

INSTITUTE OF SOCIAL MINISTRY

TANGAZA COLLEGE

**CATHOLIC UNIVERSITY OF EASTERN
AFRICA**

**TITLE: AN INTEGRAL RESPONSE TO CHALLENGE OF
LEPROSY
A CASE STUDY OF MISUFINI LEPROSY CENTRE**

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APRIL 2002



NAIROBI - KENYA

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**Full Scale Project: Submitted in Partial Fulfilment of the
Requirements for the Degree of Bachelor of Arts in Science and
Praxis of the Human Development Faculty of Social Sciences Catholic
University of Eastern Africa**

APRIL 2002

NAIROBI - KENYA

STUDENT'S DECLARATION

I hereby declare that this Full-Scale Project is my original work, achieved through research, personal observation, participation and reflection as well as fieldwork experiences with people who have leprosy. This work has never been submitted to any university or college for academic credit or approval. All the sources used have been acknowledged.

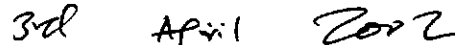
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Date: 3rd April 2002

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Signature.....

Date.....

Head of institute.....

Signature.....

Date.....

DEDICATION

This work is dedicated to Fr Gerry Smith [I.C] who up to the end of his life worked with people with leprosy in Misufini Leprosy Centre to my parents and relatives, but especially to the people affected by leprosy and those working with them.

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to those at the centre affected with leprosy for allowing me undertake my research with them. Rosminian brothers and sisters deserve special acknowledgement for their great moral support and love during my research. Thanks go to the administration of the Institute of Social Welfare and the staff in the head office, Tanga. I am grateful to all who cooperated with me during the research. A special word of thanks to my supervisor Mr. Zacharia W. Samita who worked hand in hand with me. I appreciate the work of Fr. Oliver and Miss Claire who read this work and gave me useful feedback. Special thanks go to my classmates, lecturers and tutors of the Institute of Social Ministry at Tangaza College; they tirelessly assisted me for this work to become a reality. I could never adequately acknowledge every one. But to everybody who journeyed with me and in various ways supported me I am eternally grateful.

DEFINITION OF THE TERMS

Hansen's Disease: named after G.H.A.Hansen, a Norwegian, who discovered the *bacterium bacillus*. Having leprosy was initially called Hansen's disease.

Leprosy: is a chronic disease that affects the human being physically, mentally, emotionally, and psychologically.

Leprosy Person: A person who has been affected by leprosy and is usually unable to move easily due to this illness.

Mycobacterium Laprae: Is a rod-shaped *bacillus bacterium* which enters the human body and multiplies inside.

ABBREVIATIONS

AIDS:	Acquired Immune deficiency Syndrome.
DANIDA:	Danish International Development Assistance.
GoT:	Government of Tanzania.
GLRA:	German Leprosy Relief Association.
GNP:	Gross National Product.
HIV:	Human Immunodeficiency Virus.
IDEA:	Integration Dignity and Economic Advancement.
ILEP:	International Leprosy Presentation.
NFJ:	Nippon Foundation of Japan.
IRR:	Internal Rate of Return.
ISW:	Institute of Social Welfare.
LITI:	Livestock Training Institute.
NPW:	Net Present Worth.
MDT:	Multi-drug Therapy.
MILESEHEPRO:	Misufini Leprosy Self-help Project.
MLC:	Misufini Leprosy Centre.
WHO:	World Health Organisation.

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FOREWORD

Leprosy is one of the oldest diseases of humankind. It has a unique social dimension. For both Eastern and Western cultures, fear of the disease has existed from time immemorial. It is amongst the rarest diseases in which individuals are made to leave their families and communities to live as outcasts in separate colonies or settlements. For many of the men and women infected with by leprosy, simply overcoming the infection is not sufficient to guarantee them a straightforward return to their previous life-style.

The World Health Organisation (WHO) estimates that there “are six million people world-wide with significant disabilities and deformities due to leprosy”.¹ This not because there is no cure for leprosy, but because of poverty, inaccessibility to modern drugs and lack of interest by governments.

Until now the “policy” (only alternative) was that those abandoned by their families should be cared for in the centres. Since the treatment lasts for many years, lepers are kept in the centre as permanent residents. They are engaged in different occupations such as agriculture, animal husbandry, and poultry, weaving and tailoring. Such an approach is considered to be rehabilitative. Yet in a system of that nature, individuals become totally dependent on the centre for survival. There is no possibility of restoration or reintegration within a family or community.

With the advancement in treatment procedures and surgery, such centres rehabilitation has become outdated. The preferred tendency now is towards a more integrated rehabilitation. Through social and economic rehabilitation, these people can be helped to regain their place in the community. Opportunities should be provided to help them find

¹ Peter Nicholls, *Guidelines for the Social and Economic Rehabilitation of People Affected by Leprosy*. (London: LEP, Great Britain, 1999), p. 3.

productive employment to enable them contribute to the economy of their family and to live with dignity as useful and self-supporting members of the community.

Social and economic rehabilitation is a unique task. The approach may not be duplicated between places or even from one person to another. Through the experience and knowledge of those involved in the field, it is hoped that interested persons and institutions may recognise the elements of best practice and go on to provide a better service to those in need. The cure for leprosy remains incomplete until the people affected regain the social and economic status that allows a dignified life. This situation of leprosy has provided a microcosm for the whole development debate and process. Social attitudes which stem from fear and prejudice reinforce oppression. Most of the literature on leprosy tends to focus on the medical aspects of rehabilitation, considering it to be a most effective means in eliminating the disease. But very limited social, economic, cultural and political interventions have been explored regarding leprosy people. A government often perceives these people as a problem rather than as a priority in development plans. Politicians among others perceive leprosy people as belonging to a category earmarked for social welfare, which basically entails charity. The result is that leprosy sufferers are ignored altogether in development issues.

I hope that this study will make a vital contribution to a better understanding of leprosy and leprosy people. This should lead to integral development of people with leprosy, recognition of their dignity and unique call given to them by our Lord.

Thanks

Mwinami, Vincent Mwanakoya (Br)

Nairobi 4th April 2002

ABSTRACT

The researcher examines the phenomenon of people with leprosy, highlighting some of the major causes that lead to these people being discriminated against and isolated from their families and society to languish in poverty. The study explores the general attitudes of the society towards people with leprosy difficulties and comes up with possible strategies for intervention.

People with leprosy are part and parcel of human life. But the society does not recognise them. The society views these people as a problem rather than as a priority in development plans. Drugs are being provided free by international organisations such as World Health Organisation (WHO), German Leprosy Relief Association (GLRA), and International Leprosy Presentation (ILEP). But due to lack of interest among the leaders, corruption, misuse of funds, economic instability, our government have failed to import them.

The research clarifies that leprosy people are keen on improving their life, but they lack sufficient support from the government and society. Given proper facilities these people could contribute more in their own development.

This work is divided into six chapters. Chapter One gives background information on the area and issue of research, stating the problem, objectives, basic assumptions and justification of the study. The second chapter is a review of literature related to the study. The origin of leprosy, its causes and risks and the current situation in different countries are looked at. The gaps regarding studies on leprosy are identified.

Chapter Three shows the research methodology used in data collection. In particular the sampling procedure and the tools used in carrying out this research are discussed. In the Fourth Chapter, we have analysis of data emanating from research findings.

Chapter Five is a theological reflection on people with leprosy. Views of the society, from the Bible and the social teaching of the Church on the reality of leprosy are explored. The attitude of people with leprosy towards themselves, the researcher's experience with these people and role as a social minister are included in this chapter as well. Recommendations and conclusions deriving from the study finalise the chapter.

Chapter Six is a project proposal for the work. It represents the pragmatic response to the issues highlighted in the study. The researcher has come up with a project proposal as a step addressing the real needs of the people with leprosy in Misufini Leprosy Centre (MLC).

GENERAL INTRODUCTION

In the contemporary society, there are groups of people whose life is pathetic because of being marginalized. They are left out, or denied a sense of belonging and deprived of the essentials of life. Among the marginalized are the people with leprosy.

People with leprosy suffer not only because of their pains. In addition, other people's perception towards them has worsened their plight. Healthy people generally look at them as unworthy, not really human beings. In other words, their leprous situation endangers their human dignity. It is dehumanising when one is viewed essentially as a consumer rather than a person with some creative capacity and contributor to the society. In this regard, once they become mainly consumers, the leprous people are further degraded, stigmatised, isolated or discriminated against. People look at them as repulsive, rejects and deviant. Social, political, cultural and economic interaction thus becomes a problem for them since stigmatisation makes them feel unworthy and not truly belonging. As marginalized, they are considered to be pitiable and burdensome because they are in need of every kind of support.

However the lepers themselves refute this kind mentality arguing that they do not need to be pitied. In any case, every human being is a leper in accordance with his/her uniqueness. Therefore, what they want is not sympathy and unnecessary protection but rather recognition and with opportunities to fulfil the purpose for which they were created.

The negative attitudes of the society make the people with leprosy to be more frustrated. This is what makes the integration of the lepers into the society almost impossible. In this case, integration refers to having a sense of belonging, being recognized as members of the society. However, different leprous people with different disabilities respond differently depending on their personalities and the different conditions or particular environments in which they have lived. It is important therefore, that all people whether leprous or not, take up the responsibility of

creating a peaceful atmosphere that has room for everybody. If this responsibility is fulfilled accordingly, harmony will be realised. And every individual will find acceptance in the society.

The degree of acceptance is determined by the conditions surrounding a particular individual. Some leprous people can accept themselves and adjust accordingly because they are able to recognize their value. They emphasise their capacities rather than their limiting leprous conditions, avoiding undue comparison with others. On the other hand, it may not be easy for somebody to accept oneself because of the nature and manifestation of the kind of leprosy that one has. It is also important to take note of psychological factors. Acceptance of oneself is fostered by self-esteem and emotional support from others. One who is surrounded by discrimination and hostility may not be strong enough to accept him/herself.

Therefore, there is great need for self-empowerment and social support if one who is a leper is to be integrated into the society. The lepers who are supported by their families and society are likely to adjust and accept themselves faster than those without such support. Social support acts as a link between inter-relationships and personal experiences in life. On the other hand, it has to be noted that acceptance of leprosy does not necessarily mean considering one condition to be better than another but the capability to cope with one's condition whatever the case may be.

CHAPTER ONE

BACKGROUND TO THE STUDY

1.0. Introduction

In order to acquire detailed information, the research was confined to MLC, Muheza District, Tanga. Its northern boundary links it with Kenya. To the East it connects with Kilimanjaro, Arusha, and Morogoro. The Coast District borders the Indian Ocean. It covers an area of about 438,100 hectares. Out of this, 419,616 hectares are arable land and 18,618 hectares are water logged with mangroves and swamps as well as sandy soils of coral limestone with spots of clay in between. At a distance of 25-30 kilometres from the MLC, the slopes of Usambara Mountains follow the coastal strip. The MLC is located about forty kilometres from Tanga town. It was established during the colonial period in 1943. Initially it was a place for sisal estate workers who were found to be suffering from leprosy. As the number of lepers in the camp increased, the colonial government changed this camp from a sisal estate to a leper colony. After independence, the Government of Tanzania (GoT) took over this leper colony and placed it under the care of the Institute of Social Welfare (ISW). Projects were started to support the centre. Staff to run it were provided, buildings for lepers were expanded and a dispensary together with a nursery school were built. Besides, other activities and services were introduced.

Financial constraints experienced by the government compelled the ISW to withdraw its services from MLC, leaving the project on the verge of collapsing. Responding to this difficult situation in 1993, different non-government agencies such as GLRA, individual people, and the Institute of Charity took over the responsibility of providing for the basic needs. They were prompted to involve themselves in the centre not only due to the pathetic situation of the people

with leprosy in the centre, but also because of the vulnerability of these people to ever-increasing poverty, discrimination and isolation from their family and society.

The centre is still owned by the Social Services Department of the GoT and occupies a total of 400 acres. The land is of good quality. Of this acreage, 125 acres have been developed with coconut and orange plantations. Unfortunately, because of lack of management, the stigma that is attached to the leprosy sufferer and the lack of genuine interest by people in the MLC, the citrus fruit production has declined.

Last October 2001, this centre had become to be one of the biggest leprosy centres in the Tanga region. It is a home to 131 people. Of these 131 people, 10 have severe leprosy and are unable to work. A further 60 are affected but can do some work. The remaining community includes the families of those affected. There are 31 children between the ages of 1 month and 12 years. Up to end of 2001, these children have not been attending school because of ill health, lack of facilities in the MLC, insufficient means to cater for the necessary school uniform, stationery and transport, among others.

1.1. Statement of the Problem

The experience, which the researcher had in this centre from 1995 up 2001, has showed that these people are living in poverty and suffering discrimination. In the course of that time, a number of issues were apparently not addressed to the satisfaction of the people concerned. This experience sparked research interest into the encounters of people with leprosy. The purpose was to explore the reason(s) why they ended up living in abject poverty, suffering discrimination in the centre, and perhaps living a more miserable life than when they lived in their previous family homes.

Some of their deplorable conditions are reflected by the fact that these people are living in an isolated centre about forty kilometres from town. In the centre they do not get good

accommodation, proper education, health care and proper diet. Those that are supposedly meant to help them are only there for what they will receive rather than what they can give. Nobody really cares about them. Their families, neighbours and friends do not know how to relate to or look after them.

Due to their poor living conditions, the majority of these people are highly vulnerable to *Tuberculosis (TB)*, malnutrition, kwashiorkor and anaemia. This has led to more suffering and death, a loss of confidence in their ability to contribute to their future and that of Tanzania.

Poverty and discrimination are apparently the main reasons given to justify their entry into the camp life. This situation has hindered their development for many years. Some projects have been initiated in the past to address the needs of these people. Apparently the root causes of their problems were not confronted. To appreciate these problems appropriately and effectively, it is important that we understand the underlying cultural, social and political context. The plight of these people seems to be degenerating unabatedly. This is surprising given that leprosy is a forgotten illness or wiped-out in other parts of the world, where leprosy thrived and probably came from.

1.2. Research Questions

To appreciate the problems, it is important that we understand their underlying cultural, social, and political context. Questions asked are.

1. How does the fact of discrimination affect the people with leprosy?
2. What are the attitudes of the society towards people with leprosy?
3. How much does poor economic status affect people with leprosy?
4. How do other disabilities affect the development of people with leprosy?

1.3. Objectives of the Study

1. To bring out the symptoms of the condition of leprosy to help potential victims to seek early treatment.
2. Recommend or come up with a practical project proposal to effectively respond to the integral situation of people with leprosy.
3. To establish existing or available care-providing mechanisms for the people with leprosy.
4. To examine how people with leprosy experience human dignity and how accessible they are to the basic of life

1.4. Basic Assumptions

1. That once people become informed about the illness, its cause, the treatment and the healing process, their attitudes will change and they will become more concerned.
2. That once the sufferers and their families will have their own self-help project, they will start taking a more active role in working towards a better life and future for themselves and be prepared to play their part in developing the future of Tanzania.
3. That once people are aware of the lepers needs, they are ready to participate in ensuring that the leprosy sufferers and their families enjoy a more normal, healthiest and a happier life.
4. Once the funding organisations and honest people become involved in the centre their dignity and humanity will be restored.

1.5. Significance of the Study

1. The study is very significant because the sufferers and their families are living in appalling circumstances when they could indeed be enjoying better living standards, better health facilities and treatment, have access to all levels of education and be actively involved in supporting themselves and be a part of the future of Tanzania.

2. This study is very significant at this particular time because it aims at improving the living standards of the people with leprosy of MLC. This is achievable through education, skills training at local level hence human empowerment.
3. People with leprosy will be helped and encouraged to build the spirit of participation and willingness to collaborate with one another and the local community. Their co-operation and support will lead to the development of the project.
4. The initiative endeavours to increase the levels of income, create employment and uplift the living standards of the local communities.

1.6. Scope and Limitation of the Study

This study is limited to the Misufini Location in Muheza District. Though Misufini is not the only location within Tanzania where the reality of lepers is evident, the study is representative of the rest of Tanzania and possibly other parts of the world.

1.7. Justification of the Study

Like any other human beings, lepers in MLC have needs, wants and rights. Accordingly, they should be respected and given the justice they deserve. The fact that they are physically, psychologically and spiritually disabled, does not justify their families and Tanzanian society at large neglecting them and treating them as non-existent. They, as human beings, deserve true love and care. These people are lacking basic needs such as food, medical care, clothes, shelter, security and education. It is important for their basic needs to be fully met. This study therefore, is very crucial for it will highlight the actual situation they face. This may trigger different initiatives to improve their lives.

1.8. Conclusion

The background of the study gives us the picture of the people with leprosy in Misufini, examines the phenomenon of these people, and how organisations address the issues. The study also looks the attitudes of the society towards these people, their difficulties and the problems they counter. The next chapter is a review of literature related to the disease.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

The previous chapter highlighted the phenomenon of the people with leprosy, underlining some of the major causes and the impact of the disease. The present chapter is an overview of the disease, examines has unleashed particularly on victims and generally on society. Countries most affected with this epidemic are also examined. The same chapter brings to the fore reasons why leprosy is a problem in Tanzania. Finally, the views of the society on the leprous people as well as their rights as human beings in society are considered.

2.1. An Overview of Leprosy

A Norwegian physician Gerhad Henrik Armauer Hansen identified the condition of leprosy for the first time in 1874. The disease spread from its probable area of origin, that is, the “Indus Valley in India, to the Mediterranean, North African regions and Europe”¹. It is a curable disease but without its early diagnosis and proper treatment, it has the devastating capacity to impair its victims, tragically upsetting their lives physically, emotionally and socially. Physically, people with leprosy cannot effectively use their limbs (hands and feet) to walk or work as other people do. Emotionally, the disease may cause great uneasiness to the person with leprosy. Socially, a leprous person experiences stigmatisation. She/he may become poor and rejected by family and society.

2.1.1. Causes and risks

Leprosy is believed to be caused by the organism *mycobacterium leprae*. It is a difficult disease to transmit and has a long incubation period. This makes it difficult to determine where or

¹ A. Kaufmann, G.M. Senkenesh & J. Neville: *The Dimension of Leprosy*, (London: TALMilep, 1992), p.12.

when the disease was contracted. Children are more susceptible than adults to contracting the disease. Leprosy has two common forms, tuberculosis and *lepromatous*, although these have been further subdivided. Both forms produce lesions on the skin but the *lepromatous* form is most severe, producing large disfiguring nodules. All forms of the disease eventually cause peripheral neurological damage, that is, nerve damage in the extremities. These are manifested by sensory loss in the skin and weakness of the muscles. People with long-term leprosy often lose the use of their hands or feet. Often, leprosy sufferers, especially those with stigmatising signs and deformities are not treated with due respect even by their own families. However, the instances of severe debilitation which force patients to leave their families or beg on the street, are on the decrease. This is due to extensive civic education about leprosy and the availability of a cure in the form of multi-drug therapy (MDT). Nonetheless, such patients are often not economically productive. Thus, they are a strain on the family income, making them all the more vulnerable.

2.1.2. Spread of leprosy

It is not very certain how leprosy spreads. However, it is known that when a person becomes infected with leprosy, living *mycobacterium leprae* must have entered the body. This bacterium must come from somewhere. Large numbers of living bacteria are found in people who are already infected with leprosy and who have not received proper treatment. As far as we know all the *bacterium leprae*, which gives new infections, come from these people. Probably they come from the people with *lepromatous* leprosy. Leprosy sufferers, before they start treatment, have very many *mycobacterium leprae* in their bodies with large numbers in their noses and mouth. Whenever they cough or speak, droplets in their breath contain millions of *mycobacterium leprae*. *Mycobacteriums* which escape from the bodies of these people can live for a few days in dust or dirt. No one knows for sure yet how bacteria enter in the bodies of other

people. Perhaps, they are breathed in through the nose and mouth; perhaps they are injected into the skin through insect bites.

2.1.3. Current situation

At the beginning of 1999, the number of leprosy patients in the “world was about 672, 596, as reported by the 91 top countries. About 680, 000 cases were detected during 2000”². This shows that leprosy is still a problem in most so-called Third World countries. Indeed, every year, the numbers of people who are affected with leprosy are on the increase. This is no simple matter since leprosy is an insidious, slowly developing disease which flourishes mainly in the ‘poverty belt’ of the globe. Leprosy once affected every continent. And it has etched a terrifying image in human history and memory, that of mutilation, rejection and exclusion from society. Leprosy has always and everywhere been regarded as a special disease.

Registered Prevalence of Leprosy and Detection Rate in the Top Eleven Endemic Countries at the Start of 2000

Table: 1

Country	Registered Cases at Start of 2000	Prevalence per 10 000	New cases detected During 1999	Detection rate per 100 000 population
India	495 073	5.0	537 956	54.3
Brazil	78 068	4.3	42 055	25.9
Myanmar	28 404	5.9	30 479	62.9
Indonesia	23 156	1.1	17 477	8.3
Nepal	13 572	5.7	18 693	78.7
Madagascar	7 865	4.7	8 704	51.6
Ethiopia	7 764	1.3	4 457	7.4
Mozambique	7 403	3.9	5 488	28.7
Congo DR	5 031	1.0	4 221	8.6
Tanzania	4 701	1.4	5 081	15.4
Guinea	1 559	2.0	2 475	32.0
Total	672 596	4.1	677 086	41.7

The top endemic countries included in the above table have the following characteristics:

- (i) They have a prevalence of 1 or more than 1 in 10 000 population, and

² Internet, file://A:\Leprosy Expert Committee.htm Last Update, 14th Dec, 2000

- (ii) The number of prevalent leprosy cases is more than 5 000, or the number of newly detected cases is more than 2 000.

Source: Internet, [file:///A:/Leprosy Committee.htm](file:///A:/Leprosy%20Committee.htm), Last Update: 14th Dec. 2000.

In Africa, which is the second most affected region, the situation is more complex. The AIDS pandemic, the resurgence of major tropical diseases, weakness in health infrastructure, social unrest and armed conflict make leprosy elimination seem like a luxury, and an impracticable one at that. The situation remains a worry in Latin America and Asia. Brazil is particularly badly affected, “accounting for over 80% in Latin America and India 70% of all the cases in the world”³.

2.2. Leprosy as a Problem in Tanzania

“As we start the new millennium, there never has been a better opportunity for eliminating leprosy; a disease that we know has plagued mankind since the very beginning of recorded history”⁴. Every year, thousands of leprosy patients worldwide suffer disability and deformities. This is not because there is no cure for their disease. Rather, it is because the said patients have no access to modern drugs. Or, drugs are not known in the community that they belong. WHO and its partners are dedicated to ensure that “all leprosy patients, wherever they may live, and however poor, have free of charge and equal access to the most modern of available, MDT, available free of charge from WHO for the last five years.”⁵ This has not been considered in most of the African countries. There are many factors that keep most of the nations from making efforts to eliminate leprosy. Let us consider some of them.

³ T. Frist, *Don't Treat Me Like I Have Leprosy: A Guide to Overcoming Prejudice and Segregation*, (London: TALMILEP), p. 15.

⁴ Gro Harlem Brundland, General Assembly on People With Leprosy Report in Abidjan; November 1999, p. 1.

⁵ Cf Ibid.

2.2.1. Poverty

Tanzania is amongst the poorest countries in the world, characterised by considerably very low per capita income and Gross National Product (GNP). It has a per capita income of “US \$ 210 per person in 1997 figures”⁶. Many people are said to live below the poverty line. It is in this country especially where leprosy has become difficult to eradicate.

2.2.2. Overpopulation

Overpopulation, the situation of having large numbers of people with too few resources and too little space, is closely associated with poverty. It can result from high population density from low amounts of resources, or from both. For example in Tanzania “the population in 2000 was 32 million people, the density 945,000 sq km. The density population is 34 per sq kilometer⁷.” Excessively high population densities strain available resources. Only a certain number of people can be supported on a given area of land. That number depends on how much food and other resources the land can provide.

2.2.3. Global distribution of resources

Many experts agree that the legacy of colonialism accounts for much of the unequal distribution of resources in the world economy. In Tanzania, the problems of poverty are massive and pervasive. In recent decades, this country has tried to develop the economy through industry and technology with varying levels of success. Some 30% has become successful, 70% has not succeeded simply due to lack of essential raw materials. Besides, there is lack of formal education and training. The infrastructure is often inadequate leaving many places inaccessible to modern system of communication and technology. Because these things are necessary for the

⁶ Charles P. Trumbull (ed) *Encyclopaedia Britannica; The Nation of the World* (Chicago: Book of the Year, 2000), p. 720.

⁷Cf Ibid

development of industry, “African countries generally must rely on trade with developed countries for manufactured goods, but they cannot afford much”.⁸

2.2.4. Illiteracy and ignorance

Illiteracy is common in Tanzania. The majority of the people do not know the symptoms of leprosy, its effects and how to prevent it. Some of the African societies imagine leprosy is caused by “supernatural powers, witchcraft, connected with sexual intercourse in forbidden kinship degrees and homicide”⁹. Governments often cannot afford to provide a good civic education, seminars and workshops in order to conscientize the society on leprosy, especially in rural areas. This has contributed to the spread of the disease everywhere.

2.2.5. Lack of interest in preventing leprosy

Most African governments provide limited assistance for the prevention of the disease. Funds and resources, which they have, are used to buy weapons rather than drugs. We have the example whereby Tanzania, “spent US \$40 million on radar purchase, for security purposes”¹⁰ when that debt relief money was supposed to be used mainly on health and education programmes for the poorest section of the Tanzanian society. It is unimaginable that a country can spend such a lot of money on expensive radar in a society where many are dying of hunger and diseases such as leprosy, AIDS and Malaria.

2.2.6. Conflicts and civil violence

In the post-cold war era in Tanzania, the pro-life rations and intensified internal conflict has resulted in unpredicted human tragedies. In some cases, these have led to the partial and even

⁸ Cf. Ibid.

⁹ Cf. Ibid.

¹⁰ Rwambali & Paul Redfern, (ed). “Tanzania Sees Neo-Colonialism in UK Radar Row” in *East African Magazine* 24th - 30th December, 2001), p. 3.

total collapse of the state. People have been uprooted and even deprived of their means of livelihood. Conflict has become a major constraint in the alleviation of poverty.

The legacies of conflicts, as result of the Uganda War in 1978-79 and the corruption of socialism in Tanzania have damaged the social infrastructures such as health and education, the productive capacity, erosion of human and social capital and creating an increased proportion of people needing social assistance in order to survive. It has affected societies in a variety of profound and far-reaching ways that weaken their ability to complete the transition from war to sustainable peace. Tanzania had poor infrastructure even before conflict erupted. But violence and civil strife then further stifles the economy. They undermine predictability and confidence in the future, discourage investment, and disrupt markets. In brief, conflict has destroyed the economy of most of the Africa nations. Funds and resources are spent on resolving conflicts.

2.2.7. Decline in health expenditure

“The average expenditure on the health sector in Sub-Sahara Africa in the 1990s rarely exceeded 5 percent of the GDP”.¹¹ The decline in health expenditure has destabilised most of the African countries, Tanzania included. The health sector has continued to bear a disproportionate burden on the on-going socio-economic crisis in Tanzania. Poor service conditions have demoralized most of the health professionals, leading to a serious brain drain; for example, the exodus of doctors, nurses and medical technicians in search of greener pastures’ abroad. Medicine and treatment are often both scarce and too expensive for the majority of the people. In addition, the majority of the population are low-income earners who cannot afford higher medical treatment. Together with declining public health expenditure, this has led to a virtual collapse of modern health services for the people with leprosy.

¹¹ United National Development Plan, 1997; World Bank 2000.

2.2.8. Bureaucratic corruption

Studies by bodies such as the World Bank and Transparency International have suggested that developing countries, especially in Africa, tend to be in the top league of so-called “corrupt” societies. The history of most of the Africans politicians is branded with bureaucratic corruption. The failures of democracy in most of the African countries have been largely attributed to the alarming level of corruption among politicians and the society who pillage the national treasury.

Corruption has caused devastating socio-economic, political and moral crisis in Tanzania, unleashing untold anguish on the majority of the citizens. It has created a constant situation of potential instability and insecurity, undermining the confidence and trust of the people in leadership. The diversion of public funds to private personal ends has devastated public utilities. Bankruptcy of many public parastatals and financial institutions attest to this reality. Consequently, poverty, unemployment, non-payment of workers prevails as the yawning gap between the rich and poor widens. The people are groaning, hungry and dying, threatening the life of future generations

2.2.9. Instability of the economy

Most African nations inherited economic problems from the colonial period. And prices for African products on world markets have been generally and perpetually low. Consequently, the governments of these nations are finding it very difficult to fulfill the hopes and demands of their people. Although living standards have improved since independence, they are still below expectations.

Tanzania, for example, at the time of independence, relied on farm products such as cotton, sisal, coffee, tea and sugar to export for sale in other countries, a pattern that had been encouraged by the buying colonial powers. This was the only source of national income. It was highly exposed to the fluctuations of international prices for the products. Since independence, Tanzania

governments have tried to diversify their exports so that their income does not depend on just one item. But this has not worked at all.

The aforementioned are some of the factors that make leprosy to be a problem in Tanzania. Funds are misallocated; politicians have no interest in fighting to eliminate leprosy because leprosy basically targets the poor rather than the rich people. If leprosy would be like AIDS, it would have been wiped out a long time ago. The poor and the rich, the powerful and the powerless, the infected and non-infected would have corporately set out to eliminate it.

2.3. The Rights of the People With Leprosy

Persons with leprosy are fully human. They have innate, sacred and inviolable rights. In spite of their limitations and sufferings, they are entitled to human dignity. Accordingly, they should be helped to fully participate in societal life in all its aspects and at all levels accessible to their capacities.

It may not be necessary to have special rights for people with leprosy. But as a society, there is need to respect their basic rights, paying special concern to situations where such rights are abused. We take a brief look at some of the rights in the next section.

2.3.1. Economic rights

Helander has argued that probably, "there is no other group as neglected, isolated powerless and poor as people with leprosy"¹². To confirm Helander's argument, these people are identified as amongst the poorest members of the society due to negligence by the government.

The economic power of the nation is determined by its political stability. Hence, respect of political rights lays the foundation for economic rights. Any government has a duty to guarantee integral development pragmatically reflected in the improved living standards of all its

¹² Einar Helander, *Prejudice and Dignity: An Introduction to Community-Based Rehabilitation*. (New York: One United Nation Plaza, 1993), p. 219.

people indiscriminately. Basic needs such as medical care, income generating projects, education and employment are important to leprosy people, like all other citizens. But implementing this for leprosy people is difficult for the government. They are essentially seen as “a thorn in the side” unlike those from well-off families who instead make life easy for the government because they do not really strain it. They already enjoy better living conditions, a well balanced diet and accessibility to good medical care and education. In this respect, the government must seriously consider addressing the life of leprosy people.

2.3.2. Political rights

There should be special legislation where their rights and needs should be addressed. Perhaps a leprosy person should represent him/her in different vital social organs and institutions, especially those that deal with leprosy, rather than being represented by non-leprosy people who may not readily and fully understand their needs and aspirations. Already, this research has established that the sufferers do not want their basic rights to be addressed in a charitable way as if they are not entitled to them. Charity, if not given in good faith, degrades a person with leprosy.

2.3.3. Social rights

It does not matter who we are or what our standing is in the community, every person has a desire to belong, to be loved, accepted and needed. Sadly, the leprosy sufferer has had these “senses,” sneered at. Worse, they are completely ignored. All these desires are shattered by a lack of accessibility to certain people (people who make the decisions), a lack of access to information and the different negative attitudes and stigmatisation by society.

Society’s attitude towards men and women who have leprosy does not allow them to enter freely into recreational activities, sexual relationships and married life. They are considered incapable of love and child bearing. People believe that entering into a relationship with a

woman/man who is a leper is only doing her/him a favour. It is because of this belief that people take advantage of them on the pretext of sympathy and concern. The leprous people can only overcome such challenging difficulties if those close to them perform their different roles appropriately and respect the dignity of the lepers.

2.3.4. Legal rights

These people are generally categorised as disabled people. Their deformities number them in the group of disabled with no specific rights. The global alliance which includes the governments of all major endemic countries, WHO, the International Leprosy Presentation (ILEP), the Nippon Foundation of Japan (NFJ) and the Danish International Development Assistance (DANIDA) met in November 1999 in Abidjan, Cote d'Ivoire. It came with some proposals regarding the rights of leprous people that are worth highlighting¹³.

1. People with leprosy should be treated in a holistic manner

The government and non-governmental agencies ought to treat persons affected by leprosy in a holistic manner. In so doing, they should focus not only on the elimination of the leprosy, but also on the prevention and cure of the effects of disease.

2. Words like 'leper' and *hanseniano* to be eliminated

Dehumanising words such as 'leper' and *hanseniano* which define people by the their disease should be eliminated from our vocabulary. Expressions such as 'leprosy patient' or 'Hansen's disease patients' should no longer be used to describe persons once they have been medically cured of the disease.

3. Overcoming helplessness and shame

Persons affected by the disease should be encouraged to overcome their sense of helplessness and shame with regards to leprosy and to take a proactive role in preventing and solving the problems that confront them.

4. Networking with other organisations that deal with disability

Persons affected by leprosy have the right to work with all groups at local, national and international levels interested in seeking integral solutions to common problems.

¹³ "WHO report" [http://www.who.int/lep/Global Alliance/gael.htm](http://www.who.int/lep/Global%20Alliance/gael.htm).

5. More prominent role for persons affected by leprosy

Organisations focusing on leprosy should be encouraged to involve persons affected by the disease in planning activities, using them more effectively as counsellors, teachers, spokespersons and lobbyists.

6. Equal rights as other fellow citizens

Persons with leprosy, whatever the origin, nature and seriousness of their handicaps, have the same fundamental rights as fellow citizens of the society. This implies first and foremost the right to enjoy a decent normal life.

7. Equal rights in social and economic security

Leprous persons have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment.

8. Leprous persons have rights to live in their society

A leprous person has the right to live with his/her family, community, and society. He/she should also participate in social gatherings, recreation and other activities in the society. No leprous person shall be subjected to differential treatment other than that required by his/her condition or by improvement, which he/she may derive there from. He or she has the right to be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive and degrading nature.

9. Free and equal access to MDT

Leprosy patients, wherever they live and however poor, have free equal access to the most modern treatment available; free of charge.

These rights have been a source of enlightenment to the educated people with leprosy and the society. They now want to change their life and to help others be informed. If everyone else respected them, the life of the people would not be as awful as it generally is today in Misufini. The research, which has been done with the people in MLC, has noted that in Tanzania's legal status, people with leprosy are not seen as fully-fledged human beings and part of the community. The socio-economic, political, cultural and religious practices of these people are in jeopardy. We quote from Mwalimu Nyerere in part on issues of rights:

Every citizen is entitled to the fundamental rights of dignity and respect regardless of tribe, place of origin, political opinions, colour creed or sex but all have the obligation to respect the right and dignity of others as well.¹⁴

It is the duty of the State to enforce these rights by ensuring that they are not violated. In order to alleviate the plight of the leprous people and to foster their integration into the society, we looked at various aspects of the above rights.

From our contemporary viewpoint, what we have read in the Bible, social teaching of the Church and role of the Church, leprosy was definitely a traumatizing experience. But today, nobody should be considered unclean just because of the disease. God, the creator, does not derive joy-inflicting suffering on his creation.

2.4. Promotion of Justice and Peace

The Church has the responsibility of working for harmony to ensure that all lepers are happy and at peace in accordance with God's will. It does this by fighting for the rights of the weak, oppressed, isolated and discriminated in the society.

If human rights are seen to be observed in the very heart of the Church, it will be better able to preach human rights to the outside world and will be able to encourage others to apply these rights more widely and more efficiently.¹⁵

In other words, the Church can only be strong enough to alert the State on the needs of the people with leprosy after it has done so itself. The Church can only free itself from oppressive structures by pointing out and speaking against any form of injustice. It is in speaking the truth that its prophetic role is fulfilled and the kingdom of God promoted. Byrne has quoted Nyerere in this regard:

...The church becomes irrelevant if it does not rebel against those structures and economic organizations, which condemn people to poverty, humiliation and degradation. If it does not express God's love, it becomes identified with injustice and persecution and so it deserves to die.¹⁶

¹⁴ Julius Kambarage Nyerere, *Ujamaa, Essay on Socialism*. (Dare-Es-Salaam: Oxford University Press, 1969), p. 320.

¹⁵ Si, Jean-Francois, *Church and Human Rights*. (Middle Green: St Paul's Publication, 1992), p. 120

¹⁶ Tony Byrne, *Working for Justice and Peace: A Practical Guide*. (Ndola: Mission Press, 1988), p. 28.

Nyerere's idea implies that the Church can never remain alive unless it makes a difference by uplifting the life of the marginalized such as the lepers. The Church in its option for the poor should always remember and walk more closely with leprosy people as the weak members of the society. Solidarity does not mean doing for them everything but helping them to actively participate in developing their own life. It is not to be necessarily a voice for the voiceless but an instrument of empowerment for weak members of the society. If the weak are not given the chance to speak for themselves, they will never come out of their weaknesses, to recognize their strengths and replace dependence with independence and self-reliance. In this case, they are helped to cease being liabilities and become assets in the society.

2.5. Conclusion

This chapter has examined the secondary sources on leprosy. In the literature review, it is evident that not so many leaders and politicians have directed their attention on holistic/integral rehabilitation of leprosy people. Leprosy should not be a big issue at all in Tanzania. The problem is the bad attitudes of our leaders toward leprosy. That is why for many years leprosy has stigmatised many in Tanzania. Also there are many factors such as corruption, conflicts, and misuse of funds and lack of interest in meaningfully addressing leprosy. We must start today to fight for these people to restore their dignity and to continue to fight for their rights to be recognised by the entire society. The next chapter looks at the methodology and the way data was collected. This was helpful to the researcher in getting the exact information on the issues affecting the people with leprosy in MLC.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

In order to obtain as much information as possible, different approaches were applied in this study. We tried to gather the information in order to address the set objectives. We assessed general information, for example, the factors leading to poverty and discrimination. We went further examining areas that would be addressed in order to fight these problems in future. This chapter briefly examines how this was done. The study uses a "*See, Judge and Act*" process which entails identifying a social problem, analysing it and giving pragmatic recommendations.

3.1. Selection of Group

Leaders of different groups gathered and selected people to represent them. Six groups were formed, namely, men, women, the youth, children, the staff at the centre and the overall administration. Each group had 20 people. A total of 120 people were selected and were then re-grouped into ten different groups according to their area and experience. The researcher did this due to constraints of time and the distance from one place to another. The researcher later followed them up in their places.

3.2. Research Sources and Tools

Both primary data and secondary data were required. Accordingly, field research and library research were necessary. The former employed questionnaires, interviews, direct participation and observation. The latter supplemented the former by analysing already documented information.

There were personal contacts with some of the organisations that were already dealing with the development of people with leprosy. Finally, the study utilised the researcher's own experiences in Misufini, Tanga.

3.2.1. Primary data

The instruments used to collect primary data were questionnaires, interviews, participation and observation. Let us briefly discuss them

1. Questionnaires

There were four kinds of questionnaires for collecting data. The first questionnaire addressed to people with leprosy was meant to gather information about problems facing them. Another intention was to find out their attitudes towards the disease and their own experience with leprosy. The second questionnaire was given to the local community around the centre. The third set of questionnaire went to the administrators of the ISW to inquire further into the socialisation and integration of people with leprosy. The purpose was to know how leprosy people are helped towards their own development and the development of the centre. The fourth questionnaire was administered to the staff (social workers) in charge of the centre. This was to help the researcher establish a number of issues: why these people are still poor; why they live in deplorable conditions or in low standards of life; why the disease is still a problem in the centre.

2. Interviews

Interviews were used to collect information at the Assessment Centre and from different people involved with the lepers themselves, the communities surrounding them, the staff, the co-ordinator of the centre and the organisations supporting these people. The interviews and discussions were aimed at finding out how these respondents deal with the support given by

the government. And it focussed on genuine co-operation between the Church and NGOs in providing services to them at the centre.

3. Participation and observation

The collection of data through participation and observation was made possible by visits to various places including different centres, homes for the families of the people with leprosy and other organisations dealing with these people. Direct observation was meant to counter check whatever the respondents had not given. This also provided additional information from respondents not only given or covered by the questionnaires.

3.2.2. Secondary data

Secondary data was gathered from various resources: library research, Internet, newspapers, Encarta 1999 (Encyclopaedia) Britannica 1999, Video Audio TV, unpublished theses and apostolic letters. In other words, library research includes all the material in print and electronic media that was found relevant to this topic.

3.3. Data Analysis

Data analysis has been done qualitatively and quantitatively. A qualitative description of the responses has been done in tables using the various themes of the study. Each table is followed by a quantitative description giving the number of the respondents in percentages. Conclusively, the study was successful though we met a few challenges here and there. The follow-up of the questionnaires was a bit tedious because some respondents felt they were too busy to sit down and answer the questions. Some of the social workers and people with leprosy were hesitant to answer the questions because they were not sure whether the study was going to make any difference in their lives. However, after clarifications were made, they accepted to answer on condition that they were assured of a share in the fruits of the study.

3.4. Conclusion

Now that we have looked at the research methodology used for collecting the data necessary for this study, we shall then turn to Chapter Four data analysis of all the information generated from field research. This information will be in form of bar graphs showing the responses of interviewees.

CHAPTER FOUR

DATA ANALYSIS

4.0. Introduction

The previous chapter examined research methodology used to collect data. This chapter presents the data analysis in both qualitative and quantitative form, followed by an interpretative discussion. Findings from field research are analysed in the form of bar graphs and tables. Each table has a corresponding quantitative description giving the number of respondents in percentages.

4.1. Attitudinal Factors Leading Lepers to Poverty

One line of approach in our research was to establish the attitude of the people towards leprosy and leprous people. Graphs and tables 4.1.1 to 4.2.4 and the discussion that accompany them give us an overview.

4.1.1. Cultural context

Graph 4.1.1

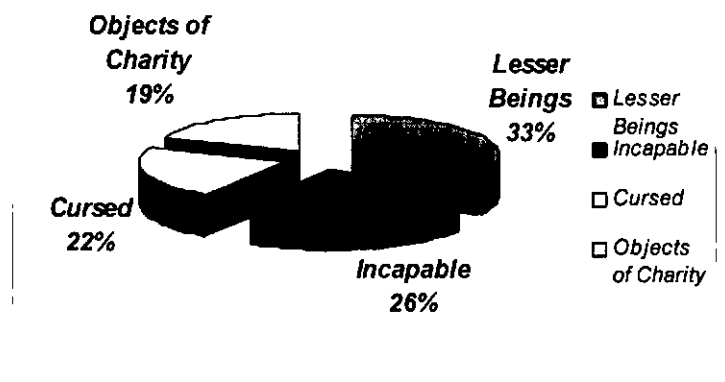


Table 4.1.1.

VARIABLES	No. OF RESPONDENTS	PERCENTAGES
Lesser Beings	45	33
Incapable	35	26

Cursed	30	22
Objects of Charity	25	19
TOTAL	120	100

The above Graph and Table 4.1.1 illustrate the respondent's views on the people with leprosy. The table shows that 33% of the respondents regarded them negatively as lesser beings. That is to say they are considered as being irresponsible and dependent on the so-called 'able' in the society. An almost similar number 26% regarded them as incapable of taking control of their own life. Some 22% of the respondents viewed the lepers' condition as a curse from their ancestors. And 19% of the respondents saw them as objects of charity.

4.1.2 Cultural beliefs

Graph 4.1.2.

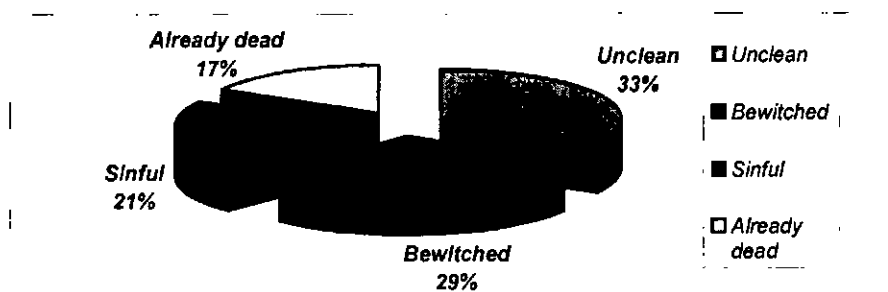


Table 4.1.2

VARIABLES	No of RESPONDENTS	PERCENTAGE
Unclean	40	33
Bewitched	35	29
Sinful	25	21
Already dead	20	17
TOTAL	120	100

The cultural views regarding people with leprosy are further expressed in graph and table 4.1.2. Respondents totalling 33% believed that the people with leprosy were ritually unclean. Some of the interviewees (29%) even went further and claimed that these people were

bewitched. They were viewed by 21% respondents as paying dearly for their sins while 17% counted them as already dead.

Generally, graphs and tables 4.1.1 and 4.1.2 represent strong cultural beliefs. People with leprosy are considered to be a hopeless and the wretched lot of society. Through enculturation people are conditioned to negatively regard leprosy and leprous people. Such negativism pervades all other levels, climaxing at the national level, where lepers are really discriminated against and not given their rights. Consequently, culture has a deeply entrenched framework that profoundly reinforces people’s inimical attitude towards people with leprosy.

4.1.3.Political context

Graph.4.1.3.

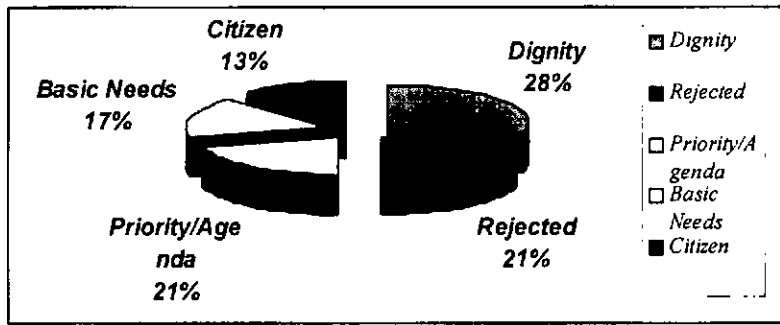


Table 4.1.3

VARIABLES	NO OF RESPONDENTS	PERCENTAGE
Dignity	35	28
Rejected	25	21
Priority/Agenda	25	21
Basic Needs	20	17
Citizen	15	13
TOTAL	120	100

People with leprosy as expressed in graph and table 4.1.3 have been neglected in government policies. Some 28% of the respondents were of the opinion that the government did not recognise the dignity of leprous people; 21% of the respondents felt they were rejected and

21% of respondents obviously felt they were not on its top priority list. Also 17% of respondents recommended that even the basics entitled to them were inaccessible. Some 13% of the respondents come with the views that were not even considered as citizens.

The government has the responsibility to integrate them. But instead it has almost forgotten, if not rejected them. They do not appear to be given serious consideration whatsoever in the government’s development plans, policies and projects.

4.1.4 Economic Context

Graph. 4.1.4.

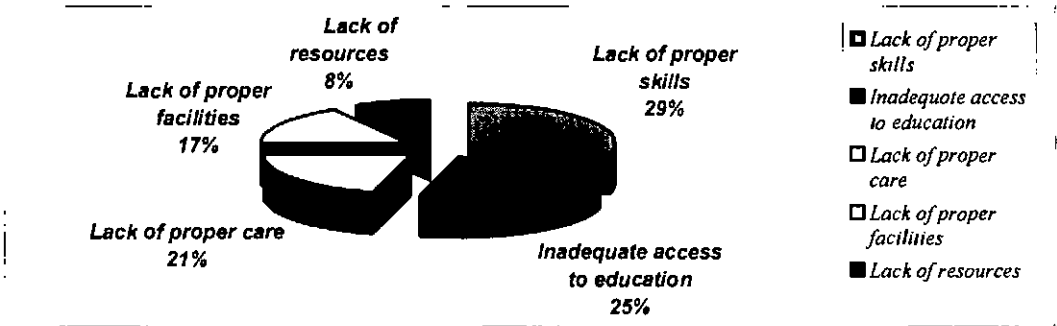


Table 4.1.4

VARIABLES	No. OF RESPONDENTS	PERCENTAGES
Lack of proper skills	35	29
Inadequate access to education	30	25
Lack of proper care	25	21
Lack of proper facilities	20	17
Lack of resources	10	8
TOTAL	120	100

Economically, people with leprosy can hardly support themselves though they want to improve their life through income generating projects. The highest number (29%) lamented over low levels of proper skills. They thought such skills would be useful in their development projects. Following closely, 25% of the respondents identified inadequate access to education as an impediment. Some 21% pointed at lack of proper care, 17% at inadequate facilities and finally

8% limited resources. These figures demonstrate the economic hurdles that confront people with leprosy even in their efforts towards self-reliance.

4.1.5 Social context

Graph 4.1.5

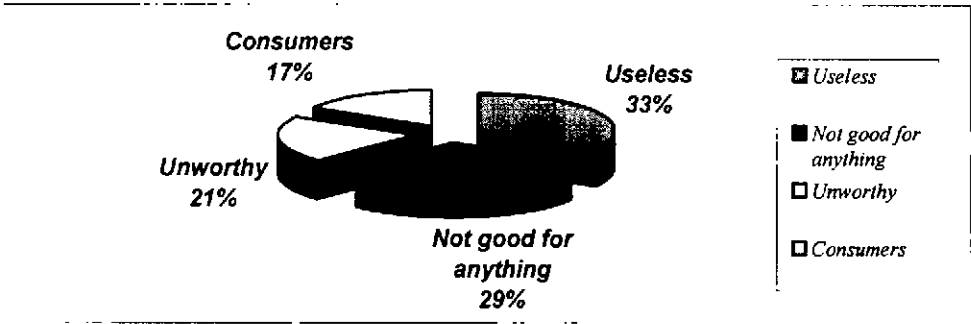


Table 4.1.5

VARIABLES	NO OF RESPONDENTS	PERCENTAGES
Useless	40	33
Not good for anything	35	29
Unworthy	25	21
Consumers	20	17
TOTAL	120	100

Graph and Table 4.1.5 illustrate the negative attitude of the society towards people with leprosy. Respondents amounting to 33% regarded them as useless. Whereas 29% rated them as not good for anything, 21% saw them as unworthy. And 17% of the respondents regarded them as consumers. Once more, these attitudes are generally negative, reflecting the social stigmatisation leprosy people have to contend with.

In our experience, these people are not what they are called. We are sure that if these people are trained and given priority, they will make a positive contribution to the society.

4.1.6. General remarks on the society's view on leprosy

Tables and Graph 4.1.1 – 4.1.5 represent the society's view of leprosy. Some general observations are worth noting here.

Leprosy is both an individual and a social problem. Essentially, it is a social problem because what limits the individual sufferer from making a significant contribution to society is the overall social attitude of healthy people towards him or her. This attitude, which the leprosy person has to deal with, is the general negative belief that leprosy people are unworthy and that there is something intrinsically wrong with them. They are continually interacting with and confronting this attitude. Accordingly, they become persistently dependant consumers rather than creative contributors to society. Once they become mainly consumers, they are further degraded and isolated. So it is a vicious cycle, the starting point being the attitude of the healthy people. Any conceivable change directed towards them must take this into account. People with leprosy feel alienated and cut off completely from society. Thus, there is the formidable fear that if leprosy people are left to indiscriminately socialise with their families, relatives and friends, the whole society might contract the disease.

In the cultural context, a leprosy person generally has been seen as incapable of taking control of his or her own life. Non-leprosy people have three broad-based attitudes towards people with leprosy. First, they regard them as lesser beings; second, as objects of charity and third, they may be viewed with benevolent neutrality¹⁷.

Cultural beliefs and practices categorise leprosy people as people who are ritually "unclean / cursed"¹⁸. In this sense, they are viewed to be paying dearly for their sins or misdeeds. Some people extend this further to claim that leprosy people are bewitched. In general, they are to be forgotten and counted as already dead because they constitute the hopeless and wretched lot of

¹⁷ Interviewed by the Researcher, People with Leprosy and their Family, Misufini: October 2001.

¹⁸ Ibid.

society. This starts at the family level and proceeds to all other levels. In fact, it climaxes at the national level where lepers are really discriminated against and denied their rights. Consequently, they are shut out of religious and socio-cultural fields. This hinders them from actively participating in their own welfare and for the common good. Included in this socio-cultural deprivation is a lack of proper pastoral and spiritual care and nourishment. All in all, culture has a deeply entrenched framework that profoundly reinforces people's inimical attitude towards lepers.

Politically, people with leprosy have been neglected in government policies. The government may claim that it does not have funds to meet the demands of its entire population. However, the fact is that it does not practically recognise the dignity and citizenship of the lepers. They obviously are not on the government's top-priority list or agenda. The government, which should actually look after them and provide for their basic needs, has almost forgotten, if not rejected them. They apparently do not feature prominently in any of the government's development plans, policies and projects.

Economically, people with leprosy cannot support themselves even if they wanted to. Although some live with their families in MLC, they lack proper facilities and resources to provide for the well being of their families. They do not have adequate access to education; to childcare after birth, to maternity care when leprous women are pregnant, to proper housing, to transportation, and to economic empowerment.

4.2. Effects of Poor Economic Status

Other research investigation considered at the relationship between poor economy and status of leprous people.

Graph 4.2

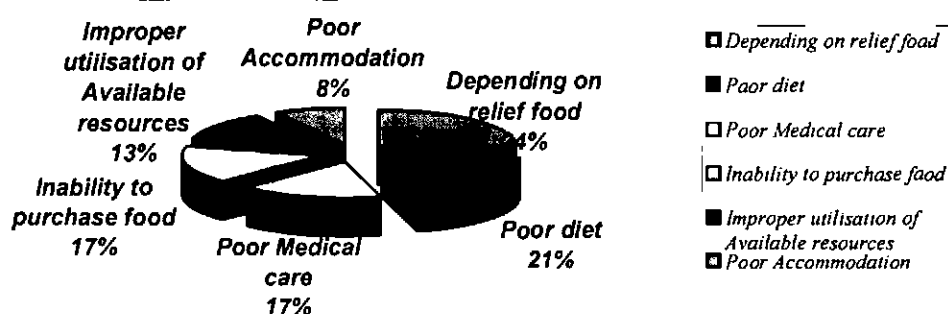


Table 4.2

VARIABLES	NO. OF RESPONDENTS	PERCENTAGES
Depending on relief food	30	24
Poor diet	25	21
Poor Medical care	20	17
Inability to purchase food	20	17
Improper utilisation of Available resources	15	13
Poor Accommodation	10	8
TOTAL	120	100

Graph and Table 4.2 above show how the poor economic status has impacted leprous people. Respondents interpreted this in form of dependence on food relief 25% and poor diet 21%; the inability to afford purchasing food, and lack of medical care both calamities scoring 17%, while 13% are improper utilisation of available resources. Poor accommodation was cited by 8% of the respondents. These factors have impaired efforts of people with leprosy to generate their own income. They remain dependent on relief food which is distributed only occasionally, hence, are persistently hunger victims subjected to malnutrition.

4.3. Personal Attitudinal Factors Hindering Their Development

Apart from social attitudes as discussed, for example in 4.1.2, it was important to see how people with leprosy regarded themselves.

Graph 4.3

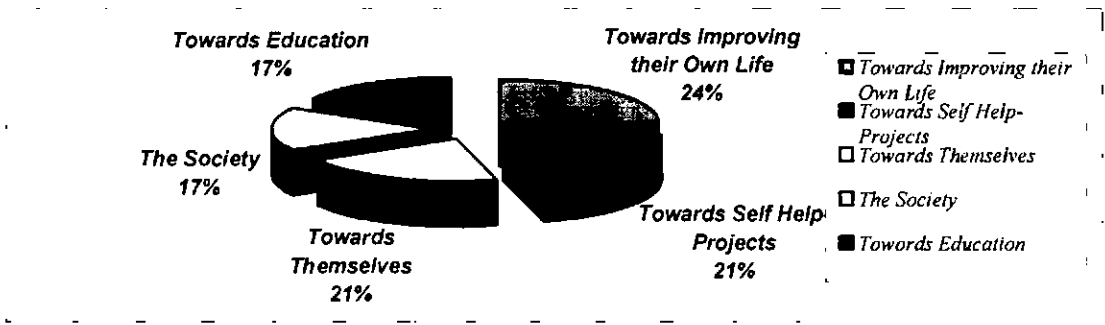


Table 4.3

VARIABLES	NO. OF RESPONDENTS	PERCENTAGES
Towards Improving their Own Life	30	25
Towards Self Help-Projects	25	21
Towards Themselves	25	21
The Society	20	17
Towards Education	20	17
TOTAL	120	100

Graph and Table 4.3 show the different attitudes of people with leprosy towards improving their own living standards. From our interviews with them, 25% of respondents do not want to change their way of living. Some 21% of the respondents had no interest at all in self-help projects. The majority of them preferred relief food to involvement in projects. The reasons they gave were weakness, sickness and disability. Some other 21% of the respondents' felt that were already dead, hence it was needless to bother about projects. Another group interviewed, (17%) did not see the need for change and the need of education since they felt the society and the government had abandoned them. They are pessimistic that education would help them. Even if they were educated, they foresee bottlenecks in gaining employment. These attitudes, along with other aforementioned attitudes have hindered them from fully participating in their own human development.

4.4. How Disability Affects Lepers in Development

Our research proceeded to analyse the impact of leprosy disabilities regarding development.

Graph 4.4 Leprosy Disability Vis-a-Visa Development

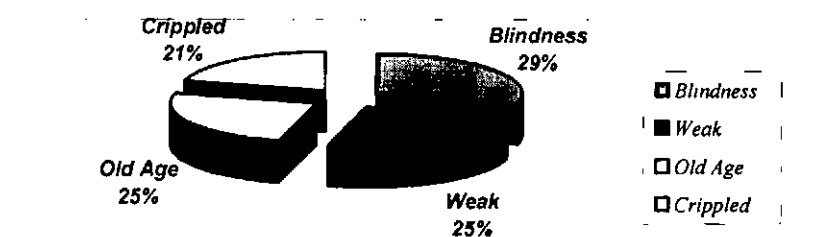


Table 4.4.

VARIABLES	No. OF RESPONDENTS	PERCENTAGES
Blindness	35	29
Weak	30	25
Old Age	30	25
Crippled	25	21
TOTAL	120	100

Graph and Table 4.4 gives us a summary of their responses. The respondent's views were sought on the effects of disability in development. Some 29% of the respondents felt that the blind leper is a problem for the centre and family. These people are more dependent on others. They cannot work, find food and do any activity for the betterment of the community. The same applies to the crippled. Some 21% of the respondents had the same opinion that these people were not able to work for themselves. The majority of the leprous people felt that these different levels of disabilities hampered their development. Some were too weak or old to significantly contribute to the society. Indeed, this was the feeling of a total 50%. The physically crippled also expressed limitations about participatory aspects in community activities.

4.5. How Poverty Affects People With Leprosy in Their Development

Graph 4.5

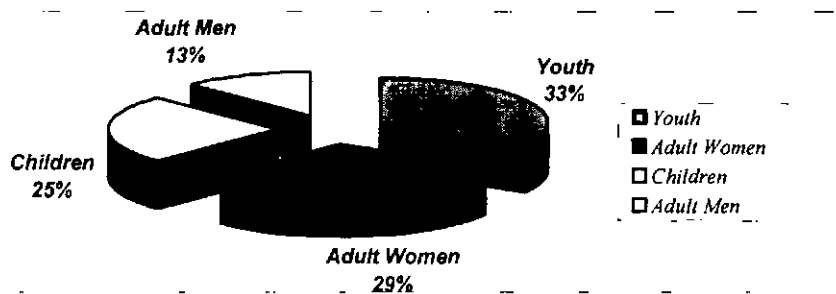


Table 4.5

VARIABLES	No. OF RESPONDENTS	PERCENTAGES
Youth	40	33
Adult Women	35	29
Children	30	25
Adult Men	15	13
TOTAL	120	100

The Graph and Table 4.5 show how poverty affects the development of people with leprosy. The youth marked highest (33%) followed by adult women (29.2%), children (25%) and finally adult men (13)%. The youth are the most affected. Most of the time they are busy raising income in order to take care of their parents and younger siblings. They do not get the opportunity to go to school or to look for employment. This has negative results. Some end up at the centre jobless. Others, become involved in stealing and prostitution to support their parents and themselves. Many of the respondents advocated more training of their youth. This would enable them to be self-employed.

4.6. Results and Discussions on Our Work

As a result of this work the researcher is more optimistic and understands better the reality of leper’s life in the centre. It is clear that there is much to be done in order to improve their living standards. Once the sufferers and their families have the basic necessities and proper

training, this group of people could take a more active role in working towards a better life and future for themselves and others. This would help them to appreciate themselves and their disability, discovering their own talents in improving their quality of life. They would have to engage in more appropriate employment and get into income-generating activities.

The information from the field was helpful because it enabled us to come up with concrete proposals affecting people with leprosy at Misufini. There included the government attitude towards lepers, cultural beliefs, lack of education and poor economic status, among others. It was through this information that we were able to draw our comments, recommendations, suggestions and finally the conclusion of our study.

4.6.1. Comments

The purpose of this study was to find out how attitudinal factors, poor economic status, disabilities and poverty hinder the integral development of leprosy people. This study also set out to find out what has been done to alleviate them from poverty and examine possible income generation activities. The research has demonstrated that though the lepers are interested and are more than ready to initiate these projects, they have not been given the chance to do so. Therefore, they have remained economically poor.

The research also aimed at finding out whether people with leprosy were interested in improving their way of living. Research findings confirmed that many leprosy people have not seriously thought or believed that their way life could change one day. Some do not even imagine being re-integrated in the family. However, some of them showed interest in starting self-help projects. The research noted the effect of disabilities on people with leprosy. These findings were shocking. They show fault lines that need to be addressed. Something should be done immediately to improve their self-image and way of living. There are other cultural, political,

social and economic factors, which have adversely affected the development of people with leprosy.

Generally, the research has indicated that they would have to come up with better responses to their plight. However, they did not do so because of their poor self-image, their low level of awareness and illiteracy.

4.6.2. Recommendation of the Study

People with leprosy, like the rest of the majority of people in Tanzania, are encountering modern civilisation but without much success. They have even abandoned work on their own farms that used to provide food and income rendering themselves dependent on relief food. From the end of 2001, they have not been getting the relief food as before to sustain them. Because of this situation, they have regressed deeper into poverty.

Therefore, people with leprosy need empowerment through collective reflection and decision-making and building up of a positive self-image and self-esteem and developing the ability to think critically. Only in such building up of group cohesion and fostering decision-making and action can there be hope for them. In other words, empowerment includes both individual and collective action. They need to take control of their lives, to set their own agenda, to organise and help one another to make demands on the State for support and on society itself for change. With collective empowerment of this kind by lepers, the direction and process of development would shift to respond to their needs and their vision. Collective empowerment would, of course, bring with it individual empowerment but not merely for individual advancement. This understanding of lepers' empowerment should lead to economic empowerment or getting lepers into the cash economy generally through self-employment or income generating projects in order to be self-supporting.

1. Formal and informal education

From field research findings, illiteracy among the lepers is very high. Accordingly, they are unable to fully and effectively participate in the decision-making process of their community and in the society.

Literacy of lepers is important for the improvement of health, nutrition and education in the family and their empowerment in decision-making. They need to benefit from an ongoing acquisition of knowledge and skills beyond those acquired during youth, since the majority of them did not have a chance to acquire formal education. This concept of life-long learning through workshops and seminars including the knowledge and skills gained in formal and in informal ways would help broaden their horizons.

2. Sustainable income generating projects

More than half of leprous people live in desperate poverty. Within this impoverished group are the young ones who are responsible for providing subsistence for their families. It has been proved that income-generating activities are a great supplement to the farm products especially during droughts. The lepers, both women and men, should be encouraged to join hands to develop community based programmes to assist them to earn a living in a sustainable way.

This research has shown that lepers cannot experience holistic development without being self-reliant. A leprous person would not take full charge of her/his life so long as she remains dependent on food service relief and donors from outside. She/he needs to be empowered economically by starting income-generative projects. Economic empowerment, therefore, stands at the centre of all these various forms of empowerment and is second only to educational awareness. The leprous in MLC have for years been trapped in handouts given to them by the missionaries, NGOs and the government. This has killed their initiative of the people, making them live in a dependence syndrome. They have developed an attitude that anybody from outside

their community must provide for them. Because of this, hardly any project can take root in MLC. New attitudes need to be developed through seminars and workshops as I have spelt out before. This will help change the attitude of dependency. Above all, the people should reclaim their dignity as people created in the image and likeness of God. They should take every effort to be self-reliant. In this way, the leprosy will determine the destiny of their lives, be truly self-reliant and be proper nurturers of life and its custodians.

4.7. Conclusion

Throughout this work, it is clear that the people with leprosy may play a very crucial role in our society if they are empowered and given a chance to participate fully. In our research undertaking, we have found that leprosy people are capable of significantly contributing towards development in the community. Though few, it is not uncommon to find leprosy people working in offices and in the service sector as tailors, teachers, clerks, health workers, doctors and skilled craft-workers.

Findings have also clarified that leprosy people have not only been neglected but also purposely crushed in all aspects by the society. As nurturers and life-givers, leprosy people need to be empowered economically. This could be done through income generating project geared towards self-reliance backed by environmental care. And all this should be understood within the total pattern of self-employment and networking. The next chapter looks at the theological reflection on people with leprosy.

CHAPTER FIVE

THEOLOGICAL REFLECTION ON LEPROUS PEOPLE

5.0. Introduction

The previous chapter examined how data was presented and analysed. The present chapter is a theological reflection on the situation of the people with leprosy in MLC. An attempt is made to look at the biblical understanding of leprous people and the social teaching of the Church as well as the lepers' own attitude toward themselves. In addition, the experience of the researcher with leprous people as a social minister. Finally recommendations and the general conclusion are given.

5.1. The Bible and Leprous People

In the Old Testament, the name leprosy is applied to a number of physical conditions, some of which are unrelated to leprosy. These conditions were considered as God's punishment for sin. People believed that sickness was a consequence of a curse due to lack of conformity to the norms of the community or for transgressing God's commandments. Leprosy remained as a punishment from God. The victim who was found with the disease wore torn clothes. He/she would shield his/her upper lip and keep crying out 'unclean!' As long as the disease lasted he/she remained ritually unclean, hence, lived apart from the community (Leviticus 13:45-46).

In order to get a clear picture of how lepers are viewed in the New Testament, it is important to look at the ministry of Jesus. He cured many people who suffered from various ailments. He cleansed a leper (Matthew 8: 1-4) and healed lepers as seen in Mark 1: 40-45 and Luke 5:12-16. The foregoing incidents portray the attitude of Jesus towards people with leprosy. He took the sickness away and carried their diseases for them. This was contrary to the Jewish

culture. He used his power to uplift the weak and show those in authority that the kingdom of God belonged to all. Though he had power, he showed his humility as the one who came "not to be served but to serve", by being patient and responding to the plight of leprous people. In this respect, Jesus had to confront strong cultural influences, for instance, in Luke 5:12 -16, Jesus always gave challenging answers by identifying himself with the suffering and the marginalized in society.

Luke's Gospel cites Isaiah to underline the Lord's compassion for the poor and marginalized. The poverty in context refers more to their state of life rather than their material deprivation. Jesus' love reached even to the unlovable. He did not fear being in contact with them for He claimed, "The Spirit of the Lord is upon me, for he has anointed me to bring the Good News to the afflicted. He has sent me to proclaim liberty to captives, sight to the blind, to let the oppressed go free, to proclaim a year of favour from the Lord" Luke 4:18-19.

People with leprosy are the afflicted in the present world, waiting eagerly for the good news that can transform the society and open a way for their liberation. In this case, liberation is from the chains that have blocked them from progressing and fulfilling the purpose that they were created for. In His ministry, Christ was compassionate to the weak in the society. He came so that the downtrodden could be liberated. The aforementioned passage does not only refer to the people with leprosy, but also to all people in need of salvation. Christ came so that all may be saved, the able-bodied as well as the lepers. The unconditional love of God is proved through the incarnation of the Word that came to liberate His children from slavery. This Word is Jesus Christ who came to bring integral liberation to all.

5.2. The Church's Understanding of Leprous People

The Church is made up of members of the society, some of whom have contributed to the marginalisation of the people with leprosy perceiving the disease to be resulting from sin. A

leprous person listening to an ordinary preacher who views physical ailment or impairment to be caused by sin cannot but feel out of place and unworthy. Such kind of teaching, cannot inspire the people with leprosy to face, accept, and do something about his / her condition and discover the actual cause, the means of prevention, and the treatment available.

During the research, I met a priest from Mwanjelwa Parish, Mbeya in Tanzania. He narrated his experience with a leprous woman who invited him for a meal. Other people who knew the woman warned him of her condition but he did not listen:

Brother, I tell you, I accepted her invitation and visited her home. It was such a low and small house that I even had difficulty entering the doorway. There was no window; it was dirty, dark and smelly. She gave me a cup of tea. When I was near to the end of the cup I saw a piece of her fingers dangling inside the cup. I wanted to vomit but I couldn't manage it. Even when I reached home I tried to induce vomiting by putting my finger inside my mouth but it didn't work. Brother, I tell you I won't go back again. I wonder how you yourself will manage to stay and eat with them.¹⁹

The following Sunday, the priest narrated this incident to the Church congregation. The physical and attitudinal barriers experienced by lepers in the Church today are not profoundly different from the experiences portrayed in Biblical accounts with reference to social outcasts. The, negative attitude embedded in the Church must be challenged so that it meets the needs of the leper in all aspects of life. The Church vigorously defends human rights because they are an integral part of our recognition that "the human person is created in the image of God and redeemed by Christ hence is dignified"²⁰

In this way, believers must help people with leprosy to recognise God in their lives. Following the example of Christ, Christians should identify with the people with leprosy and social rejects such as the leprous persons, showing them the love of Christ so that they may not feel marginalized and segregated.

Despite their failures, members of different churches including the Catholic Church, Protestant and African independent churches have nevertheless contributed significantly towards

¹⁹ A story from Fr. Kioke, Mwanjelwa Parish, Mbeya-Tanzania, Date 14th July 2000.

²⁰ Carrier Herv'e, *The Social Doctrine of the Church Revisited*. (Vaticano City: *Pontificum Consilium de Iustitia et Pace*, 1990), p. 36

the well-being of the leprous people. They all have corporately worked to cater for the needs of the people with leprosy. The Church responds to the needs of these people normally through the services they offer including special schools, rehabilitation centres, medical care, security, food, clothes and other related projects. Let us look more closely at the Catholic Church in other respects.

5.2.1. Social Teaching of the Church

Through the Catholic Social Teaching, various documents have been written which have developed into issues, which affect the human person. The Catholic Church also advocates for the rights of the disabled, lepers and other suffering people who are afflicted with diseases.

The Church today must direct its attention to lepers who are among the poor, the down-trodden, the oppressed and the neglected for its mission to be authentic. Moreover, to adequately address poverty, structures which promote oppressive conditions have to be changed. In "*Populorum Progressio*", *On Development of Peoples*, Pope Paul VI focuses on the development of those people who are striving to escape from hunger, misery, epidemic diseases and ignorance. We note that social problems have taken a global dimension. Today, leprous people who have experienced hunger are making a dramatic appeal to the people with abundant blessings. The Church shudders at the leprous people's cry of anguish. She calls each Christian to give a loving response to such people for help.

True to the teaching and example of the Divine Founder, who cited the preaching of the gospel to the poor as a sign of his mission, the Church tries to foster the human progress of the nations to which she brings faith in Christ. In *Gaudium et Spes, Pastoral Constitution on the Church in the Modern World*, Pope John XXIII discusses the rights of the human person. This reflects on the dignity of a person, likening it to the image of God. The Church believes that:

Every attack on human dignity is simultaneously an attack on God himself whose image the human being is. Because the dignity of human person is the dignity of the image of God, it must consequently be respected with devotion that is religious²¹.

Therefore, the Church feels injured when the dignity of a person, whoever or wherever the person may be, is ignored or violated. In this case, people with leprosy must be treated in a dignified manner. The foregoing teachings show the Church's understanding and concern for the weak people of God in the society. However, much of its teachings remain in books, which are not readily accessible to the very marginalized poor and, the leprosy that need to be enlightened in order to fight for their rights. And they are also far removed from the ordinary people in society who need equipment in knowledge and skills to relate better and help the leprosy.

5.2.2. The Church and the Leprosy Today

Over the centuries, the Church has responded to the plight of the people with leprosy. Of late, it has taken up this challenge with renewed enthusiasm. Some of its projects and organizations are aimed at working with the leprosy people by sharing their life, expectations and struggles. Besides proclaiming the Gospel message to these people, the Church is actively involved in their integral development to ensure improvement of their living standards. Through her departments of justice and peace, the Church is challenging the corrupt and oppressive social structures that have created situations which impoverish large sections of the common people. In this way, she enables the poor to enjoy justice and equity, empowering them to participate actively in activities that affect them. Looking around us in these modern times and evaluating the services that the Church renders the marginalized, one can be inclined to think that the Church has slackened on its commitment to the liberation of the oppressed peoples of the world. Mother Teresa is quoted to have noted that:

Leprosy is not a punishment; it can be a very beautiful gift of God if we make good use of it. Through it we can learn to love the unloved, the unwanted; not only just to give them things but to make them

²¹ Ibid. p. 145.

feel that they, too, are useful, that they, too, can do something because they feel they are loved and wanted, that they can share the joy of loving²².

This reference offers a practical approach to help the leprosy sufferers feel that they, too, are chosen ones. Elsewhere, Mother Teresa recounts her experience with leprosy:

I remember one occasion a very badly disabled man was sitting near me. When I said that leprosy is not a punishment he started pulling my *sari* and said, "Say that again, say it again." It touched his heart because he felt loved, I am wanted²³.

This is what our leprosy brothers and sisters need from us. They require medicines. But recognising their human worth and dignity is the most wonderful thing they can be accorded, to make them feel loved.

5.2.3. Our Role as Christians

The mission of the Church is the mission of Christ himself. Like Christ, the Church is sent to preach the Good News. "As the father has sent me even so I send you" (John. 20:21). Christians are duty-bound to preach gospel to the leprosy people, to heal the broken-hearted, to heal the sick such as lepers and other maladies, to proclaim deliverance to the captives, to restore sight to the blind and to set free those who are bruised (Luke 4:18).

Consequently, being Christian means taking on Christ's mentality: identifying with the needy people, especially the leprosy, poor, oppressed and marginalized. Christians should strive to seek out the people with leprosy, identify with them, help and support them.

5.3. The Attitudes of People With Leprosy Towards Themselves

Accounts of the leprosy people interviewed in the Fact Finding Report in October 2000 showed that these people had different attitudes towards themselves and their development. They very much depended on relief food. Some of them were loathe to work, and expect help from visitors who come to the centre. No wonder they were regarded as *omba omba*; beggars by

²² Navin Chawla, *Mother Teresa: The Authorised Biography* (Washington: Sinclair-Stevenson, 1992), p. 220.

²³ *Ibid.*, 125.

various people who visited them. A research in September 2001 showed that this type of attitude had changed. The Samaritans who used to provide food are no longer doing so. This has forced them to work in order to support themselves. When the researcher suggested they start a poultry project they considered it a welcome idea and were ready to work hand in hand with project leaders.

The researcher still believes strongly that the process of attitudinal change should start with the lepers themselves: attitude towards themselves and to their own disability. This may sound strange. Shouldn't the able-bodied people alter their attitudes first? But as it is with people suffering oppression of any kind, the truth is that the oppressor is not likely to change behaviour unless the oppressed makes the first move. The harsh reality is that if leprosy people see themselves as victims, they will be treated as victims. If they remain immersed in self-pity, they will thus be perceived pathetically. If they are hostile towards non-leprosy people, they will be shunned. If they refuse to see themselves as victims and instead claim their own dignity, they will be regarded positively and given the chance to contribute. This is not at all the same as stating that leprosy people should be quiet, stop complaining, and settle for some kind of half-life. The issue for people with leprosy is ultimately that of self-esteem, of refusing to accept the role of passive victims.

5.4. Personal Experience With Lepers

Working on this paper has begun a transforming experience within me. The lepers have immensely strengthened my faith in the power of ordinary people. Even in the most desperate circumstances, they seek to effect real change in their own lives. It has led me in particular into a deeper understanding of the psychology of being a leper; the sense of loss, but the discovery of hidden strengths; the feeling of being rejected, but the ability to overcome rejection and be accepted as a full human being. Above all, it has shown me ways in which leprosy people

themselves can break the demoralising patterns of negative attitudes as well as patronising and paternalistic relationships. It has also been a discovery of the whole psychology of helping and being helped. In the final analysis, whether lepers or not, we are all 'helpers' and 'helped'.

Not being a leper myself, I began the research with some misgivings, aware that the most effective message would come from them. There are two things to be said about that.

First, non-leprous people have a role to play as friends and allies. The leprous people interviewed for this Full Scale Project have been an encouragement. We are all part of a common humanity. All my contacts with leprous people have profoundly enriched my own life. We can all contribute to each other's growth. But leprous persons are apprehensive about non-leprous people speaking on their behalf. That is indeed their main criticism of the professional carers and those with a stake in the rehabilitation industry who feel that they have the final word on lepers.

Second, the process of researching and writing this paper has been an ever-deepening journey of discovery for me. The change in my attitude is best summed up in the question, "When I am with a leper, am I the reason for his/her feeling more of a leper"? Everybody is affected by the attitudes of those she/he relates with, and everybody knows what it feels like to be a 'leper' when treated with disrespect or in a patronising way. Conversely, we also know what it feels like to be "enabled" by another; when we feel that he/she respects us as an individual and relates to us as an equal. I hope that this full-scale project will help those who read it to be enablers rather than disablers. In this sense, the full-scale project goes well beyond an examination of people with leprosy. It is really about all of us, as people with or without leprosy. We can live lives of greater value to each other.

Despite the fact that the people with leprosy have limitations, they have adapted to society. Many of these leprous people today are able to accept their disability. This proves that disability is not inability. For a liberated leprous person or one who is ready for liberation, life is

looked at more positively. Thus it becomes more meaningful. To effectively empower leprous people implies accepting their efforts in every part of the society.

5.5. Leprosy People are Part and Parcel of Human Life

Anything that violates human dignity and human rights is evil and goes against God's intended plan in creation. The discrimination of lepers in the society impairs their human dignity. According to the sacred scriptures, human persons gain their dignity from their being created in the image and likeness of God, to master responsibly the earth and its creatures for God's glory (Genesis 1:26); (Ecclesiastics 17:3-10). This dignity is echoed further in Psalms 8:5-6, "You have put him over the works of your hands and subjected all things under his feet". Thus the human person is called to be in communion with God. The creation would become his/her legacy to be utilised for his/her survival.

We can argue then that God never put humans on earth to starve, suffer and die of scarcity and destitution, but to flourish as they sustain the world. This demands the just sharing of earthly resources among human beings. Discrimination, oppression and segregation subject people to serfdom. They must be shunned.

It is absurd to believe that leprosy is a curse from God; that it is punishment for the sins a leprous person has committed. Evidently, the structures that lead to leprosy have a human cause. Since they counter human dignity and God's plan of creation, they must be condemned and countered with proper and strategic means. That is why, the words of Vatican II Council are appropriate to recall: "Whatever is opposite to life, violates human integrity or insults human dignity insults the society and supremely dishonour the creator" (GS 27).

Therefore, leprosy is sinful in the sense that it subjects people to subhuman conditions. This negatively impacts on the social order. If the political, social, cultural and economic realities became unhelpful, in which way will leprous people be allowed to develop their proper dignity?

If we believe in the equality of people and their likeness to God the Fathers that Christ has redeemed them to the same destiny, then fundamental rights with their correspondent duties must be recognised by every individual and organisation. We must champion justice to all for all.

5.6. Our Role as Social Ministers

As social ministers, we have the role and responsibility of recognising the needs of the people with leprosy and helping them to understand themselves as God's unique creation with a special purpose. Awareness is not enough. We have to help them become and accomplish that which God created them for. This could be through providing them with the means and opportunities that nurture their confidence so that they can take active steps towards their own betterment. Those who are physically fit need to accept leprous people, give them affirmation, love, respect, appreciate their service and help them to be more independent. The courage of Veronica who wiped the face of Jesus with a love that drives out fear is instructive (the sixth station of way of the cross). Without such courage, most of our people with leprosy will remain inferior, rejected and out of place in society.

We need to take courage from Pope John Paul II in his apostolic letter *Salvific Doloris*. He remarks "That suffering seems to be particularly essential to the human nature and being one of those points in which a human being is in a certain sense destined probably to go beyond her/himself"²⁴. He concludes in his book concludes with the meditation on Christ's parable of the Good Samaritan. "Everyone who stops beside the suffering of another person is in position of the good Samaritan, who stopping does not mean curiosity, but availability"²⁵. As social ministers our task is to be with those who are suffering such as people with leprosy and other marginalized today.

²⁴ Pope John Paul II, *Salvific Doloris, The Christian Meaning of Human Suffering*. (Rome: St. Peter's, 1984), p. 63.

²⁵ Ibid., 65.

GENERAL CONCLUSION

The findings of the study have revealed that there is still need to create awareness about the needs of the people with leprosy in the society. Marginalization is still visible because accessibility to education, training and job opportunities has not been fully attained. The level of marginalization is high because of the society's negative attitudes, ignorance and individualism. This is coupled with the failure of implementing government policies and recommendations of international conventions.

The basic research assumptions have been proved to a considerable extent. The leprosy people are among the most marginalized groups in the society. Their efforts of accepting and coping with the leprosy situations are shattered by not being given equal opportunities to make their contributions towards nation-building. However, this does not imply that the weak ones should be overprotected and set apart to be in a lonely world of their own. Leprosy people can turn out to be a blessing if given a chance to try out each kind of activity in accordance with their ability.

Over-protection and isolation of the people with leprosy worsens their condition. Unless these people are exposed to the realities of life, they can never know their rights or their obligations. The Church and State as part of the society are not left out in this blame. We do not disregard the fact that these institutions have contributed to the well being of the leprosy people. But it has been on a very limited scale. These organisations can only free themselves from this blame by reducing the level of marginalization of the leprosy people and in full participation in the reduction of the leprosy. This can only be possible with the full collaboration of all involved.

A social minister, has to bear in mind the integral development of the people with leprosy in the society. Integral development can only come about if all aspects of one's life are seriously taken into account.

Politically, the needs of the leprous people can be taken care of if they are recognized and well represented in the legislation of their country. The government has the duty not only of making policies concerning the issues of leprous people, but also to ensuring that they are fully implemented. Good governance proper management and fair distribution of the national resources are essential.

The social life of the people with leprosy can be promoted through empowerment and creating of awareness. This will get rid of negative attitudes, prejudices and stigmatization. Helping the leprous people to participate actively in the social gatherings and all other kinds of activities can foster social integration.

Finally, the Church has to be at the forefront in the fight for the integral development of leprous people. As Julius K. Nyerere rightly” comments;

This is a Christian mission, but the leprosarium is not for Christians only – the majority of the patients are in fact adherents to the Muslim faith. I do not believe there is anything wrong in this, on either side on contrary. I believe it is recognition that whatever our particular beliefs about God and His prophets we can best worship Him by living together and working together, in harmony and His service with people with leprosy...²⁶

In the next chapter, we have a project proposal. It has evolved from the realities we encountered in the research after identifying the problems underlying leprous people in MLC. Some recommendations are a response to the research.

²⁶ Julius K. Nyerere, *Freedom and Socialism: Treatment of Leprosy*. (Dar-es- Salaam: Oxford University Press, 1998), p. 57.

CHAPTER SIX

PROJECT PROPOSAL

NAME OF THE PROJECT: MISUFINI LEPROSY SELF-HELP PROJECT (MILESEHEPRO)

6.0. EXECUTIVE SUMMARY

Real development is only realised when it addresses the actual needs of the people. People of MLC, like any others in contemporary society, have experienced many economic, political, social, cultural and religious changes. Poverty, isolation and discrimination manifest themselves in the form of hunger, illiteracy and lack of access to basic needs such as education, drinking water, minimum health facilities, living conditions and shelter. These problems have contributed to high mortality and low life expectancy for most of the people with leprosy in the centre. All these affect people with leprosy in one-way or another and have hindered development in the area for many years.

The researcher in collaboration with the community will work out suggestions that might help eradicate poverty. The community can assist in this by initiating and managing income-generating projects to improve their economic status, their environment and their overall living standards. This will help them in their own integral development and that of the centre.

Research done in October 2001 shows that in MLC, averagely two out of six children born alive between one day to one year die every year. The crude death rate showed 4 deaths per 100 populations. Life expectancy stood at 25 years as at 2001. This trend of a high death rate is caused by poverty, malnutrition, diseases, lack of nutrients, hunger and starvation.

The proposed project aims at enabling the people of Misufini to improve the quality of the

life, to create more appropriate employment and to ensure that these people become more self-reliant.

The main goal of this project is to improve the quality of the leprous people and their family lives. In order to achieve this goal, it hopes to establish a poultry project and to generate income. This project will operate on a commercial basis. It offers poultry-keeping record and salesmanship skills. Knowledge will be imparted to the leprous people on marketing the poultry products. It hopes to establish a sustainable infrastructure- with proper channels and outlets.

The proposed investment, in MLDP, is expected to come to TShs. 9, 731,148.05. Of this amount the community (centre) will provide TShs. 4, 518,219.00 and the donors will account for TShs. 5, 254,929.05.

6.1. The Project Area

The project is situated in an area called MLC in Muheza District. The district embraces almost the entire ranching zones except for the two very small strips near Amani and Sultan Hamud, and a large area on the foothills of Usambara in North - East Tanga. These areas experience the bimodal type of rainfall of two distinct short rains and a long rainy season averaging between 800mm and 950mm per year. Temperatures range between 25.2 and 28.8 centigrade. Most of the year the area is dry. Soils are of loam type in the valleys, of red type up the slopes and of black cotton soil types in the rest of the parts. The dominating vegetation is shrub with a few scattered places of grasslands. It has a high production potential for various crops including maize, potatoes, horticulture and cassava. Smallholding of dairying, poultry and piggery are other viable activities.

This area has inadequate sources of water, thus poor supply of water for domestic use, a situation that has led to semi-nomadism. It is inaccessible due to poor conditions of the roads

linking the area with the main all-weather road. The earth/dust track is not readily passable during the wet season.

Poverty in this area is caused by the lack of natural resources. There is poor integration of resources with the rest of the economic system compounded by drought and poor infrastructure base. These have contributed to the current low agricultural production. There are environmental and economic factors, all culminating in the prevailing poor living standards of the people in the area.

6.2. National Context

The indicators of social service in Tanzania are generally favourable. However, the gap between the demand and supply of basic needs such as health care, clothes, shelter and other human needs continues to widen. There is also a problem of quality. The sector has not been able to expand as rapidly as the population to ensure adequate coverage, accessibility and acceptable quality services. Low increment levels in financial resources, inefficient utilisation of existing resources, the emergence of new diseases, and a growing appreciation of modern health care have exacerbated this situation. Nonetheless, ignorance and poverty continue to claim victims, particularly the malnourished in leprosy centres, which are the most susceptible. Lack of funds and technical personnel and corruption stifle meaningful development. Even the voluntary effort although often deeply committed is not sufficient.

6.3. Problem Statement

- **Poverty:** the majority of the people with leprosy are poor. There is neither employment, nor land to cultivate. Drought has a devastating effect on the lives of these people. Even the small land that they have cannot be productive without water. This results to poor diet, hunger and starvation in the centre.

- **Lack of social services and social amenities:**

1. **Health care:** The centre suffers from lack of medical facilities, poor equipment and proper drugs to cure leprosy and other diseases. There is an also inadequate professional personnel in the field of leprosy.
2. **Clean water:** There is no clean water in the centre. The available water is from the wells, which are not properly maintained. Because of drought, there is often acute shortage of water.
3. **Poor economy:** There are hardly any income-generating projects up to now. Some activities revolving around orange and coconut plantations, dairy cows exist in the centre, these are limited and inadequate in generating sufficient income.
4. **Poor infrastructure:** The buildings were not meant for leprous people. These were camps. Rooms can scarcely accommodate more than two; hence there is overcrowding. In this way leprosy spreads very easily and fast.
5. **Poor transport and bad roads:** people here have little access to treatment because of their disability. There are no proper cars or any means of transport. In addition, the roads are bad especially during the rainy season.

6.4. Mission of the Project

Working in partnership with the community and other organisations, the proposed project aims at ensuring that the people of MLC live rewarding and dignified lives. The project should challenge people to actively be involved in programmes aimed at the eradication of leprosy. To do this would call for public education and fund-raising projects to improve their socio-economic situation. This would help them to appreciate and accept themselves as important members in the society to discover and use their own talents in the development of the community in which they live.

6.5. Main Goals of the Project

1. To ensure that through this project, leprous people will have enough income as well as have access to available drugs, proper treatment and adequate accommodation.
2. To ensure that leprous people are engaged in this income-generating project for improving their self-sustenance.

6.6. Objectives of the Project

1. To improve the quality of the lepers' lives by creating more appropriate employment opportunities through establishing sustainable projects.
2. Working with community and institutions to create positive attitudes enabling them to assist other people with disabilities through self-help projects.
3. To maximise on physical abilities and gain access to all services and opportunities available to the general population and to achieve full social integration within their communities.

6.7. Expected Results

1. The local community member will have the benefit of quality service within reach. A large number of the project beneficiaries are expected to become actively involved within their families and communities rather being essentially burdens to their people. They will lead a more useful and productive life.
2. The project will strengthen relations among leprous people, the local community and other institutions in Tanzania. This will develop into long-term partnerships, which will cement the relationship already begun.
3. This project will have a positive impact on the social environment due to reduced recurrence of poverty and discrimination. It will enable the leprous children and their

mothers alike to become active within their families and communities. An additional result will be its positive impact on women as they will have healthy family members, and therefore have more time to give to development activities.

6.8. Significance of the MILESEHEPRO

The MILESEHEPRO is relevant in so far as it is concerned with improving the quality of the lepers' lives, restoring their esteem and dignity as true human beings. The project will provide a holistic approach in responding to a wide range of needs.

6.9. Project Output

In order to achieve the stated project purpose some three considerations are necessary.

1. Poultry unit established and made operational on commercial basis
2. Poultry-keeping and salesmanship skills and knowledge imparted to the lepers
3. Market of poultry products infrastructure-channels and outlets established.

It is basically these three levels of focus that the centre's management and particularly the Project-Executing Group shall be held responsible for.

6.10. Beneficiaries and Anticipated Benefits

This proposal aims at assisting leprous people, their families and destitute people who require urgent service around MLC. Those targeted to benefit from the project include the handicapped, children, weak and old ones. We anticipate screening ten to twenty lepers yearly within the centre to select the most serious and needy cases for the project. As part of the screening programme, the centre will provide free of charge fifteen eggs twice weekly to 15 potential leprous people. The targeted people are categorised into direct and indirect beneficiaries.

6.10.1. Direct beneficiaries

The leprous people: At present, there 131 members both males and females of one day to sixty years of age. The following items will constitute criteria for selection.

1. Those with physical disability, whose social and economic life are under threat.
2. Those with physical disability, whose social and economic life is already dislocated.
3. Those who are aged, suffering long-term dislocation and in a state of destitution.
4. Those with no physical disability and no social or economic problems.
5. Those with physical disability but no social or economic problems
6. Those with no physical disability but whose social or economic problems.

Those in category 1, 2 and 3 are the primary targets of the MILESEHEPRO. People in categories 4, 5 and 6 do not need as much help in form of social and economic rehabilitation as those in the former categories 1, 2, and 3. They will benefit by engaging into productive work, earn better income, gain skills and have raised level of knowledge.

Local-crafts men and women: Through supplies of their manufactured goods and services they will have improved incomes and a reliable market for their goods and services.

Other suppliers: Market is available for suppliers e.g. storage, freezing, milling etc. Supplier of cereals and other ingredients for preparation of food and feeds also have an opportunity.

6.10.2. Indirect beneficiaries

- **Small-scale traders:** comprised largely of leprous food vendors. They run teashops and take-away foods which usually consists of eggs and poultry meat; the famous chicken and chips and; chips *mayai*.

- **Hoteliers:** They run their business within the area, receive a reliable supply of eggs and poultry meat from MLC.
- **Grocers:** supply with steady supply of eggs and poultry meat twice per week.
- **Community at large:** increased supply of eggs and poultry meat to the market in the long run will influence the price. There is likelihood for decreased incidence of crime among lepers. Most of the children of the leprous families will have useful employment instead of involvement in stealing and prostitution as was mentioned earlier.

6.11. Implementation Plan

1st Step: Land acquisition

A five hectares piece of land has been acquired for the purpose of establishing the proposed project. The land is adjacent to the MLC. A survey has been carried out and documents are available.

2nd Step: Architectural design and quantity survey

The IoC together with GLRA management commissioned New Builders Ltd. to carry out architectural design and quantity survey. This activity has been completed and details of the building have been enclosed for further information.

3rd Step: Construction work, equipment and building materials

The proposed project is expected to commence in November 2003 and will take 3 years to complete construction work. On receiving the funding, the management will hire a contractor through a competitive tendering system. The contractors will immediately undertake construction work, the levelling of the ground, installing water storage facilities and preparing drainage

systems for both buildings. On completion of the construction work, the buildings will be equipped with items listed in the budget.

4th Step: Hiring and training of staff

The project proposed that some of leprous members would be selected for training in order to carry on the project in future. These should include the young boys and girls who have finished primary school. At the moment, some of the staff will be employed to manage the project up to the time when the community members themselves will be ready to take over. To begin with, an accountant clerk, two permanent workers in the poultry houses, a driver, a butcher and a supervisor will be required. The project will be under supervision for at least three years.

5th Step: Education and awareness about the products and services

There is fear that members of the community will not buy products from the centre due to their ignorance and their negative attitudes towards leprous people. Through educating and creating awareness of the reality of the disease, the society will come to accept these people and buy their products.

6.12. Activities to be Carried Out

In order to ensure that the above mentioned project outputs are achieved, a number of activities together with the necessary inputs need to be fully effected. For the purpose of this proposal, only the main activities are indicated for each of the stated outputs. The numbering of the activities corresponds with the numbering of the input costs as detailed in Table 2.

Table 2. The Main Activities to be Carried Out

ACTIVITIES	ASSUMPTIONS	REMARKS
1st PHASE		
1.1. Finalise administrative issues with respect to land titles		1.1. Completed
1.2. Prepare necessary technical drawings		1.2. Done already
1.3. Design the physical structure		
1.4. Contract/recruit constructors	1.4. Requesting for funds	
1.5. Prepare/clear the site		1.6. Partly done
1.6. Procure building materials	1.7. Requesting for funds	
1.7. Preparation plan function (time schedule)		
1.8. Contract constructors (water reservoir tank and poultry unit)		
2nd PHASE		
2.1. Install the water supply system	2.1. Requesting for funds	2.5. Starting with
2.2. Install the power supply system	2.2. Requesting for funds	500 layers & 500
2.3. Install the milling/feed mixer machine	2.3. Requesting for funds	broilers
2.4. Recruit permanent workers	2.4. Requesting for funds	
2.5. Procure 3500 chicks	2.5. Requesting for funds	
2.6. Procure feeds/feeds ingredients and drugs	2.6. Requesting for funds	When proved
2.7. Procure chilling/fizzer and other storage equipment	2.7. Requesting for funds	necessary,
2.8. Procure slaughtering tools/equipment		specialists on
2.9. Procure/print necessary stationary		specific topics have
2.10. Establish a record keeping system		to be consulted or
		contracted on short-term basis
3rd PHASE		
3.0. Identify training needs	3.0. Requesting for funds	Five poultry keeping
3.1. Develop lesson plan	3.1. Requesting for funds	courses will be
3.2. Prepare training aids	3.2. Requesting for funds	offered.
3.3. Carry out training/train	3.3. Requesting for funds	-Ten people in the
		first phase training
		will participate for
		30 days
4th PHASE		
4.1. Contact market survey	4.1. Requesting for funds.	The survey should
4.2. Establish a list of potential customers	4.2. Requesting for funds	cover Tanga town,
4.3. Establish the pricing criteria	-Consulted specialist are	Muheza and
4.4. Establishing cost minimising strategy	willing to co-operate	Pangani districts.
4.5. Establish customer-relations strategy	4.6. Requested for funds	
4.6. Establish a grocery for retail sales		-Initiated dialogue
		and exchange visits

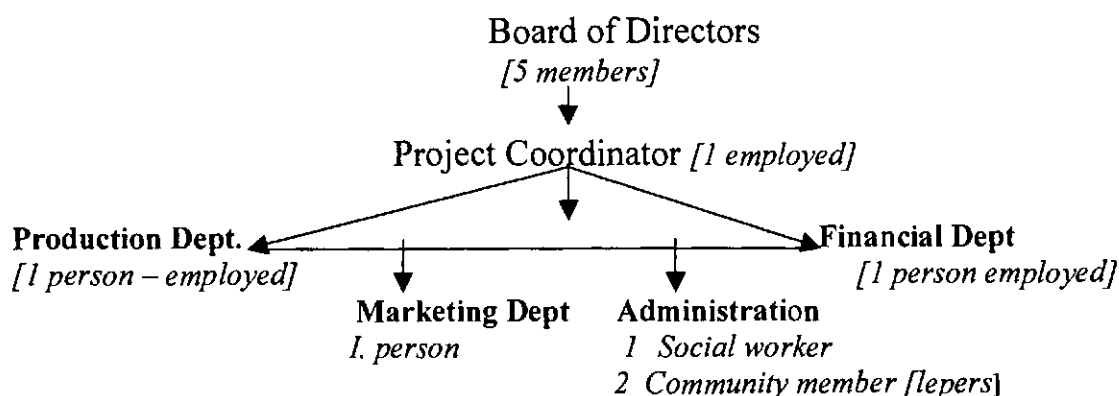
6.13. Implementation of the Activities

Implementation of the proposal is expected to take not less than three years. The actual commencement date depends very much on the availability of the requested financial support.

6.14. Organisation and Management

The Board of Governors will carry out overall responsibilities for the direction of the project. The Board will employ a qualified and experienced Project Manager to oversee the project and day-to-day management and organisation for three years when the local community will be able to take over the activities. He/she will supervise a management team consisting ultimately of sales and marketing department, production department, and financial department.

6.14.1. Project Management Structure



6.15. The Weakness of the Project

1. Possible risks

The construction activities may have to be suspended during the rainy season: it is almost impossible to transport to the site the necessary building materials such as stones, sand and gravel during the wet season.

2. Negative attitudes about farm product

Outsiders might not buy the farm products due to their ignorance and negative ideas about people with leprosy. There is fear of being contaminated with the disease.

3. Lack of hope/low self-esteem

Since these people perceive themselves as rejected by the society, they have a mental tendency of not living for the next day. This has therefore contributed to other social and physiological problems, which in turn they address by other unsuitable means e.g. too much drinking, selling of the centre properties and personal provisions.

4. Migration

Poverty and lack of basic needs have made many people migrate to the centre. These people are not affected by the disease. It is a double task to take care of both the people with leprosy and those without. This has contributed to many problems such as reluctance of the donor agencies to continue supporting the centre.

6.16. Project Monitoring and Evaluation

This project will be constantly monitored and evaluated at intervals of three months. The project will be continually monitored, evaluated and controlled by a Board of Governors under the elected Project Co-ordinator from the institutions which are involved now in the centre e.g. GLRA, IoC, ISW and livestock Training Institute (LITI)

The evaluation will help to improve project performance; to recommend changes in output, resources, administration, modification of objectives and other important aspects affecting project success. The project will be monitored and evaluated with respect to the following:

1. The construction work undertaken in relation to the time spent, and the budget allocated.
2. Number and type of equipment secured in relation to the project.

3. The number of programme beneficiaries and the quality of services provided.
4. The improvement in health and living conditions of the beneficiaries resulting from the establishment of the food nutrition and income generating within the centre.
5. The degree and impact of institutional support provided by the donors to strengthen the project.

6.17. Project Budget Estimate

1st Phase

A. Capital costs	1st Phase	2nd Phase	3rd Phase	TOTAL
1. Land surveyor's /map & drawings	200 000.00			200 000.00
2. 171 PCs of iron sheets @ 3500/=	600 000.00			600 000.00
3. 50 Kgs of nails @ 500/=	25 000.00			25 000.00
4. 4 PCs of wheel barrows @ 20 000/=	80 000.00			80 000.00
5. 80 bags of cement @5000/=	400 000.00			400 000.00
6. 11.25 rolls of wire mash @ 20 000/=	225 000.00			225 000.00
7. 10 of hand hoe @ 1000/=	10 000.00			10 000.00
8. 10 PCs of pangas @ 1000/=	10 000.00			10 000.00
9. Timber 2 x2, 2x4, 2x4 and 1x8	300 000.00			300 000.00
10. 400 PCs of blocks 6 chipping @ 500/=	200 000.00			200 000.00
11. 2000 PCs of blocks 6 ordinary @ 450/=	900 000.00			900 000.00
12. Plumbing materials	302 000.00			302 000.00
13. 1 tank receiver @ 550 000/= 20 Lt.	550 000.00			550 000.00
14. 5 trips of sand @ 40 000/=	200 000.00			200 000.00

2nd Phase

2. Farm Equipment's and Tools

1. 1 PC of water pump	100 000.00		100 000.00
2. 10 PCs of buckets @ 1 040/=	10 000.00		10 000.00
3. 1 PC of milling machine/feed mixer (tractor run)	600 000.00		600 000.00
4. 16 PCs of drinkers @ 5000/=	80 000.00		80 000.00
5. 16 PCs of chicken feeder @ 1812/50	29 000.00		29 000.00
6. 2 PCs of sprayer @ 30 000/=	60 000.00		60 000.00
7. 5 pair of gum boots @ 11 500/-	57 500.00		57 500.00
8. 5 pair of overalls @ 11 500/-	57 500.00		57 500.00
9. 5 PCs to transport chick trays @5000/=	25 000.00		25 000.00
10. 10 PCs to bulbs @ 250/=	2 500.00		2 500.00
11. 30 PCs of tube lights @ 1500/=	45 000.00		45 000.00
12. 45 PCs of switches and plug @ 500/-	22 500.00		22 500.00
13. 1 roll of electric wire/cable	30 000.00		30 000.00
14. 10 PCs of laying boxes @ 10 000/=	100 000.00		100 000.00
15. 10 PCs of broiler boxes (iron) @ 4 000/=	40 000.00		40 000.00
16. 1 PC of temperature regulators @ 200 000/=	200 000.00		200 000.00
17. 2 deep freezers @ 300 000/=	600 000.00		600 000.00

Sub-total (Capital cost phases 1&2)	4 004 000.00	1 944 000.00	5 948 000.00
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3rd Phase

B. Operational costs (Tshs.)

1. Training

Five poultry keeping courses; ten people in the first phase training each at 7 500/- per day per person per

1 800 000.00

1 800 000.00

2. Layer chicks

a). 750 layers chicks @ 1000/=-, 375 chicks for the first batch which will take ten months before the second batch to be kept.

750 000.00

750 000.00

b). 50 bags of layer mash @ 10 000/-

500 000.00

500 000.00

c). Vaccine/drugs

32 000.00

32 000.00

3. Broiler chicks

a). 3300 of Chicks @ 500/=-, 825 chicks for the first batch which will take four weeks before introducing another batch

1 625 000.00

1 625 000.00

b). 2500 bags of broiler mash @ 1000/=-

2 500 000.00

2 500 000.00

c). Minerals

50 000.00

50 000.00

4. Construction costs

1 000 000.00

1 000 000.00

5. Labour

400 000.00

400 000.00

800 000.00

6. Technical materials (Books manuals)

250 000.00

250 000.00

500 000.00

7. Miscellaneous

240 000.00

240 000.00

Sub-Total (operational costs, phase 3)

1 640 000.00

2 450 000.00

5 807 000.00

9 897 000.00

Grand Total

5 644 000.00

4 394 000.00

5 807 000.00

15 845 000.00

6.17.1. Investment costs

Based on current market price, the total investment cost is estimated at Tshs.15, 845 000/=-, equivalent to US \$ 20314, assuming the current exchange rate of Tshs. 780/=- @ 1US \$

6.17.2. Major cost categorisation

As it is summarised in Table 3 below, the total cost is split into capital and operational costs categories.

Table 3: Distribution of Total Investment Cost to the Major Cost Categories by Contributors

MAIN COST CATEGORISATION	TOTAL	COMMUNITY (LEPROSY)	DONARS
Total Capital Cost (Tshs).	5 948 000.00	974 000.00	4 974 000.00
(U\$)	7 626	1 249	6 377
Total Operational Cost (Tshs)	9 897 000.00	800 000.00	9 097 000.00
(U\$)	12 688	1 027	11 663
TOTAL Investment Cost (Tshs)	15 845 000.00	1 774 000.00	14 071 000.00
(U\$)	20 314	2 274	18 040
Proportion of the Total %	100%	15%	85%

6.17.3. Cost Sharing

Of the total project cost amounting to Tshs 15, 845, 000.00, the local community (lepers) is capable of contributing Tshs. 1, 774 400.00 representing about 15%. The community's contribution will be in form of labour. The donor assistance shall cover about 85%, which is equivalent to Tshs 14 071 000/=. This is indicated in the cost summarising Table 3 above.

6.18. Project Sustainability

6.18.1. Financial projection

Enterprise's return calculation

Total Sales Income:

Layers (eggs) 16 200 000/=

Broilers (slaughters) 4 200 000/=

Total 20 400 000/=

Total production cost:

Layers (eggs) 2 160 000/=

Broilers (slaughters) 798 000/=

Total 2 958 000/=

Net income without depreciation	17 442 000/=
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Less:

Depreciation on Capital (6 600 000/=) 10%	660 000/=
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Actual Net Income	16 782 000/=
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Economic Benchmarks:

Total Investment Cost: -	15 845 000/=
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Annual net benefits: -	16 782 000/=
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Benefit over ten years (with 10% discount)	104 693 503/=
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Net present worth (NPW)	Tshs. 89 048 503/=
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6.18.2. Economic assessment

The annual enterprise's actual net income is estimated at Tshs. 16, 782, 000/=, depreciation of capital considered. It is assumed that all the equipment and tools would be maintained and serviced on regular basis. While the NPW is at a 10%, the discounted rate for ten years is Tshs. 82, 048, 503/=, the Internal Rate of Return (IRR) is 140%, giving an indication that in less than a year's time, the total investment cost can be recovered.

This indicates the possibilities of initiating yet another project on a self-help basis, without any further external assistance. The re-investment process is thus expected to be sustainably. The non-financial benefits are also enormous, for an incremental supply of proteins eggs and poultry meat to the market improves the customers' nutritional status. In the long run, this contributes to improved health status of the people and particularly that of children.

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Personal Experience & Observation of the Researcher

Appendix 1 Questionnaires

I. QUESTIONNAIRE TO THE INSTITUTE OF SOCIAL WELFARE ADMINISTRATORS

1. Name of the centre.....District.....
Region.....
2. When was the centre started?.....
3. What motivated you to start this centre?.....
4. When did you start admitting people with leprosy?.....
5. What is the attitude of the People with leprosy toward the centre?.....
6. How many people with leprosy have been cured from leprosy in your centre?.....
7. Do the people with leprosy receive the necessary support from their families they come from and the community around?.....
8. Which support does your centre offer to the people with leprosy and their children?.....
9. Are people with leprosy a part and parcel of these organisations, which are catering for them?.....
10. What do you think can be done to improve the living standard of these people with leprosy?.....
11. How many people with leprosy are also handicapped in other ways?
a). 0-10 yrs.....b) 11-20 yrs.....c). 12-30 yrs.....d). 31-40 yrs.....e) Over 41 yrs.....
12. How many People with leprosy are still under treatment?
13. What is the population of the people affected with leprosy in the centre?
14. What is the total number of people unaffected with leprosy living in the centre..... ..
15. How many people with leprosy are married or unmarried?.....
16. How many people with leprosy are capable of working?.....

17. And how many are incapable? i). Children.....ii). Young.....iii) Adult.....iv) Old.....
18. Which regions of Tanzania are they coming from?.....
19. To which tribes do they belong?.....
20. To which religion do they belong?.....
21. What is the economic progress of the centre?.....
22. What is the average number of children are born every year?.....
23. What is the average mortality of people with leprosy?.....
24. What is the rate of infant mortality?.....
25. Which are the basic needs that are being provided to these people with leprosy?.....
26. What kind of self-projects are People with leprosy are involved in?.....
27. Are these projects sustainable?.....
28. What type of research was done before regarding these people with leprosy?
.....And what was it about?.....
29. What kind of assistance was given to them to start?.....
30. Is there any form of discrimination within the centre among the People with
leprosy?.....
31. If the People with leprosy have been discriminated, how.....and was it from within or
from without the centre?.....
- What form did this discrimination take?.....
32. What suggestions can you give the Church, NGOs and the government for the betterment of
the lives of these People with leprosy within the location?.....



II. Questionnaires to Dispensary in charge

1. Name of the Dispensary.....
2. Designation.....
3. What are the main diseases attacking people with leprosy in your centre apart from leprosy? Please list
 - i).....
 - ii).....
 - iii).....
 - iv).....
 - v).....
4. Is there a doctor visiting in the centre? (a) Yes... (b) No.....
If yes, how often does he/her visit the patients? (a) Once per week..... (b) Twice per week.....(c) none..... If no, why?.....
5. How many leprous people do you attend per day?.....per week.....
6. What are the possible solutions used to eradicate the dominant disease in your centre?
.....
7. How many nurses are working in your centre (dispensary)?
8. What is your future plan in improving health facilities in your dispensary?.....
9. What major problems do you encounter in your daily work?.....

III. Questionnaire to the Head teacher of Ngomeni Primary School

Location.....

Name of the school.....

1. Give the number of leprous children joining in your school every year.....

i) Age 5-10

ii)

iii) Age 10-15

2. State the general requirement for joining pre-school education.....

3. What are the main problems affecting the pre-school progress of for the leprous children?.....

4. What kinds of services are given to the leprosy children pupils while in school?.....

5. Are there any NGOs supporting pre-school education in your school for these leprous children? YES..... Or NOT.....

If YES tell us, what help they get.....

If NOT, where do you get support to help these children.....

6. Are there some leprous children dropouts? Male
.....female..... Why?.....

7. Give the number of standard seven levers who have passed their examinations to enter secondary school between

1990 - 2000. Male.....Female.....

-Any technical schools. Male.....Female.....

8. What future plans does your school have for leprous children?.....
.....
.....

Appendix 2 Presents the People With Leprosy in Misufini Centre

Picture One



A leper person with his daughter

Picture Two



Leprous Children

Picture Tree



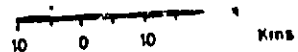
From left: The two Lepers, the Researcher together with the in charge of Centre

Picture Four



One of the Projects runs by leprous themselves

ADMINISTRATIVE BOUNDARIES — TANGA REGION —



LEGEND

- ++++ INTERNATIONAL BOUNDARY.
- REGIONAL BOUNDARY
- ... DISTRICT BOUNDARY.
- ROADS
- - - RAILWAY
- DISTRICT TOWN



Misafini Leprosy Centre

