

Report of Activities | Bombay Leprosy Project

1 Aug' 2001 to 31 Jan' 2002 (von der verantwortlichen indischen Behörde)

Introduction:

Leprosy is a progressive disease, which may lead to loss of function and even incapacitating deformities in a significant proportion of leprosy patients. It is important that the leprosy workers recognize the fact that social and psychological factors influence the leprosy patients to a far greater extent and they should know how to respond to this unconscious demand. Since the priority is mainly focused on disease control, the activities related to Prevention of Disabilities (POD) should be practised without compromising the quality of work aimed at achieving leprosy elimination. This project supported by The German Dentist's Sponsorship for Leprosy and Distressed areas (HDZ) has helped us to achieve this goal, where the disabled leprosy patients are being treated in the community. The following are the details of activities carried out during the reporting period.

Activities:

260 deformed leprosy patients living in the slums of Mumbai as well as in Raigad and Thane districts have received POD and disability care services at their doorsteps.

Service delivery was planned and implemented through the community volunteers with the help of local leprosy workers. 48 leprosy patients with signs of reaction (acute neuritis) were identified. Out of these 31 patients also had early or partial nerve function impairment who were treated with standard course of steroid therapy recommended by WHO (1998). Monitoring the progress of disability status using simple grading system was done at regular intervals by expert teams using Mobile Service Units (MSU). During this period, we have also conducted refresher-training programmes for the Community Volunteers at the Training and Research Centre (St.Lazarus Apartment). This has helped to improve the technical skills and knowledge of community volunteers to practise POD services to leprosy patients.

Observations:

It is observed that the transfer of technology would be possible if the techniques and the components of POD (Prevention of Disability) services are simple. The involvement of Community Volunteers who can act as a catalyst between the leprosy worker and the leprosy patients will ease the logistic problems prevailing in urban areas in particular, though in rural areas and tribal belts, recruitment of such volunteers is relatively

more difficult. This programme revealed that in spite of the rapid advancement of the specialities in the urban areas in India, viz. Bombay, the outreach services to the deprived rural segment which is just at a 100 kilometer radius was so poor as to make us feel diffident about the possibility of our living up to the definition of a "World Without Leprosy".