Best Practice: *Integration of Leprosy in an Inclusive Development Program with Disability Prevention, Disability Management, and Comprehensive WASH—An Experience from Nepal*

Subthemes

- PEP / people at risk
- Early detection and prompt treatment
- Disability prevention and treatment
- Reduction of stigma, discrimination, and exclusion
- Operational capacity

Target Audience(s)

- Program managers

Contributors

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Key Messages

The integrated model of leprosy prevention and control can be a great success if it is internalized by the local community and government. This can be done by providing appropriate capacity enhancements in leprosy aimed at diagnosis, treatment, referrals, prevention, and inclusion. The system should also incorporate the principles of social justice and policy provision.

Key Informant / Date Submitted

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November 2019

Description of the Best Practice

Introduction

Through piloting several innovations, NLR Nepal introduced the concept of "Our Village Model Village" (OVMV). Through the implementation of OVMV, NLR Nepal along with local governments designed a package program, called Inclusive Development, that includes seven project components:

- Disability Prevention
- Disability Management
- Disability Inclusive Development (DID)
- Leprosy Prevention through Post-exposure Prophylaxis (PEP)

- Leprosy Control
- Comprehensive WASH
- Organizational Strengthening

The integrated package is being implemented in 10 municipalities of Provinces 1 and 7 under a memorandum of understanding (MOU) between the local governments and NLR Nepal.

During the first year of intervention (2018), the results were very encouraging. The leprosy control and prevention efforts have been fully owned by the local governments (municipalities) and include an agreement with the provincial governments.

Objectives and Methodology

Nepal is one of the world's leprosy-endemic countries. Through the efforts of the Government of Nepal along with supporting partners, the target of leprosy elimination was achieved in 2010.

The leprosy PEP concept was introduced in Nepal in mid-2015 and was implemented initially in three districts as a pilot project. It became a national strategy in 2018 and was expanded to eight districts.

Despite various policies, strategies, and implemented programs, Nepal's annual case detection in the last 8 years has not fallen below 3,000. In 2018 a change in the government structure of Nepal was introduced that included decentralization and resulted in more authority for local rural/urban municipalities. This led to a broader understanding that leprosy programs should be part of mainstream development rather than a vertical program and also highlighted the need for a leprosy control strategy that integrated and maximized community participation. Therefore, an integrated program was designed and implemented in 10 municipalities of two provinces of Nepal.

Implementation of Practice

Of the 100 activities listed under the Inclusive Development program, major activities related to leprosy include the following:

- Capacity development and awareness raising for all elected officials, heath workers, and community workers
- Leprosy diagnosis, treatment, and referrals
- Leprosy prevention through PEP
- Inclusion of persons affected by leprosy and persons with disability through empowerment
- Commitments of local municipalities for the "declaration of leprosy-free municipalities" by including the issues in their long-term strategic plans

Multiple conversations and advocacy efforts were held with the local elected officials to convey the importance and need for these activities and gain approval for their implementation. The municipalities involved in the Inclusive Development program in Provinces 1 and 7 in 2018 include the following:

1. Yamwarak Rural Municipality, Panchthar
2. Kachankabal Rural Municipality, Jhapa
3. Kankai Municipality, Jhapa
4. Kanepokhari Rural Municipality, Morang
5. Letang Municipality, Morang
6. Belaka Municipality, Udayapur
7. Sukhlaphata Municipality, Kanchanpur
8. Laljhadi Rural Municipality, Kanchanpur
9. Beldandi Rural Municipality, Kanchanpur
10. Gauriganga Municipality, Kailali

The formation of new Disabled People Organizations (DPOs) along with the strengthening of existing ones allowed for significant representation of persons affected by leprosy in the project. This representation enabled their voices to be heard through the structured Social Development Committees within the municipalities.

The key implementers in the Inclusive Development project are the municipalities themselves, with the support of NLR. In each area, one focal person and several community-based rehabilitation facilitators (CBRFs) have been assigned to work on the project. All the municipalities have allocated at least twice the amount of funding provided by the project partner.

Results—Outputs and Outcomes

The first-year results are very encouraging. The leprosy control and prevention activities are being fully owned by the local governments and communities within the package program of Inclusive Development.

Within the municipalities, the census surveys have been completed (100%), profiles have been developed (70%), execution plans are in place (100%), individual profiles of persons with disabilities have been prepared (80%), and leprosy PEP interventions have been implemented (100%) for all notified cases. A large number of community members (around 200,000) are participating and were given orientations during the process.

All municipalities have kept the Inclusive Development program in their long-term and annual plans. The PEP intervention is being rolled out for all new cases. In 2018, 80 new cases were detected, with proper management of multi-drug therapy.

It appears that the new integrated program has led to increased case detection. Further analysis will be made based on the historical cases from available records.

Although the approach itself has not yet been assessed, a project evaluation carried out earlier in 2019 did include the approach in its overall assessment. Based on available reports reviewed and interviews with key informants, the evaluation team found the following key best practices from the project:

- The proven methodology for leprosy PEP was found to be feasible in Nepal, and the MoH Nepal has already extended the program in nine districts
- The OVMV approach was found effective, and the project management has expanded it to 10 new municipalities / village municipalities as part of the Inclusive Development program
- Best practices and lessons learned will be replicated in other projects, with several aspects to be improved upon moving forward

NLR Nepal considers Inclusive Development to be a continuous regular program owned by the municipality, even after 5 years of intervention through technical and partial financial support. Subject to mutual agreement and availability of funds, it will likely be expanded to other municipalities. The current plan is to continue implementation of the project until the end of 2022 in 20 municipalities.

Lessons Learned

- Seven components of the Inclusive Development program carefully explore the underlying health issues in a particular community and can help reduce stigma towards persons affected by leprosy. Newly elected government officials are now aware of leprosy—its clinical features, diagnosis, treatment, complications of delayed diagnosis which leads to disability, and preventive measures. Most importantly, they recognize it as a social problem instead of viewing it as a disease only or some "curse of god."
- There is an opportunity to cover all the index cases with PEP instead of only limited index cases of 3 years or less. This will be more effective in stopping leprosy transmission and will be useful for future research to show the effectiveness of PEP intervention when all index cases are covered.
- Involvement in periodic planning for the 10 municipalities with an updated profile has provided evidence on the prevalence of leprosy cases in these areas, thereby helping guide decisions on expanding the PEP intervention. Updating leprosy inventories has become easier with better access to and good relationships with the health department and health institutions of the municipalities.
- Special events like Leprosy Day and Disability Day celebrations in municipalities have helped increase awareness about these issues. This in turn has contributed to earlier diagnosis, treatment, and prevention of disability due to leprosy.
- Four DID municipalities have established a disability ID card distribution program. Through this program, persons with leprosy are provided disability ID cards and given access to other government systems like social security allowances.
- In municipalities with disability ID programs, participation of persons with leprosy through DPOs has helped to reduce stigma and discrimination, thus empowering leprosy affected persons to develop leadership capacity. With the empowerment of person affected by leprosy and persons with disability in health, education, and livelihood, no evidence of discrimination has been noticed during the intervention period.

- Mapping for PEP intervention has been easier in areas with the Inclusive Development program, as mapping requires mobilization of human resources from the municipality. Also, with the help of local government health staff it is now easier to prepare resource maps through mapping of GPS coordinates of leprosy cases.
- CBRFs in each working municipality are involved in the leprosy program—especially in PEP intervention—and are able to conduct it successfully

Replicability and Scalability

A leprosy control program with PEP intervention is ongoing in all 10 municipalities participating in the Inclusive Development program. In addition, this project is being replicated in at least 6 additional municipalities in 2019.

Since the Inclusive Development program has been included in the municipalities' long-term plan, with budget provision and the continuation of CBRF staff, it serves as an excellent example of a collaborative project that can turn into a long-term practice fully owned by the local government.

With limited technical and financial support, this program can be replicated easily in villages that have an appropriate governing system with authority.

For long-term sustainability, technical support—especially in the area of capacity building—and new updates should be given. A regular review and monitoring mechanism should also be established with the NLR project, provincial governments, and municipalities.

Conclusions

The preliminary experience of the integration of the leprosy control and prevention program into an inclusive development program including disability and WASH has been that this approach is well appreciated and fully adopted and owned by the local government and communities and can serve as a good example of partnership. This has encouraged replication in other municipalities of Nepal.

Further Readings

Available from the authors upon request:

1. Mid Term Evaluation of "Support to Leprosy Control, Disabilities Management and Inclusion in Nepal." Project Supported by Netherlands Leprosy Relief Nepal – Social Welfare Council, February 2019.
2. DISABILITY FRIENDLY VILLAGES - "Our Village the Model Village" Project Morang District, Nepal - Evaluation Report. Fiona Budge and Dr. Bishnu Dhungana, 22nd of January 2018.