ANALYSIS OF ONGOING COMMUNITY PROGRAMME BY CENTRAL / STATE GOVERNMENTS & VOLUNTARY ORGANISATIONS, CHENNAI, 1987–LEPROSY CONTROL

Government of India and several voluntary organisations in the country are committed to eradicate leprosy by the year 2000 A.D. The strategy is to provide rapid universal Multi Drug Therapy (MDT) coverage in all the endemic districts. Apart from Government of India and State Governments some of the prominent organisations that are actively involved in this programme are —

National Voluntary organisations.
Hind Kusht Nivaran Sangh, New Delhi (with 19 State branches).
Gandhi Memorial Leprosy Foundation, Wardha, Maharastra.
Bharath Sevashram Sangh, Jamshedpur, Bihar.
Kasi Kusht Seva Sangha,Varanasi U.P.
Anandvan, Warora (Anandvan), Maharashtra.
Tapovan, Amaravathi, Maharashtra.
Hindu Mission Madras, Tamil Nadu.

International Voluntary Agencies

1. Leprosy Mission. 2. German Leprosy Relief Association. 3. Swiss Emusus. 4. Damein Foundation. 5. Italian Leprosy Association.

In fact voluntary organisations were the first to initiate the care of the leprosy patients in the country-First known leprosy asylum was established in Calcutta early 19th century, followed by another in Varanasi. Mission

---

Inaugural Address : Leprosy control–Analysis of community programme by Central / State Governments and Voluntary Organisations, Chennai, 1987.

to patients stricken with leprosy was started in Chamba and is reported to be by far the biggest single agency engaged in leprosy control.

Leprosy survey was included for the first time in India as a part of census enumeration in the year 1871-72. In 1931 census there were about 136 thousand cases of leprosy, giving a rate of 0.49 per 1000 population, a gross underestimation. Antileprosy activities were wide spread in India prior to the beginning of National Leprosy Eradication Programme in 1955. These measures were primarily concerned with the treatment of patients which were mostly by organised charitable missions and non-Governmental organisations. Physical facilities were far from satisfactory. There were 152 institutions with inpatient provisions - a total bed strength of 19600, largest being in Tamil Nadu.

National Leprosy Control / Eradication programme was launched in 1955 with the objective of controlling leprosy by domiciliary treatment with sulphones. The scheme was converted into a centrally sponsored programme in 1969-70 with total expenditure on it being chargeable to Central Government. This programme was input orientated. This was necessary because of lack of primary prevention, nonavaliability of potent drugs, non-feasibility of isolation of all patients and lack of community co-operation due to social stigma. The programme was made performance orientated in the year 1976, wherein each State was allotted certain targets by Government of India in respect of new cases to be detected and brought under control and number of patients to be discharged as disease arrested or cured during the year. These targets however were focussed on the assumption that the disease was mostly prevalent in rural segments. But several indigenous foci of disease prevalence were observed in urban areas. The control activities were expanded and the performance orientated programme produced good results in selected centres. But the impact of the programme on the country as a whole was below expectation. At the same time with the availability of a number of highly effective bactericidal drugs and better understanding of the disease, a radical change appeared on the horizon in the approach to arrest of the disease. It was possible to arrest the disease within a specified period of time. The strategy was reprogrammed. The object was to control the disease through reduction in

the quantum of infection in the population, reduction of infective source and thus breaking the chain of disease transmission. In short the new concept consists of early detection and regular treatment of patients providing Multi Drug Therapy (MDT) to all patients on domicilary basis and education of the patients, their families and community. The operation also involves social and economic rehabilitation of patients. The theme of MDT is to sterilise the leprosy lesions to prevent emergence of resistant strains of mycobacterium leprae to cure patients, minimise deformities and prevent spread of the disease with a mission to achieve "A Leprosy Free Nation". A weeklong Modified Leprosy Elimination Campaign was launched in several States during early 1998 and during this period searchers visit house to house and enlist persons who have pale or copper red patches over the body, loss of sensation in hands and feet, an oily shine over face or ear with nodules. This is the most commendable aspect of National Leprosy Eradication Programme (NLEP).

Leprosy Control Programme : A Governmental Set-up

National Leprosy Control cell is attached to the Director of Health Services and is under the charge of an Assistant Director General of Health Services (ADGHS). The functions of the ADGHS are formations of schemes, preparation of reports on implementation of programmes and all India leprosy directory to set targets and to allocate Central assistance to States and guide and advise States on successful implementation of NLEP. At each State level, State leprosy officers function under the overall supervision of Director of State Health Services. Duties of State leprosy officers are to organise, supervise, to guide and help voluntary organisations to arrange training and services in anti-leprosy work. Each district has a leprosy control unit manned by medical officers covering a population of about 4.5 lakhs, He is assisted by health educators, non-medical supervisors, laboratory technicians and leprosy inspectors. Activities of leprosy control unit consists of case detection, epedemiological and non-epidemiological survey and school survey. Every month during the 4 days preceding the clinic day, leprosy inspectors distribute the drug to all the known cases. All cases are expected to be covered. Inspectors will contact all the patients who failed to collect the drug on the clinic day. All patients are brought under treatment and are maintained regularly on treatment. Suspicious

cases are followed once in 3 months. Deformed patients are put under physiotherapy. All the staff are expected to impart health education directly and through mass media. Medical officers are given training in leprosy and in overall charge of leprosy control units. He has to confirm new cases, attend to treatment and pursue the dairy of leprosy inspectors.

Health Education Units

Health education in the programme aims at creating awareness on the availability of free treatment, developing knowledge on the nature of leprosy, promoting social integration of leprosy patients and promoting community's commitment to the programme. Undoubtedly wide variations existed from State to State in respect of health education component of the programme but overall picture was satisfactory.

Work related to Rehabilitation: True rehabilitation of leprosy patients is their return to their family and own society where they lived and not to settle them separately.

Programme Monitoring

A well-developed system of programme monitoring and reporting existed under NLEP. It operated at all levels of administration. The data originated at the peripheral levels is reported to the district headquarters, which in turn forward it for aggregation to the State. Despite an elaborate system, the programme suffered set backs as many health workers did not have understanding why the reports were required and many of them did not receive training in filling up the forms etc. These inadequacies came to light during the 4th independent evaluation NLEP 1991. But the data originating in the field was found to be reliable and the reports from 90% of peripheral units were sent regularly. The programme also suffered for want of an optimal management. Nearly one fourth of the sanctioned posts remaining unutilized, the incumbents suffered for want of training. The expenditure during 6th plan doubled that of the 5th plan expenditure and that of 7th plan was twice as that of 6th plan. Utilization of budget for 1990 - 91 by the States showed that while 19 States utilised 90% and it was not so in 7 and no information available in respect of 6 States. Some States have achieved good results.

National Leprosy Eradication Programme
Karnataka State

Income and Expenditures (Rs. in Lakhs)
1997-98

	Plan	Non-Plan
Amount alloted	103	70
Expenditure upto end of Januray	57.29	16.95

Target and accomplishment

Year	Detection of new case			Patients Cured of Leprosy		
	Target	Achievement	(Per cent)	Target	Achievemnt	(Per cent)
1992-93	12,000	26,499	220	40,000	49,529	123
1993-94	11,000	26,465	240	40,000	30,462	76
1994-95	18,000	24,019	133	30,000	26,221	87
1995-96	9,000	21,978	244	26,000	23,076	88
1996-97	8,000	19,589	244	23,000	20,883	90
1997-98						
End of Januray	6,000	15,223	253	19,320	18,015	93

Voluntary and International Agencies in Anti Leprosy Work

A large number of organisations are involved in various activities pertaining to control of leprosy in India. Some are engaged in training education, research and others in addition, in case detection, treatment and rehabilitation to promote leprosy control. Voluntary organisations played a pioneering role throughout the history of leprosy control in India. The earlier focus of these agencies was through out-patient clinics. Introduction

of dapsone changed from our individual patient to the entire population. After 1951 there was expansion of voluntary services for leprosy all over the country presently about 285 voluntary organisation are actively engaged. Recognising the great potential of voluntary orgnisations, they evolved annual meetings of voluntary organisations since 1985.

Majority of these voluntary organisations are multi functional in nature, rendering curative, rehabilitative services besides organising training of medical and health auxiliaries. International voluntary agencies are pioneers in leprosy relief work in India and continue to play major role in NLEP activities. Resources of several of the voluntary organisations are directed to converge on the single focus of leprosy eradication.

Following the announcement of Government of India to eradicate leprosy in a time bound manner, there is a wide spread international interest in the NLEP. Several international agencies such as UNDP, World Bank, SIDA, DAN IDA, WHO, UNICEF are cooperating with Government in leprosy control.

Acknowledgement

I am grateful to the Additional Director (Leprosy), Leprosy eradication programme, Karnataka State, Bangalore and Sri.S.A Jagannathan, Organising Secretary, Hind Kusht Nivaran Sangh (Indian Leprosy Association) New Delhi for providing useful information.