

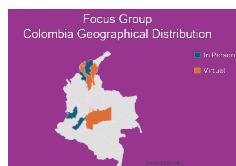


1 More than voices, We are supporting networks for change.

Individual needs assessment

METHOD

The methodology for data collection was focus groups in order to collect personal experiences on the categories of mental health, physical health, discrimination and stigma, and human rights.



City	Women	Men	Total
1. Sucre	3	3	6
2. Magdalena	2	4	6
3. Valle del Cauca	7	2	9
4. Huila	7	3	10
5. Virtual	4	1	5
Total	23	13	36



5 Organizational Needs Assessment

METHOD

February 2025 Board of Directors' Strategic Planning Document Review

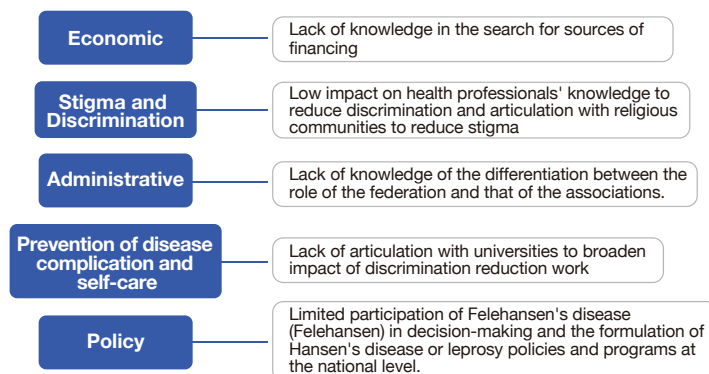
Two people from the Board of Directors, a coordinator and two social professionals were involved in the analysis process.



2 Physical and Mental Health

1. Health Professionals reproduce the discrimination and stigma against people affected by Hansen
2. Depending on the administrative capacity, infrastructure and financial resources, people may report better or worse access to health services.
3. The acceptance of the medications depends on greater accompaniment to achieve greater adherence to treatment, reducing the impact on mental health.
4. All support groups mentioned are of a private nature (associations, religious groups, non-governmental organizations). There is no reference to support groups coordinated or directed by the state social services for the accompaniment of people affected by Hansen's disease

6 Organizational Needs assessment



3 Human Rights and Fighting Against Discrimination

1. People prefer not to share their diagnosis with people outside their primary family nucleus, in order to reduce any isolation, mistreatment, singling out because of the disease and all the discrimination and stigma that exists about it.
2. People affected by Hansen's disease report that they have elements to inform about the disease and reduce stigma but consider that they need more training and more commitment from some members.
3. Only one person in the focus groups mentioned that health is framed as a human right and therefore should be addressed as something inherent to people.

7 Recommendations for capacity building programs

1. Train and coach a pull of leaders in advocacy, policy shaping and project formulation and management.
2. Prioritize outreach to governments, national health ministries, local health policy entities to expand impact and outreach.
3. Create a culture of external audit in international cooperation projects.
4. Create five-year work plans and make annual evaluations of compliance with goals related to issues of timely diagnosis, access to treatment and follow-up of cohabitants.

4 Lessons Learned and Recommendations

1. Improving timely diagnosis is part of making visible the existence and importance of the disease.
 2. The adherence and mental health of people affected by Hansen's disease improves with leprosy training for health care workers.
 3. Disability is preventable with education and government efforts to actively seek out people affected by leprosy.
 4. The disease has physical and mental impacts depending on the person's life cycle.
- A. Articulate the objectives, scope, and activities of the public policy for leprosy elimination with the needs of people affected.
 - B. Increase awareness of the existence of patient organizations to support hospitals and physicians in their diagnostic work.
 - C. Conduct disease impact studies based on the life cycle of individuals.

8 Wishlist for the changes

People affected by Hansen's disease:

1. Reduce diagnosis to less than six months and achieve timely access to treatment.
2. Massive community awareness campaigns are created to inform communities that leprosy still exists and needs to be treated.
3. Leprosy training is included in the curricula of universities in medicine, nursing, dentistry, physiotherapy and other programs.
4. Support networks for people affected by Hansen's disease strengthen those newly diagnosed and in treatment, thus facilitating their acceptance and quality of life.
5. Reduce preventable and avoidable leprosy disability to zero.

