

RLT POSITION AND STRATEGY PAPER



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1 RLT's primary purpose

The primary purpose of RLT is to support the detection, treatment, rehabilitation and elimination of leprosy in the Rufiji District of Tanzania with a specific focus on support to people who have or have had leprosy, their families and their immediate community. While this support is primarily through raising and transferring funds, it also includes the offer of occasional technical support from the Trustees and the networking of others to provide material, technical and voluntary work inputs.

Our principal partner in this undertaking is the Kindwitwi Leprosy Care and Community Development Association (KLCCDA) and the people of Kindwitwi 'Village'. Other partners include the Village Committee of Nyanda / Katundu (of which Kindwitwi is a part), Kindwitwi Development Association (KDA) and, by agreement, the leprosy treatment and elimination programme of the Tanzanian Ministry of Health in the Rufiji District.

RLT also seeks to collaborate and coordinate its activities with other groups and organisations (medical and charitable) that support Kindwitwi, along with schools and colleges.

2 UK activities

<p>2 UK-based activities that underpin the funding, linking and supporting roles of RLT</p>	<ul style="list-style-type: none">• Fundraising activities, including: applications to institutional donors, mailings to individual supporters and groups, maintaining the RLT website, production and distribution of the quarterly Newsletter, development of electronic donating facilities, giving talks and other related activities.• Liaising with other KLCCDA donors.• Facilitating links between individuals and groups or institutions wishing to develop a direct relationship with KLCCDA and the staff or Board members of KLCCDA.• Maintaining the healthy existence of the Rufiji Leprosy Trust as a registered UK charity.
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3 Some guiding principles for RLT funding

<p>3 The principles taken into account when considering disbursement of RLT funds include:</p>	<ul style="list-style-type: none">• Leprosy detection, treatment, rehabilitation (and elimination) to remain our primary focus.• Anything that helps a leprosy patient to gain an independent life with a similar standard of living to local residents who have not had leprosy.• A role for RLT in poverty-reduction and development initiatives, particularly focusing on sustainable agriculture.• No project that risks significant damage to the environment.• Sustainable development, based on appropriate technology, should be a cornerstone of RLT funding. All projects should be able to demonstrate that they are sustainable in the long term or will contribute to a stability that could engender sustainability.• Projects could become exemplars so that the benefits spread.
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4 Principal activities of RLT in relation to leprosy

4 to provide funding to support leprosy relief and elimination in the Rufiji District of Tanzania	Kindwitwi	<ul style="list-style-type: none"> • Funding the long-term support of the most vulnerable leprosy patients and ex-patients living in the wards, KLCCDA houses or their own homes. The provision of food and non-food material assistance and the facilitation of social support and personal development as required. • Supporting projects that help leprosy patients to gain an independent life with a similar standard of living to that of local residents who have not had leprosy, including income generation and other practical and social activities. • Supporting the programme of home visiting and treatment for those patients living outside the wards. • Supporting the development and revision of these initiatives as required.
	Rufiji	<ul style="list-style-type: none"> • Supporting the disability prevention programme across the District via the work of the KLCCDA Shoemaker / Occupational Therapist, the Leprosy Scout and other associated activities. • Exploring the possibility of increasing RLT / KLCCDA support to seriously disabled leprosy patients and their families living beyond the Kindwitwi area, in collaboration with GLRA and their community-based rehabilitation strategies (CBR).
	Tanzania	While we have no plans to extend our field of operation beyond the Rufiji region, we would support learning links and exchange visits between Kindwitwi and other leprosy communities. Funding for such projects will be considered by the Trustees on a case-by-case basis. All such links to be agreed by the KLCCDA Board, the Centre Manager and the KDA.

5 Support for other health-related activities

5.1 HIV/AIDS	Kindwitwi	We would support greater activity in this direction; e.g. voluntary testing and counselling. This work to be directed through the Village Committee or KDA.
	Rufiji	All such work outside Kindwitwi should be delivered under the District Health Programme.

	Tanzania	N/A
5.2 Other health interventions	Kindwitwi	Support for the Polack Dispensary to continue as before with special requests being considered as they arise. Continue to support the rehabilitation and physiotherapy activities delivered by KLCCDA.
	Rufiji	Were any extension to be considered, it would be most likely to focus on physiotherapy / disability prevention.
	Tanzania	N/A

6 Support for ‘Poverty reduction and development strategies’

6 RLT support for economic development and / or poverty reduction inputs	Kindwitwi	<p>We would be in favour of extending support for livelihood-development projects, especially in relation to agriculture, on condition that:</p> <ul style="list-style-type: none"> • the inputs were sustainable; • the maintenance requirements are made explicit; • an understanding is reached about how such maintenance would be carried out; • all projects meet the principles outlined in Section 3. <p>RLT will actively facilitate links between Kindwitwi and other funders eg NGOs with experience of these matters. This support may include initiatives that impact the wider Nyanda / Katundu Village community.</p>
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	Other communities in Rufiji – particularly those local to Kindwitwi	<p>Current financial circumstances make the extension of such support to others in the District highly unlikely. Should this change, then any funding allocation would be made on a case-by-case basis, on condition that:</p> <ul style="list-style-type: none"> • resources were available; • genuine monitoring was possible; • the project met the principles outlined in Section 3; • it did not take away essential resources from Kindwitwi; • it did not increase the workload of KLCCDA staff without us providing the extra capacity to address the demand. <p>It is assumed that the requisite expenditure would be limited.</p> <p>Modelling of sustainable development approaches and interventions would be an important part of extending the benefits to the wider community.</p> <p>It is important not to create significant imbalances between the resources available at Kindwitwi and those of the other communities around it.</p>
	Tanzania	N/A

7 RLT support for infrastructure and special projects in Kindwitwi

<p>7.1 Agriculture</p>	<p>We would be strongly in favour of supporting initiatives focussed on sustainable agriculture, i.e. using appropriate technology and emphasising long-term self-sufficiency.</p> <ul style="list-style-type: none"> • Provide for / continue to support initiatives under the KDA umbrella. Encourage use of the small-scale development fund. • Start small and increase the scale of projects according to growing levels of success / capacity / funds. • We would avoid taking on projects that incur funding significant and open-ended running costs, e.g. wages, vehicle maintenance etc. Were the Trust to commit to such expenditure on an exceptional basis, corresponding funds should be set aside to cover a 3 – 5 year period. • Support may include the provision of expertise and / or exploring links with the District Agricultural Extension Officer.
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	<p>There were two opposing views on large capital items, such as tractors, that are likely to be non-sustainable and, therefore, will always be dependent on external donors:</p> <ul style="list-style-type: none"> • One, largely based on past experience, expressed the view that such items were not sustainable and often did not produce the expected improvement in income. • The other view suggested that compromise on the sustainability criteria may be needed so that a tractor, for example, might be managed to maximise benefit to patients and Villagers.
7.2 Water supply	This currently falls into a different funding stream.
7.3 Electricity supply	RLT has supported some infrastructure initiatives to help bring electricity to the Village, with the primary purpose of linking the wards, dispensary and offices. RLT would support the long-term maintenance of the electrical fixtures and fittings for these buildings.
7.4 Income and livelihood	<p>We would continue, and even extend, our funding for these aspects but RLT would consider each request on a case-by-case basis.</p> <ul style="list-style-type: none"> • Inputs and projects should be shown to encourage self-sufficiency; examples might include agricultural development and fuller use of the Guest House facilities by, for instance, encouraging visitors and building a profit element into the Guest House charges). • Any project must meet sustainability criteria. • Any project must not divert RLT from its primary focus on leprosy treatment and elimination in Rufiji District. • Sensitive and realistic advice should be sought from local experts.
7.5 Education	<p>RLT will continue:</p> <ul style="list-style-type: none"> • supporting the Kindwitwi Day Care Centre; • sponsoring patients' children to attend primary and secondary schools; * • creating bursaries for secondary schooling amongst the wider Nyanda / Katundu region; *

	<ul style="list-style-type: none"> • sponsoring university or tertiary education in exceptional cases and where funds allow;* • supporting a stronger community education programme in the Village; possibly around 'Education for healthy living' or 'Life skills' based on needs identified by the KDA. The Trust could, for example, support the travel, accommodation and fees of speakers. <p>* None of the above should be hedged with a requirement for the individual to return to the region to give service.</p>
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8 Long-term role / exit strategy

<p>8 Exit strategy / long-term role</p>	<ul style="list-style-type: none"> • RLT is committed to a support role as long as interventions in either leprosy or development are welcomed and sanctioned by the local community and as long as RLT has the capacity to provide support. • Any exit from the leprosy programme or Village initiatives would be accompanied by making adequate provision for any existing KLCCDA staff to secure a livelihood beyond their involvement in the project. • We should periodically review the role and remit of RLT according to changing needs and the gradual elimination of leprosy in the Region.
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