Leprosy Control Project Plan & Its Achievements

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INTRODUCTION:-

It is a well established fact to-day that leprosy is the least infectious disease; that it can be diagnosed early; that it can be successfully treated and that the patients affected with leprosy can lead a normal community life while undergoing treatment. It took more than a decade for Nepal to take cognizance of the great achievement in medical research. Nepal is going slowly but smoothly with success to wipe out the traditional superstition and quasi-religious ideas prevalent with the mass here -- a revolutionary step when compared with some other countries.

PURPOSE:-

The purpose of this paper is to present the Plan of operation and the achievements so far in integrating leprosy in the general health services of the country. As the 5th Five year Plan is nearing, this paper will also touch upon some highlights of the future plan with the hope that all cases will have the right attitude of the disease.

Background:-

The project is sending out to different regions of the country to give health education first to the elites than to the patients and their relations and later to the people in the areas immediately surrounding the existing health posts. This is better known as mobile team of S. E. T. as it moves on from place to place. Henceforth it will be referred

as S. E. T. mobile team in this paper.

The result obtained so far in deciding the prevalence rate of leprosy in Nepal varies from 10 per mille to under 5 per mille in others. Hence a target to be committed in the Plan in terms of total number of cases to be detected is not realistic at present. But one thing that the project has found out that 75% to 80% of leprosy patients in Nepal are noninfections.

Another experience obtained is very significant. There are THREE TELL-TALE facts :-

1. In terms of cost benefit analysis, it is ten times cheaper to give domiciliary treatment as compared to institutional treatment.
2. In terms of social gain, when leprosy treatment is integrated in general health services, there is no social injury whatsoever.
3. Leprosy Control Project does no longer like to harp on the same old thing of ostracism.

With the above findings leprosy Control Project has the policy of putting a fence at the lip of the precipice rather than at the bottom i.e. detection of early cases and giving a stitch in time. For the interest of readers, the later part of the paper will present how the country is going to solve the problem of advanced cases of the disease.

OVERALL PLAN OF OPERATION:

There are two phases of leprosy Control :-

- a) THE ATTACK PHASE
- b) THE MAINTENANCE PHASE

The Attack Phase is carried out by S. E. T. mobile team consisting of twenty one paramedical workers spreading education on the understanding of the modern concept of leprology to all concerned as mentioned earlier. It will survey the school children and will also do mass survey in selected village where village headmen report cases of leprosy. The area of survey will be concentrated only within three miles radii of the health units. The moment the patient is found out, he or she will be brought to the health unit where complete clinical examination including skin smears will be done to make the diagnosis. When once the diagnosis is confirmed, treatment will be started. The clinical examination and treatment part of the work is done in conjunction with the health personnels of the health unit there. Thus the health staff learns enough to handle leprosy cases.

THE MAINTENANCE PHASE:-

When once the SET mobile team hands over the patients to the health unit, it is called Maintenance Phase. Before handing over the cases, the mobile team will give a full understanding of leprosy to the health worker and also provide them with booklets on leprosy and treatment cards in the required medicines explaining them how to continue the treatment.

AIMS in the Head Quarters :-

With the above background let us now see the aims of the Head-quarters of the Project.

1. It aims to have a strong referral centre in the Head-quarters.
2. A nucleus of full-time health workers SET mobile team to be trained to carry on the control work.
3. In 3 months training in the beginning and time to time regular refresher course of inservice training to be given to leprosy workers.
4. Health schools, nursing schools and others are always to be welcomed when teaching leprology is requested.
5. In the time short course of training to be carried out in different places calling doctors from various zones or districts.
6. Recording and reporting of cases on treatment activities are to be maintained in a well designed standard form and a control Register is to be maintained.
7. Attempts to repeal or modify the legislation on leprosy are to be pursued.
8. A regular supervision of the field work is to be carried out from Head-quarters.
9. The international agencies and local voluntary organization concerned with leprosy work in Nepal are to be guided properly so that there will be no duplication of efforts.
10. All vertical projects under HMG/Nepal are to be well informed on the policy, aims, plan of operation so that, when necessary and when found feasible, leprosy Project will work hand in hand.
11. Correcting the Control measures continuously so that the campaign suits most to the local needs, thinking that the control measures should not be inflexible.

TARGET:-

The SET mobile team consisting of 21 workers covers in one year one Zone which on an average has four hospitals, three health centres and twenty-six healthposts. The target set for the population to be surveyed is normally about 1,25,000.

FINANCE:-

It is obviously not possible to omit to mention financial involvement of the project in a paper like this. On an average the annual expenditure of the Project during the last 5 years is Rs. 1,37,900 N.C.

ACHIEVEMENT:-

So far the Leprosy Control Project has covered the middle and eastern regions of Nepal. None this year it is working in the Lumbini Zone of Western Region. The achievements made so far is shown in TABLE I. (Please see on Page No. 103).

DISCUSSION ON TABLE I:-

1. One cannot but wonder to see the great difference of the number of patients receiving treatment, none 14,273 in 7 zones from 925 in the whole of Nepal before the establishment of the Project.
2. Prevalence Rate of leprosy in Nepal varies from 5 to 17 so far worked out.
3. There are at present 227 health units in the seven zones but in 118 only integrated leprosy work was done. The left behind 109 health units were opened after the mobile team had left the area.
4. Narayani Zone has 11,03,027 population. It has 5 districts. The total number of patients found out by the SET mobile team in the whole Zone was 306 and number of population was 1,27,730. In all the districts of the zone. In Bara district with population of 2,33,401 the total number of patients found out was 81 and it had 3 health units. This is the history of the year 1969 A.D. In the year 1973 A.D. Department of Health services focussed its attention in the district of Bara by opening 9 more health posts making the total number 11. Due attention was given to make their health post efficient. None after 2 years of having 11 health post in that particular district, the number of patients besides 81 on regular treatment is 1020 making the total no. 1101. That means a rise

Table 1. 1975 April

	BAGMATI ZONE 1968-69	NARAYANI ZONE 1969-70	JANAKPURA ZONE 1970-71	SAGARMA- THA ZONE 1971-72	KOSHI ZONE 1972-73	MFCB ZONE 1973-74	LUMBINI ZONE 1974-75	TOTAL	1966 A.D. BEFORE the START of the Project SET Mobile TEAM Work
1. SURVEY:- (a) School (b) Mass (Selective)	2,40,407	1,27,730	1,16,003	1,38,502	1,35,726	1,35, 57	98,950 (Upto the of JAN 1975)	8,58,368	
2. No. of Cases recorded & Kept under treatment	○ 10,912	306 + 81+1020 = 1326	491	443	511	254	156 [Upto JAN 1975]	14,273	925 in the whole of NEPAL
3. Integrated treatment centres	17 ◆ 11	19 ◆ 7	11 ◆ 4	15 ◆ 3	23 ◆ 3	15 ◆ 1	1 ◆ (Upto JAN 1975)	117 ◆ 36	
4. New Health Posts opened after SET work	10	27	26	26	10	1	10	110	

°° Vide explanation Discussion in no. 4

○ Out of this number 5050 are the patients under treatment in U. M. Hospl. KTM.

◆ Health Units sending regular reports.

of 1020 case without any survey.

CORRECTIONS to be made for the future work procedure. (It will indirectly touch upon the highlights of the Plan proposed for the 5th Five year also.)

1. Health Education is an intrinsic part of the Plan. This programme will be carried out in every panchayat and every school of the country. The project strongly believes that person to person contact in the most successful type of Health education. A few words from the mouth of a cured person is like a gospel to our country men.
2. The Project will do survey only in the immediate vicinity of the health unit as before.
3. The target will be defined in terms of the number of Panchayats and schools to be covered and also of the number of health units to be covered but never in terms of population to be surveyed.
4. To minimise the effort and to save the double expenditure its case finding and also health education on it will also be done by the same SET mobile team. The future plan has already been wisely discussed with the chief of its central Project.

Before coming to the summary of the paper, let us see the problem and solution of the other side of the coin. It is estimated that 30% of the total number of leprosy patients across the country have already developed this or that sort of deformity.

25% of them do not need rehabilitation. Now comes the question of 5%. Most of them can be re-established in their village home by small grant of land, house repair, live stocked. Each of them needs encouragement, training, motivation and subsequent supervision. Each of them needs careful assessment and a small grant. So the man will be able to live on his own feet. Finally the question of the remaining precipitate of there 5% comes. This can better be answered by the Plan submitted for the 5th Five Year Plan period. During this plan period 850 patients are ready for rehabilitation and they should be established on a farming land. 500 patients need "Home for the Crippled". The Plan also envisages room to be planned for more accomodation which is estimated not to increase by more than 5000 patients across the country in the proportion of 1 is to 1.7 as 'Home for Crippled' to 'Farming land for Rehabilitation.'

Summary:—

This paper has emphasised the problems, programmes of the Leprosy Control

Project including the future correction made on the basis of past experience, In summary the whole work of the control can be said as "Priming the pump". It reminds the writer the significant mills of great newspaper chain, "Give light and people will find their way".

Conclusion:-

Leprosy Control Project is to eradicate the of the disease so that in the long run there will be reduction of endemicity. Emphasis has been laid upon domiciliary treatment. No progress can be made in the reduction until the patients are encouraged to seek treatment and this can only be successful if treatment facilities are provided at every health units of the country. The disease is prevalent in Nepal and the general practitioner including doctors and healthworkers are bound to come across case of leprosy depending on the frequency of the endemicity of the disease in the particular area. As fact Leprosy Control Project appeals to all of them here in Nepal at least to recognise cases and to institute early treatment and to others all concerned to have the right attitude of the disease.