



National Leprosy Eradication Programme NGO Scheme



Year 2013



**Central Leprosy Division
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India**





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दिनांक/Dated.....

29/8/13

FOREWORD

The decision of the Govt. of India to replace the existing "Modified SET scheme (2004) for Non Govt. organization/ voluntary organization" with the "NGO scheme in NLEP 2013" is a timely initiative to strengthen the services & facilities to the Leprosy affected persons in the country. The new scheme covers a number of service areas for support to be provided by the NGOs, to supplement the Governmental efforts particularly in difficult to access, insurgency affected areas and marginalized population groups.

While the affected persons will be benefited by the extended service facilities, the NGOs can also build partnership with the State programme for further support. I would like to call upon the state and district officials to give wide publicity to this NGO scheme in NLEP – 2013 and select suitable NGOs/agencies for the services as per the need of the programme.

I wish the programme for Leprosy Eradication, a success.

J. Prasad

(Dr. Jagdish Prasad)

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PREFACE

The "NGO scheme in NLEP – 2013" is the result of constructive feedback by Leprosy Programme Officers, Non Govt. Organizations working in the SET scheme since long, partners like the International Federation of Anti Leprosy Association (ILEP) in India, National forum of Person Affected by Leprosy & other stakeholders. There are eight separate schemes in which NGOs, as per their area of expertise, can collaborate with the state govt. for one or more schemes. The Grant-in-Aid is fixed for each scheme and the NGO is expected to support additional activities from their own source/other source.

Each scheme is on a project mode for 2 years in which agreed results have to be achieved. Further continuation will be based on successful assessment of the NGOs' performance. The new scheme has wider scope for the State Leprosy Officers to identify suitable agency/ies for providing leprosy services in the selected areas as per the need of the place & the community.

The committee comprising of representatives from Govt. of India, State Govt., ILEP, NGO, National Forum for persons affected by leprosy under the Chairmanship of Dr. Srinivas, GLRA has worked hard in drafting the new scheme. The Govt. of India is encouraging the participation of NGOs for supplementing the Govt. efforts to the weaker section of the society. Each NGO/voluntary organization which wish to participate in the programme should approach the State Govt. to register their organization.

I would like to gratefully acknowledge the support of International Federation of Anti Leprosy Associations (ILEP), India in printing and distribution of the document.

(Dr. C. M. Agrawal)



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Chapter - I

Introduction

National Leprosy Eradication Programme (NLEP) is one of the major health programmes in the country. After integration of NLEP into general health care services, diagnosis & treatment of the leprosy including referral (primary care of leprosy) has become the responsibility of general health care staff.

Complications of leprosy and consequences of disability & its management are considered difficult areas. The introduction of Disability Prevention and Medical Rehabilitation (DPMR) has addressed the situation to a certain extent but this level of care still lies with selected government apex institutions, ILEP- supported hospitals and few specialized care centres in the private sector.

NGOs have played a vital role all through the history of leprosy control in the country. Several NGO centres have the expertise and a spectrum of facilities to assist in leprosy eradication.

The Central Leprosy Division of Government of India through National Rural Health Mission (NRHM) seeks active participation of NGOs in executing various activities in leprosy in different endemic rural as well as urban areas of the country as deemed necessary by the State Government. The pattern of Government assistance for NGOs in the country during post-integration phase is the modified NGO schemes. There is a felt need for other NGO schemes based on strengths and a need to recognize such NGOs as specialized care providers in leprosy. Schemes under NLEP need to be revised to accommodate important components where NGOs can also support the programme. NGOs are presently involved for disability prevention and ulcer care, information, education and communication (IEC)/Behaviour Change Communication (BCC), referral of suspect cases, referral for Re-Constructive Surgery (RCS), research and rehabilitation. As the number of cases have gone down dramatically the NGOs support can now be extended to ensure follow up of the under treatment cases particularly in urban locations and in difficult to access areas. Such follow up has become necessary because nearly 10% of the patient diagnosed do not take the treatment regularly and often had to be deleted otherwise. For a quality leprosy service one has to ensure that each and every patient completes the treatment in the scheduled time. The NGOs can support the hospitals and primary health centers (PHCs) in this important activity.

Collaboration with NGOs is also expected to initiate effective and sustained action towards community mobilisation and initiation of behaviour change. NGOs would complement and supplement the government efforts to make a significant change in leprosy burden and bring about betterment of overall health and socio-economic condition of population in the endemic areas for leprosy.





A Core Committee was constituted by the Central Leprosy Division, Ministry of Health and Family Welfare in December 2012 comprising of key stake holders to review the existing schemes in leprosy and propose need based schemes. The Committee conducted a detailed review and proposed eight schemes based on the needs of NLEP and the strengths of the NGOs. These have been outlined below:

- Scheme 1A - Designated Referral Centres (DRC 1A) Out-patient facility
- Scheme 1B - Designated Referral Centres (DRC 1B) Out-patient and In-patient
- Scheme 1C - Designated Referral Centres (DRC 1C) Out-patient, In-patient and RCS
- Scheme 2 - Comprehensive Care for Underserved Areas
- Scheme 3 - Contact Survey and Home Based Self Care
- Scheme 4 - Disability Care Centre - Leprosy Colonies
- Scheme 5 - Advocacy Communication and Social Mobilisation with activities to reduce Stigma and Discrimination in Leprosy
- Scheme 6 - Partnering with community for elimination of leprosy

A grant-in-aid (applicable to the current Indian costs and conditions) was derived by the members of the Committee based on unit cost exercise adopted by various NGOs and also based on their experience in delivering key leprosy services.

The purpose of this Scheme Guideline is to involve NGOs and subsequently build partnership with them under NLEP. NGOs will implement various schemes under NLEP and will apply for the same as per this standard guideline.





Chapter - II

Objectives

Awareness in the community regarding causes, symptoms, cure and control of leprosy is very poor. Efforts have to be laid on creating community awareness so that the individuals may suspect leprosy and should seek early health care services. As the cases have come down, active search of cases will be costly and resource-intensive. Enhanced individual awareness will lead to an increased passive reporting of cases at the health centres. There is evidence to suggest considerable delay in detection due to the late reporting of cases. In order to achieve elimination of leprosy there is need to undertake early diagnosis and prompt treatment. This would reduce the reservoir of infection and cut the chain of transmission.

A substantial burden of the disease can be attributed to the disability caused by leprosy, thus making DPMR an essential component of the Programme, including the provision of quality RCS.

A major barrier for care-seeking is stigma. Reduction in stigma can only be possible with greater involvement of people affected by leprosy in the programme at various levels.

Partnership with NGOs including Faith Based Organisation (FBOs) and Community Based Organisations (CBOs) is envisaged under NLEP. The objective is to provide uniformity in diagnosis, treatment and monitoring through a wider programme base to maximize access to NLEP services.

The NGOs will be collaborated for following:

- IEC/BCC and stigma reduction
- Referral of suspects, Diagnosis and provision of multidrug therapy (MDT)
- Follow up of cases and treatment adherence
- Out-patient and In-patient care
- DPMR
- Referral for RCS
- Conduct of RCS





Chapter - III

Eligibility Criteria

A. Pre-qualification criteria:

NGOs interested in the scheme should have:

1. Registration of the NGO for at least last two years. (Certified copy to be submitted).

Legal status - The Applicant agency should be a non-profit professional organisation registered under Societies Registration Act 1961 or other such laws governing institutional registration and having its own office. (Registration Certificate and renewal document to be annexed)

Stable organisational structure to ensure accountability- The applicant organisation must warrant that there is minimum staff, active governing body, periodic annual report and audited financial report.

True and Fair Track Record - The applicant organization must have a clean audit report and the organisation must not have any litigation or conflict of interest.

2. Necessary infrastructure and manpower support (list to be attached with the proposal).

Infrastructure- The applicant organisation should have the basic infrastructure like office building, equipment and relevant facility, hospital and laboratory etc.

3. Experience of work related to leprosy or health or community development as appropriate in public sector.

In addition, the eligibility criteria specific to the scheme has been covered along with the description in the appropriate section.

Note: The applicant organisation shall furnish relevant documents to support the above eligibility/qualification criteria. In case of non-compliance to any of the eligibility criteria mentioned above, the applicant organisation shall be liable to be disqualified and appeals of the applicant may not be processed further. Applicant organisation should avoid enclosing additional / irrelevant documents with regard to the eligibility.

The scheme will also be open for hiring by any agency, which may include World Health Organization (WHO), International Federation of Anti-Leprosy Association (ILEP) Organizations and other NGOs.



B. Submission of application

Applications requesting for the Grant-in-aid under the NGO scheme shall be made through the District Leprosy Officer (DLO) to the State Leprosy Officer (SLO). The proposals for the scheme will be scrutinised by the SLO.

SLO/ State Government shall have the right to verify the particulars furnished by the applicants independently and also to reject any application without assigning any reason thereof.





Chapter - IV

Description

Scheme 1A - Designated Referral Centres (DRC 1A) Out-patient facility

Objectives:

The out-patient facility is the first point of entry for availing comprehensive leprosy care. The leprosy-related services include diagnosis (including difficult-to-diagnose cases) and treatment, management of simple ulcer, identification and management of mild reactions, physiotherapy and self-care practices for preventing disability, provision of microcellular rubber (MCR) footwear and IEC activities for elimination of stigma and discrimination.

The overall objective of the scheme DRC 1 A will be :

- To provide comprehensive leprosy care at out-patient level
- To improve voluntary reporting of leprosy suspects
- To improve accessibility to services and prevent disabilities
- To provide DPMR services with provision of aids and appliances
- To provide counselling to patient and family

The primary result expected will be:

Improved case management and delivery of quality services to leprosy affected people

Eligibility:

Any registered NGO having experience in leprosy care for at least two years. The out-patient facility of the NGO will be expected to have a catchment area comprising of at least two-to-three endemic blocks/municipal wards. The NGO will be expected to cater to an area as per the need and as determined by the state.

The NGO should have the human resources: leprosy-trained Medical Officer, Physiotherapy technician, Para-medical worker and Lab facility.

Activities:

The following service components should be available in the centre:

- Confirmation of cases of difficult-to-diagnose leprosy and relapse cases (with skin smear facility)
- Simple ulcer care
- Management of lepra reaction
- Physiotherapy and treatment for cases with Grade 2 disability requiring medical treatment
- Line listing, supply & updating of cases requiring MCR footwear and other aids & appliances
- Develop effective linkage with the general health care system
- Maintenance of records and registers



The activities should be identified through joint planning between SLO/DLO and NGO in order to avoid duplication and encourage ownership.

Grant-in-aid:

The proposed annual grant-in-aid will not exceed Rs. 2,25,000 and will be released by the State to the NGO in two instalments per year on pro-rata basis.

Services	Expected Volume of Work / year	Expected Expenditure
Diagnosis of new cases of leprosy	50 new patients	Rs. 10,000
Management of OP Ulcer	200 ulcers x 5 times	Rs. 80,000
Management of OP Reaction	15 reaction patients	Rs. 18,000
Intensive physiotherapy	20 patients	Rs. 14,000
MCR supply	100 patients x 2 times	Rs. 60,000
Supply of Aids and Appliances(Wheel chair/Crutches/Artificial limbs/POP/Splints)		Rs. 30,000
Miscellaneous (records, registers, other logistics and admin cost)		Rs. 13,000
	Total	Rs. 2,25,000

The grant-in-aid is fixed and the NGO is expected to support additional activities from their own source/ other sources. NGO will receive MDT, steroids and additional drugs from the DLO.

Monitoring Indicators:

The outcome of the project cycle need to be verified at the end of each project period based on the following indicators

- Improved early case detection compared to the baseline
- Successful treatment completion
- Disability among new cases - WHO grading scale (0,1,2)
- Proportion of leprosy patients developing new disabilities during treatment
- Corticosteroid completion rate
- Number of relapses diagnosed
- Proportion of persons affected by leprosy provided MCR footwear among those requiring protective footwear



Scheme 1B - Designated Referral Centres (DRC 1B) Out-patient and In-patient

Objectives:

NGOs having facilities to provide services for management of all complications of leprosy and other routine leprosy care (identification and management of severe reactions, intensive physiotherapy, complicated ulcer care, nerve function assessment, reaction management, self-care promotion, other facilities for early diagnosis and treatment, MCR supply, provision of aids and appliances and IEC to reduce stigma and discrimination). Based on the need of the area, this could be a model secondary care centre for DPMR.

The overall objective of the scheme DRC 1 B will be:

- To provide comprehensive leprosy care
- To act as an in-patient and out-patient referral centre to manage leprosy complications
- To provide DPMR services with provision of aids and appliances
- To provide counselling to patient and family

The primary result expected will be:

Improved case management and delivery of quality services to leprosy affected people

Eligibility:

Any registered NGO having at least 10 bedded hospital with minimum 3 years of experience in rendering leprosy services. The organisation should have at least one leprosy- trained qualified doctor, trained physiotherapist and trained lab technician and others as relevant to secondary level DPMR centres. The NGO will be expected to cater to one district or more as per the need and determined by the State Leprosy Office.

Activities:

The following activities should be undertaken in the centre:

- Confirmation of cases of difficult-to-diagnose leprosy and relapse cases
- Nerve assessment and follow-up
- Treatment for severe lepra reaction
- Cases with adverse effects of MDT
- Cases with Grade 2 disability requiring medical or minor surgical treatment
- Cases requiring special MCR footwear, crutches, wheel chair, other materials
- Laboratory facilities with skin smear and all other routine tests
- Counselling to patient and his family
- Develop linkages with the general health care system
- Maintenance of records and registers

The above activities should be identified through joint planning between SLO/DLO and NGO in order to avoid duplication and encourage ownership.



Grant-in-aid:

The proposed annual grant-in-aid will not exceed Rs. 5,00,000 and will be released by the state to the NGO in two instalments per year on pro-rata basis.

Services	Expected Volume of Work / year	Expected Expenditure
Diagnosis of new cases of leprosy	100 new patients	Rs. 20,000
Management of ulcer - OP	200 ulcers x 5 times	Rs. 80,000
Management of reaction - OP	20 reaction patients	Rs. 24,000
Management of simple ulcer - IP	10 patients	Rs. 20,000
Management of complicated ulcer - IP	25 patients	Rs. 1,44,625
Management of severe reaction - IP	10 patients	Rs. 40,000
Minor surgical procedures	50 patients	Rs. 10,000
Septic surgery / Amputation	4 patients	Rs. 40,000
MCR supply	100 patients x 2 times	Rs. 60,000
Supply of Aids and Appliances(Wheel chair/Crutches/Artificial limbs/POP/Splints)		Rs. 30,000
Miscellaneous (records, registers, other logistics and admin cost)		Rs.31,375
	TOTAL	Rs. 5,00,000

The grant-in-aid is fixed and the NGO is expected to support any additional activities from their own source/ other sources. NGO will receive MDT, steroids and additional drugs from the DLO.

Monitoring Indicators:

The outcome of the project cycle need to be verified at the end of each project period based on the following indicators

- Improved early case detection compared to the baseline
- Successful treatment completion
- Disability among new cases - WHO grading scale (0,1,2)
- Proportion of leprosy patients developing new disabilities during treatment
- Corticosteroid completion rate
- Number of relapses
- Proportion of persons affected with leprosy provided MCR footwear among those requiring protective footwear
- Proportion of persons affected with leprosy reported with recurrent ulcer



Scheme 1C- Designated Referral Centres (DRC 1C) Out-patient, In-patient and RCS

Objectives:

Medical rehabilitation is one of the main components of DPMR and RCS is accorded priority. RCS with referral facility is considered as the highest level of referral centre (tertiary care services) in leprosy. Of the 2548 RCS conducted in India in 2011-12, about 1552 (61%) were conducted through NGO hospitals. These centres and other NGOs having such facilities need support from NLEP. Diagnosis (including for difficult-to-diagnose cases) and treatment of leprosy, lab services and all complications of leprosy will be managed at this facility. Such centres will provide DPMR services (including RCS) with the provision of aids and appliances and act as specialized centres providing leprosy care.

The overall objective of the scheme DRC 1 C will be:

- To provide comprehensive leprosy care
- To provide specialised services in leprosy
- To provide DPMR services (including RCS) and with provision of aids and appliances
- To provide counselling to patient and family on RCS

The primary result expected will be:

Improved case management and delivery of quality services to leprosy affected people

Eligibility:

Any registered NGO having at least 10 bedded hospital and operation theatre (OT) and with a minimum 5 years of experience in leprosy services. The staff will include OT nurse, RCS surgeon, and trained physiotherapist with capacity to deliver pre-and post-operative care in addition to leprosy-trained medical officer, on-call anaesthetist and others. The NGO will be expected to cater to the neighbouring three-to-five districts as per the need and as determined by the State Leprosy Office.

Activities:

The following service components should be available in the centre:

- RCS facility
- Confirmation cases of difficult-to-diagnose leprosy and relapse cases
- Management of all forms of lepra reaction
- Management of cases with adverse effects of MDT
- Cases with Grade 2 disability requiring medical or surgical treatment
- Cases requiring MCR footwear, crutches, wheel chair and other materials.
- Laboratory facilities with skin-slit smear and all other routine tests
- Counselling to patient and his family on RCS, social aspects, etc.
- Maintenance of records and registers

The above activities should be identified through joint planning between SLO/DLO and NGO in order to avoid duplication and encourage ownership.



Grant-in-aid:

The proposed annual grant-in-aid will not exceed Rs. 9,75,000 and will be released by the state to the NGO in two instalments per year on pro-rata basis.

Services	Expected Volume of Work / year	Expected Expenditure
Diagnosis of new cases of leprosy	150 new patients	Rs. 30,000
Management of ulcer - OP	200 ulcers x 5 times	Rs. 80,000
Management of reaction - OP	25 reaction patients	Rs. 30,000
Management of simple ulcer - IP	20 patients	Rs. 40,000
Management of complicated ulcer - IP	40 patients	Rs. 2,31,400
Management of severe reaction - IP	10 patients	Rs. 40,000
Re-constructive surgeries	20 patients	Rs. 3,00,000
Minor surgical procedures	100 patients	Rs. 20,000
Septic surgery / Amputation	5 patients	Rs. 50,000
MCR supply	150 patients x 2 times	Rs. 90,000
Supply of Aids and Appliances (Wheel chair/Crutches/Artificial limbs/POP/Splints)		Rs. 50,000
Miscellaneous (records, registers, other logistics and admin cost)		Rs.13,600
	Total	Rs. 9,75,000

**Note- The present criteria for incentives to RCS patients will continue and would be in addition to the above NGO grant and implemented by the DLO*

The grant-in-aid is fixed and the NGO is expected to support any additional activities from their own source/ other sources. NGO will receive MDT, steroids and additional drugs from the DLO.

Monitoring Indicators:

The outcome of the project cycle need to be verified at the end of each project period based on the following indicators

- Improved early case detection compared to the baseline
- Successful treatment completion
- Disability among new cases - WHO grading scale (0,1,2)
- Proportion of leprosy patients developing new disabilities during treatment
- Corticosteroid completion rate
- Number of relapses
- Proportion of persons affected with leprosy provided MCR footwear among those requiring protective footwear



NGO Scheme in National Leprosy Eradication Programme (NLEP) - 2013

- Proportion of persons affected with leprosy reported with recurrent ulcer
- Proportion of persons affected with leprosy undergone successful follow up
- Proportion of persons affected with leprosy undergone RCS among those referred from districts
- Proportion of persons affected with leprosy who have attained functional improvement following RCS



Scheme 2 - Comprehensive Care for Underserved Areas

Objectives:

This scheme is applicable in underserved population*, where it is difficult to ensure effective implementation of NLEP through the existing system. The focus will be to ensure suspect referral, early case detection, case holding, prevention of disability and improved case management in these population.

** Underserved population refers to groups of people who live in geographical areas that are difficult to access, such as forests, deserts, mountains, river banks or regions that on account of special conditions are denied an equal opportunity for access (e.g. tribal areas, nomadic population, slum-dwellers, immigrants, minors, people internally displaced due to war, civil disturbance, social unrest, economic or other crisis, or those who live in sub-standard facilities in urbanization).*

The overall objective of the scheme 2 will be:

- To promote early case detection in underserved areas
- To provide basic DPMR services.

The geographical situation and necessity for utilizing NGO services would be determined by SLO/DLO.

The primary result expected will be:

Improved early case detection and delivery of quality services to leprosy affected people

Eligibility:

Any registered NGO with 2 year's experience of working in the development sector and having a presence in the identified underserved population. NGOs should have experience in utilising community volunteers in public health programs or community development projects. The NGO should be capable of hiring leprosy-trained/ experienced Para- medical worker (PMW) to lead and carry out this scheme with the support of Community Volunteers (CV). The services of a leprosy- trained Medical officer would be needed on part- time basis for diagnosis and treatment. One CV may be required for every 1,000 population or 200-250 houses.

Activities:

The following service components should be facilitated by the NGO:

- Selection and training of CVs
- Screening of suspects by PMW
- Diagnosis and referral for treatment initiation at PHC
- Initial and subsequent nerve assessment
- Screening of all contacts of new cases
- Follow- up of the patients by CVs until completion of treatment
- Supervision of Self- care practices by CVs
- Supply of MCR footwear
- Maintenance of records and registers



The above activities should be identified through joint planning between SLO/DLO and NGO in order to avoid duplication and encourage ownership.

Grant-in-aid:

The proposed annual grant-in-aid will not exceed Rs. 2,00,000 and will be released by the state to the NGO in two instalments per year on pro-rata basis.

Items	Expenditure	Expected Expenditure
Salary for 1 PMW trained in basic physiotherapy	Rs. 8,000 per month	Rs. 96,000
Honorarium for Medical Officer	Rs. 2500 per month	Rs. 30,000
Incentive for CVs-from suspect to cure	Rs. 500 per case and 30 cases maximum expected	Rs. 15,000
Fixed travelling allowance to PMW	Rs. 2000 per month	Rs. 24,000
Training of CVs / community awareness programs		Rs. 10,000
MCR supply	Rs. 300 per MCR (expected to supply 30 MCR footwear 2 times)	Rs. 18,000
Miscellaneous (records, registers, other logistics and admin cost).		Rs.7,000
Total		2,00,000

The grant-in-aid is fixed and the NGO is expected to support any additional activities from their own source/ other sources. The grant-in-aid will also include cost of suspect screening and initial and subsequent disability assessments.

Monitoring Indicators:

- Number of CVs functioning
- Number of suspects referred and new cases diagnosed
- Treatment regularity %
- Proportion of leprosy patients developing new disabilities during treatment
- Treatment Completion Rate (if number of patients are adequate)



Scheme 3 – Contact Survey and Home-based Self-care

Objectives:

The contacts of persons affected by leprosy are known to be at a high risk of contracting the disease. Screening of contacts is therefore an important activity. NGO can perform this in close collaboration with government health system.

The importance of self-care practices in prevention of disability or worsening of disability is well established. Support from family members of the affected person can play a vital role in promotion of self-care practices. It is further required that disabled leprosy affected people living in either the leprosy colony or in the community, be linked to social welfare schemes.

The primary result expected will be:

Improved early case detection and reduction in occurrence of disability through self-care practices.

Eligibility:

Any registered NGO having 2 years of experience in health care sector or community development programs can apply for this scheme. The NGO should be capable of hiring leprosy-trained/ experienced PMW to carry out contact screening / survey.

Activities:

The following service components should be facilitated by the NGO:

- Home visits to all newly diagnosed patients and screening of all contacts and at least 25 neighbouring households
- Suspects if any, to be effectively referred to nearest PHC for diagnosis
- Visit to existing disability cases living in the area once in a month and demonstration of self-care practices
- Referral of the cases to PHC or Designated Referral Center (DRC) in case of complications
- Preparation and updation of line list of affected persons in the area
- Home visits of patients to assess the situation, counsel the patient and family members, demonstrate self-care methods with the help of flip charts and facilitate formation of self-care groups
- Disability assessment
- Linking of the needy to social welfare schemes, pension, national ID cards and other benefits
- Maintenance of records and registers

The above activities should be identified through joint planning between SLO/DLO and NGO in order to avoid duplication and encourage ownership.



Grant-in-aid:

The proposed annual grant-in-aid will not exceed Rs. 1,50,000 and will be released by the state to the NGO in two instalments per year on pro-rata basis.

Items	Monthly Expenditure	Expected Expenditure
Salary for 1 PMW (trained in physiotherapy)	Rs. 8000	Rs. 96,000
Fixed travelling allowance	Rs. 2500	Rs. 30,000
Dressing materials, ointments	Rs. 1000	Rs. 12,000
Miscellaneous (records, registers, other logistics and admin cost)	Rs. 1000	Rs. 12,000
Total		Rs. 1,50,000

The grant-in-aid is inclusive of initial disability assessments before referring to PHC. The grant-in-aid is fixed and the NGO is expected to support any additional activities from their own source/ other sources.

Monitoring Indicators:

- Proportion of contacts screened
- Number of suspects referred
- Number of confirmed new cases among suspects
- Proportion of persons affected with leprosy who had disability assessment at least twice a year
- Number of persons affected with leprosy motivated for self-care practices
- Proportion of persons affected with leprosy practicing self-care
- Proportion of persons affected with leprosy provided with MCR footwear
- Proportion of persons affected with leprosy with ulcer healed
- Proportion of persons affected with leprosy with recurrent ulcer



Scheme 4 - Disability Care Centre- Leprosy Colonies

Objectives:

India has over 850 leprosy colonies that are home to hundreds of thousands of people. In general, these leprosy colonies are geographically and socially segregated from mainstream society and their residents suffer neglect, isolation and often live in abject poverty. The residents of leprosy colonies have trouble accessing even the most basic health care and welfare schemes due to stigma and discrimination that prevails in the community.

The facility will function in a leprosy colony to provide services to those persons affected by leprosy.

The objective of the scheme is to cater to the needs of persons affected by leprosy living in colonies for prevention of disabilities and medical rehabilitation; develop a work force of two persons in managing ulcer cases, preventing new disabilities and identify and refer cases for further treatment; develop self-care support groups and develop a system by which needy and suitable cases are channelized to NGOs/ILEP Partners for Comprehensive Rehabilitation Plan.

The primary result expected will be:

Improved case management and delivery of quality services to leprosy affected people

Eligibility:

National Forum of India or its registered State forums or any registered NGO will be eligible to apply for the scheme. The NGO should have members from persons affected by leprosy and experience in leprosy.

The NGO will be expected to cater to one or more leprosy colonies comprising of at least 100 persons affected by leprosy in area as per the needs determined in discussion with DLO/SLO.

Activities:

The following service components should be available in the centre:

- Mapping of persons with disabilities as per WHO disability grading
- Establish self-care support groups and build capacity to prevent ulcer
- Ensure self-care practice
- Provision of treatment for ulcer cases
- Provision of aids and appliances, MCR-footwear, crutches, wheel chair, other materials etc.
- Develop and establish linkage with government/ILEP referral centres and government health institutions
- Establish linkages with other NGOs/ILEP partners, social welfare department for financial assistance or vocational training for suitable candidates
- Maintenance of records and registers

The above activities should be identified through joint planning between SLO/DLO and NGO in order to avoid duplication and encourage ownership.



Grant-in-aid:

The proposed annual grant-in-aid will not exceed Rs. 2,25,000 and will be released by the state to the NGO in two instalments per year on pro-rata basis.

Services/Expected Outcome	Expected Expenditures	Expected Expenditure
Salary of one staff	Rs. 8000	Rs. 96,000
Management of ulcers (OP)	150 x 5 times	Rs. 93,750
Fixed travelling allowance for referral of cases	5 persons x 12 months x Rs 400 per visit	Rs. 24,000
Conducting self- care support group meetings	12 meetings @ Rs. 500/ meeting	Rs.6,000
Miscellaneous (records, registers, other logistics and admin cost)		Rs. 5,250
	Total	Rs. 2,25,000

The grant-in-aid is fixed and the NGO is expected to support any additional activities from their own source/ other sources.

Monitoring Indicators:

- Number of self-care support groups functioning
- Proportion of colonies with functional self-care support groups
- Number of meetings conducted on self-care practices
- Number of cases screened and listed for disability care
- Proportion of persons living with leprosy with ulcer healed
- Number of persons provided with aids and appliances
- Number of persons with improved mobility due to adaptive devices
- Number of persons referred and availed services at PHC/DRC
- Number of persons screened for comprehensive rehabilitation
- Number of persons availed benefits from government schemes/entitlements
- Number of meetings conducted with government, NGOs, ILEP partners for establishing linkages for provision of services



Scheme 5 - Advocacy Communication and Social Mobilisation with activities to reduce Stigma and Discrimination in Leprosy

Objectives:

The goal of WHO Enhanced Global Strategy is to further reduce the disease burden due to leprosy and sustain the provision of high-quality leprosy services for all affected communities, based on the principles of equity and social justice. Person affected by leprosy is expected to face certain barriers in the journey from being a suspect to the stage of rehabilitation. These may be in the form of discrimination, stigma and attitude of other community members. There remains an unmet need for improved Advocacy, Communication, and Social Mobilization (ACSM) to support persons affected by leprosy and their families. The important areas that need to be addressed are Equity, Social justice and Human rights and enhanced role of persons affected by leprosy in dealing with the stigma and discrimination. The "United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)", was adopted on 13 December 2006 and ratified by India on 01 October 2007. There is a need to bring awareness of Article 1 of the United Nations Declaration of Human Rights (UNDHR) and the UNCRPWD, supporting people affected by leprosy to demand from the government and local communities equal rights and to live in dignity and also support the implementation of the United Nations Human Rights Council (UNHRC) Resolution 8/13 addressing elimination of stigma and discrimination of people affected by leprosy and their family members.

The overall objective of the scheme will be:

- To undertake series of ACSM activities in consultation with the SLO/DLO for reduction of stigma and discrimination against persons affected by leprosy and their family members
- To ensure that the UNHRC principles and guidelines for the elimination of discrimination against persons affected by leprosy and their family members are disseminated to persons affected by leprosy, students, people in the community and other stakeholders.

The primary result expected will be:

Improved early case detection, reduction of stigma and an increased attention by decision-makers to leprosy

Eligibility:

National Forum of India or its registered State forums or any registered NGOs will be eligible to apply for the scheme. The NGO/CBO will be expected to cater to one state or at least five districts in the state.

Activities:

The following service components should be available in this scheme:

- Mobilisation of local political commitment and resources for reducing stigma and discrimination amongst the persons affected by leprosy and their families



- Undertake ACSM activities in consultation with SLO/DLO/concerned ILEP agencies for empowering the communities/stakeholders about UNHRC principles and guidelines at state/district level
- Identification, reporting and action on instances of discrimination and stigma at service provision, rehabilitation or human rights violation
- Integration of leprosy services into general healthcare services, no isolation and discrimination in wards or OPDs.

Apart from the above, the NGO should coordinate with SLO/DLO to implement a minimum set of ACSM interventions to improve awareness and response to mitigate the influence of barriers such as ignorance, discrimination and stereotypes at state/district level.

Grant-in-aid:

The proposed annual grant-in-aid will not exceed Rs. 2,50,000 and will be released by the State to the NGO in two instalments per year on pro-rata basis.

Service/Expected Outcome	Expected volume of work / year	Expected Expenditure
Organise state level meeting with key influential persons and stakeholders on stigma and discrimination, UN resolutions, Enhanced global strategy etc.	One time	Rs. 75,000
Organize district level meetings with government officers from medical, social welfare, district level disability officers and staff, rural development and sensitize them about the issues and concerns of persons affected by leprosy and the living conditions	Five meetings @ Rs. 5000/-	Rs. 25,000
Organise public information campaign at state and district level	One at state level and five events at district level	Rs. 50,000
Travel and mobility cost		Rs. 50,000
Documentation and reporting		Rs. 30,000
Other innovative activities	One time	Rs. 20,000
Total		Rs. 2,50,000

The grant-in-aid is fixed and the NGO is expected to support any additional activities from their own source/ other sources.

Monitoring Indicators:

- Number of favourable actions and measures taken for exercise of the rights to access of health and other services
- Number of persons affected by leprosy who participate in events and meetings
- Number of sensitisation meetings conducted for local authorities
- Number of reported incidents of rights violations against persons affected by leprosy and the number of such incidents addressed
- Number of advocacy campaigns organised and persons attended



- Number of advocacy groups formed
- Number of colonies /villages surveyed for listing of persons affected by leprosy for any instances of discrimination or violation of rights
- Number of persons affected by leprosy or their family members benefited/received support from Government social welfare schemes and other departments



Scheme 6 - Partnering with Community for Elimination of Leprosy

Objectives:

Leprosy is a medico- social problem. Despite various programs and interventions, stigma attached to the disease still exists. There is evidence to show that community participation can address the social issues. IEC activities help to create awareness but often fail to involve the community in the true sense.

CBOs play a crucial role in participation, functioning and decision-making. The CBOs serve as an ideal platform for empowering and building capacity of its members to deliver health messages and participate in health programs. The effective partnership with the CBOs like Self-Help Groups (SHGs), Farmers Development Forum, Adolescent Groups or village-level bodies like Village Health, Nutrition and Sanitation Committees (VHNSC) as well as Panchayat Raj Institutions (PRIs) will enable early case detection as well as help mitigate stigma attached to the disease. The empowered community members will act as change agents.

The overall objective of the scheme will be:

- To understand the perceptions and misconceptions of the community by applying Participatory Rural Appraisal (PRA) techniques like Focus Group Discussions (FGDs), Venn diagram and social mapping.
- To mobilize community by forming CBOs like SHGs, Farmers Development Forums as per guidelines of NABARD
- To involve the existing CBOs in NLEP
- To empower and motivate the CBOs, members of PRIs and local leaders to participate in anti- leprosy activities
- To develop liaison with Government health care Providers

The primary result expected will be:

Improved early case detection and reduction of stigma

Eligibility:

Any registered NGO having a minimum 3 years of experience in health- related activities or community development projects. Preference would be given to the NGOs who have worked in the field of health and have rapport with the government health care providers.

The NGO may work in at least 1- 2 endemic blocks as determined by the state in the first year. Later, the area may be expanded in consultation with SLO/DLO on the basis of the effectiveness of the scheme.



Grant-in-aid:

The proposed annual grant-in-aid will not exceed Rs 1,50,000 and will be released by the State to the NGO in two instalments per year on pro-rata basis.

Item	Monthly Expenditure	Expected Expenditure
Salary of 1 Social Worker (Leprosy) (One Worker)	Rs. 8000	Rs. 96,000
Fixed Travelling Allowance @ Rs.1000/- per Worker/per month	Rs. 1,000	Rs. 12,000
Base line Survey (Qualitative): 20 FGDs (10 FGDs per block) @ 250/- per FGD		Rs. 5,000
Capacity building activities @ Rs.1000/- per month	Rs. 2000	Rs. 24,000
Documentation		Rs. 6,000
End line Survey (Qualitative): 20 FGDs @ 250/- per FGD		Rs. 7,000
Total		Rs. 1,50,000

The grant-in-aid is fixed and the NGO is expected to support any additional activities from their own source/ other sources.

Monitoring Indicators:

Expected outcome

- Increased community awareness about leprosy which will help to mitigate stigma
- Active participation of the empowered community in anti-leprosy activities
- Increased detection rate of symptomatic and hidden cases of leprosy
- Change in community attitude towards leprosy

Indicators

- The Explanatory Model interview Catalogue (EMIC) stigma scale for the community, adjusted for leprosy (ILEP Guidelines to reduce stigma) can be used to assess stigma and changes in attitude of community
- Other qualitative indicators which can be assessed by using FGDs including perception of villagers about cause, spread, treatment and prevention of leprosy; opinion of leprosy patients- their involvement in public life, isolation, and community rehabilitation; participation of community in anti- leprosy activities; and voluntary reporting for detection of leprosy
- Detection rate of new cases (Pre and Post)





Chapter V

Selection Procedures

The selection process for the NGOs will be adopted for granting projects to assist the government in its leprosy programme and schemes. The evaluation of the proposals for grant in aid would be based on their:

- Appropriateness of proposal
- Consistency with NLEP priority issues
- Technical content of the proposal
- Implementation potential of the NGO
- Control or monitoring system proposed by NGO
- Impact on poor and vulnerable population in leprosy endemic areas and urban slums
- Measurability of results in clear terms as observable and measurable indicators

Project proposal

The NGO is expected to apply for suitable scheme in the prescribed format as provided (based on the need of the area and their expertise) to the SLO through DLO. NGOs can apply for more than one scheme based on the criteria. However NGOs applying for Scheme 1C cannot separately apply for Scheme 1A and 1B and similarly scheme 1B applicant cannot apply separately for scheme 1A.

The SLO will assign the task to DLO to make a visit to the centre on receipt of the application.

The visiting officer will assess the NGO based on the criterion and give a brief report on the NGO applicant along with the following documents:

1. Certificate of registration of the organization indicating the Act under which the organization is registered;
2. Copy of the resolution of the Governing Body of the Organization, authorizing the person acting as organizer to handle funds and make transactions and other correspondence on behalf of the organization;
3. Details of the service area, indicating population in blocks, districts allotted and earmarked, copy of the inmates register in case of home and colonies allotted to the applicant NGO by the SLO;
4. Details of the staff engaged by NGO to carry out leprosy work;
5. Copy of legitimate certificates of training undertaken by the staff in leprosy as prescribed in the scheme; and
6. Annual performance reports and audited statement of accounts of the previous year;



The SLO will review the report and records of the NGO. Once the NGO is selected, the SLO will further process for receiving approval of the State NRHM. The approved scheme should be included in the next year's Annual Plan of the State/UT. On receipt of sanction from the Central Leprosy Division, Government of India, the NGO will be hired in the next financial year.



CRITERIA FOR SCRUTINY

Name of the Organisation: Date of evaluation:

S.#	Criterion	
Capacity & Experience of the Agent		
1	<u>General Organizational Capacity</u> Organization legally established and a registered organisation under government Societies Registration Act with renewal evidence <ul style="list-style-type: none"> • Appropriateness of Organizations Mandate and/or Mission • Organization's governance structures • Appropriateness of Organizational structure including: <ul style="list-style-type: none"> - Existing office presence in the target district(s) (base for operations) - Current staff base to support the programme (programming, monitoring, reporting, finance, procurement, logistics, etc.) • Proposed partnership arrangements (i.e. partnerships with local NGOs) 	Yes/No
	If yes,..... then proceed to below scoring	Points
2	<u>Technical Capacity</u> <ul style="list-style-type: none"> • Demonstrated technical capacity of the organization • Availability of in-house technical skills • Demonstrated ability to achieve results 	20
3	<u>Experience of Organisation</u> <ul style="list-style-type: none"> • Demonstrate technical capacity to successfully manage the project, based on experience on similar projects, i.e. rural health service, capacity building, intervention in vulnerable groups and population, etc. 	10
4	<u>Approach to NLEP Work* / Health projects.....</u> <ul style="list-style-type: none"> • Adequacy of the NLEP strategies • Appropriate application of NLEP directive to field situation and its evidence. • Demonstrated experience of working with partnership and depth of experience in collaboration, convergence, and community partnership for NLEP. • Adequacy of orientation to social health planning and working with communities under NLEP project. 	10
5	<u>Management and Administrative Capacity</u> <ul style="list-style-type: none"> • Demonstrated capacity to successfully manage project vis-a-vis volume of financial involvement in each initiative. • Total annual financial turnover of the organisation • Adequacy of accounting and finance management system, including financial control frameworks 	10
Total		50

*** Copies of recent reports / publications / annual reports to be submitted.**

At least 50% marks to be scored in Technical capacity

District Leprosy Officer:

Date :

State Leprosy Officer:

Date :



Chapter VI

Application Forms



Application for NGO Scheme - National Leprosy Eradication Program (NLEP)

Section 1 : Type of NGO Scheme applied

Application under the Scheme 1-6

Specify the scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>DRC 1 A</i>	<i>DRC 1 B</i>	<i>DRC 1 C</i>	<i>Scheme 2</i>	<i>Scheme 3</i>	<i>Scheme 4</i>	<i>Scheme 5</i>	<i>Scheme 6</i>

Name of applicant NGO /CBO/Others			
Type of organisation (NGO, CBO, FBO academic institution)			
Date of Registration and Reg. Number			
Whether availed SET funding earlier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes: from year....
Name the block/ district(s)/State(s) where NGO is active			
Brief description of activities undertaken in last one year by NGO (Please tick)	<ul style="list-style-type: none"> • Medical Care (OPD/IP/RCS) o Vocational Training • Disability Care • Capacity Building • Field Activities like Survey, education & Treatment (SET) • Media and Advocacy • Any Other (specify)..... 		
Project Area Details			



Application period	Two years <input type="checkbox"/> 1 st April.....to 31 st March.....
Total Expenditure for 2 years	
Expected Grant-in-aid for 2 years	
NGO / Partner Contribution for 2 years	
Details of available resources	
Number and type of trained / skillful personnel on payroll of organization (Category / Cadre wise)	Use additional sheet
Name existing linkages (if any) with NLEP	

Section 2: Background Information

Contact details for the applicant	
Name of Contact Person	
Designation	
Mailing address	
Telephone (Land line) and Fax number	
Telephone (Mobile)	
Email address and web (if any)	

Signature: Head of the NGO

DATE:

PLACE:

Submitted to:

SLO (through DLO)



Chapter VII

Project Contract Form & Procedures for Release of Grant-in-Aid



Contract between Government and NGO

For the participation of Non-Governmental Organizations (NGOs) in National Leprosy Eradication Programme (NLEP)

1. Parties

This is to certify that

.....
..... [Name of NGO] hence forth referred to as NGO, has been enrolled for
the NGO Scheme in the District
of..... [Name of
District] for performance of the following activities in accordance with NLEP policy;
under the schemes listed below:

(Please tick the appropriate scheme. If an NGO opts for more than one scheme, tick accordingly). Note: NGOs applying for Scheme 1C cannot separately apply for Scheme 1A and 1B and similarly scheme 1 B applicant cannot apply separately for scheme 1A.

Scheme - 1. A: Designated Referral Centres (DRC 1 A) - Out-patient facility	<input type="checkbox"/>
Scheme - 1. B: Designated Referral Centres (DRC 1 B) – Out-patient and In-patient	<input type="checkbox"/>
Scheme - 1. C: Designated Referral Centres (DRC 1 C) – Out-patient, In-patient and RCS	<input type="checkbox"/>
Scheme – 2: Comprehensive care for underserved areas	<input type="checkbox"/>
Scheme – 3: Contact Survey and Home Based Self Care	<input type="checkbox"/>
Scheme – 4: Disability Care Centre – leprosy colonies	<input type="checkbox"/>
Scheme – 5: Advocacy Communication and Social Mobilisation with activities to reduce Stigma and Discrimination in leprosy	<input type="checkbox"/>
Scheme – 6: Partnering With Community for Elimination of Leprosy	<input type="checkbox"/>

2. Period of Co-operation: (2 years)

The NGO agrees to perform all activities outlined in the NGO scheme. The duration of cooperation will be from ___/___/___ (dd/mm/yyyy) to ___/___/___ dd/mm/yyyy). In case of poor performance and non-diligence, the contract can be terminated by the State at any time with 30 days prior notice.



3. Terms, conditions and specific services during the period of the contract.

A. The District shall (please strike out whichever is not applicable)

- i. Provide financial support to the NGO for carrying out the activities as mentioned in the NGO scheme
- ii. Provide training with relevant technical guidelines and updates (manuals, circulars, etc.)
- iii. Provide NLEP medicines, laboratory consumables and formats for use as per NLEP policy as outlined in the scheme.
- iv. Periodically review the activities being undertaken by the NGO

B. The NGO will: -

- I. Perform all activities as mentioned under the scheme for which contract is signed.
- ii. Submit quarterly performance report/ annual report as determined by NLEP
- iii. Submit Statement of Expenditure indicating expenditure during the quarter and available unspent balance to the respective State /District on quarterly basis; submit audited statement of account once a year
- iv. Maintain adequate documents as per NLEP policy which is mentioned under the scheme.
- v. Allow scrutiny/review of facilities and records by Government or its authorized representative.

C. Grant-in-Aid

Funds will be released bi-annually by the respective state health society in the name of the NGO.

The NGO will submit audit report along with utilization certificate of previous year to facilitate release of subsequent instalment grant. In the event of non-compliance/unsatisfactory activities, the scheme would be terminated with 30 days' notice and the assets acquired out of Government of India grants under the scheme (if any) equipment/s are returnable to the Government.

Enclosure: Copy of the NGO scheme.

Signature of SLO

Seal

Signature of authorized signatory from NGO

Seal



Condition for Sanction of Grant-in-Aid

The grant is sanctioned subject to the fulfillment of the following conditions:

- 1) The grant should be utilized for the purpose for which it is intended and utilization certificate in the prescribed proforma together with an audited statement of accounts and a report on the leprosy activities should be submitted to the SLO through DLO.
- 2) The first installment of the grant will be released before the activities start. Second installment shall be released considering the activities accomplished by the NGO as per the conditions laid down in the Scheme. To avail the first installment of grant, the applicant NGO may submit their own audited account statement of the previous year.
- 3) The NGO should submit quarterly and annual statements on the progress of work done under the common formats to the respective SLO through DLO.
- 4) The grantee NGO will execute a bond in the prescribed proforma to the effect that the institution will abide by all the conditions of the grant. In the event of any failure to comply with these conditions or committing any breach of the bond, the grantee will be liable to refund to the Government the entire amount of the grant together with interest thereon.
- 5) The accounts of NGO receiving the grant should be open for inspection by person authorized by the Central or state Government concerned. The supervision will be undertaken by the Government (State/ Central) or their representatives.
- 6) NGOs should be open for monitoring and evaluation of their project scheme to officials authorized by the State/Central government and will submit monthly/quarterly/yearly reports on technical performance to the concerned district authorities.
- 7) If the above terms and conditions are acceptable to the NGO, a contract duly executed and signed in the appropriated Proforma may be submitted. The bond should be signed on behalf of the NGO by a person who is authorized to operate upon the bank accounts and to bind the institution in accordance with its rules/ regulations for this purpose.
- 8) The assets created out of Government grants by autonomous bodies are neither to be disposed-off without the specific sanction of the Government nor likewise encumbered or not utilized for an object other than the intended one. If, and when such body is dissolved the assets are to be reverted to the Government.
- 9) The grantee institution should furnish a certificate to the effect that the organization has not been sanctioned grant-in-aid for the same purpose by another Department of Central or State Government during the period to which the grant relates.
- 10) The payment of the grant will be made by Demand Draft which will be issued in the name of the organization on receipt of the requisite bond and a certificate that the institution/ organization is not involved in any court proceedings relating to the amount or conduct of any of its office bearers.



- 11) Based on expected outcomes / outputs for each Scheme and to assess delivery of quality services, an evaluation of the NGO activities will be carried out by a team constituted by SLO comprising of members from State Government and other members as per the need. The evaluation would be done during the second year to assess performance and decide regarding further continuation. If the work of the NGO is considered sub-standard and/ or if they do not comply with the standards laid down by the Government of India, further Grant-in-Aid to the NGO is liable to be stopped (the scheme would be terminated) with 30 days' notice and the assets acquired out of Government of India grants (if any) and unspent balance of the grants are returnable to the Government.

Release of Grant-in-aid

1. The application received will be examined and if found in order, the first installment of the 50% of the grant-in-aid will be released.
2. The second installment of grant equivalent to 50% of the Grant-in-aid will be released on:- i) Furnishing the audited statement of accounts and Utilization Certificate of previous financial year, ii) Quarterly progress report of current financial year.



Chapter VIII

Responsibility of NGOs



Scheme 1A - Designated Referral Centres (DRC 1A) out-patient facility

The role of the NGO will be to deliver quality primary care services; maintain records/ reporting and ensure adherence to National guidelines and record additional indicators; periodic reporting to District/ State; and submission of SoE/ Utilisation certificates on time.

Scheme 1B - Designated Referral Centres (DRC 1B) out-patient and in-patient

The role of the NGO will be to deliver quality secondary care services; maintain records/ reporting and ensure adherence to National guidelines; periodic reporting to District/ State/ and submission of SoE/ Utilisation certificates on time.

Scheme 1C - Designated Referral Centres (DRC 1C) out-patient, in-patient and RCS

The role of NGO will be to deliver quality tertiary care services; maintain records/ reporting and ensure adherence to National guidelines; periodic reporting to District/ State; and submission of SoE/ Utilisation certificates on time.

Scheme 2 - Comprehensive care for underserved areas

The role of NGO will be to provide training to selected community volunteers; create awareness and to increase referral of suspects. NGOs should ensure that all newly diagnosed cases will complete the treatment and undertake retrieval action (and report on appropriate indicators like MDT completion and disability assessment proportion) within the allotted time. The NGO should ensure adherence to National guidelines; periodic reporting to District/ State; and submission of SoE/ Utilisation certificates on time.

Scheme 3 - Contact survey and Home-based self-care

The role of NGO will be to promote self-care practices and utilize the manpower to refer the family members of all newly detected cases for screening and conduct focal survey in at least 25 households among neighbours. NGO will ensure adherence to National guidelines, report periodically, submit technical reports and SoE/ Utilisation certificate to District/ State on time.

Scheme 4 - Disability care centre-leprosy colonies

The role of NGO will be to deliver quality primary care services; screen suitable cases for Comprehensive Rehabilitation Plan; maintain records/reporting and ensure adherence to National guidelines; periodic reporting to District/ State/ NLEP; and submission of Utilisation certificates on time. The NGO needs to establish and/or continue linkage with other NGOs/ disability care centres to provide rehabilitation schemes for the affected.

Scheme 5 - Advocacy Communication and Social Mobilisation with activities to reduce Stigma and Discrimination in Leprosy

The role of the NGO will be to plan and undertake a series of ACSM activities in consultation with the SLO and DLOs of the concerned state/ districts. The activities planned should be based on the need assessment, programme performance, instances of discrimination and



stigma and should be linked to work plan submitted at the time of signing the MoU. The NGO should also ensure to provide information on existing discriminatory laws in the system and propagate UNHRC Principles and guidelines for the elimination of discrimination against persons affected by leprosy and their family members and facilitate in mobilising stakeholders in organising state level events. The NGO will report periodically, submit technical reports and SoE/ Utilisation certificate to District/ State on time.

Scheme 6 - Partnering with community for elimination of leprosy

The role of the NGO will be to train and provide technical guidance to Social Workers in the application of PRA techniques. And develop appropriate health messages related to cause, spread, prevention, treatment as well as related to stigma. NGO will extend support to field workers in forming CBOs and ensuring that there are at least 2-3 SHGs of women, one Farmers Develop Forum and one Adolescent Group in every village. NGO will conduct Training Needs Assessment for CBOs as well as Field Workers; organize Training of Trainers for Field Workers and capacity building activities for the members of CBOs, VHNSC, Gram Panchayat and local leaders. NGO will organize campaigns for BCC and detection of symptomatic cases by involving trained members of CBOs, Gram Panchayat and Government health care providers. NGO will develop liaison with the staff of PHCs/Rural Hospitals; supervise and monitor field activities. NGO will develop monitoring and evaluation indicators and format for quantitative and qualitative reports in consultation with SLO/DLO and evaluate the behavioural changes in the community; and submit SoE/utilization certificate on time.



Chapter IX

Responsibility of SLO/DLO



Scheme 1 - Designated Referral Centres

The role of DLO will be to coordinate with all the peripheral health facilities to refer needy cases; conduct training/ provide technical guidelines; provide MDT, supportive medicines, DPMR formats and reports, conduct monitoring and supervision to ensure quality of services and visit the facility at least once in every quarter.

Scheme 2 - Comprehensive care for underserved areas

The role of DLO will be to conduct training/ provide technical guidelines, provide MDT/ supportive medicines; DPMR formats and reports, conduct monitoring and supervision to ensure quality of services and visit the facility at least once in every quarter.

Scheme 3 - Contact survey and Home-based self-care

The role of DLO will be to link the NGO with the concerned PHC to do contact survey for new cases and monitor the activities of PMW by visiting the villages with him/her. District will also provide information on cases requiring self-care and necessary MCR footwear supply.

Scheme 4 - Disability care centre-leprosy colonies

The role of DLO will be to provide training to the identified persons in DPMR and other technical guidelines; provide supportive medicines; IEC materials, MCR footwear for colony inmates, conduct monitoring and supervision to ensure quality of services and visit the facility at least once in every quarter.

Scheme 5 - Advocacy Communication and Social Mobilisation with activities to reduce Stigma and Discrimination in Leprosy

The role of the DLO will include joint planning with the state NLEP Consultant, ILEP, National Forum India and other NGOs for identification of issues that need to be addressed to strengthen ACSM component. SLO and ILEP agencies will support National Forum India and other NGOs in identification of pockets within the district which need attention for awareness generation, social mobilization and community empowerment. The NLEP officers will provide support to NGOs in addressing the issues of barriers and to implement ACSM activities.

Scheme 6 - Partnering with community for elimination of leprosy

The DLO will supervise and monitor the field activities of the NGO and extend support from time to time. The DLO will help NGO in imparting training to the NGO staff in leprosy and provide IEC material for advocacy. Request for MCR footwear can be generated from NGO and the district will supply the same.



Chapter X

Assessment

Each of the schemes will be in the project mode for 2 years with specific results as the outcome. At the end of first year (and before 18 months), an external assessment will be undertaken. This will be organised by the SLO.

In addition to the routine indicators of DPMPR (suspects referred, cases confirmed, treatment completion rate, etc.) monitoring of project activities will be undertaken in lines with additional indicators detailed in each scheme.

The SLO will monitor the activities and continue to support the NGO in the subsequent years based on their satisfactory performance and the need of the scheme.





Abbreviations

ACSM	: Advocacy Communication Social Mobilization
BCC	: Behaviour Communication Change
CBO	: Community Based Organization
CLD	: Central Leprosy Division
CRP	: Comprehensive Rehabilitation Plan
CV	: Community Volunteer
DLO	: District Leprosy Officer
DPMR	: Disability Prevention and Medical Rehabilitation
DRC	: Designated Referral Centre
EMIC	: Explanatory Model Interview Catalogue
FBO	: Faith Based Organization
FGD	: Focus Group Discussion
IEC	: Information Education Communication
ILEP	: International Federation of Anti-Leprosy Association
MCR	: Micro Cellular Rubber
MDT	: Multi Drug Therapy
MoU	: Memorandum of Understanding
NLEP	: National Leprosy Eradication Program
NRHM	: National Rural Health Mission
OT	: Operation Theater
PHC	: Primary Health Centre
PMW	: Para Medical Worker
PoP	: Plaster of Paris
PRA	: Participatory Rural Appraisal
PRI	: Panchayat Raj Institution
RCS	: Re-Constructive Surgery
SHG	: Self Help Group
SHS	: State Health Society
SLO	: State Leprosy Officer
SOE	: Statement of Expenditure
TNA	: Training Needs Assessment
TOT	: Training of Trainers



UNCRPD	: United Nations Convention on the Right of the Persons with Disabilities
UNDHR	: United Nations Declaration of Human Rights
UNHRC	: United Nations Human Rights Council
UT	: Union Territory
VHNSC	: Village Health, Nutrition and Sanitation Committee
WHO	: World Health Organization



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