

Di 415**PREVENTION OF DEFORMITIES AMONG NEWLY DETECTED CASES WITH THE HELP OF NERVE FUNCTION ASSESSMENT IN AN URBAN LEPROSY PROJECT**

S.L.Narasimha Rao, Ranganadha Rao P.V., Pratap Reddy, Mohammed Shamsuddin, Sukumar Samson & Swamy Reddy G Secunderabad

MDT programme was started in Hyderabad city with SET strategy by LEPRO India. Covering a population of 1.5 million people in the city, 2565 cases were detected in the project from 1995 to 1999. A prevention of deformities programmes was added as an integral component of MDT work in this project. This includes systematic examination of nerve function with the help of sensory examination voluntary muscle testing (VMT) and palpation of nerves. The sensory examination was done with Semmes Winsten mono filaments. VMT was graded using MRC grading. Palpation to detect tenderness of nerve was also included in the nerve function assessment procedure.

199 patients were found to be having neuritis with nerve function deficit. Only 11.5% of the patients have shown signs of reversal reaction in the skin and nerve impairment. In these cases redness of the skin lesions has indicated the reaction in the nerve. 51% of these patients had no skin signs and nerve tenderness, but presented nerve function deficit. Relative incidence of silent neuritis and recovery of nerve function among these groups of patients with standardized steroid therapy and physiotherapy assistance are discussed in the presentation.

P.B.No.1518, Krishnapuri Colony, West Marredpally, Secunderabad - 500 026 Phone : 0091-40-7802139, 7807314

Fax : 0091-40-7801391

Email : ranganadh@lepraIndia.org

Re 40**REHABILITATION OF LEPROSY SUFFERERS LIVING IN LEPROSY COLONIES**

Deepak Devalapurkar, Suresh Shipurkar & Balkrishna Jagtap Shendapark Leprosy Hospital, Kolhapur

INTRODUCTION

Every deformed or disabled leprosy sufferer lives a debilitated life. But the problems of disabled leprosy sufferers living in their houses or in organised leprosy institutes are comparatively easier than those of living on pavements or in leprosy colonies with earning their living either by begging or by illicit or illegal means. In view of this we have been trying to solve the problems of leprosy sufferers living in leprosy colonies as follows .

ACTIVITIES

A) On state level : Majority of leprosy colonies in Maharashtra were visited several times and the representatives were encouraged to come together and form a federation for solving their problems.

B) On local level : Welfare and rehabilitation activities undertaken for self settled inhabitants at Kolhapur (Maharashtra) by us were : 1. Movements and follow-up activities for obtaining civic amenities, such as electricity, water, latrines and building of roads.

2. Interest free loan for building materials for 40 families. 3. Plantation of trees on every plot individually owned and about 350 trees on common land. 4. Encouraging use of smokeless chulhas. 5. Giving legal help / acting as arbiter for restoring legal rights to family properties. 4 persons were actually benefitted out of 12 helped. 6. Financial help / low interest loans for buying milk yielding animals, sewing machines, etc. and starting trade and business was given to 17 persons. 7. Getting employment, 3 got jobs out of 6 tried for.

8. Employment as farm labourers for 16 persons. 9. Medical help and counselling for all.

10. Providing educational material for school going children.

CONCLUSION

1. We were able to succeed in preventing 39 leprosy patients and 23 healthy contacts from begging on roadside. Still there are 89 leprosy patients who go on begging for their

Continued on next page living.

2. Begging being easy and lucrative profession, it becomes very difficult to turn the leprosy sufferers away from this vocation. Disability becomes the mean of earning.

3. It is difficult to enforce even a semblance of discipline and even one eccentric inhabitant can disrupt the whole programme.

4. It became easier to help the inhabitants help themselves through the agency of state level organisation.

5. Though the problems of leprosy sufferers are varied, complex and complicated, a concerted effort, individually and organisationally would help to alleviate their hardships.

Shendapark Leprosy Hospital, Kolhapur - 416 012, Maharashtra Phone : 0091-231-693252

Fax : 0091-231-524246

Re 43**SOCIO-ECONOMIC REHABILITATION PROGRAMME IN AN URBAN LEPROSY PROJECT - METHODOLOGY AND RESULTS**

Esther Edward, Sukumar Samson, V.Prabhakara Rao & B.Pratap Reddy Secunderabad

As a result of MDT in leprosy, there has been a vast reduction in active caseload, with reduced need for inputs to tackle active cases. Rehabilitation of the leprosy cured has received its due importance in the recent years.

LEPRA India started socio-economic rehabilitation programme in its projects in the year 1997 with a holistic approach that has been evolutionary, developmental and participatory. HYLEP is one of the six direct projects of LEPRA India, where SER activities were started since three years. The methodology of implementing this programme comprises of need assessment of affected persons, prioritization of needs and planning for appropriate interventions.

After identifying the clients, the family and community are actively involved in selection of self - supporting schemes, working out the business plans providing the economic assistance to start the ventures and follow up to see that the schemes are sustained. The ultimate objective is to see that the client is reintegrated into a normal family and social life.

The author proposes to discuss the methodology adopted in an urban situation, the achievements, the system of follow up and the impact of rehabilitation services in restoring normal social and family environment to the clients.

P.B.No.1518 Krishnapuri Colony, West Marredpally, Secunderabad - 500 026 Phone : 0091-40-7802139, 7807314

Fax : 0091-40-7801391

Email : vrp@lepraIndia.org

Re 53**COMPUTER BASED REHABILITATION OF THE HANDICAPPED - AN EXPERIMENT IN A MUMBAI SLUM**

R.Ganapati, S.Kingsley, V.V.Pai, Shakir Khan & T.P.Mirajkar Bombay Leprosy Project, Mumbai

Computer technology of late has revolutionized human life structure, creating unlimited job opportunities. This computer frenzy has profoundly influenced particularly the life style of youngsters who are in the race to become qualified computer professionals. We have found scope for using this phenomenon in the field of rehabilitation. Conventional methods of rehabilitation of the rural disabled may sharply differ from urban techniques. In this computer age, this contrast is even more striking. As literacy levels are admittedly higher among urbani-

ties, the computer technology is penetrating even into the heart of the slums. Computer literacy as a qualification for job prospects becomes the felt need of normal individuals as well as the physically disabled including leprosy victims living in the slums.

As the handicapped youth should not be marginalized in this healthy competition, we have created learning opportunities in a computer-training centre located right within the slums, where we had earlier identified leprosy patients as well as other handicapped. Each individual's training fees were raised through public donations. A year-long experiment in offering computer-based rehabilitation to the patients of leprosy as well as other physically disabling diseases in an integrated manner is summarized taking advantage of a computer-training centre in a slum of North Bombay. 15 trainees belonging to the economically backward strata who had completed the minimum qualification of secondary school education (10th Standard) were admitted for 6 months training in computer technology.

A questionnaire study of 15 trainees, first aged 18-23 (5 females) who had passed their school finals (3 now doing diploma courses) indicated the fulfillment of their felt need for career prospects. After completing the training some of the first batch of trainees are assisting our project by punching and analyzing the data of leprosy patients needed for research using a customized software, while some others are rehabilitated elsewhere. After these trainees have attained proficiency in computer technology, they are trained to handle sophisticated computers, scanners, etc. at our documentation cell, where they offer invaluable assistance in our research and scientific activities. These trainees are even trained in formatting and processing digital images of leprosy patients using digital camera and professional edition of computer software. This preliminary experiment, which is highly encouraging, is being enlarged to include a larger group of patients in other slums.

Bombay Leprosy Project, Sion-Chunabhatti, Mumbai - 400 022 Phone : 0091-22-5220608, 5223040

Fax : 0091-22-5296486

Email : bomlep@bom5.vsnl.net.in

Re 59**REHABILITATION OF LEPROSY PATIENTS BY PSYCHO-SOCIAL COUNSELLING**

Dilip Gole, Madhukar Neet & V.V.Dongre The Society For The Eradication Of Leprosy, Mumbai

Our organization is working since 1982. In the last 19 years, we came across 13 smear +ve patients with deformities and recurrent lepra reactions who were bored to death and had suicidal tendencies.

We counselled them, their friends, their relations, their family members without interruption to keep up their

morale high. They were from different states of India. 4 were Maharashtrians, 3 from Uttar Pradesh, 2 from Andhra Pradesh, 2 from Bihar, 2 from West Bengal. We helped them in getting financial support from philanthropic organizations and persons. In the last few years we find that all of them are doing well in their trades and their standard of living has gone up. On an average, the annual income of each one of them is approximately Rupees 60,000/-. Some have employed servants too.

Such successful stories are to be given due publicity on electronic media, so that people will feel that there is life after leprosy.

The Society For The Eradication Of Leprosy, C/o. Corporate Communications, Bombay House, 24 Homi Mody Street, Mumbai - 400 023.

Phone : 0091-7152-45083 Fax : 0091-7152-40111

Re 86

COMMUNITY BASED REHABILITATION OF PHYSICALLY HANDICAPPED INCLUDING LEPROSY DISABLED CASES - A REPORT

Suresh Kalekar, Sandeep Joshi & Uday Thakar Acworth Leprosy Hospital Society For Research, Mumbai

In view of minimizing leprosy stigma, an attempt has been made to practice Community Based Rehabilitation for leprosy and non-leprosy physically handicapped persons in a combined program.

In taluka Panvel, 29 physically handicapped persons (4 with leprosy and 25 without leprosy) were identified during routine leprosy survey conducted by leprosy field workers covering 13150 population.

This report presents and discusses an account of efforts further taken to :

1. arrange Handicap Certificates to the disabled,
2. evaluate their rehabilitation needs with the help of experts,
3. arrange for their vocational training,
4. provide financial assistance

The entire rehabilitation programme could be possible due to active community participation.

Acworth Leprosy Hospital Society For Research, Rehabilitation & Education in Leprosy, Wadala, Mumbai - 400 031

Phone : 0091-22-4147256, 4150355

Fax : 0091-22-4184263

Re 111

THE ROLE OF FAMILY AND COMMUNITY IN REHABILITATION OF LEPROSY AFFECTED - AN IMPACT ANALYSIS

Narayan Mallick, Guchhait, P.S.V.Ramakrishna, D.Jaganadha Naidu & V.Prabhakara Rao Secunderabad

The concept of rehabilitation has undergone a change in recent times with emphasis on participation of family and community for the socio-economic enablement of affected persons.

LEPRA India has started rehabilitation programmes as a focused activity with emphasis on involvement of the client, family and community from the initial stage of need identification till the normal socio-economic environment is restored to the client. BOLEP is one of the 6 projects of LEPRA India where SER activity is implemented since 3 years. In the project supported by I SERO to implement this programme. In the entire process of need assessment, prioritization and interventions, the family and community are involved. Village Rehabilitation Committees were formed to review needs, suggest interventions and assist in follow up to make the interventions sustainable.

Clients were provided assistance both from Government and LEPRA India funds. The positive results of this programme were largely due to the participation of family members and community in which clients have successfully integrated themselves.

The impact of the support of the family and community in the sustainability of the self supporting schemes of the clients was assessed with the help of interview schedules administered to the family and community members and presented in this paper.

P.B.No.1518, Krishnapuri Colony, West Marredpally, Secunderabad - 500 026 Phone : 0091-40-7802139, 7807314

Fax : 0091-40-7801391

Email : vpr@lepindia.org

Re 128

THE USE OF SELF-HELP GROUPS IN SOCIO-ECONOMIC REHABILITATION OF WOMEN AFFECTED BY LEPROSY

Aarti Nagaraj, MESH, New Delhi

Ours is a society with a male oriented value system. The contribution of women to the development of our social system largely remains unacknowledged and unappreciated. Women, particularly those affected by leprosy, play only a secondary role in the organisation of their communities. Initiative and autonomy are unknown to most of them.

This paper poses the vital question Are we satisfied with the efforts being made for the rehabilitation of women affected by leprosy? We understand that the phrase women affected by leprosy refers to not only the women who are physically afflicted by the disease, but also those who are so by virtue of being a spouse or an offspring of a person who has leprosy The lives of women, not physically afflicted by the disease, may be affected just by the fact that they reside in leprosy colonies. Any action to promote equalisation of opportunities in development must take into account the fact that certain groups of persons with disabilities are more marginalised than others, and tend to be left out unless specific actions are taken to include them. This paper challenges the notion that specific efforts made would further segregate or marginalise them, and argues that efforts towards the rehabilitation of leprosy affected women would be beneficial in their gradual entry into the mainstream activities.

We argue that the social and economic integration of persons affected by leprosy is an important means for promoting human dignity, reducing stigma, increasing economic independence and efficiently using limited community resources.

MESH, Maximising Employment to Serve the Handicapped, has been instrumental in initiating a development programme for the women of three leprosy colonies near Delhi. This paper draws on that experience suggesting that the best way to work and achieve results is the group method We also examine how the women's groups or mahila mandals, act as platforms for action and change, in the family as well as the community. MESH acts as a catalyst towards self-help and eventually self-reliance.

We conclude that our development endeavours towards total empowerment of women : economic independence, awareness, self confidence to demand social and political changes, will bear fruit only when the leprosy affected women are included in the general scheme of things.

MESH, No.5, Local Shopping Centre, Udai Park, New Delhi - 110 049 Phone : 0091-11-6568048

Fax : 0091-11-6965039

Email : mesh@del6.vsnl.net.in

CI 157

THE ECONOMIC ADVANCEMENT MOVEMENT IN KOREA - REHABILITATION

Sang Kwon Jung, IDEA International For Socio-Economic Development, Seoul, Korea

The Economic Advancement Movement (EAM) in Korea has uniquely compared to other countries and has received attractive attention from many all over the world. This is a remarkable movement - winning out on two fronts: medical treatment and social aspects. Both of them are key in eliminating Hansen's Disease (H.D.). By creating a framework of self-support and govern-

ment support, those who were fit for work escaped from living in a group and/ or being compulsorily segregated, took the first step for EAM in Korea. However, we encountered many problems, but solved within the current system centering around government and academic circles. Once a forceful crackdown on begging increased, taking these problems into our hands with an internal clean-up, we were able to restore dignity by ourselves which was the beginning of EAM.

With the implementation of this project, Han sung Co-operative Association (HCA) was established and incorporated by the government. We have achieved self-support with 30 years of painstaking efforts and assistance from others, whose goal is elimination of H.D. Currently we are deeply involved in Korea government's policy decisions on H.D., freely extending our opinions.

92-2 Yangjae-Dong Seocho-Ku, Seoul, Korea Phone : 0082-02-5780611

Fax : 0082-02-5780615

Email : ideakor@unitel.co.kr

Re 410

SINGAPORE LEPROSY RELIEF ASSOCIATION - HISTORICAL ACCOUNT AND FUTURE PERSPECTIVES

Tan F.P.C., Oon B.B. & Law J Singapore Leprosy Relief Association, Singapore

When it was founded in 1951, SILRA provided financial and other assistance to leprosy patients and their family members when compulsory admission of all patients was required by law. Following the advent of dapsone, and patients were discharged, the main problem was to provide accommodation to the discharged patients who had no home or family. The need of the patients progressed from the simple food and lodgings to luxuries like recreational activities as they demand to be treated equally like any normal individuals. The implementation of the MDT drastically reduce the need of the Home. However, the present population of patients will continue to require rehabilitative services for another 20 years.

As leprosy ceased to be a public health problem, SILRA will turn its attention towards the alleviation of the misunderstandings among the general public. Effort to ensure that the remaining few new cases each year will not be missed due to the complacency of the medical professions will include emphasis on teaching at all levels and keeping up to date a centre for referral and treatment of leprosy in Singapore. Together with the government's effort towards globalization, the planned new centre of SILRA, to be completed in 2002, will have a unit to cater to the training of leprosy workers in the countries of high endemicity in the diagnosis of common skin diseases and tropical diseases.

Singapore Leprosy Relief Association, 18 Lorong Buangkok, Singapore - 547566 Phone : 0065-4813270

Fax : 0065-4830786

Email : chewswee@pacific.net.sg

Re 411

A VOLUNTARY SHELTERED HOME FOR TREATED LEPROSY PATIENTS - OUR EXPERIENCE

Karim M.B. & Seah S Singapore Leprosy Relief Association, Singapore

Singapore Leprosy Relief Association (SILRA) Home was founded to house discharged patients following the introduction of dapsone in Singapore in 1951. In the early days, only simple food and accommodation were needed as the residents felt that they have very little choice. With increasing prosperity, the residents expected better living conditions and recreational activities that include travelling to neighbouring countries for holidays. Fortunately, the passion for leprosy among our supporters and well-wishers remains strong and the wishes of the residents can be fulfilled. We realise that the persons who had leprosy have to be treated like any normal individual.

Recruitment of staff members were simple in the early days. We could find willing workers among the patients and medical personnels who retired from leprosy hospitals. It has become more difficult to recruit workers, as the irrational fear for leprosy among the public is still strife; and we are unable to compete for worker demanding high wages. Fortunately, we are still able to count on a small number of individuals who have the passion for leprosy.

Being a voluntary organization, we depend on supports from the public, both financially and in other forms, to exist. We have always enjoy good supports. The Community Chest, a centralised fund-raising body run by the Ministry of Community Development, takes care of the task of fund-raising and leaves us to concentrate on running the Home.

Singapore Leprosy Relief Association, 18 Lorong Buangkok, Singapore - 547566 Phone : 0065-4813270

Fax : 0065-4830786

Email : chewswee@pacific.net.sg

Re 198

SUSTAINED INCOME GENERATION AND SOCIAL UPLIFTMENT THROUGH 'SWAYLAMBAN YOJANA'

Atul Shah & Neela Shah Comprehensive Leprosy Care Project & Medical Aid Association, Mumbai

Rehabilitation in leprosy is required not only for the visibly disabled but also for those who have become demoralized due to disease and have lost the self-esteem. Reconstructive surgery when followed up by the economic rehabilitation will achieve not only physical correction but also functional benefits. Thus, criteria, priority and the expected outcome need to be clearly defined. Social history can judge the current place held by individuals in family and society. The support required for sustained income generation depends on the age, disability, previous occupation and the ability to carry out income generation activities from the desired aid. Comprehensive Leprosy Care Project & Medical Aid Association has so far supported 650 cases with aids for sustained income generation activities in the state of Gujarat and Goa through their Swavlamban Yojana (self-employment scheme) with a view to social upliftment. A simplified approach involving the leprosy staff for identification of the needy cases, noting the social history and need of the article is followed by the eco-rehab program at which the rehabilitation aids are distributed. The program is conducted with involvement of local and state leaders along with health care staff. The follow-up is carried out at regular intervals by the government leprosy staff and the project personnel. The results over a period of more than 5 years demonstrate that majority of the cases that received aids had substantial income generation leading to better family life. Moreover, the case history of many cases demonstrate that there were far reaching benefits in terms of social acceptance of the rehabilitated cases. It also acts as motivation for other government programs to include the leprosy cases in their plan for social welfare. Presentation will detail the approach, merits and results.

Comprehensive Leprosy Care Project & Medical Aid Association, F-701 Novartis India Compound, Off Aarey Colony Road, Goregaon (East), Mumbai - 400 063 Phone : 0091-22-8493179

Fax : 0091-22-8403287

Email : clp@vsnl.com

Re 213

DESTIGMATIZATION AND REHABILITATION OF LEPROSY PATIENTS : A VIABLE METHOD?

Aparajita Sohoni, Stanford University, California

A qualitative case-study analysis of twenty individuals residing in a 300,000 person slum revealed a successful model employed by an NGO for leprosy rehabilitation. The gradual replacing of the term leprosy with skin disease ensured higher compliance in, and lower stigma experienced by, leprosy affected persons. This

paper analyzes the approach employed by the NGO and raises questions pertaining to the efficacy of the model and its implications for policy makers and care-givers concerned with leprosy elimination.

Stanford University, California, U.S.A. Email : so-honi@leland.stanford.edu

Re 220

GOLDEN EGG SYSTEM OF COMMUNITY REHABILITATION OF LEPROSY OR BPL PERSONS

Dr.T.A.Tattitali, Surat, Gujarat

Twenty years of service in leprosy - I understand their difficulties and human misery. So I thought - rehabilitation of patients is needed at communities, villages and towns along with

M.D.T., as most of the patients are below the poverty line.

CBR gives an opportunity to patients and children to live in society, socially and mentally well. It gives satisfaction and opportunities for progress.

Colonisation, gives an idea of isolation and antisocial activities and brings a lot of stigma to patients and children - even though they are healthy and educated and having capacity to work.

In modern days, with M.D.T., rehabilitation brings a new approach to patients and society and sometimes, the community needs a lot of manpower.

So here, I have made two types of rehabilitation methods.

1. Job oriented - in villages where leprosy patients are integrated with the unemployed and

B.P.L. persons.

2. Business oriented - where leprosy patients are kept under paramedic care.

So here, under guidance and care, all have to work to get better income. If the care group takes interest really, they get the Golden Egg, otherwise, only the Egg, as the business is a profitable one but needs a small amount of care and guidance.

In village job type method adopted by JH & JAJHS Bank (like IDBI) or state government help taken. In this scheme, employees get Survival Pay + Gr LIC + Gr M.C. + PJ, etc. Employer Free Manpower for 4 years. Here leprosy patients are mixed with unemployed or

B.P.L. for community work.

No.2, Atwa Health Centre, Opposite Lourds Convent School, Atwa Lines, Surat - 395 001, Gujarat

Phone : 0091-261-250095, 636355

Re 245

COMMENTS ON THE ROLE PLAYED BY CURED LEPROSY PATIENTS FOR THE ROUTINE JOB IN LEPROSY CONTROL

Jiang Song, He Tingshu, Liu Xing & Ge Jun, Institute Of Dermatology of Jiangdu County, China

With regard to the cured leprosy patients to be assistants in the leprosy control network under the new social circumstance and new leprosy control situation, this paper shows experience practised in Jiangdu county. The authors firstly describe the prerequisite and existing problems to carry out leprosy control work then expound roles performed by the cured leprosy patients in the leprosy work, namely supplementing and strengthening leprosy control network, serving as a link for community-based rehabilitation, creating convenient conditions for the work of early case- finding, early diagnosis and early treatment, obtaining more valuable and guidant information of leprosy control work.

Institute Of Dermatology of Jiangdu County, Jiangsu - 225200, China Phone : 0086-514-4610140

Re 299

EVALUATION OF A PROGRESSIVE SELF-CARE TRAINING PROGRAMME

Dr. Hugh Cross & Lesley Newcombe, Kathmandu, Nepal

This paper describes the effects of an intensive 14 day Self Care Training Programme that is conducted for people affected by leprosy at Lalgadh Leprosy Services Centre in Nepal. The study group comprised of 254 trainees (66 females and 188 males) who completed the training in the first year of the programme. Main files were checked and all people with impairments who would have been eligible for the SCTC but who did not enter the programme, in the same time frame, were selected. From these, 254 files were randomly selected to represent the control group (75 females and 179 males).

Hospital admissions over a 15 month period were reviewed: i.e. from the start of the training programme and for a period of 3 months after the last trainees had completed the course. A comparison was made between the two groups on hospital admission for infected plantar ulceration during that period. It was found that those who had undertaken the programme were less likely to have been subsequently admitted for hospital treatment ($X^2 = 5.1$ $p = 0.02$). An odds ratio of 1:1.8 (95% C.I. = 0.15 to 0.01) was also calculated.

This paper presents an overview of the issues related to impairment, a description of the Self Care Training Programme, an analysis of the results and a discussion of the findings.

NLT, P.O. Box 96, Kathamandu, Nepal Phone : 00977-1-21125

Fax : 00977-1-521622

Email : cross@mail.com.np

Re 305

ROLE OF THE REHABILITATION TEAM IN PREVENTION OF IMPAIRMENT AND DISABILITY

Friedbert B.Herm, Hari B.Chhetri & Rita Gurung,
Green Pastures Hospital, Pokhara, Nepal

Green Pastures Hospital in Pokhara, Nepal has been functioning as a tertiary leprosy referral center for over 20 years. During this time a comprehensive rehabilitation team has been employed and trained. Patients visiting the hospital have access to medical and surgical care, physiotherapy, occupational therapy, psycho-social counseling, a prosthetic/orthotic workshop, and social worker. People with peripheral nerve damage due to leprosy are routinely trained in home-based management of their condition taking into account the medical and social aspect of the prevention of impairment and disability (POID).

Since 5 years, a rehabilitation team has been established in the hospital and for the past three years, the rehabilitation team and the facilities of the hospital have been made available to a wider target group, including people affected by neuro-disability due to other causes than leprosy. The rehabilitation team acts as an interdisciplinary and multi-professional group of specialists assessing the rehabilitation potential and setting goals and plans for the individual rehabilitation process of every referred patient. The team meets in a formal setting called the rehabilitation team meeting.

In the first 5 years of operation of the rehabilitation team meeting, 65 patients were assessed by the rehabilitation team regarding their rehabilitation potential in an interdisciplinary approach using a standardized assessment form. In regular interdisciplinary meetings, the rehabilitation goals and plans for all 65 patients were discussed and set, using the same standardized form. An evaluation of the 65 forms showed specific goals and plans for interventions in 90% of the cases suggesting 277 single interventions. On average, 4 interventions per person for the rehabilitation or prevention of impairment and disability were decided, including reconstructive surgery, physiotherapy, occupational therapy, orthoses and socio-economic rehabilitation.

We conclude that the rehabilitation team functions as an interdisciplinary platform in the decision making process for interventions in rehabilitation and prevention of impairment and disability. The setting of specific goals and time frames by an interdisciplinary team of specialists appears to save time and manpower and makes the intervention period in the hospital there-

fore more time and cost-effective.

Green Pastures Hospital, RELEASE, P.O.Box 28, Pokhara - 33701, Nepal Phone : 00977-61-20342, 23099, 28162

Fax : 00977-61-20430

Email : gph@inf.org.np

Re 344

THE ROLE OF CBR FOR PERSONS AFFECTED BY LEPROSY

Prof.Nguyen Xuan Nghien & Ineke Petter, Bach Mai Hospital, Hanoi, Vietnam

Almost all countries in the world reached the goal of eliminating leprosy disease as a public health problem. The elimination, defined by the World Health Organization, is as less than one leprosy case on treatment per 10,000 population. The reason for the diminishing leprosy burden on the public health services is a combination of effective Multi Drug Treatment (MDT), shortening of drug regimens and active leprosy control programs. Yet, not all problems connected with the disease are solved. The case detection rate stays the same, as well as the percentage of people released from MDT having permanent disabilities. These permanent disabilities are the reason leprosy is feared for, and patients are stigmatized.

Leprosy disabilities are to a certain extent preventable. However, activities introduced by the leprosy control programs are not as effective as they should be, still 30% of the leprosy patients develop permanent disabilities. Having permanent disabilities implies a life-long task to prevent these disabilities from worsening. For this the assistance of a rehabilitation program is needed. In perfect program, rehabilitation of the disabled should contain physical socio-economic and psychological elements, all needed to reach the final goal of full participation in the community. Unfortunately, in most cases rehabilitation activities for leprosy disabled are not yet comprehensive or continuous.

In this presentation we will analyze the rehabilitation activities for the leprosy disabled. A description of leprosy and the connected disabilities is given, followed by rehabilitation procedures and concepts with an emphasis on the role of the Community Based Rehabilitation. A model is used to analyze step by step the problems in rehabilitation activities. Steps used in the model are the size of the problem in the community, the awareness among patients and public, motivation to consult health services, awareness among health staff, the examination procedures, the reliability of diagnosis, the proper start of treatment, the efficacy of the treatment and adherence to treatment. All steps are discussed and possibilities for improvement are suggested, using the field experiences with rehabilitation services for leprosy disabled in Vietnam.

Leprosy control programs in general prioritize MDT for all, second priority is POD and finally rehabilitation. In order to improve the programs for rehabilitation, increase of patients responsibility for their own health and the introduction of so-called care packages are important steps to take.

The final conclusion of the analysis is that rehabilitation of leprosy disabled should be part of a general rehabilitation program.

Rehabilitation Department, Bach Mai Hospital, 78 Giai Phong Road, Hanoi, Vietnam Phone : 0084-4-8691533

Fax : 0084-4-8691533

Email : vinareha@hn.vnn.vn

Re 349

SELF CARE GROUPS : THE ALERT EXPERIENCE, ETHIOPIA

Catherine Benbow, ALERT, Addis Ababa, Ethiopia

The first self care groups were started in the ALERT, Ethiopia leprosy control programme in 1995. They were started in response to two main problems: the increasing number of people who were dependent on the programme for their wound healing despite years of health education and the limited resources for traditional medical wound healing methodologies.

Group membership is voluntary and the outcomes are encouraging. The group members have taken up their responsibility to manage and monitor their own wound status and supply their own wound healing materials. If they wish, they may purchase canvas shoes and PVC boots at a subsidised cost from ALERT. The results show a reduction in the number of foot ulcers; most improvement occurs in the first six months of joining a group, but that improvement is maintained in the longer term. Hand ulcers seem to come and go more quickly and relate to working and seasonal variations. In addition, they pay more attention to their personal hygiene and appearance and some are now concerned about local environmental hygiene. Qualitative outcomes include: increased confidence to participate in society, restored dignity and self respect and a sense of belonging to the community. In December 1999 the number of groups had expanded to a total of seventy two.

The leprosy worker has had to change his / her role from that of a service provider to that of a self care group facilitator; but not all were successful in making this transition.

The remaining challenge is the sustainability and further development of the programme. A number of options are available to achieve this goal, namely: the National Tuberculosis and Leprosy Control Programme, community development organisations and the Leprosy Association.

ALERT, P.O.Box 165, Addis Ababa, Ethiopia Phone : 00251-1-711524, 712792

Fax : 00251-1-711309, 711199

Email : Catherine.Benbow@telecom.net.et

Re 412

REHABILITATION OF DISABLED PERSONS

Dr. Johan P. Velema, The Leprosy Mission International, The Netherlands

Rehabilitation of disabled persons can take many different forms according to the socio-cultural and political context in which it is undertaken. Some approaches have emphasised the restoration of the physical function of the client, while others have looked beyond to psychological and social well-being. Some have built on the expertise of professionals while others have emphasised the caring capacity available in the family and the community and sought to reinforce it. Besides providing a wide range of possible services to disabled persons, rehabilitation wants to change the attitudes which prevail in society as a whole and promote the integration of disabled people into society with equal rights and opportunities. Four dimensions are described which can be used to characterise and define rehabilitation projects based on the objectives which are defined for them. Thus, types or families of rehabilitation projects can be distinguished. Evaluation of rehabilitation projects should pose questions relevant to the type of project under consideration and should thus begin with a classification of the project as indicated above. Secondly, evaluation should consider the position of people with disabilities in a particular society and how the project contributes to meeting their needs. Questions concerning progress and performance should at least address :

1) Participation 2) Involvement of clients relatives and the community 3) Types of services offered and their utilisation/coverage 4) Outcome.

Questions and indicators will be presented which can be used in the evaluation of each of these components of rehabilitation projects.

The Leprosy Mission International, P.O.Box 902, 7301 BD Apeldoorn, The Netherlands

So 24

SOCIAL WELFARE ACTIVITIES OF LEPROSY PATIENTS FOR LAST 23 YEARS AT KUSHT SEVA SADAN, AGRA

Dr. V.P. Bharadwaj, *K.K. Paliwal*, *Amar Deo Singh*, *Dr. (Mrs.) Madhu Bharadwaj*, *Raja Ram & Subhash Jain*, Agra

Kusht Seva Sadan (KSS) in the vicinity of Taj Mahal is