

THE SPECIAL AMBASSADOR'S JOURNAL, 2003



Multi-Purpose Health Workers in West Bengal

Following my December 2002 visit to India, I returned in March to visit Jharkhand and West Bengal in the northeast of the country. In the fight to eliminate leprosy in highly endemic areas, the most important factor is the dissemination of accurate information about the disease. Such messages as "Leprosy is Curable," "Free Treatment is Available" and "Social Discrimination has no Place" need to be conveyed, to even the most difficult-to-reach people.

It requires an extreme effort to reach the tribal people in India, because they often do not have access to television, radio or newspapers. Additionally many of them only understand regional or tribal languages. Nevertheless, with the dedicated work by those concerned, more and more new patients are found these days. In West Bengal the prevalence rate has fallen from 16.98 per 10,000 inhabitants in 1994, to the current 3.6. On the other hand, the new state of Jharkhand has a prevalence rate of 8.9, and is in need of further efforts.

West Bengal

I arrived in Kolkata late at night on March 6th, and found myself boarding a train to the far western part of the state at six the following morning. In Asansol and Durgapur I visited PHCs and a subdivisional hospital, and also met with organizations working together toward the elimination of leprosy, including the Asansol Municipal Corporation, the Mines Board, the Department of Health and the Ramakrishna Mission. This joint effort showed me West Bengal's heightened awareness of leprosy elimination activities.

In a Durgapur sub-divisional hospital I was shown a concrete example of integration,

in which leprosy patients are being treated alongside other patients. This was the first time I had seen this in India. I am convinced there is a need for the integration of medical services in this way in order to achieve elimination. Now that leprosy is no longer a disease to be feared, all medical personnel need to be equipped with accurate knowledge and the ability to conduct diagnoses. Treating all patients together in general health wards is a concrete way of demonstrating to people that leprosy is not a disease to be feared.

On March 8th I visited the district of Howrah (a thirty-minute drive from the center of Kolkata). A constant influx of immigrants from the countryside to this area requires vigilance in the search for new patients. I visited two clinics staffed by Multi-Purpose Health Workers wearing their red saris, who are working toward the elimination of leprosy. I then returned to Kolkata and was taken to one of the city's 5,000 slums. There, local leprosy health workers and people from the Hansen Society guided me through the labyrinth of side streets where they go from house to house to reach new patients.

Jharkhand

Following Kolkata, I went to Jharkhand, which has one of the highest prevalence rates in India. This is exacerbated by the fact that 30% of the population live in mountainous areas, speak local dialects, and do not trust modern medicine. It is also difficult to examine migratory people. Further, since an estimated 61% of the state's women are illiterate, print media are not effective. ANM's (Auxiliary Nurse/Midwives), and the Anganwadi Workers (female social workers) are all working hard on the elimination effort but the lack of trained people is another large barrier. Nevertheless, the commitment and enthusiasm of people in the field, combined with the cooperation of the media, is cause for optimism. My time in these two states taught me that the road to elimination of leprosy can be a difficult one, but with a spirit of cooperation, we can move steadily forward. □

