Lives transformed
Uniting to achieve Sustainable Development Goals
Why partner with The Leprosy Mission?

TLM’s Global Fellowship comprises 32 Member countries. We also partner with other organisations which share our values and vision. We have a long history of delivering effective and needs-driven programmes and research, and our hospitals and training centres are recognised as centres of excellence.

Our programmes are client-centred. Each one is informed by a comprehensive needs assessment and ongoing consultation with leprosy-affected individuals and communities, as well as local partners.

This means that programmes are driven by the people we serve, making them meaningful, effective and sustainable with local ownership.

The work is closely monitored and regularly reviewed to ensure maximum efficiency, transparency and impact.

Working primarily through indigenous staff TLM brings local knowledge and cultural sensitivity, and can often implement programmes where other NGOs are denied access. Our knowledge and expertise cover a broad spectrum including:

- medical and surgical treatment;
- skills training;
- disability prevention, management and mainstreaming;
- physical and socio-economic rehabilitation;
- education;
- community health;
- counselling and reconciliation;
- housing;
- small business training and loans;
- media and awareness raising;
- advocacy, and much more.

We are conducting groundbreaking research into leprosy, as well as leprosy co-infection with conditions such as diabetes and other NTDs. We have a strong network of hospitals, clinics, disability centres and training centres manned by skilled staff that not only support local communities but also help to strengthen government health systems.

We have experience of working in consortia and are able to bring the technical input needed to support both leprosy and disability inclusion. By partnering with us, your organisation will be linking in to a global network of programmes known for excellence and sustainability.

This expertise and learning from programmes, which work across the Sustainable Development Goals, will add significant value to your organisation and increase impact to your target communities.
The medical focus of TLM’s work is most closely linked to Sustainable Development Goal (SDG) 3, Target 3.3: 

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

However, the holistic nature of our work means our programmes link closely to 16 of the 17 SDGs. We believe that the goals are an invaluable opportunity to work together for and with those who are marginalised, forgotten and in need. Here are just a few examples of how our programmes are addressing the SDGs.

**NO POVERTY**

Leprosy is a disease of poverty. Many people affected by leprosy are reduced to begging; others are unable to do manual labour because of their physical condition, or have lost their jobs due to stigma.

Families living in poverty are also susceptible to leprosy because of their inadequate diet and general poor health.

The SOAR project in Tamil Nadu, India includes a dairy cooperative owned and run by people affected by leprosy.

Members are trained in dairy farming and given cows.

They’re able to sell their milk at a fair price through a shop they run themselves, and all profits from the cooperative are invested in other projects like fish-farming and poultry keeping.

Cooperative members have a dependable monthly income that allows them to live, not just survive. As the project expands, more and more people will benefit, now and for generations to come.

**GOOD HEALTH AND WELL-BEING**

Leprosy is at the heart of all we do.

Our leprosy services are provided free at the point of delivery for those who can’t afford treatment. This includes provision of the cure, a course of antibiotics called multidrug therapy (provided in partnership with WHO and Novartis).

But our vision of ‘leprosy defeated’ leads us beyond providing the cure.

We support governments to screen for leprosy to find new cases early, preventing disability; we provide specialist services to address leprosy complications; and also undertake research into the disease and more effective treatments.

Leprosy is often neglected in a country’s general healthcare system so people don’t always get treatment at an early stage. Late diagnosis leads to a high rate of leprosy-related disability.

This is the case in Nepal, where Anandaban hospital is located.

It’s a specialist leprosy hospital near Kathmandu, and also home to a world renowned leprosy research facility. It’s also a place of healing, shelter, refuge and love. Around 21,000 patients each year benefit from its services, including maternal health, general surgery, physiotherapy, dermatology and orthopaedic surgery, as well as leprosy care, promoting good health and well-being.
QUALITY EDUCATION

Sustainable Development Goal 4

Children from leprosy-affected homes are often denied an education. Some schools won’t let them enrol due to stigma, but more often it’s because families that are struggling to buy food simply can’t spare the money to pay for school too.

Woreda 1 is a slum in Addis Ababa, Ethiopia. Our community programme supports livelihood development and strives to ensure that children receive the inclusive education they deserve, giving them a chance to escape from poverty and earn a good living when they’re older.

A new preschool was built recently (in partnership with Guernsey Overseas Aid Commission), which is important for the children’s development but also means that mothers can take jobs during the day and further increase their families’ income, and women’s standing in the community.

GENDER EQUALITY

Sustainable Development Goal 5

In many of the countries where we work, women and girls are still oppressed and vulnerable due to cultural traditions and lack of education and rights awareness.

Okegbala hospital in Kwara State, Nigeria, provides training in maternal health as well as leprosy and malaria to Community Health Volunteers and Traditional Birthing Attendants, who work with women and girls in rural areas.

Girls are educated about their bodies and their health, and empowered to make their own choices.

As women become better educated and included in community activities, so their social standing improves and gender equality becomes a possibility.

CLEAN WATER AND SANITATION

Sustainable Development Goal 6

Poor sanitation leads to increased risk of health issues, and diseases like leprosy thrive in such conditions. In many poor communities there is no reliable water supply.

Even when there is, people with leprosy are often unable to use communal water sources because of stigma and exclusion.

In other communities, those with disabilities simply can’t access basic sanitation and hygiene facilities.

In Tillabéri, Niger, the Community Empowerment project constructed a block of disability-accessible latrines for leprosy-affected communities living on islands in the Niger River.

The project has also provided disability aids for people with mobility difficulties.

Access to proper latrines will help raise hygiene standards for the whole community, as well as restoring dignity and improving health.

AFFORDABLE AND CLEAN ENERGY

Sustainable Development Goal 7

Communities with high leprosy prevalence are often ultra poor, with little or no access to a reliable electricity supply.

Families cook over open fires and use candles or kerosene lamps for lighting. Not only is this inefficient and damaging to the environment, it’s dangerous for people with desensitised limbs or disabled hands.

One solution is to supply communities with hydro-electric generators, which are efficient and inexpensive.

This is a component of a project established in Eastern Shan State, Myanmar, in collaboration with local partner Christian Leprosy Mission Eastern Shan (CLMES) and Tearfund.

Generators are placed in villages and residents are trained in how to maintain and even build the systems.

This ensures a consistent, sustainable and smooth-running electricity supply which communities can maintain independently.
People affected by leprosy and disability are often denied the chance to earn a decent living. Many barriers stand in their way; stigma and prejudice may mean employers won’t hire them, or they may be physically unable to access a workplace. To add to the problem, literacy rates and aspirations are often low in poor and leprosy-affected communities, so the cycle of poverty continues.

A livelihoods programme in Myanmar, in partnership with UK Aid, is breaking down those barriers, giving persons with disabilities the chance to have dignified work.

The focus is on skills training, self-employment, and working with local businesses to promote inclusion.

Areas of training include marketing, management, business planning, agriculture and animal husbandry. The project is not just supporting those with disabilities, but also the wider community. This benefits everybody as local economies thrive, aspirations among the young are raised and social barriers broken down, ensuring the inclusion of those once pushed to the fringes of society.

DBLM Hospital in Bangladesh is a centre of excellence for leprosy treatment and at the forefront of pioneering leprosy research. A recent randomised, controlled and double-blind trial administered rifampicin, part of the leprosy cure, to contacts of people affected by leprosy to help prevent infection.

Results showed a reduced incidence of leprosy in the first two years by 57%. This exciting and cutting edge treatment has been taken up in Nepal as part of a large scale clinical trial, in partnership with the Novartis Foundation. It is hoped that rifampicin will soon be used more widely to help prevent the spread of leprosy.

Prevailing fear about leprosy has many damaging consequences for those with the disease. In India, for example, laws still exist that discriminate against people affected by leprosy; these include leprosy being grounds for divorce. Those with other disabilities are also often overlooked and neglected.

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Assessments conducted by the team informed all relief and rehabilitation efforts, ensuring their effectiveness. New construction is earthquake resilient, designed in partnership with architectural NGO Article 25. New housing is being provided for the most marginalised, providing technical input to train local contractors in appropriate technologies that use local materials to develop resilient buildings. The hospital reconstruction also includes a greater focus on sustainable energy.
Many of the areas where we work are troubled by civil unrest, violence and conflict. One of the worst affected is the area around Juba, South Sudan. Just two years after South Sudan became an independent country in 2011, a bitter and violent civil war erupted. The most vulnerable were the very young, the elderly and those with leprosy, other illnesses and disability.

Luri Rokwe is a leprosy community on the outskirts of Juba and has seen terrible violence and hardship because of the ongoing conflict. However, through the efforts of the dedicated team at TLM South Sudan, we have been able to work with the community to build latrines, improve water access and provide emergency aid for villagers affected by fighting. Now that the community is more stable, TLM South Sudan has started a new project which includes health and self-care to reduce disability; livelihood and agricultural training; education and school improvement, teacher training and support for the most vulnerable children. TLM South Sudan is also supporting people affected by leprosy and disability to engage with the government in developing a new disability policy, enabling them to help influence decision making on issues that affect them directly.

At TLM we take responsibility for the environment very seriously. Each country office undertakes initiatives to reduce its carbon footprint as much as possible, and an environmental sustainability element is considered when planning each of our projects.

A baseline survey conducted in five districts of Amhara State, Ethiopia, found that 36% of people used open-fire cooking, which is wasteful of heat and fuel as well as being environmentally unfriendly. The demand of the households’ fuel contributed to substantial deforestation, land degradation and increased vulnerability to environmental shocks. So a project is being implemented in partnership with local leprosy people's organisation, ENAPAL, to provide fuel-efficient stoves to local households. Not only will this improve the health of the families living in each home, but it will also lead to sustainable environmental protection. In addition, it will bring in an income for members of the cooperative producing the stoves.
At TLM, we operate as a Global Fellowship and believe that strength comes from unity, working together towards a common goal. We work with local organisations and foster close links with Government, the local church and other NGOs to make sure that our projects and programmes are inclusive, sustainable and effective.

TLM is a member of numerous networks and works through many strategic partnerships to share learning, engage in joint advocacy activities and co-implement programmes. We recognise that we cannot defeat leprosy and transform lives alone; partnerships are essential to multiply our impact.

As part of our dedication to growth and improvement, we are always open to new relationships with partner organisations to ensure the best possible outcomes for those affected by leprosy and the communities in which they live.

Here are just some of the organisations that we partner with ...