

LEPROSY PROGRAMMES ADOPTING THE CBR APPROACH: SUCCESSES AND CHALLENGES

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Barriers to community activities in leprosy (2000, 2001: India)

- Mind set of service delivery mode
- Difficulty in shifting from institution based mind set to community work
- Resistance to role change towards facilitator
- Rigidity of hierarchy and bureaucracy that is not conducive to a 'bottom-up', participatory culture
- Lack of skills and knowledge in community work
- Mind set of 'beneficiaries'
- Lack of support from policy makers, donors

Factors for success in 'from leprosy alone to CBR'

Evaluation of a leprosy hospital and training centre in southern India (2003)

- Existing community health dept. with a strong community based POID programme
 - Scope of interventions expanded to start a CBR programme for people with different disabilities in the field area
 - Hospital departments became referral and training support systems
 - Strong support from head of institution and donors at that time
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■ **Challenges faced:**

- Coordination between different departments in the hospital
 - Resource implications for expanded community based activities
 - Capacity building of field workers and managers for CBR
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The scenario today

Hyd. Workshop: Ref. Leprosy Review, 2008;Vol 79,1

- “Leprosy programmes moving towards CBR – that is the future of leprosy rehabilitation programmes”
- Need for partnerships and capitalising on existing strengths
- Need for advocacy with policy makers and donors
- Importance of capacity building
- Monitoring and evaluation issues

THANK YOU!