

## Zero Leprosy Best Practices

### **Best Practice:** *Using Religious Leaders as a Platform for Zero Leprosy and Zero Discrimination*

#### **Subthemes**

- Early detection and prompt treatment
- Reduction of stigma, discrimination, and exclusion
- Operational capacity
  - Leadership and governance
  - Service delivery

#### **Target Audience(s)**

- Policy leaders
- Program managers
- Donors
- Other partners such as NTD NGOs

#### **Contributors**

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#### **Key Messages**

Despite 80% of people worldwide self-identifying as having a religious faith and despite the acknowledged influence of religion on attitudes and practices of communities around the world, faith groups are usually not mobilised in leprosy programmes. As religious leaders and religious beliefs can be very influential in either perpetuating stigma or tackling it, this model shows a positive way of engaging and harnessing religious sentiment in a three-way partnership with leprosy-focused organisations, inter-faith leaders, and the national leprosy programme in Sri Lanka.

#### **Key Informant / Date Submitted**

James Pender, The Leprosy Mission England and Wales, April 2019

### Description of the Best Practice

#### **Introduction**

Sri Lanka is a highly leprosy-endemic country, with 1,877 new cases—including 195 child cases—detected in 2017. Two of the main barriers to ending leprosy, identified by the Government Anti-Leprosy Campaign (ALC), are low awareness levels regarding leprosy throughout the country and the myths associated with the disease that cause discrimination and prevent people from coming forward for treatment.

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Recognising the impact of these deeply engrained myths within belief systems, The Leprosy Mission England and Wales (TLMEW) worked with a faith-based partner organisation in Sri Lanka, Alliance Development Trust (ADT), to conceive an approach that would work through faith leaders to raise community awareness about leprosy, address the myths associated with the disease, and break down stigma and discrimination.

TLMEW supported ADT in using its existing networks with churches to identify church leaders as leprosy awareness facilitators, whom the ALC trained as leprosy ‘trainers of trainers.’ Recognising interest from other faiths following community-based awareness activities, ADT then partnered with the Inter Religious Peace Foundation to use their network across the country to engage Buddhist, Hindu, Muslim, and Christian faith leaders. In each district, the trainer of trainers facilitated interfaith groups of leaders from each community who wished to take action on leprosy. These groups were trained and supported by the district-based ALC Public Health Inspectors–Leprosy (PHIs).

As a result of the engagement by faith leaders, to date over 30,000 people have increased their awareness about leprosy. This has led to new cases of leprosy being detected and to people affected by leprosy being better included and supported within their communities.

### Objectives and Methodology

This practice contributed towards the goal of increasing leprosy new case detection rates and reducing leprosy stigma throughout Sri Lanka. The key objective of this practice was to leverage faith leaders’ influence for increasing awareness of leprosy and reducing stigma and discrimination.

The core methodology used was a model of cascading training of religious leaders. Following training, these leaders would train others on leprosy using a training manual that was developed with the support of The Leprosy Mission Trust India. The training module was developed to empower the faith leaders to educate, advocate, and change the existing incorrect beliefs, knowledge, attitudes, and practices among the general public through conducting leprosy awareness programmes.

Christian faith leaders started by raising awareness within their places of worship and then worked closely with the ALC to run community awareness events. These events gained the interest of other faith leaders.

### National Interfaith Conference

To initially mobilize a broad range of religious leaders, a national interfaith conference was held with respected and influential national and district level leaders from all faith groups. Convincing national leaders was key to the success of the intervention, as they encouraged their respective faith leaders to get involved at the district level.

Arranged by ADT and fronted by the ALC, the conference involved presentations on leprosy, with faith leaders from each district seated at tables in mixed faith groupings. In a context where there has been tension and even incidents of interfaith hostility, breaking down these divisions through individuals getting to know other delegates from other religions and forming strong relationships with them was as

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important as the orientation on leprosy. During the conference and later workshops at a district level, strong working relationships and friendships were successfully formed across faith lines which led to good collaboration and a unified approach to raising awareness of leprosy. In planning such events, careful attention is needed to provide for the differing dietary, seating, and other religious and ceremonial requirements of participants.

### **Inter Religious Peace Foundation**

The trained Christian leaders then facilitated action to raise awareness through the district interfaith committees of the Inter Religious Peace Foundation. These individuals worked closely with the PHIs and the ALC, who trained all the faith leaders on leprosy and utilized their willingness to raise awareness. These faith leaders then worked closely with the ALC and PHIs to run community awareness campaigns in their places of worship and also in community institutions, including schools and prisons.

### **Implementation of Practice**

The main activities began with training of trainers for religious leaders and a national conference to obtain the backing of senior clerics. These activities were held in the capital Colombo and were facilitated by ADT, with specialised leprosy training provided by the ALC.

Following these initial activities, leprosy awareness meetings, led by the trainer of trainers with support from PHIs, were held across every district in Sri Lanka. Religious leaders, in collaboration with PHIs, then conducted leprosy awareness events in churches, temples, and mosques as well as religious schools, prisons, and other community forums. As a result of this outreach, suspected leprosy cases were referred by the religious leaders and community members to the PHIs who saw that a proper diagnosis was performed, leading to new case detection. In addition, a number of persons affected by leprosy received some livelihood support that was provided through the interfaith committee members and managed by ADT.

Recently ADT and the ALC have built stronger links with the leprosy organisation *People's Forum for Change*, which is also being supported by TLMEW. It is planned that some of the organisation's members will join the district interfaith committees and help plan outreach activities as this initiative develops further.

### **Results—Outputs and Outcomes**

As ADT is a faith-based organisation with a relationship to local churches in Sri Lanka, it first targeted its own constituency. As a result, the cascading trainer of trainers approach led to 785 church leaders at district levels being trained on leprosy; these leaders, in turn, reached 20,640 church members through 349 leprosy awareness Sunday services. Another 9,630 individuals heard about leprosy through 78 interfaith awareness events held in temples, mosques, religious schools, and prisons. Even when awareness activities were conducted within a single religious community, the faith leaders supported each other with leaders of other faiths attending. Other events, such as those with community leaders or in schools or prisons were run using an inter-faith approach.

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These actions led to 58 new cases of leprosy being diagnosed and 20 people affected by leprosy receiving livelihood support.

An indirect output was that this action has also led to strong relationships being formed across different faith communities contributing to improving inter-communal relations and peace building, in a country where religious and ethnic divisions have led to conflict.

This initiative has also led to the ALC forming stronger partnerships with civil society, and now this work is embedded within the Government's approach to working towards zero leprosy across Sri Lanka. As an example, when the Galle district PHI wished to conduct door-to-door leprosy awareness and case detection he enlisted 10 clerics through the support of a religious leader on the interfaith committee to help him.

### Lessons Learned

**Successes:** The recognition by NGOs and the ALC of the benefits of working with faith leaders and working through an organisation that already had strong links to and relationships with faith communities was a key component to the success of the intervention. The ability to facilitate support from leaders of faith groups and for them to motivate their clergy was essential.

Working through religious leaders from multiple faiths has proved very effective in spreading awareness messages widely and in convincing the listeners. Working through personal relationships of religious leaders has also led to opportunities that neither Government nor NGOs like ADT would otherwise have been able to avail.

The willingness of leprosy-focused NGOs and the ALC to be inclusive and not to dominate community and religious leaders in awareness raising, but rather to recognise their respect and standing in the community and to resource them to call their followers to action, has led to the success of this initiative. All too often development workers sideline such leaders and see them as an impediment to change, which can generate hostility. Religious leaders also want the best for their communities, and this initiative gave them an avenue to practically achieve this which was enthusiastically taken up. Providing centrally prepared awareness resources (by the Government with input from faith leaders) helps to ensure consistency of the leprosy message. Enabling faith leaders to unite around a single issue relevant to all their congregations not only helps to raise awareness about leprosy but also promotes community cohesion and peace building.

**Limitations:** Implementing livelihood support for people identified by the interfaith groups was less successful for several reasons. Identifying suitable clients was problematic as they were widely scattered throughout the country, the number of persons the project could support was low due to a limited budget, and livelihood support was not an activity in which interfaith groups could become heavily involved. In retrospect, it was felt that this initiative should just have focused on awareness and that livelihoods were better supported through bespoke projects designed primarily for that purpose.

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### Replicability and Scalability

The practice has been implemented in many different settings within Sri Lanka that have environmental, ethnic, religious, and cultural differences. Since the initiative started, there has been a greater interest in partnering with religious leaders in leprosy programmes by other members of The Leprosy Mission Global Fellowship and other interventions involving religious leaders and religious congregations are now underway in other locations in Africa and Asia.

Over time, involvement of religious leaders in Sri Lanka will reduce stigma and raise awareness of leprosy across the country and is expected to play an integral part in the country's zero leprosy strategy in the coming years.

A key requirement is to sustain the interest and involvement in leprosy activities of religious leaders who are very busy people with many other demands on their time. Regular meetings and workshops to refresh and envision their engagement are therefore required. In the longer term, it is expected that the ALC will continue to utilize religious leaders in its efforts and therefore sustain the practice of engagement with faith communities.

### Conclusions

The results from these activities have benefited the people of Sri Lanka by allowing leprosy awareness messages to reach deep into the community, including to groups that were previously unreached such as conservative Muslim women who would not feel comfortable showing skin patches to health workers. As Imam Abdullah Mohammed Ali stated, "Muslim women wear hijab, so leprosy may go undetected, therefore I want to raise their awareness on leprosy. More blessing is received if we help those who are marginalised." He is a principal of one madrassa (Muslim school) and plans to speak about leprosy in all the 37 madrassas in his district.

Anti-leprosy stigma messages also carry more weight when given by respected religious leaders and thus have been taken more seriously. Religious leaders have proved to be willing and capable partners to enable the Government to harness civil society support in spreading leprosy awareness messages.

The three-way partnership between NGOs, Government, and religious leaders is somewhat unique and has proved effective in spreading leprosy awareness, identifying new leprosy cases, and contributing to inter-communal harmony.

It is recommended that leprosy-focused organisations seek to work increasingly in partnership not just with Government agencies but also with religious leaders to utilize their networks, better their communities, and harness their influence in communities across the world.