

(SMK), an organization set up by well-to-do ladies some 30 years ago to help persons affected by leprosy achieve self-reliance.

The colony that is the focal point of their activities is located near a Hindu temple and is home to 30 families totaling 80 persons who once had leprosy, and their children. Many colonies in India are located close to temples, and residents look to receive alms from worshippers, although they are not allowed into the temple themselves.

At this particular colony, the residents make a living from weaving and making hand-printed cloths. They also manufacture order-made shoes free of charge for people cured of diseases coming from many parts of the state.

The colony has established good connections with a European NGO, which directly purchases large quantities of the woven products it makes. As with Bharat Mata Kusht Ashram, a portion of the sales price goes toward food, electricity, medicine and other necessities for the community, and supports those who are unable to work. What is left over counts as each individual's income, and I heard that some of them are remitting money to help far-off family members.

The next day, I drove three hours south of Jaipur to Ajmer, a popular pilgrimage center for both Hindus and Muslims. Halfway along the pilgrimage route is a deprived area with a history of more than 100 years. Here some 3,000 people live, of whom approximately 2% have leprosy or once had the disease.



Residents of a Delhi colony gather for a meeting.

Many people move here in order to solicit alms from pilgrims. In contrast to the two colonies I visited earlier on this trip, here most of the residents survive by begging. Although there have been a number of projects designed to help them become economically independent, these have mostly ended in failure because the idea of living on handouts is firmly entrenched.

On the other hand, the colony is progressive in the sense that persons affected by leprosy live alongside other members, their children go to local schools and there is no discrimination in marriage.

Any success will ultimately depend on the outlook of persons affected themselves.

Although the prevalence rate of Rajasthan is 0.31 per 10,000 population, the problem of discrimination remains, and further efforts will be needed to sustain what has been achieved. Ensuring that correct information about leprosy is properly disseminated is an important part of these efforts.

Further, while there are colony residents that are becoming economically self-reliant, there are others for whom begging remains the routine form of survival. And even those who are successful are often successful only within the confines of a colony.

To change the situation, I will continue to work with governments, the WHO, NGOs, the media, and business organizations to inform, educate and communicate with people about leprosy.

But any success ultimately will depend on the efforts and outlook of persons affected by leprosy themselves. Hence the most important event of this visit was the first-ever national conference of persons affected by leprosy, held in Delhi on December 19, and reported in more detail elsewhere on these pages. The conference was a great success, and issued the Delhi Declaration of Dignity, which will serve as a blueprint for the way ahead for a society without discrimination against persons affected by leprosy. I intend to give this movement my full support. ■