch of LCDC, a focussed campaign to improve early detection and diagnosis. But there is need to recognise that there are some highly endemic districts in the country where an innovative approach needs to be adopted that combines multiple tactics, including data collection and mapping; active case finding; contact tracing; chemoprophylaxis; skill improvement in health facility staff; greater targeted community awareness and partnerships and a focus on treatment completion and monitoring.

To reduce leprosy transmission in India, there needs to be a collective effort by various stakeholders, including government, multilateral organisations, civil society organisations, and medical practitioners. TLMTI could be a significant



partner in India's campaign to eradicate leprosy using its existing strengths, to support various stakeholders. TLMTI will strive to promote early reporting, by assisting the government in the LCDC campaign such as training, awareness-raising and monitoring. Training occurs at various tiers namely grassroots workers in cardinal signs of leprosy and medical officers for validation of suspected cases.

TLMTI will share knowledge and expertise in its unique community-based replicable model. The model will employ multiple tactics including data collection and mapping; active case finding; contact tracing; chemoprophylaxis; health facility staff skills; targeted community awareness raising and partnerships. TLMTI will utilise its expertise in field research to develop, investigate and execute leprosy-related innovations related to understanding transmission, early diagnosis, monitoring of relapse and anti-microbial resistance and combined approaches to reducing transmission in these replicable models in endemic areas.

The aim is that through these initiatives, the government and other multilateral organisations engaged in early detection and treatment of leprosy are ably supported and that results in a tangible reduction in the transmission of leprosy. TLMTI will provide holistic treatment to those affected by leprosy, especially those who come with complications caused by delayed diagnosis or poor self-care and will continue to be a preferred referral centre for treating ulcers, reconstructive surgery and other leprosy complications. In order to provide services at all times, TLMTI will invest in building and upgrading leprosy expertise within the organisation.

In areas where TLMTI is not present (in terms of a hospital, clinic, or other infrastructure), and where leprosy continues to be worryingly endemic, TLMTI will build expertise among health care professionals outside the organisation, share and deploy its model of replicable holistic treatment and best practices, working closely with stakeholders ranging from the government to community collectives. TLMTI will also work towards providing patients with a sustainable access to quality healthcare through increased access to health finance, e.g. schemes like Ayushman Bharat.

**The aim is that patients registered with TLMTI will have reduced complications rising from the disease and also a better quality of life without incurring drastic out of pocket expenses for specialised treatment.**

**By 2025, the impact of the strategy will contribute to zero Grade II disabilities in children, and a significant reduction in disability amongst adults in those newly diagnosed with leprosy. This is important because fewer complications will indicate higher cases of early detection and treatment and improved access and service delivery for communities. Fewer children detected with leprosy will also indicate lower rates of transmission in the community.**





# TOWARDS ZERO LEPROSY

## Reduction in new leprosy and leprosy-related disability cases

| CONTEXT  | EXECUTION<br>ELEMENTS  | OUTCOME<br>by 2022   | OUTCOME<br>INDICATORS  | IMPACT<br>by 2025  | IMPACT<br>INDICATORS   |
|--|--|--|--|--|--|
| <p>a. There has been a steady increase in new leprosy cases and related disabilities because of:</p> <ul style="list-style-type: none"> <li>Increased case finding</li> <li>Limited global support</li> <li>Inadequate research</li> <li>Under-reported data</li> <li>Dwindling leprosy expertise</li> </ul> <p>b. TLMTI has the skills and expertise in leprosy management.</p> <p><b>GAP</b><br/>TLMTI has not been able to leverage this to its full potential with its stakeholders.</p> | <p>1. (a) Support early detection and screening efforts by the Government through training, awareness and monitoring.<br/>(b) Replicable models created in endemic areas in two geographical areas and good practices documented and shared with stakeholders.</p> <p>2. (a) Holistic leprosy services including counselling, complication management available at all TLMTI locations at all times.<br/>(b) Invest in building leprosy expertise within and outside the organisation.</p> <p>3. TLMTI hospitals are empaneled to enable patients to avail insurance for leprosy care.</p> | <p>1. There is evidence of reducing transmission of leprosy. External stakeholders adopt TLMTI practices.</p> <p>2. Patients registered with TLMTI have access to holistic care and reduced leprosy complications.</p> <p>3. Leprosy patients registered with TLMTI have access to health finance.</p> | <p>1. Number of documented practices adopted by external stakeholders (<b>Target:</b> min. two practices adopted).</p> <p>2. Percent of cases with Grade II disability at the end of treatment at TLMTI (<b>Target:</b> 10% reduction in cases).</p> <p>3. 10% increase in average WHO-5 Wellbeing Index score for persons affected by leprosy.</p> <p>4. Percentage of patients registered with TLMTI who have access to health insurance (<b>Target:</b> 30%).</p> | <p>a. Towards zero Grade II Disability in newly diagnosed cases with leprosy.</p> <p>b. Decreased proportion of children among newly diagnosed cases with leprosy.</p> <p>c. Improved, affordable access and quality service delivery to communities leading towards zero leprosy.</p> | <p>Number of children newly diagnosed with leprosy with Grade II Disability in demonstration areas (<b>Target:</b> as per NLEP targets).</p> |



### 3.7.2 Community Empowerment:

**People affected by leprosy and disability have access to sustainable livelihoods and dignity in living.**

Communities and their wellbeing are the focus of TLMTI's work. India still has several legislation that discriminate against people affected by leprosy. People affected by leprosy are still routinely overlooked, ignored or prevented from full participation in public, social, economic and cultural life. They also may feel shame and isolate themselves due to self-stigma.

There is insurmountable evidence that leprosy, and especially leprosy related disability, can devastate lives physically and mentally, as it results in exclusion and indignity. Interactions with women affected by leprosy show that they tend to be more stigmatised than men. In the last decade, TLMTI has found through its community initiatives and projects that having a means for sustainable livelihoods is a strong driver in ensuring dignity for living. When people affected by leprosy and disability can bring resources into the household economy, their standing in the family and wider community increases and their voice begins to be heard.

TLMTI believes that everyone has the right to an identity and a voice and it strives to enable people affected by leprosy to challenge injustice and self-advocate for their rights and entitlements. The vocational training centres run by TLMTI across the country offer training in areas of high employability. There will be specific investments made in exploring new trades and placement of the graduates. Through distance learning, learning opportunities will be identified to bring training and learning to homes of those with mobility issues. Sustainable livelihood, gainful employment or entrepreneurship by access to capital, will result in economic empowerment, thus promoting dignity in living.

The organisation also runs many projects focused on livelihoods. It has been noticed that collectives provide individuals from marginalised and disadvantaged backgrounds the strength to negotiate and secure better living and working conditions. Collectives support solidarity and improve advocacy through a joint action for social justice. TLMTI will work towards formation of collectives, of which about 50% would be women. TLMTI will also structure partnerships with social impact incubators and reach out to government and corporates for employment opportunities.

**The impact expected at the end of 2025 is that people affected by leprosy and disabilities are able to exercise their rights through collectives and provide for themselves through access to sustainable livelihoods. Project Champions in particular are recognised outside of the community in which they operate. Further, there will be increased participation of people affected by leprosy and those with disabilities in the field of governance and advocacy. It is hoped that these efforts will result in transformation in the lives of people with whom TLMTI works.**







## COMMUNITY EMPOWERMENT

People affected by leprosy and disability have access to sustainable livelihoods and dignity in living



| CONTEXT   | EXECUTION ELEMENTS  | OUTCOME by 2022   | OUTCOME INDICATORS  | IMPACT by 2025  | IMPACT INDICATORS   |
|---|---|---|---|---|---|
| <p>a. TLMTI has holistic community empowerment at the core of its work.</p> <p>b. India still has regulations that discriminate against people affected by leprosy; legal measures like the EDPAL Bill from 2015 is yet to become an Act.</p> <p>c. People affected by leprosy continue to be stigmatised and discriminated against.</p> <p><b>GAP</b><br/>Despite recent improvements, people affected by leprosy and disability, continue to struggle to fully participate in public, social, economic and cultural life.</p> | <p>1. Vocational training provided in existing and new trades, and graduates placed. Distance learning opportunities identified, self-employment facilitated, including access to capital.</p> <p>2. Communities, especially people affected by leprosy and disability are made aware of their rights through Champions (50% of whom are women). Housing schemes for people affected by leprosy are explored.</p> <p>3. Community projects are documented and Champions exercise influence outside of their area.</p> | <p>1. People affected by leprosy and disability find livelihood (gainful employment / entrepreneurship) opportunities without discrimination in a safe and non-exploitative environment.</p> <p>2. People affected by leprosy and disability form collectives to exercise their rights.</p> <p>3. Community projects, and Champions in particular, are recognised outside of the community in which they operate.</p> | <p>1. Number of livelihood options accessed (<b>Target:</b> 50 livelihood options).</p> <p>2. Number of people/ collectives of people affected by leprosy or disability who have a means of sustainable livelihood and exercise their rights (<b>Target:</b> 2500 collectives).</p> <p>3. Number of people affected by leprosy or disability, especially women, who take up leadership roles (<b>Target:</b> 200, including 50% women).</p> | <p>a. Communities, especially people affected by leprosy and disability pursue sustainable livelihood opportunities and find dignity in living.</p> <p>b. Increased participation of people affected by leprosy and disability in active governance and advocacy roles.</p> | <p>a. Evidence of transformation in the lives of people TLMTI works with (<b>Target:</b> 3,500 lives transformed).</p> <p>b. Number of people affected by leprosy or with disability who are in governance roles (<b>Target:</b> 20 people affected by leprosy or disability in governance role).</p> |



### 3.7.3 Specialty Services in Allied Areas:

**Underserved communities will have access to quality services in dermatology, disability, ophthalmology and diabetes.**

In recent years, with the focus shifting away from leprosy, young doctors and other medical practitioners are either not interested in treating leprosy, or even if they are, they are faced with a lack of career opportunities in the long term. This shortage is also faced by TLMTI units seeking to recruit more medical professionals. Retention of doctors in the field too is an issue. Taking its cue from one of TLMTI's strengths – the experience in providing care and services (both in hospitals and in the community) for those with leprosy complications, be it disability-related, eye care or diabetic care – this strategy aims to open TLMTI to a range of medical expertise which are all linked in some manner or the other to leprosy. Dermatology, disability, ophthalmology and diabetes are already fields of expertise required for the treatment of leprosy and its multiple complications.

Even at present, a large number of patients from within the communities in which TLMTI operates seek treatment in these fields at TLMTI. This strategy will ensure that TLMTI's hospitals are recognised by the community and by other hospitals for their expertise in fields where there is huge unmet demand for quality care and treatment.

It is also strategically viable for TLMTI to attract doctors who are specialists in these fields and then train them in leprosy, thus adding to the larger pool of skilled human resources.

**The long-term vision of this strategy is to provide decentralised holistic healthcare at the community level. It will require a specific focus on upgrading infrastructure and having access to specialists on demand. In the near term, there is an intent to ensure TLMTI hospitals move towards NABH compliance.**



## 3 SPECIALITY SERVICES IN ALLIED AREAS



## SPECIALITY SERVICES IN ALLIED AREAS

Underserved communities will have access to quality services in dermatology, disability, ophthalmology and diabetes

| CONTEXT   | EXECUTION ELEMENTS  | OUTCOME by 2022   | OUTCOME INDICATORS   | IMPACT by 2025  | IMPACT INDICATORS  |
|---|---|---|--|---|--|
| <p>a. TLMTI has significant expertise and experience in dermatology, disability management, ophthalmology and diabetes, which are complementary to skills in leprosy care that can serve communities with whom it works.</p> <p><b>GAP</b></p> <ul style="list-style-type: none"> <li>• TLMTI is strongly associated with the treatment of leprosy.</li> <li>• TLMTI is not able to fully leverage its strengths in these areas to attract and retain new medical professionals.</li> </ul> | <ol style="list-style-type: none"> <li>1. Comprehensive specialty services are accessed by communities.</li> <li>2. (a) Medical professionals trained and/or hired.<br/>(b) Specialty services in allied areas and infrastructure are upgraded.<br/>(c) Requirements for entry-level NABH compliance completed.</li> <li>3. Targetted outreach to stakeholders and communities to improve referrals.</li> </ol> | <ol style="list-style-type: none"> <li>1. TLMTI's hospitals (at least three) are recognised by communities and other hospitals for excellence in one or more of the following: dermatology, disability management, ophthalmology and diabetes.</li> <li>2. All hospitals have fully maintained infrastructure and access to specialists on demand. Hospitals are NABH compliant.</li> </ol> | <ol style="list-style-type: none"> <li>1. Increase in number of people accessing services for dermatology, disability management, ophthalmology and diabetes (<b>Target:</b> 12% cumulative for each service).</li> <li>2. Percent of community members who recognise TLMTI for its allied community health services (<b>Target:</b> 50%).</li> <li>3. Number of TLMTI hospitals that are entry level NABH-compliant for offering quality services in identified areas (<b>Target:</b> Five (5) hospitals).</li> </ol> | <ol style="list-style-type: none"> <li>a. Communities with unmet need(s) have access to quality health services through TLMTI.</li> <li>b. Increased resource pool in leprosy expertise among medical professionals (dermatologists, ophthalmologists, occupational therapists, etc.).</li> </ol> | <ol style="list-style-type: none"> <li>a. Increase in number of people visiting TLMTI hospitals for dermatology, disability management ophthalmology and diabetes services (Target: 15% cumulative for each service).</li> <li>b. Increase in the resource pool of leprosy expertise through specialised allied services (Target: seven (7) hospitals).</li> </ol> |



### 3.7.4 Thought Leader:

#### **TLMTI will influence policy in the field of leprosy, disability management and community empowerment.**

With a history that goes back to 145 years, TLMTI has emerged as a global knowledge resource in the field of leprosy, disability management and community empowerment. High impact research and community projects will be documented and disseminated, thus, creating a knowledge repository that can be accessed by internal and external stakeholders as appropriate, within and outside of India.

There are many instances in the projects run by TLMTI and the best practices and methodologies they have employed over decades, both in their hospitals as well as in their community work, that can work as a great resource for other stakeholders who may wish to adopt or improve on them. There will be an intentional attempt to invest in knowledge management systems over the next few years that will enable and facilitate this knowledge documentation and dissemination.

There will be a focus on creating curriculum and training programmes in leprosy management, especially in treating complications of leprosy. Accredited courses for physiotherapy/ occupational therapy and nursing will be available in areas with unmet needs. There will also be a targeted attempt to explore innovations in training delivery mechanisms, leveraging technology platforms (for example, Virtual Reality), that can enable online trainings and facilitate distance learning.

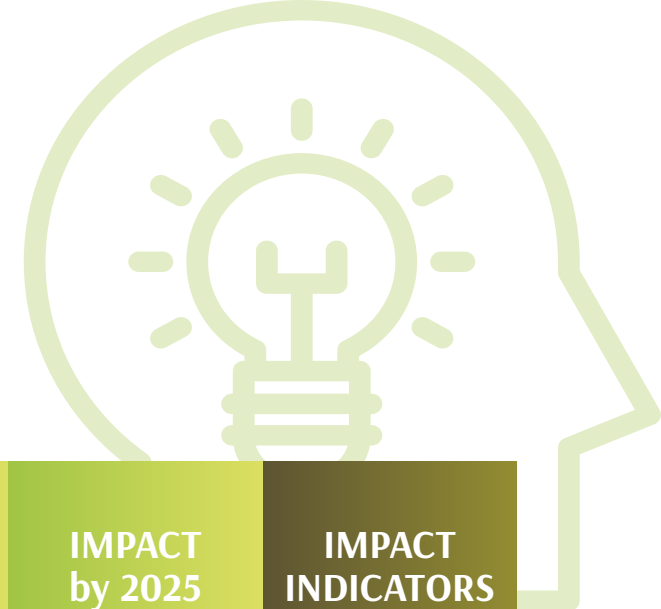
TLMTI's research and resources become a reference point, nationally and globally, for proactively influencing policies relating to leprosy, disability management and community empowerment. While there will be a proactive approach to seek strategic partnerships, the vision for TLMTI is to become the preferred partner where credible organisations proactively seek out TLMTI for its knowledge, skills and experience in these areas. Through these preferred partnerships, TLMTI will be able to expand its area of influence beyond the locations it currently operates in.







TLMTI will influence policy in the field of leprosy, disability management and community empowerment



| CONTEXT  | EXECUTION ELEMENTS  | OUTCOME by 2022   | OUTCOME INDICATORS  | IMPACT by 2025   | IMPACT INDICATORS   |
|--|---|---|---|--|---|
| <p>a. TLMTI has a rich legacy of 145 years in the service of leprosy and disability in India.</p> <p>b. It is also the largest single reservoir world-wide of skills and competence in the field of leprosy management, including stigma.</p> <p><b>GAP</b><br/>The organisation needs to effectively position itself for higher level of influence in driving policy and implementation at the global, national and local levels.</p> | <p>1. High impact research and projects documented and disseminated to internal and external stakeholders. Repository of knowledge created and leveraged for campaigns and programme implementation.</p> <p>2. Trainings (online and offline) for healthcare practitioners in treating leprosy complications and other identified areas conducted. Pool of trainers, curriculum and infrastructure available within TLMTI.</p> <p>3. Community engagement processes and use cases, documented and leveraged to implement projects in identified areas including NTD and WASH.</p> | <p>1. TLMTI research and resources become a reference point, nationally and globally, in the field of leprosy, disability management and community empowerment.</p> <p>2. Larger resource pool is available through TLMTI's training programmes for treating leprosy complications. Accredited courses for physiotherapy, nursing and occupational therapy is available in areas with unmet need(s).</p> <p>3. TLMTI is a preferred partner for leprosy, disability management and community empowerment.</p> | <p>1. Number of credible external documents in which TLMTI research is cited, in the three identified areas of influence (<b>Target:</b> Five (5) external documents).</p> <p>2. Number of papers published in peer reviewed journals (<b>Target:</b> 10 papers).</p> <p>3. Number of institutes / people managing leprosy complication cases post training (<b>Target:</b> Five (5) institutions).</p> <p>4. Number of accredited courses offered in areas with unmet needs (<b>Target:</b> Five (5) courses).</p> <p>5. Number of organisations who seek partnerships with TLMTI (<b>Target:</b> Five (5) organisations).</p> | <p>TLMTI is in a position to proactively influence policies at the national and global level that relate to leprosy, disability management, and community empowerment.</p> | <p>Number of policy-influencing fora in which TLMTI is invited to participate, in each area of influence (<b>Target:</b> Eight (8) forums).</p> |



### 3.7.5 Organisational Sustainability:

#### **TLMTI will build environmental and operational sustainability.**

For any organisation to continue to be relevant and effectively operational in the long term, it is important to be resilient and nimble. Being sustainable in the long run ensures cost effectiveness, risk reduction, credibility, and increased employer attractiveness. There is a need to invest in systems and processes and adapt them to bring greater efficiency and enable optimal utilisation of organisational infrastructure.

With a focus on enhancing resilience and operational efficiency, TLMTI will explore alternate energy options and implement them over the course of the next few years proactively. The objective is to reduce reliance on expensive and unsustainable energy options.

There will also be a concerted effort to maintain and/or upgrade functional infrastructure. Systems and processes in key areas, like finance, human resource, and other critical operational areas in data and resource management will be reviewed and streamlined to reduce costs and improve operational efficiency.

There will be a focussed programme to enable TLMTI staff to perform their roles more efficiently by providing them clear role descriptions and role-based recruitment and training. There will also be an intentional approach to explore the adoption of technology platforms and data analytics to improve efficiency of the organisation in the long run.

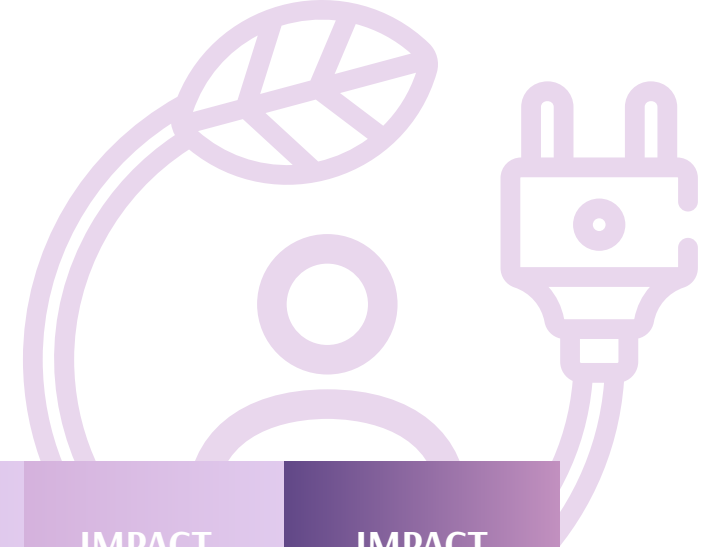
**This strategic objective seeks to have an organisation that is energy efficient and adequately staffed by engaged and motivated people. To improve readiness of the organisation to face any impending risks and disasters and keep its staff safe, units will have clearly defined disaster mitigation plans and people trained in responding to risks and disasters.**







## Build environmental and operational sustainability



| CONTEXT   | EXECUTION ELEMENTS  | OUTCOME by 2022  | OUTCOME INDICATORS  | IMPACT by 2025  | IMPACT INDICATORS   |
|---|---|--|---|---|---|
| <p>a. There is reduced focus on leprosy, globally.</p> <p>b. There is a need for all organisations to become more efficient (energy, resources and infrastructure).</p> <p><b>GAP</b><br/>TLMTI needs to leverage infrastructure and people resources efficiently to ensure long-term impact.</p> | <ol style="list-style-type: none"> <li>Alternate energy options are explored and implemented through special initiatives. Functional infrastructure is regularly maintained.</li> <li>Systems and processes in key areas, especially in data and resource management, are streamlined to reduce costs and improve operational efficiency.<br/>For e.g. <ul style="list-style-type: none"> <li>Clear identification of job roles and role-based recruitment and training</li> <li>Technology platforms to reduce time and improve efficiency (e.g., fund raising platforms, online repository for information)</li> </ul> </li> <li>Disaster management and readiness is conceived and implemented.</li> </ol> | <ol style="list-style-type: none"> <li>Functional infrastructure is optimally utilised and energy burden is reduced.</li> <li>TLMTI is adequately staffed to deliver services effectively and staff is engaged and motivated.</li> <li>All TLMTI units have disaster mitigation plans and people adequately trained in responding to risks and disasters.</li> </ol> | <ol style="list-style-type: none"> <li>Percent of cost / energy reduced (<b>Target:</b> 10% reduction in energy cost).</li> <li>Number of systems and processes evaluated (<b>Target:</b> Four (4) evaluated).</li> <li>Number of units where disaster mitigation plans are available and people trained (<b>Target:</b> all units).</li> </ol> | <p>TLMTI demonstrates improved resilience and operational efficiency.</p> | <p>Improved operational efficiency:</p> <ul style="list-style-type: none"> <li>Energy cost reduced</li> <li>Improved systems</li> <li>TLMTI units with disaster mitigation plans</li> </ul> |



### 3.8 The Four Enablers: *Creating an environment for effective execution*

#### RESOURCE MOBILISATION

Given that there is significant reduction in fund sources from outside India, it has become imperative to explore as many diverse funding options as possible to manage expenditure through local fundraising. Possible options are CSR grants, government, churches, micro-funds and various forms of individual philanthropy. There will be an intentional investment in deepening relationships with existing and new funding organisations and diversifying the portfolio beyond current opportunities. The aim is to make TLMTI an attractive funding opportunity for a wide-range of funders on one hand and equip units and TLMTI staff with training and experience to raise funds locally, as well. The vision is for increased domestic income generation wherein at least 80% of the gross expenditure is funded through domestic sources.

#### ADVOCACY AND COMMUNICATION

Advocacy and communication function has a vital role in presenting TLMTI's work and the needs of people affected by leprosy to sustain the interest and commitment of national government, donors and other stakeholders so that no one is left behind as the country accelerates towards zero transmission, zero disability and zero discrimination. To achieve the objectives laid out in this strategy, outreach to targeted stakeholders, (such as parliamentarians, medical colleges, research organisations, communities and donors) is critical to promote a non-discriminatory environment and inclusion.

#### HUMAN RESOURCE MANAGEMENT

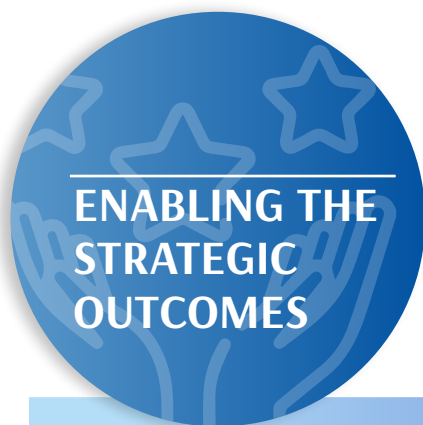
The vision is to build an open culture within the organisation that enables a healthy working environment for staff. The aim will be to build leadership at all levels and nurture engaged employees who are mission-oriented and innovative. This will result in a culture where the whole organisation is enabled to speak in one voice, facilitated by initiatives that foster communication and sharing of best practices within the organisation. It will also include efforts to hire and retain medical professionals. There will be concerted efforts to create an environment for staff to feel valued and recognised and provide opportunities for personal and organisational growth and wellbeing.

#### STRATEGIC PARTNERSHIPS

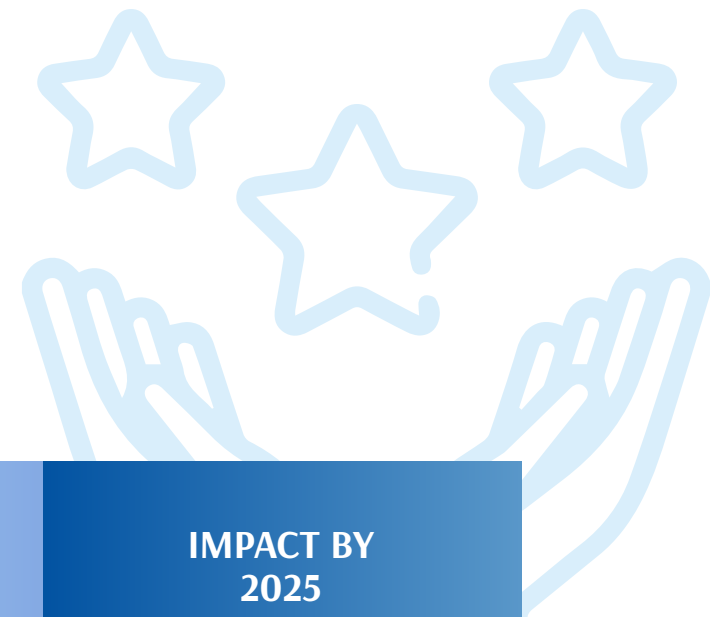
TLMTI has always endeavoured to strengthen its partnerships with various stakeholders, be it government and non-government agencies or other coalitions. As a member of the International Federation of Anti-Leprosy Associations (ILEP) and the Global Partnership for Zero Leprosy, TLMTI actively collaborates with other multilateral organisations, such as WHO, to defeat leprosy.

There will be an endeavour to broaden the scope of strategic partnerships to include organisations that work in Neglected Tropical Diseases (NTDs). There will also be an attempt to build partnerships with organisations that support vocational training and employment, like impact investors and incubators.





## Creating an environment for effective execution



| EXECUTION ELEMENTS   | OUTCOME by 2022   | OUTCOME INDICATORS   | IMPACT BY 2025  |
|--|---|--|---|
| <p><b>1. RESOURCE MOBILISATION:</b><br/>(a) Diverse fund sources are explored for fundraising that includes micro-funders, philanthropy, and CSR grants, etc.<br/>(b) Revenue is generated through institutions and programmes.</p> <p><b>2. ADVOCACY AND COMMUNICATION:</b><br/>(a) Support for all activities through visibility initiatives<br/>(b) Build strong advocacy initiatives at national and state level with targeted stakeholders to promote inclusion.</p> <p><b>3. HUMAN RESOURCES:</b><br/>TLMTI is able to retain and recruit staff to effectively achieve organisational objectives.</p> <p><b>4. STRATEGIC PARTNERSHIPS:</b><br/>TLMTI builds strategic partnerships across all functions to improve efficiency and effectiveness.</p> | <p>1. 80% of gross expenditure funded through domestic income generation.</p> <p>2. Critical stakeholders at a national and local level actively engage with TLMTI on repealing discriminatory laws.</p> <p>3. All essential roles are adequately resourced.</p> <p>4. Strategic partnerships contribute in terms of impact and/or increased revenue.</p> | <p>1. Percent of execution elements that are adequately funded (Target: all execution elements funded).</p> <p>2. Number of affirmative actions taken at the national and state levels (Target: Five (5) affirmative actions taken).</p> <p>3. Percent of critical job roles that are vacant (Target: all vacant roles filled).</p> <p>4. Percent of strategic outcomes that are achieved (Target: all outcomes achieved).</p> | <p>There is an enabling environment created for the organisation to achieve its strategic outcomes efficiently and effectively.</p> |



3.9 Risks affecting the Strategy and Mitigation plan

| RISKS AFFECTING STRATEGY AND THEIR MITIGATION  |                 |  |             |  |  |
|--|-----------------|--|-------------|--|--|
| Risk Factor Description  | Risk Likelihood | Explain Likelihood Rating  | Risk Impact | Explain the typical impact if it happened  | Mitigation procedure   |
| Timely funding for community empowerment projects is not achieved.                                   | M               | TLMTI 's ability to raise funds from relevant sources is still evolving.   | M           | TLMTI's initiatives will have to be limited by the available funds and all elements of the strategy objectives may not be implemented as desired.  | TLMTI should develop more partnerships to mitigate the impact of possible shortage of funds.<br><br>Diverse funding sources should be explored.  |
| TLMTI is not able to recruit/retain medical professionals for all its service areas.                 | H               | Medical professionals are unwilling to work in difficult areas, long hours and outside their speciality in the field of leprosy.                                   | H           | The organisation's pool of medical professionals will remain limited. This will lead to an overload on existing professionals and an overall dearth of medical professionals with sufficient knowledge of leprosy. | TLMTI should showcase the benefits of working in their hospitals to medical professionals and make it more attractive for allied specialties.<br><br>TLMTI has to make a consistent and sustained outreach to all medical colleges, prioritising those geographies where TLMTI is present. |
| TLMTI does not raise adequate funds for the upgrade of its hospitals and VTCs for quality services.  | M               | Cost of upgrade of equipment and infrastructure is an expensive proposition.   | M           | The intent of providing quality services might not be met.   | Infrastructure upgrade in units should be planned in phases after a need assessment in their respective geographies.<br><br>Diverse funding sources should be explored.  |
| Participation in TLMTI training programmes is limited.   | M               | Participation may be limited due to inadequate marketing as a result of insufficient funds.  | M           | Limited participation of TLMTI training programmes.  | Actively pursue partnerships with government programmes and other stakeholders.<br><br>Efforts must be made to have them recognised by relevant official authorities.  |
| Change in the country's regulations and laws could impact TLMTI's ability to implement its strategy. | L               | Major changes in the country's regulations and laws in the short-to-medium term horizon could severely hamper the organisations ability to implement its strategy. | H           | The degree to which TLMTI is able to achieve its strategic objectives would be severely impacted despite adequate planning and execution.  | Predictive risk analysis should be a focus area during execution.<br><br>This will help in building a robust organisation that can continue to effectively function despite an adverse environment.  |
| Natural calamities and man-made disasters could impact the overall programme achievement.            | L               | Such events can adversely affect the programme implementation as the attention of all stakeholders will be diverted.   | H           | TLMTI operational efficiency will be hampered and resources will be reduced.   | Have a business continuity plan in place.  |

Low Medium: Unfavourable but not threatening High: Threatens achievability of the Strategy

3.10 Learnings from Implementation of the Country Strategy 2019-25

How the change will be monitored and evaluated

- 1.The Country Strategy implementation plan will be monitored on an annual basis and reasons for variance from the set targets analysed for learning.
- 2.Programmes will be aligned to the Country Strategy and will be reviewed on a mid-year and annual basis.
- 3.Pertinent learnings from these reviews will be implemented in the Programmes.
- 4.A midterm evaluation of the Country Strategy will be undertaken in 2022 to assess progress towards the intended outcomes and will give direction for any changes in programme design to achieve the targets.
- 5.An assessment of the Country Strategy will be undertaken in 2025 to assess its impact on the organisation, the programme and the issues of people affected by leprosy and other marginalised groups through achievement of the intended as well as any unexpected outcomes.



# 4

## Alignment with other relevant strategies



### 4.1 With TLM Global Vision and Strategy

|                                     | TLM Global Fellowship  |   | TLMTI   |
|-------------------------------------|--|---|---|
| Vision                              | Leprosy defeated, lives transformed.   |   | People affected by leprosy living with dignity in a transformed, inclusive society that has overcome leprosy.   |
| Mission                             | Following Jesus Christ, The Leprosy Mission strives to break the chains of leprosy, empowering people to attain healing, dignity and life in all its fullness. |   | 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. |
| Strategic priorities                | Future ambition  | Impact by end of 2023   | Strategic objectives  |
| Towards zero leprosy transmission   | Zero transmission of leprosy by 2035.  | Earlier detection and treatment of new leprosy cases.   | <ul style="list-style-type: none"><li>• Towards zero leprosy</li><li>• Specialty services in allied areas</li><li>• Thought leader</li><li>• Organisational sustainability</li></ul>  |
| Towards zero leprosy disability     | Healing, dignity and life in all its fullness.   | Reduced disability burden in people affected by leprosy.<br><br>Transformation of physical, mental, emotional and spiritual wellbeing of people affected by leprosy.  | <ul style="list-style-type: none"><li>• Towards zero leprosy</li><li>• Specialty services in allied areas</li><li>• Community empowerment</li><li>• Thought leader</li><li>• Organisational sustainability</li></ul>          |
| Towards zero leprosy discrimination | Zero discrimination against people affected by leprosy.  | Greater inclusion of and justice for people affected by leprosy and disability.<br><br>People affected by leprosy confidently standing up for their rights.   | <ul style="list-style-type: none"><li>• Towards zero leprosy</li><li>• Community empowerment</li><li>• Thought leader</li><li>• Specialty services in allied areas</li><li>• Organisational sustainability</li></ul>          |
| Enablers                            | Leprosy defeated, lives transformed.   | An agile TLM Fellowship, with Members and people who are 'fit for the future' (resilient, stronger, healthier and more sustainable).<br><br>We will raise £40 million per annum; we will cost-effectively increase unrestricted income by 35%.<br><br>A renewed global, national and local commitment to defeating leprosy and promoting inclusion.<br><br>TLM known as a leading collaborative player. | <ul style="list-style-type: none"><li>• Human resources</li><li>• Resource mobilisation</li><li>• Advocacy and communication</li><li>• Strategic partnerships</li></ul>   |

### 4.2 With ILEP and WHO Global Vision and Strategies

| ILEP International                              | TLMTI  | WHO Global Strategy  | TLMTI  |
|---|--|--|--|
| <b>Vision:</b> A world free from leprosy        | <b>Vision:</b> People affected by leprosy living with dignity in a transformed, inclusive society that has overcome leprosy.   | <b>Vision:</b> A leprosy-free world.                           | <b>Vision:</b> People affected by leprosy living with dignity in a transformed, inclusive society that has overcome leprosy.   |
| Strategic Goals                                 | Strategic Priorities   | Pillars  | Strategic Priorities   |
| Stop transmission of leprosy                    | <ul style="list-style-type: none"> <li>Towards zero leprosy</li> <li>Specialty services in allied areas</li> <li>Thought leader</li> <li>Organisational sustainability</li> </ul>                                | Strengthen government ownership, coordination and partnership. | <ul style="list-style-type: none"> <li>Towards zero leprosy</li> <li>Community empowerment</li> <li>Advocacy (Enabler)</li> </ul>  |
| Prevent disabilities from leprosy               | <ul style="list-style-type: none"> <li>Towards zero leprosy</li> <li>Community empowerment</li> <li>Specialty services in allied areas</li> <li>Thought leader</li> <li>Organisational sustainability</li> </ul> | Stop leprosy and its complications.                            | <ul style="list-style-type: none"> <li>Towards zero leprosy</li> <li>Community empowerment</li> <li>Thought leader</li> <li>Specialty services in allied areas</li> </ul>  |
| Promote inclusion of people affected by leprosy | <ul style="list-style-type: none"> <li>Towards zero leprosy</li> <li>Community empowerment</li> <li>Specialty services in allied areas</li> <li>Thought leader</li> <li>Organisational sustainability</li> </ul> | Stop discrimination and promote inclusion.                     | <ul style="list-style-type: none"> <li>Towards zero leprosy</li> <li>Community empowerment</li> <li>Specialty services in allied areas</li> <li>Thought leader</li> <li>Organisational sustainability</li> </ul> |



# Glossary of Terms

|                   |   |
|-------------------|---|
| <b>ASSOCHAM</b>   | Associated Chambers of Commerce and Industry of India               |
| <b>CAGR</b>       | Compound Annual Growth Rate   |
| <b>CSR</b>        | Corporate Social Responsibility                                     |
| <b>EDPAL Bill</b> | Eliminating Discrimination Against Persons Affected by Leprosy      |
| <b>ILEP</b>       | International Federation of Anti-Leprosy Associations               |
| <b>LCDC</b>       | Leprosy Case Detection Campaign                                     |
| <b>NABH</b>       | National Accreditation Board for Hospitals and Healthcare Providers |
| <b>NGO</b>        | Non-governmental Organisation                                       |
| <b>NLEP</b>       | National Leprosy Eradication Programme                              |
| <b>NTD</b>        | Neglected Tropical Disease  |
| <b>PRI</b>        | Panchayati Raj Institution  |
| <b>QoL</b>        | Quality of Life   |
| <b>TLM</b>        | The Leprosy Mission   |
| <b>TLMTI</b>      | The Leprosy Mission Trust India                                     |
| <b>TN</b>         | Tamil Nadu  |
| <b>UP</b>         | Uttar Pradesh   |
| <b>VTC</b>        | Vocational Training Centre  |
| <b>WASH</b>       | Water, Sanitation and Hygiene                                       |
| <b>WHO</b>        | World Health Organization   |
| <b>WHOQOL</b>     | WHO Quality of Life   |







**The Leprosy Mission  
Trust India**

*healing.inclusion.dignity*

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