Socio-Economic Rehabilitation in Leprosy—An Example

Editor.

Leprosy is more a medico-social problem than a disease. As a medical problem, the incidence of the disease has decreased slowly since the introduction of MDT. Although leprosy is no longer a public health problem in many endemic countries, the social aspects in terms of stigma, discrimination, poverty, disability, deformity and loss of self-confidence are still major hurdles to be overcome.

In this regard, unfortunately, almost all leprosy elimination programmes fail to provide adequate emphasis on the social aspects, especially deformity care and rehabilitation. Recently, however, the effectiveness of MDT, which caused a dramatic decline in leprosy prevalence, has created interest in providing welfare and rehabilitation activities to leprosy affected persons.

With this view, a CBR programme is being implemented by Modified Leprosy Control Units in Koduvayur and Nemmara, Palakkad District, Kerala State, South India. This programme was implemented through the People’s Planning Programme, which aims at decentralization of power to the grass root level. Here people discuss and plan their needs and requirements and execute them with the help of the local administrations, namely Grama Panchayats. A CBR programme implemented by this project for poor, disabled leprosy affected persons is presented here.

This programme was implemented in six Grama Panchayats (each covers one SET centre, which is the basic unit of leprosy Survey, Education and Treatment) in two modified leprosy Control Units. A project report emphasizing the importance of rehabilitation of former leprosy patients was prepared by the local leprosy staff under the leadership of the Medical Officer and submitted to the Grama Panchayat authorities. The report was then discussed by an expert committee and returned to the Grama Panchayat with a passing order. The project submitted in this CBR programme was for supplying goats, cows and residential houses to our patients. The funding was allocated by the Panchayat, with the future process of implementation being done by a purchase committee, headed by the Veterinary Surgeon as the convenor. This committee is responsible for purchasing the goats and cows and for future follow-up. All beneficiaries were instructed on how to protect and preserve the goats and cows and to use them as a means for their livelihood.

The selection of beneficiaries was based on the following criteria: 1) cured leprosy patients, 2) persons with disability, 3) financially backward persons, 4) heads of families and 5) persons who were willing to use the assistance given as a means to make their living in future.

Forty-eight leprosy affected persons were given 87 goats and two cows and two were given small residential houses. The total amount utilized for the whole project was Rs.185,000. After 1·5 years of follow-up, the goats and cows had increased to 238 and four, respectively, with a value of Rs.402,050. The last follow-up took place in August 2000 (Table 1). The average cost of one goat was Rs. 1225 and that of a cow was Rs. 6000. The total amount utilized for the two houses was Rs. 70,000. This study shows that when an individual is given two goats, this number can be expected to increase to seven within a period of 1·5 years. The individual will then be allowed to sell four goats, keeping back two or three for his own use. This process will continue, and will produce a regular income. The houses were constructed under the supervision of the local engineer.
Through this is a small project, it has created self-confidence among our patients, strengthening them financially. It has helped them to lead a productive life with dignity, participating in family activities. The attitude of the family towards the patient also changed positively. The project also created new enthusiasm among leprosy workers to take up more activities in this direction. The local public administrator has also expressed an interest in helping former leprosy patients.

As the goal of leprosy elimination draws ever closer, it is evident that increasing efforts should be put into the fulfillment of CBR activities. We need not wait for the government to do this; resources at the local level can be mobilized at relatively little cost, provided the will is present. This study is a small example of what can be achieved.

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References