

Leprosy Eliminated in Darbha



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The state of Chhattisgarh was carved out of Madhya Pradesh in November 2000. 45% of the territory is under forest cover. One third of the total population of the state is tribal. In 2001-2002, DANLEP Chhattisgarh piloted a strategy for leprosy elimination in tribal block Darbha of Bastar district. The DANLEP integrated training approach focused on changing perceptions and behaviour rather than only providing knowledge.

Bastar district

Bastar district is a predominantly tribal district that lies in the south-eastern part of Chhattisgarh State. Most of the district is forested and hilly. The total area is 12,703 square kilometers spread over 14 blocks. About 70% of the total population is tribal, constituting 27% of the total tribal population of the state. The tribally dominated district of Bastar has a sex ratio of 1,009 females per 1,000 males.

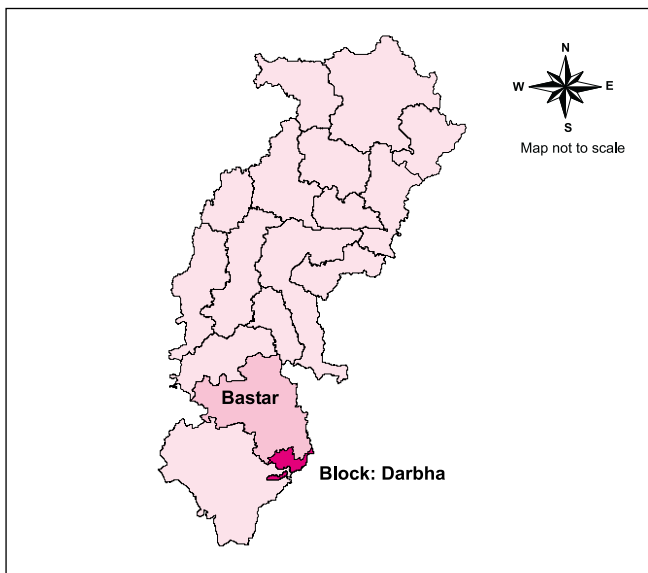
The literacy rate in the district is 45%, with male and female literacy being 57%, and 34% respectively. Various development reports indicate that the health infrastructure in the district is not well developed. The number of doctors available per one lakh population is as low as 15. There are a total of 367 hospitals and dispensaries in Bastar district. The human development index of the district was 0.514 in 1998.

Darbha block

Darbha is one of the 16 blocks of Bastar district. There are 69 villages comprising 210 hamlets, spanning an area of 526 square kilometers. The major tribes in the areas are the Halba, Muria, Dhruva and Gond. Each tribal

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Figure 1: Darbha block in Bastar district, Chhattisgarh



group has its own distinct culture and language. The river Sabri separates Darbha block from neighbouring Orissa.

The main socio-demographic characteristics of Darbha block are presented in the following tables:

Table 1: Population and sex ratio of Darbha Block

Category	Male	Female	Total	%
Schedules Castes	2,284	2,773	5,057	8
Scheduled Tribes	24,916	26,917	50,933	81
Other Backward Classes	3,436	3,191	6,627	11
Families Below poverty Line (BPL)	NA	NA	7,422	50
Sex ratio	48%	52%	NA	NA

Table 2: Literacy Rate of Block Darbha

Category	Male %	Female %	Total %
Schedules Castes	6	6	6
Scheduled Tribes	17	16	17
Other Backward Classes	10	9	9
Total	12	4	8

Table 3: Health Infrastructure in Block Darbha

Health Facility	Total
Primary health centres	4
Sub health centres	21
Sector clinics	4
<i>Jan swasthya rakshak</i> (JSR)	32
Trained midwives	42
ICDS supervisor	6
<i>Anganwadi</i> workers	111

Local Bodies

Elections for the three-tier *panchayati raj* institutions were held in January 2000 immediately after the formation of the state. District planning committees have been constituted in all 16 districts of Chhattisgarh. There are 31 gram *panchayats* in Darbha with seven *gram sahayaks* and 24 *panchayat* secretaries.

Overall objective

The main reasons for choosing Darbha for the tribal leprosy elimination strategy were, that the area is a distant tribal belt with densely forested and unapproachable villages, that it is a socially disturbed area with *Naxalite* activity, and that the basic health infrastructure is poor.

The overall objective of the project was to develop a strategic plan of action for leprosy elimination among the tribal groups with the involvement of *panchayati raj* institutions.

Consensus-building

The Collector, Bastar, the *panchayat* Chief Executive Officer, Bastar, the Zonal Coordinator DANLEP, the *sarpanch* and *panchs* reached a consensus that block Darbha should implement project “*Panch Prayas*”.²

A series of orientation meetings on leprosy were conducted with members of the *panchayats* to sensitise them to the issue of leprosy as a disease and its elimination. The difficulties of case detection and treatment delivery in tribal areas were discussed. The meetings and workshops were also aimed at bringing together the PRI members and health department functionaries at the sub-centre-level. The potential of people's participation (*janbhagidari*) in the health sector was communicated to the *sarpanchs* and *panchs*. At the block-level, officers from other departments, such as health education, ICDS and tribal welfare, were also included in the meetings.

The participatory training and team building exercises have had a valuable impact on the participants' understanding and commitment to bring about change. After an initial orientation, *panchayats* have used various awareness-building strategies, such as educational camps, rallies and processions to enhance people's understanding of leprosy and its treatment. Resources have been generated and voluntary contributions made out of a sense of responsibility to achieve the objective of leprosy elimination. *Panchayat* members have the potential to plan activities and identify resources to achieve goals independently of any outside intervention.

After the meetings at the block-level, the second phase started with extensive participatory training workshops followed by special action-plan meetings of *gram panchayat* members. The *panchs*, *sarpanch* and *sachiv* (secretary) discussed the field problems, resources available and the required time frame. They chalked out time-bound action plans to be implemented in the villages falling in their respective areas. An attempt was made to internalise leprosy elimination activities with other ongoing development projects in the areas of health, education and women's empowerment.

² See *Panch Prayas: An Initiative to Involve the Panchayats in Elimination of Leprosy in Chhattisgarh*. Directorate of Health Services, Chhattisgarh, and DANLEP.


The challenge was to convince participants that leprosy was something everyone needed to be concerned about, and that their villages could and should be made leprosy-free. The mainstay of the approach was the involvement and active participation of the *panchayats*. A great deal of attention was paid to describing the 'process' of the *panchayats'* participation, that is, *panch prayas*.

Broad Action plan

The following action points directed the action plan for the *panch prayas* initiative:

- Health to be an important and regular issue on the agenda of the monthly *gram sabha* meetings.
- Short-term awareness generation programmes on leprosy to be jointly undertaken by health staff in collaboration with *panchayats*.
- Regular joint meetings of *panchayat* and health and ICDS staff to be held.
- Skin camps to be conducted at sub-centre-level.
- Rallies to be organised at block and sector-levels.
- Slogans about leprosy to be recited daily in schools at the time of prayer.
- A quiz on leprosy to be organised in middle and high schools.
- *Kotwar munadi* to be given once a week in every village conveying messages on leprosy to the residents.
- Folk theatre (*kala jatha*) to be performed in all the villages.
- Traditional healers to be given orientation on leprosy so that they can suspect cases and refer them to the government health centre.
- House-to-house surveys to be conducted in all villages.
- *Panchs* to take up responsibilities for search in specific wards/*mohallas/paras* of their area.

- Team to be formed to assist *panchs* in leprosy search.
- Working holiday to be declared on search/examination day.
- The search/examination for a *panchayat* to be finished within two-three days.



Dayo, 35, a hardworking tribal woman who does not speak any other language except Halbi, shyly tells her story. She first neglected the patches that appeared on her body. Later two patches appeared on her hands and forehead. Her husband and other family members began to notice the patches.

The family took her to the local traditional healer, who demanded one black hen, one bottle of country liquor and charged Rs. 10 for performing the rituals. Chanting the mantra he touched the bone and wine on her face, leaned over her to take some of her hair in his mouth and vomited small pieces of bone.

With no improvement in the condition she again consulted the traditional healer for the same problem. He again charged the same amount and performed the same rituals, but of no avail. She stayed at Dharampura for a fortnight and consulted other healers. Over the next four to five months, she and her husband went to other places for treatment and spent considerable amounts of money. In the meantime four new patches appeared on different parts of the body.

Later in a survey conducted by the *panchayat* and village people, she was noticed and informed of a MPW posted nearby. The MPW suspected it to be leprosy and immediately took her to the NMA, Tokapal, who confirmed it as an MB case of leprosy, which was subsequently confirmed by the sector MO and NMS. The treatment was started for 12 months, and the MPW visited her house on a regular basis.

IEC activities in Darbha

Performances by the local folk theatre group were very popular. *Kala jatha* was performed at 60 different places in 31 Gram *Panchayats*. There was great interest in these performances among the village people, especially women and children. The route chart drawn out by the district and block officials covered almost all *haats*, *bazars* and *mela-madai*. The shows contained messages not only on different diseases, including leprosy, but also general issues related to health and hygiene.

Quiz competitions on leprosy evoked a lot of enthusiasm among schoolchildren. The education department circulated the quiz-questionnaire in every school of the block. The winners were given prizes at public functions. Three slogans were chanted at the time of morning prayer in every school of the block. The three slogans highlight the cause, symptoms and treatment of leprosy. The one-liner slogans were:

"Leprosy is an ordinary disease caused by bacteria"

"Anesthetic patch on skin, suspect leprosy, examine immediately"

"MDT cures leprosy"

Schoolchildren, teachers, health workers and NGOs organised rallies and processions for awareness generation among villagers.

Kotwars in every village were instructed to announce messages related to leprosy at regular intervals. *Kotwar munadi* is one of the oldest methods of delivering messages in the villages. The content of the *Kotwar* announcements was basic information about leprosy and dates of scheduled house-to-house searches and skin camps.

Furthermore, slogans and messages were also painted on the walls of almost every house of the villages using local country-made reddish powder-clay.

An account of events

The following table presents the chronology of events of the tribal initiative in Darbha block of Bastar district.

**Table 4: Major activities during the Darbha initiative:
November 2001-June 2002**

Date	Activity	Responsible person/institution	Outcome
19.11.01	Inaugural function attended by DANLEP representatives and local functionaries. The state co-ordinator of the American Leprosy Mission (ALM) also participated.	DANLEP, local NLEP and GHS functionaries.	Pledge taken to make Chhattisgarh leprosy-free. The State Coordinator of ALM also assured material assistance for the endeavour.
22.01.02 14.04.02 17.08.02 02.10.02	Following the inclusion by the CEO <i>Janpad Panchayat</i> , Darbha, of leprosy on the agenda of the <i>panchayat</i> meetings, <i>gram sabhas</i> were held at 31 <i>panchayats</i> .	Local NLEP and GHS functionaries and <i>janpad panchayat</i> .	31 <i>panchayats</i> participated.
27.06.02	Meeting of <i>janpad Panchayat</i> held in Pragati Meeting Hall, Darbha.	<i>Gram sabha</i> members.	Three tier <i>panchayati raj</i> institutions in Darbha passed a resolution to make Darbha leprosy-free.
29.06.02	The Collector, Bastar, acknowledged the work of the <i>janpad</i> and <i>gram panchayats</i> on leprosy elimination at a public meeting.	The Collector	This public acknowledgement gave an impetus to the programme.
26.06.02 09.07.02 11.07.02	Orientation training-cum-special action plan workshops were held at three different places for the members of <i>gram panchayats</i> .	Local NLEP, GHS and block-level <i>panchayat</i> functionaries.	Strong commitment at the <i>gram panchayat</i> -level for the initiative.

Case detection before and after the intervention

The following tables highlights the leprosy situation in Darbha before and after the intervention.

Table 5: Leprosy status before the PRI-process in Darbha

	MB patients	PB patients	Total
Start of MDT (April 1991)	47	13	60
MLEC I April 1998)	11	20	31
MLEC II (February 2000)	10	14	24
MLEC III (October 2001)	6	15	21

The PR in Darbha at the start of MDT in 1991 was 0.07/10,000. Before the PRI process, 11 out of 69 villages had leprosy cases. 28 cases were under treatment in November 2001.

The PRI process (November 2001 to December 2002) coincided with the state-level MLEC IV held during November 2002. The following table depicts the epidemiological results of the PRI process.

Table 6: Outcome of PRI process in terms of case detection

Detection Method	No. of MB Patients	No of PB Patients	Total
House-to-house surveys	1	2	3
Voluntary reporting	1	2	3
Skin camps	2	4	6

A total of 12 new cases were detected during the PRI process. The effectiveness of this method can be assessed against the fact that no new cases were detected during MLEC IV in November 2002.

In December 2002 only three out of 69 villages reported leprosy cases as against 11 out of 69 during November 2001. A total of three cases were under treatment in December 2002 and the PR had come down to 0.44/10000 signifying that the block has reached the stage of leprosy elimination.

Conclusion

Darbha block in Bastar district has shown the way to mass mobilisation through a health campaign. *Panchayati raj* institutions of the block have played a major role in spreading general awareness about leprosy and efforts to eliminate it have increased enormously as a result of PRI involvement. More patients are being accepted by their families and community, making it possible for them to lead normal lives. Voluntarism has been on the rise.

The recent success of developmental activities involving the PRIs, particularly in inaccessible areas, have considerably strengthened the capacity of the community to become self-reliant in addressing their local concerns. More importantly, it has fostered a sense of ownership, responsibility and progress among the people. The PRI process has led to mass mobilisation at an unprecedented level. It has transformed *panchayat* officials and women into powerful agents of social change at the local level.