



Leprosy-CBR Integration

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Experience in India

- Integration of diagnosis and treatment of leprosy in primary health care services
- Integration of rehabilitation of persons with leprosy related disabilities in general community-based rehabilitation services for persons with physical & mental disabilities



Changing Context of Leprosy NGO Managed AIFO Projects

- From vertical leprosy programmes to integrated services
- From institutional to community-based approaches
- From medical concept of rehabilitation to human rights concept
- Some Basic underlying ideas – partnership, sustainability, integration, empowerment



Process started almost 12 years ago

- First introductory workshop on CBR with projects
- Gradual introduction of CBR projects from 1994 – NGOs partners themselves had the choice – offer of CBR training



Participatory Evaluation

- 3 NGO projects in Karnataka state
- SRMAB CBR – covering 4 subdistricts in Mandya district
- MOB Leprosy – covering 3 sub-districts in Mandya district
- AMSK Leprosy – covering Bhalki sub-district in Bidar district



Focus Group Discussions

- Staff of MOB and SRMAB (CBR workers including ex-leprosy workers and CBR supervisors)
- Leprosy affected persons in Mandya district
- Other disabled persons, members of self-help groups in Mandya district
- Staff of AMSK (CBR workers – all ex-leprosy workers)



CBR workers Mandya



Disabled Persons





Integration of Leprosy Affected Persons in CBR (1)

- By looking at their participation in self-help groups (SHGs)
- CBR workers, disabled persons, leprosy affected persons, all agree that integration of persons with leprosy disabilities in other SHGs is problematic
- Persons with more visible deformities face more problems



Integration of Leprosy Affected Persons in CBR (2)

- Self-stigma, thinking that they will not be accepted, is a big problem
- Some reluctance from other disabled persons but it can be overcome
- About 5% in first year, 20% in second year and more than 50% in the third year
- This is very gross way of looking at integration – inter-group dynamics can reveal different information



Integration of Leprosy Affected Persons in CBR (3)

- Gender is not an issue in their opinion
- Problem with expectations for few persons, for ex. everybody has to provide savings and few leprosy affected persons do not always agree. Similar problems among parents of children with severe disabilities.



Change in Role for Workers (1)

- Change of role from leprosy worker to CBR worker is perceived as a big problem, especially by persons with long-standing experience as leprosy workers.
- Higher work-load (“before we just distributed drugs and explained somethings, now the work is never over...”)



Change in Role for Workers (2)

- **Loss of expertise – “before we had clear cut competence, now we have to facilitate but problems are more difficult to solve...”**
- **Closer contact with persons and their families by home visits – “earlier, people had to come to the ambulance, now we have to go to homes...”**



General Issues on change of role of Leprosy Workers

- **From prescriber to facilitator change is a key issue**
- **Training, dialogue, sharing of experiences, necessary to talk about problems**
- **Must be planned and gradual**
- **Downplaying of medical aspects including prevention of disabilities needs monitoring**



Conclusions

- Integration between leprosy related rehabilitation services and CBR is feasible; it improves sustainability of the project activities; but it requires careful planning and gradual implementation with special attention towards the feelings and experiences of former leprosy workers.



Internet based Self-learning courses on Leprosy & CBR

www.aifo.it/english/

(English section of
AIFO webpage)



Thank You

