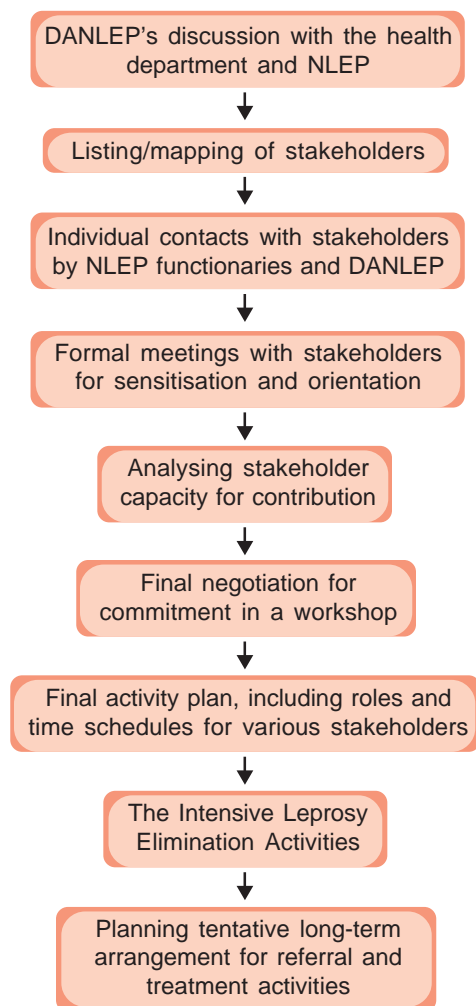


4 Partnership Negotiation



Figure 3: Implementation steps for the 'Special Initiative for Leprosy Elimination' in Burhanpur Town



4.1 The problem

DANLEP, Madhya Pradesh, began facilitating the 'Special Initiative For Leprosy Elimination' in the second half of 2001. A pre-campaign assessment of the town was carried out to identify possible issues in leprosy elimination based on discussions with the citizens of Burhanpur and NLEP and GHS functionaries as well as through observation of the local environment. A major issue identified during this exercise was the low awareness level in the local population regarding the causes and cure of leprosy. It was also found that the general population was not aware of its role and responsibilities regarding leprosy elimination. An important issue highlighted during the exercise was the low priority accorded to leprosy elimination activities by the GHS. A substantial perception gap was observed among NLEP and GHS functionaries with regard to their roles in the post-integration scenario. Coordination problems plagued the functioning

of both these government agencies, which was compounded by the absence of a regular DLO at the district headquarters. The health department's and NLEP functionaries' mutual disagreement was a contributing factor for very little help being volunteered by the two agencies. While Non-Medical Supervisors (NMSs) and Non-Medical Assistants (NMAs) are non-technical people, they had a very thorough experience-based knowledge regarding leprosy as compared to many specialists in the department. This situation was disagreeable to the health department. The uncertain future of the NLEP functionaries contributed further to this problem. They viewed the integration of the two organisations as being synonymous with the closure of the NLEP and the ensuing termination of their current positions and amalgamation into the GHS at lower posts.

4.2 Interaction with Health Department and NLEP functionaries

With integration as the penultimate goal and leprosy elimination as the ultimate aim the position of GHS was changed from that of a fence-sitter to becoming one of the principal stakeholders along with the NLEP. However, the reluctance on the part of both bodies to accept the various reasons mentioned above resulted in this deadlock becoming a considerable obstacle in the way of the launch and implementation of the special initiative. The option available was to conduct the special initiative in a campaign mode with awareness generation and information dissemination as its objectives. The underlying assumption was that awareness generation would lead to the inclusion of leprosy in people's priorities and result in efforts on their part to address the problem of leprosy elimination. This would also resolve the deadlock between the principal stakeholders since the role of other stakeholders would then become larger than that of these two agencies. This shift in focus meant that GHS and NLEP functionaries would provide appropriate guidance and support to other stakeholders when required. However, GHS functionaries felt that the special initiative should not interrupt their mainstay activities like Pulse Polio, which also meant that there should be no interruption in the private practice of government doctors. The GHS's stated role in this initiative was to specifically provide human and material resources (medicines) available with the department. The NLEP's role was more varied as it undertook responsibility for

coordination and support and agreeing to function as a catalyst to ensure that the initiative would be accorded the highest priority possible. The deadlock thus broken, the GHS, NLEP and DANLEP set about identifying key persons and stakeholder groups in the town to begin the new campaign for leprosy elimination.

The long-term goal, however, was to attempt internalisation of DANLEP and the Government of India's (GOI) vision for leprosy elimination into the GHS in a participatory manner in order to sustain activities beyond the 'special initiative fortnight'. With this objective in mind most of the interactions between DANLEP and the Health Department in Burhanpur were through informal meetings. These meetings were chiefly between the DANLEP State Coordinator, Madhya Pradesh, the DANLEP Zonal Coordinator, Indore, the Chief Medical Officer, Burhanpur, the acting DLO and the CMHO for East Nimar (Khandwa) district.

DANLEP's initial efforts were directed at convincing the Health Department of the validity of the concept and to secure its commitment for the use of its human resources. The bigger challenge for DANLEP, however, was one of enabling the department to change its perception from being a mere associate of NLEP efforts to accepting responsibility as one of the principal stakeholders in leprosy elimination. The task was not easy because the department did not perceive itself as an influential stakeholder in the integration process. The Health Department perceived DANLEP as the chief player in the whole process and therefore saw little scope for itself to gain public and bureaucratic approval. Another reason for the Health Department's reluctance was their implicit comparison with organisations such as DANLEP, which were able to invest more resources than they themselves could access. Consequently, the GHS felt that their role in such initiatives was relegated to one of a subordinate rather than that of an authority. The stated reason of the GHS, however, was that they were already overburdened with various other national health programmes and the presence of the NLEP meant that their role in leprosy elimination was a superfluous one. To overcome this mental block the department's participation/contribution was insisted upon at the various meetings and activities organised for partnership negotiations. The NLEP's dissatisfaction at having to transfer authority and responsibility to the GHS was resolved by DANLEP's consistent involvement of the NLEP functionaries in the campaign

activities which gave them a significant role in the entire process. An understanding then having been reached by the GHS, NLEP and DANLEP, they set about identifying key persons and stakeholder groups in the town to begin the new campaign for leprosy elimination.

4.3 Stakeholder mapping

With the help of the CMO, the DLO and the NLEP workers, DANLEP developed a list of probable stakeholders. The list consisted of mainstream NLEP partners such as DANLEP, the NLEP and the Health Department; service clubs such as Rotary, Lions, Giants, the Red Cross; professional associations such as NIMA; community organisations such as Maheshwari Yuva Sangh and Sindhi Sewa Naujawan Mandal; political bodies such as BJP Corporators' Dal; influential individuals; medical

Table 3: List of stakeholders

Group 1. Mainstream NLEP partners	Group 2. Service clubs	Group 3. Professional associations
DANLEP, MP District NLEP Unit District Health Department Burhanpur NLEP Unit	Rotary Club Lions Club Giants club	NIMA
Group 4. Medical edu. institutions	Group 5. Trade associations	Group 6. Community organisations
Government Ayurvedic College Unani College of Medicine	Medical Store-owners' Assn. Riksha and Tonga Drivers Gr.	Maheshwari Yuva Sangh Sindhi Sewa Naujawan Mandal
Group 7. Political bodies	Group 8. Individuals	Group 9. Religious groups
BJP Corporators' Dal	Dr. Havaladar Parkash Bardoya Tejpal Jain Ramkumar Agarwal Rajesh Bajaj	Gayatri Parivar Gayatri Mahila Mandal Digambar Jain Samaj Shwetambar Jain Samaj Prajapita Brahm Kumari Ashram Bohra (only one representative who was also a member of the Lioness Club)
Group 10. Social service groups	Group 11. Educational institutions	Group 12 NGOs
Bharat Scouts and Guides National Social Service	Sanskrit Mahavidyalaya Government schools	Chetna Mahila Mandal District Red Cross Society

institutions such as the Government Ayurvedic College and the Unani College of Medicine; social service groups such as Bharat Scouts and Guides and the NSS; educational institutions such as Sanskrit Mahavidyalaya and a number of government schools. The joint team tried to assess the possible contributions these stakeholders could make. Two organisations which helped facilitate the partnership negotiation with other institutions and citizens of Burhanpur were the Rotary and the Lions' clubs.

Table 3 gives a list of the stakeholders who actively participated as partners in the 'Special Initiative for Leprosy Elimination in Burhanpur'.

4.4 Partnership negotiation

Based on pre-campaign discussions and following interactions with various stakeholder groups and individuals it was decided that the major role in this initiative was to be played by local voluntary organisations and citizen groups. Partnership negotiations therefore began on that premise. The three distinct phases of negotiation were:

1. Individual meetings with key/influential stakeholders;
2. Sensitisation workshop;
3. Partnership negotiation workshop.

4.5 Individual meetings with stakeholders

Key stakeholders or leading, influential citizens with a past record of participation in social initiatives (Pulse Polio for instance) were identified chiefly with the help of NLEP functionaries. After an appraisal by the CMO, Burhanpur, the DANLEP Zonal Coordinator and NLEP functionaries informally met the selected stakeholders individually. The underlying assumption here was that these key persons would be instrumental in further stakeholder identification. These informal meetings usually took place at the business establishments or residences of the key persons and were initially utilised to assess their willingness to participate in leprosy elimination activities. They also constituted what could be termed as 'rapport-building' or 'advocacy' exercises. Later, these informal sessions took on the character of planning and coordination sessions which finally culminated in specifically-targeted and well-organised gatherings with defined tasks and outputs.

After initial informal interactions the result was the assemblage of a fairly homogeneous core group, which adequately represented the various stakeholder groups that were in the process of being identified. Broadly, the core group members represented citizens' groups like the Rotary and Lions' clubs; one member was a social worker with influence among youth groups, another enjoyed a good rapport with the local business people as well as various caste/community organisations and one was an NLEP functionary whose reputation as a conscientious worker was well-established. Throughout the entire process the core group, in consultation with other stakeholder representatives including the CMO, actively planned, outlined, arranged and coordinated various activities of the campaign. The citizens gradually took up more active roles with the GHS and NLEP assuming a more supportive role. DANLEP's role remained to be that of an enabler with intermittent course correction inputs in the form of suggestions.

Each of the activities conducted involved a lot of backstage efforts on the part of the core group members with meticulous attention to detail and intensive inter- as well as intra-group consultations. The core group members worked at times at the cost of their business commitments and put in as many as four to five hours collaborating with NLEP, GHS and DANLEP staff each day planning for the campaign. Additional time and effort was spent in streamlining and coordinating efforts of other donors and volunteers.

4.6 Sensitisation workshop

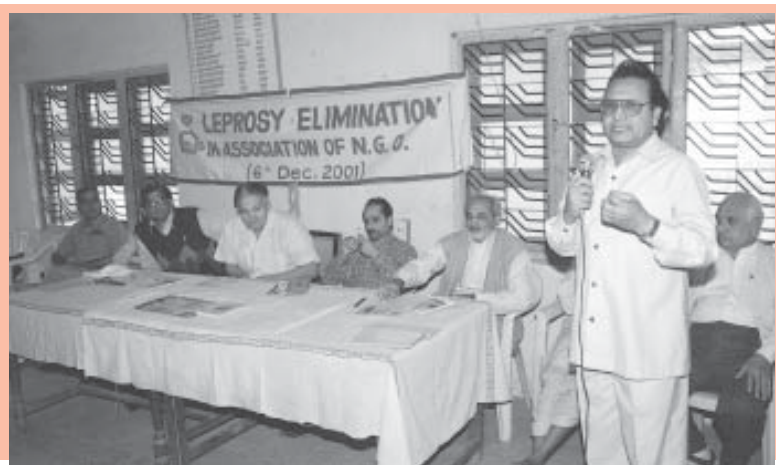
The first few core group interaction meetings resulted in an expressed need for an orientation-cum-sensitisation workshop. The result was a sensitisation workshop held in December 2001. The core group members made all arrangements for the workshop. Representatives of various stakeholders mapped and listed during earlier interactions were invited to participate in the two-hour workshop. A maiden activity organised as part of the special initiative, this workshop provided the first opportunity to NLEP, GHS and DANLEP for formal interaction with potential partner groups and institutions. The workshop was used as a platform for familiarising all the interested parties with each other and orienting participants on facts about leprosy. It also served as a forum for exchange of information between the potential partner groups.

Participants in the workshop came from the Lions - Lioness - Leo clubs, the Giants' Club, the National Integrated Medical Association (NIMA), Burhanpur Medical Dealers' Association (BMDA), the Ayurvedic College, Burhanpur, the Unani College of Medicine, Burhanpur, the CMO, Nehru Hospital, Burhanpur, the DLO, Khandwa, and a few former LAPs and interested individuals. Others present included DANLEP and NLEP functionaries. However, despite a good attendance, the representation was incomplete due to the absence of Rotarians and some influential individuals. The core group felt that another such meeting needed to be organised at a later date with adequate advance information to participants so that their presence could be ensured.

A positive outcome of the workshop was that the orientation and subsequent discussions resulted in securing the interest of the participants in leprosy elimination work. It helped them to deliberate on what they could contribute for the success of the programme.

4.7 Partnership negotiation workshop

The second formal interaction of the special initiative was the Partnership Negotiation Workshop held on 6 January 2002. Organised with a view to remedy the shortcomings of the first workshop with regard to adequate stakeholder representation, the chief agenda of the workshop was to promote partnership negotiations. Almost all participants in the previous workshop attended this meeting which also attracted some new



A view of orientation workshop in progress.

participants. They included representatives from the Integrated Child Development Services, Burhanpur, some individual donors, and a few patients who were undergoing treatment for leprosy.

The core group members had done considerable groundwork prior to the organisation of this workshop. In particular the effort of the representative of the Burhanpur Medical Dealers' Association was noteworthy for having developed a detailed list of tentative activities and contributions required for the special initiative. This list was presented to the participants and their opinions solicited. In the discussion that followed an activity plan was finalised with time

Table 4: Stakeholders' contributions

Person/Institution	Type/Material	Number/Qty.
BJP Corporators' Dal	Banners with sticks	10
Chetna Mahila Mandal	Dastakaars	10
	Banners with sticks	10
DANLEP – MP	Badges	1000
	Kusht Pehchan Patra	1000
	Doctor's Table Chart	500
	Posters (City use)	500
	5-fold folder	500
	Meri Diary	200
	Audio Cassettes (Messages)	2
	Video Cassette	2
Gayatri Mahila Mandal	Pamphlets	10000
Gayatri Parivar	Dastakaars	50
Giants club	Banners with sticks,	10
	Dastakaars	20
Jain Samaj	Banners with sticks	25
Lioness club	Dastakaars	20
Lions club	Banners with sticks	20
	Dastakaars	25
Maheshwari Yuva Sangh	Banners with sticks	50
NIMA	Banners with sticks	10
Pharma Association	Dastakaars	5
Two individuals	Self	2
Sanskrit Mahavidyalaya	Pamphlets	5000
One individual	Tonga (horse cart)	2

schedules for different activities and contributions in terms of men and materials volunteered.

There was a high degree of willingness to contribute to the fund-raising. Both the core group members and a few others present assumed responsibilities for coordinating fund-raising with various donors and volunteers. A timeframe of one month was agreed upon within which all materials would be delivered to those responsible and the presence of adequate volunteers ensured for the various planned activities. The response from the participants indicated some degree of achievement of the first and most crucial objective, i.e. the ownership of the cause of leprosy elimination by the citizens of Burhanpur.

Table 4 gives a list of the contributions made by various partners.

4.8 People's participation

At every stage the project tried to elicit partnership from a vast number of stakeholders so that the ownership of the project could shift from government functionaries to the community. Attempts were made to involve the Health Department and the DLO at every stage, because as key stakeholders they could boost the project on the one hand but also could negatively influence its chances of success on the other. However, despite all efforts, the GHS remained reluctant to accept ownership of the process. A perception that persisted among this agency and some other stakeholders was that the campaign was a DANLEP agenda item rather than that of the GHS.

Another shortcoming was the inadequate involvement of an important stakeholder group, that of the leprosy-affected persons (LAPs) and their families. Finally, the initiative was not able to involve the Muslim community in a common endeavour with others. These experiences point to the need to develop more focused interventions to facilitate case-detection and access to treatment and care for this community.