

## Investigating the sustainability of self-help programmes in the context of leprosy and the work of leprosy missions in Nigeria, Nepal and India

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# BMJ Open Investigating the sustainability of self-help programmes in the context of leprosy and the work of leprosy missions in Nigeria, Nepal and India: a qualitative study protocol

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## ABSTRACT

**Introduction** Leprosy occurs among very poor people who may be stigmatised and pushed further to the margins of society. Programmes to improve social integration and stimulate economic development have been implemented to help break the vicious cycle of poverty, reduced quality of life and ulcer recurrence. These involve forming groups of people, with a common concern, to provide mutual support and form saving syndicates—hence the term ‘self-help groups’ (SHGs). While there is literature on the existence and effectiveness of SHGs during the funded periods, little is known about their sustainability. We aim to explore the extent to which SHG programme activities have continued beyond the funding period and record evidence of sustained benefits.

**Methods and analysis** In India, Nepal and Nigeria, we identified programmes funded by international non-governmental organisations, primarily aimed at people affected by leprosy. In each case, financial and technical support was allocated for a predetermined period (up to 5 years).

We will review documents, including project reports and meeting minutes, and conduct semistructured interviews with people involved in delivery of the SHG programme, potential beneficiaries and people in the wider environment who may have been familiar with the programme. These interviews will gauge participant and community perceptions of the programmes and barriers and facilitators to sustainability. Data will be analysed thematically and compared across four study sites.

**Ethics and dissemination** Approval was obtained from the University of Birmingham Biomedical and Scientific Research Ethics Committee. Local approval was obtained from: The Leprosy Mission Trust India Ethics Committee; Federal Capital Territory Health Research Ethics Committee in Nigeria and the Health Research Ethics Committee of Niger State Ministry of Health; University of Nigeria Teaching Hospital and the Nepal Health and Research Council. Results will be disseminated via peer-reviewed journals, conference presentations and community engagement events through the leprosy missions.

## STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ Interviews will be conducted with two groups of people, ‘insiders’ (people who were directly involved in the self-help group (SHG) programmes during the funded period) and ‘outsiders’ (those who were aware of the programmes and who might have evidence or information of their sustainability) to capture a wider perspective of SHG sustainability.
- ⇒ Comparative analysis of data from across the four geographical areas in Asia and Africa will allow us to refine existing theory on sustainability of SHG programmes for people with leprosy, disability, other conditions causing ulcers or marginalised people, once funding has ceased.
- ⇒ The primary limitation of this study is that we will conduct retrospective interviews which will rely on participants memories of events over several years ago, resulting in recall bias.
- ⇒ The researchers conducting the interviews and analysing the data are paid with funding from the leprosy non-governmental organisations which were responsible for implementing the interventions.

## INTRODUCTION

Leprosy tends to occur among very poor people and can result in leprosy-related ulcers and deformity. Leprosy may lead to stigmatisation and people being pushed further to the margins of society.<sup>1</sup> In order to help break the vicious cycle of poverty, low mood and ulcer recurrence, programmes to improve social integration and stimulate economic development have come into being.<sup>2</sup> These programmes are community based and involve the formation of groups of people who can provide mutual support; hence the term ‘self-help groups’ (SHGs).<sup>3</sup>



### Self-help groups and other types of group activities

SHGs have much in common with ‘women’s groups’ in the context of maternity care,<sup>4-6</sup> and ‘peer support groups’ in the context of HIV<sup>7,8</sup> and diabetes care.<sup>9</sup> However, it is the inclusion of some form of economic assistance that distinguishes SHGs from other types of group-based mutual support.<sup>10-21</sup> The term ‘self-help group’ is somewhat elastic but it is commonly used to describe groups that include activities specifically aimed at economic advancement.<sup>22-23</sup> Biscaye and colleagues use a wider definition based on voluntary membership, self-governance of the group, regular meetings, member contributions of assets such as time and labour (but not money) with the aim of improving welfare.<sup>24</sup> In this article, we will use SHG in the narrower sense of including a specific economic component, but we will also allude to literature based on the broader definition above.

The economic activities included in SHGs borrow heavily from those used in economic microdevelopment projects generally. These include assistance in setting up savings groups, provision of some initial ‘seed-corn’ money/business loans provided by the donor organisation,<sup>25</sup> non-conditional and conditional cash transfers, training in marketable skills and farming methods (eg, use of optimal seeds/fertilisers) and support in setting up bank accounts and joining national business networks.<sup>26</sup> SHGs often include other (ie, non-economic) activities including self-care<sup>27-28</sup> and WASH (Water, Sanitation and Hygiene).<sup>29</sup> In India, the SHGs we have encountered are female only, while in Nepal and South East Nigeria they are mixed gender. In North Central Nigeria groups are female only, male only or mixed gender.<sup>30</sup>

We have observed that SHGs brought into existence to support people affected by leprosy have widened their remit to include people with disabilities due to conditions other than leprosy, marginalised people, single women and, increasingly, people who are very poor but who have no medical condition. As a general rule, SHGs do not come into being spontaneously; while they are community-based organisations, they come into being through the activities of organisations external to the local community.<sup>31</sup> The funding for SHGs often comes from Non-Government Organisations (NGOs) such as the Leprosy Missions. A key factor of SHGs, and the topic of this paper, relates to the duration of this external funding. We have found that funding for self-help programmes tends to be time limited. This raises the question of the sustainability of SHGs beyond the funding period. There is an implicit assumption that SHGs will become self-sustainable. Finding out whether, or under what circumstances, self-sustainability is achieved is the purpose of the study described here.

### Sustainability of SHGs

Sustainability of SHGs can be considered as long-term continuation of the core activities without external support.<sup>32</sup> Empirical literature on sustainability of SHGs is very sparse and we are therefore conducting a review to

close the gap in the literature. So far, we have not found any studies of sustainability of SHGs concerned with leprosy or funded by a Leprosy Mission/NGO. Given the lack of studies specific to the leprosy domain, we extended our review to include health in general and found one study that investigated factors that might promote SHG sustainability after external financial support was withdrawn. This study found that community support, strong leadership, an appetite to acquire new knowledge and strong belief in value of SHGs among members of the groups were associated with sustained activities.<sup>31</sup> Biscaye and colleagues cast the net still wider and carried out a systematic review on the effectiveness of SHGs using, as mentioned above, a broad definition of self-help that was not limited to groups that included an economic component. Again they found little evidence on sustainability and any evidence that came to light was weak and based mainly on anecdote rather than systematic study.<sup>24</sup>

Since the literature on sustainability of SHG programmes is limited, an evaluation is critical in determining how effective programmes are in achieving their goals over the longer term and whether activities continue once the funding ends. Having reviewed the available literature, we can construe that sustainability can be observed in two (non-exclusive) ways: first, at the level of process (the extent to which the characteristics/elements of programmes are sustained, ie, groups continue to meet) and second, at the level of outcome, such as well-being, health, social integration and economic progress.<sup>27-33</sup>

The theory that SHGs acquire skills and become independent over time would seem more in keeping with a policy of gradual, rather than an abrupt, withdrawal of funding. Yet funding was not tapered in the cases with which we are familiar. It must be assumed that the capacity for self-sustainability accrues over time. If so, it could be argued that to guillotine funding abruptly at a predetermined point in time is not the optimal strategy. Nor have we found any evidence to support a 5-year intervention period as opposed to any other preset period. Finally, there is evidence within the behavioural psychology literature, that sudden withdrawal of support can be deeply demotivating, leaving the recipients worse off than if the intervention had not been promulgated in the first place.<sup>28</sup> In short, it cannot be taken as inevitable that this type of limited duration intervention does more good than harm. With this in mind, we set up the study described here to explore sustainability and how it might be affected by intervention design and context, including funding and implementing organisations in the larger system context, and the level and duration of funding provided.<sup>29</sup>

In this study, we aim to explore the extent to which SHG programme activities have continued in the time beyond the funding period. This falls under our full programme of work in the National Institute for Health Research, Research and Innovation for Global Health Transformation (RIGHT) leprosy grant, whose overall aim is to improve self-care in the community for patients

who are at risk of recurring leprosy ulcers. Previous SHGs were implemented in all four of our study sites described below. We are therefore in a position to evaluate the sustainability of all four SHG intervention programmes.

## OBJECTIVES

The objectives of this work programme are to:

1. Explore the extent to which the programmes were sustained with respect to process, structure and outcome.
2. To investigate what might facilitate or hinder sustainability.

## METHODS AND ANALYSIS

### Study sites

This study is focused on four sites: South East Nigeria, North Central Nigeria, Nepal and India. In each of these four study areas, we have identified historic programmes which established time bound SHGs. The funding for the programmes came from a variety of sources: the Australian Government, the Leprosy Mission Australia, the Swedish International Developmental Agency (SIDA) through the Swedish Missions Council (SMC) and the German Leprosy and Tuberculosis Relief Association. In each case, financial and technical support was allocated for a predetermined period of up to 5 years, between 2009 and 2019 and then withdrawn. There were two programmes in Nepal—one ran from 2009 to 2014, followed by another, in a different geographical area, from 2014 to 2019. A two-phased programme was funded from 2013 to 2018 in India. In North Nigeria, two programmes were implemented from 2013 to 2018. In South East Nigeria, SHG projects were implemented from 2010 to 2016.

An internal operational evaluation was conducted at the end of the funding period in each case but, to the best of our knowledge, no further study into sustainability has been carried out.

### Study design

We will seek to retrieve and analyse any documents, including project reports and meeting minutes related to the purpose and planning of the SHG projects. This activity will be followed by semi-structured interviews.

### Patients and the public

Patients and the public are not involved directly in the design and conduct of this retrospective study.

### Collation and analysis of programme documents

Programme managers or equivalent members of staff at the implementing organisation will be contacted and asked for programme descriptions, project reports and meeting minutes related to the purpose and planning of the SHG projects dating back to the planning stage. We aim to identify and summarise the original purpose of the SHG projects and plans for SHGs from these documents. We will gather any evaluation reports, produced internally and externally, to gain a holistic understanding

of the SHG projects. We also aim to gather any evidence of groups continuing to meet or any activities that are still on-going.

### Semistructured interviews

Semistructured qualitative interviews will be conducted with two groups of people—‘insiders’ and ‘outsiders’. We aim to obtain perspectives from people who might be able to describe programmes, and provide any evidence on short-term effects and sustainability of programme activities or benefits. We also aim to elicit views on facilitators and/or barriers to sustainability and on how these may be overcome.

### Sampling strategy

Our study will adopt two purposive sampling strategies in each site; identification of participants who meet specific criteria and snowballing.<sup>34</sup> Purposive sampling will help identify suitable people who may still be part of an SHG or the implementing organisation to interview. Snowball sampling will involve contacting people identified in conversations with our initial contacts. We will record the number of designated interviewees who are uncontactable or decline.

### Insiders

‘Insiders’ are people who were directly involved in the SHG programmes during the funded period.

The ‘insider’ groups will consist of people who were:

- ▶ staff responsible for overall management (governance of the project) of the SHG programmes.
- ▶ staff responsible for local implementation.
- ▶ group members who have engaged with SHGs.
- ▶ Family members of people who attended SHGs.

### ‘Outsiders’

‘Outsiders’ are peripheral parties who were aware of the programmes and who might have evidence or information of their sustainability.

The ‘outsider’ groups will include:

- ▶ Staff in funding agencies with knowledge of the programme/project.
- ▶ People in official positions who are likely to have known about the SHG programmes and its effects. Examples include government officials, the administrator at a local health facility, Community Health Workers and local public health officials, disability officers bank managers.
- ▶ Community leaders/ex-community leaders (including those elected to leadership positions) with awareness of local SHGs.

### Data collection

The study team will examine the SHG within their own organisations in India and North Central Nigeria. However, the researchers collecting the data were not involved in the implementation of the SHG programme. In Nepal, the organisation is working with a researcher from the local university to collect data. In South East



Nigeria, the data will be collected using a consultant. All data collection will be monitored and supervised by researchers at the University of Birmingham and Warwick who are not members of the project implementation organisation. Interviews will be conducted using the interview topic guide (online supplemental appendices 1 and 2). All participants will be asked about the topics, although how the questions are asked will be adapted to the particular participant. For example, project directors and people from funding organisations will be asked questions on financial contributions to the project, whereas members of SHGs will be asked what type of financial/economic activities they are aware of. One particularly important question relates to any evidence of economic activity that may plausibly be attributed to the intervention. Interviewers will elicit the activities; explore how they have developed over time and ask how or to what extent they may be attributed to the intervention. We will probe the effect that the SHGs may have had on the broader community and vice versa. We will ask those managing the intervention about the overall management structure of the intervention and ask group members their perceptions of this.

We will sensitively explore with interviewees about relationships between members of the SHGs, including group leaders and facilitators, as these have been shown to influence group success.<sup>35</sup> Anyone in an administrative position will be asked whether they can identify any written material covering current or past activities of the groups.

Interviews will be conducted by local research staff, trained in qualitative interviews, in the language spoken by the participants or with the use of an interpreter. The qualitative training for the local researchers included interview techniques with role play to practice introductions, consent taking, how to ask questions and prompts, how to deal with distress or concerns raised and how to end the interview. Further training will focus on data analysis. Regular meetings with the qualitative team will be held to monitor progress and to provide feedback on the quality and content of data collection as it proceeds. Interviews with staff in funding agencies and people in the highest official position in the organisations, such as the country directors, who are able to speak and understand English, will be conducted by the Chief Investigator.

We anticipate conducting 25–40 insider interviews and 6–25 outsider interviews at each study site. Interviews will continue until data saturation is reached at each study site and no new themes appear to be emerging at each study site.<sup>36</sup> This will be determined through conducting blocks of interviews from each target group and coding and analysing these transcripts.

### Analysis of interviews

All interviews will be audio recorded and transcribed and translated into English. Field notes will similarly be translated. The individual site data will be analysed by researchers at each site, following training, using Braun

and Clarke thematic analysis.<sup>37</sup> The analysis will begin with the researchers familiarising themselves with the data early on through reading the interview transcripts and field notes. Data from the first few transcripts will be coded line by line by two researchers independently. This will help identify any discrepancies in the assigned codes, develop and refine the coding framework and establish intercoder consistency. Coding will be applied to all interview data and emerging codes will be incorporated. We will identify the contextual factors that participants consider influencing sustainability, and how what happened in the groups influenced sustainability. Additionally, comparative analysis will be conducted between the ‘insider’ and ‘outsider’ groups at each study site. Data from across the four study sites will be triangulated to explore similarities and differences in sustainability outcomes across the different contexts, paying attention to the impacts of factors such as culture, the local process of establishing SHGs and local structure of the SHGs and gender composition between the various study sites.

### Reflections on anticipated outcomes

This is a retrospective study based largely on memory. Moreover, people will be, to some extent, emotionally ‘invested’ in the programmes. To mitigate recall bias, we will ask for examples of SHG activities and outcomes—for example, successful businesses that were formed and their trajectory. To mitigate bias from internal meeting Minutes and reports, we will be gathering any evaluation reports available, which may have been conducted internally or externally.

We anticipate new insights that prompt action. For example, we may find that the SHGs were highly active in the short term, but that actions were seldom sustained such that they are now mostly a distant memory. Such a finding could influence donors to make longer-term investments and/or taper investments more gradually. It could encourage research funders to set funds aside for evaluation of sustainability even when short-term benefits have been demonstrated. We may make more nuanced observations. For example, we may find that, even within one area, some SHGs continue to operate and generate new enterprises, while others dissolve. In that case, we might be able to discern likely facilitators—factors in the implementation of the intervention or its context that are conducive to success.

Our findings will not be leprosy specific. For a start, people affected by leprosy are in the minority in the SHGs in all of our participating countries of this project. Moreover SHGs, or similar structures given different names, have become ubiquitous over many low-income and middle-income countries. We plan to learn general lessons concerning SHGs or similar initiatives.

### Data storage and security

Data will be stored on institutional network drives with firewalls and security measures in place. Hard copy records will be stored in a locked cabinet in a secure

location. Each study site will have their own unique set of keys to access data locally.

## ETHICS APPROVAL, CONSENT TO PARTICIPATE AND DISSEMINATION

The research will be performed in accordance with the Declaration of Helsinki for Human Research of the World Medical Association. Written informed consent will be obtained from all participants; or thumb/fingerprints will be requested in lieu of a signature if necessary. Approval has been granted by the University of Birmingham Biomedical and Scientific Research Ethics Committee (BSREC). Each site has also obtained site specific local approval, that is,;

- ▶ In India from The Leprosy Mission Trust India Ethics Committee.
- ▶ In NC Nigeria from the Federal Capital Territory Health Research Ethics Committee in Nigeria and the Health research ethics Committee of Niger State Ministry of Health.
- ▶ In SE Nigeria from the University of Nigeria teaching Hospital.
- ▶ In Nepal from the Nepal Health and Research Council.

We plan to disseminate the results via peer-reviewed journals, conference presentations and community engagement events through the leprosy missions.

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1        **Appendices**

2        **Appendix 1- Interview guides for Insiders**

3        *Appendix 1A: Insider questionnaire for those who managed & implemented the SHGP*

- 4        a) We are interested in finding out about SHG projects? You were the PM/PD of that  
5            project - Could you tell us about your experiences of that programme?  
6        b) What was your role in the SHG project?  
7        c) How was the project conceived? prompts: overview and needs of the community.  
8        d) What was the aim of this project? Prompts: self-help/self-care.  
9        e) How was the project funded and administered? Prompts: political oversight,  
10            liaison, management - facilitators/group leaders, chair, meeting frequency,  
11            attendance issues.  
12        f) Who were the proposed beneficiaries? Prompts: people with/without leprosy,  
13            disability, marginalised people.  
14        g) How were the project beneficiaries selected for the programme?  
15        h) What were the key components of the project? Prompts: self-help, savings, bank  
16            accounts, training, water, sanitation, health, access, education, rights, PRI.  
17        i) How many people were in the group at the start of the year and when the project  
18            completed?  
19        j) If the number decreased, what do you think is the reason for people not continuing  
20            in the group?  
21        k) Can you share any evidence on economic activities that can be attributed to the  
22            impact of project activity?  
23        l) Did you face any challenges and how did you overcome them?  
24        m) Could all the aims and objectives proposed at conception be fulfilled? Yes, no,  
25        n) If no, then why?  
26        o) Anything you would have done differently?  
27        p) How did the community respond? what about those who were eligible but not  
28            included in the SHG?  
29        q) Did you observe any behaviour change in the community? Prompts: Stigma,  
30            discrimination, resilience, apathy.  
31        r) What were the successes of the project?  
32        s) Are the projects self-sustaining? What models of self-sustenance have been  
33            successful? single beneficiaries, group, family?  
34        t) What is the best way to improve the longevity of a project?  
35        u) Are you aware of any evaluation or sustainability studies that have been done?  
36

37        *Appendix 1B: Insider questionnaire for SHGP members*

- 38        a) What was your role in the SHG project?



- 39 b) Do you know why this project was conceived? Prompts: purpose of the project  
40 c) Who was responsible for this project? do you know him/her?  
41 d) Do you know why you were chosen as a beneficiary? Prompts: any illness, SE  
42 status, any profession  
43 e) How does your disease affect your day-to-day life?  
44 f) How does your condition affect how you relate to your community? Feelings on  
45 social contact  
46 g) How would you like the way you relate in your community to be different?  
47 h) Did you understand why the project was done?  
48 i) Can you tell something about the groups that were formed and how they  
49 functioned?  
50 j) Did you look forward to meeting your group mates? What motivated you to  
51 continue being a part of the group?  
52 k) Can you highlight some of the positive changes in your life after participating in  
53 this project?  
54 l) How would you explain the relationship between the members of the self-help  
55 groups and their group leaders and also with the facilitators of the project?  
56 m) Were the training / skills provided appropriate to your need?  
57 n) Was the training / skills / micro-credit provided sufficient to start and keep the  
58 livelihood activities running?  
59 o) Was the choice of livelihood support provided according to your want at that point  
60 of time?  
61 p) Can you share any evidence on economic activities that can be attributed to the  
62 impact of the project activity?  
63 q) Did you face any difficulty attending group meetings regularly? Please explain.  
64 r) Were you and your group able to continue activities after official completion of  
65 project?  
66 s) If not, explain the difficulties you faced?  
67 t) Would you have wished that the SHG project continued? Yes/No. Explain.  
68 u) Should the SHG project be continued, which activities would you want to be  
69 different (new things to be added and old to be removed).  
70

71 *Appendix 1C: Insider questionnaire for family members of people who attended self-*  
72 *help groups*

73 We will interview family member of the SHG participant, preferably, family head or  
74 immediate person next to him

- 75 a) According to you, did this project make any sense to you when it was being  
76 implemented?  
77 b) Can you tell something about the groups that were formed and how they functioned?  
78 c) Can you highlight some of the noticeable positive changes in personal life of group  
79 members after participating in the SHGs?  
80 d) Can you highlight some of the noticeable positive changes in family?  
81 e) Were the training / skills provided appropriate to the need?  
82 f) Was the training / skills / micro-credit provided sufficient to start and keep the  
83 livelihood activities running?

- 84 g) Can you share any evidence on economic activities that can be attributed to the  
85 impact of the project activity?  
86

87 **Appendix 2- Interview guide for outsiders**

88 *Appendix 2A- Outsider questionnaire for staff in funding agency*

- 89 a) You were involved in the decision to fund this self-help group programme  
90 development project. Could you share some of your observations on the project?  
91 b) What prompted you to fund this project?  
92 c) Were the objectives appropriate for the setting? Would you have wanted something  
93 done differently?  
94 d) What was the rationale (theory of change/intellectual foundation)?  
95 e) It has been a series of funding, so obviously you were quite satisfied with the outcome  
96 and impact? Can you specify what it that impressed you most?  
97 f) How much did you invest per year in this project? Do you know what the money was  
98 spent on?  
99 g) How would you explain the relationship between the members of the self-help groups  
100 and their group leaders?  
101 h) Are there any available written materials showing the current or past activities of the  
102 self-help groups?  
103 i) Can you tell us about other similar projects (not necessarily involving leprosy) your  
104 organisation funded before this one; where were they, for how long did they last, what  
105 differences were there in the design of the projects and in the aims? How much did  
106 you spend on them?  
107 j) Same but after the start of this program?  
108 k) Do you think such projects are sustainable? Have you ever wanted to study  
109 sustainability in the projects you have funded?  
110 l) Are you aware of any such sustainability studies?  
111 m) What is the best way to ensure sustainability of a project?  
112 n) What research has most influenced your personal and your organisation's thinking  
113 over the years?  
114

115 *Appendix 2B- Outsider questionnaire for people in official position – State level*

116 *program managers*

- 117 a) You are a key member of the State program and we would like to ask you some  
118 questions on the project SHG project.  
119 b) You are an influential member of the State program. how is your position Beneficial  
120 or how are you influencing progress and development in the state?  
121 c) Are you aware of the project SHG project in your state?  
122 d) Have you known of any other similar project?  
123 e) Do you know the objectives of the project?  
124 f) Do you think the project fulfilled the purpose for which it was conceived?  
125 g) Was the methodology appropriate or would you suggest otherwise?  
126 h) did you see any tangible benefits among the beneficiaries?

- 127 i) what was the most impressive achievement among the beneficiaries?  
128 j) Did you notice any change in the community because of this project?  
129 k) How sustainable is SHG? How best to improve the sustainability?  
130 l) Did you know whether an evaluation was conducted? Do you know the findings?  
131 m) How can you, in your key position in the State program help in sustainability of such  
132 projects?  
133

134 *Appendix 2C- Outsider questionnaire for Community leader where the SHG was*  
135 *implemented*

- 136 a) Are you aware about the SHGs activities in your community/village?  
137 b) What you know about it? what were the aims of this project?  
138 c) Do you know some of the beneficiaries?  
139 d) Was it a fair choice of eligibility?  
140 e) Do you think that the project was necessary for them?  
141 f) Do you know what they were expected to do?  
142 g) Did you feel that the aims were being fulfilled in the project?  
143 h) Did you observe any changes in the lives of participants of the SHGs? Explain.  
144 i) How has the project impacted your thought process?  
145 j) As a consequence of SHGs activities, did you observe any changes in the perception of  
146 community members on group participants? Positive perception? Negative  
147 perception?  
148 k) Were they able to continue their SHGs activity after official completion of the project?  
149 If no, explain reasons according you?  
150

151

152

153