

# A beacon of hope

Initially a sanctuary for leprosy patients, Ashagram now addresses a range of healthcare issues in Madhya Pradesh.

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**I**N 1983, it sprang up as a refuge for a group of people with leprosy being evicted from a shelter set up in 1911 by the then Rana of Udaipur. The centre was aptly named Ashagram or Village of Hope at Nimad in Barwani District of Madhya Pradesh! With local communities harbouring centuries-old superstitious fears and beliefs about leprosy that left those afflicted fearing for their lives, Ashagram was a sanctuary.

Today, their children who grew up at Ashagram are working — some locally, some within the complex. Many of the original group of local community leaders who set up Ashagram on land donated by a wealthy childless widow, Daya Ma Kushwaha, including businessman Hiralal Sharma and Dr. Shivnarayan Yadav, Principal, Government Post-Graduate College, are on the board of the Ashagram Trust. Over three decades, there has been continuity in the community of those who run Ashagram and the community it serves.

## Awareness

A group of shopkeepers gather around visitors to Ashagram, not too far from the complex. "I was amazed and happy when I saw that the children of the *kodus* (lepers) were free of leprosy. We were relieved," says one. Living proof has no doubt been the most profound teacher but volunteers and other workers at Ashagram and its related organisations have done their bit, educating and informing local communities about the nature of and treatment for leprosy.

Similar educational activity continues about health and healthcare issues; today, the specific challenge is misconception about mental health. "We don't argue against the traditional practices such as exorcism and other so-called remedies against 'possession', which is how people often perceive mental ill-health," says Dhoor Singh, supervisor for the Trust's Community Mental Health Programme (CMHP) at Roser Cluster. "We simply offer medication and other therapy as options and educate people about the methods and aims of these therapies. But explaining to family members about the medication and the need for follow-up vis-



**HELP AVAILABLE:** *Healthcare is no longer a distant dream.*

its is the most difficult part of this job."

Awareness building is targeted; after a volunteer identifies an individual believed to require professional help, s/he is referred to psychiatrists at Ashagram, which runs a 70-bed hospital and where a thorough evaluation is conducted. Simultaneously, the community group around the individual is educated about the nature of the problem and of the support required. "We tell them to look in on the affected individual at least once in two or three days, explain the reasons for anomalies in behaviour, about required medication and follow-up with Ashagram professionals," explains Abhishek Vyas, coordinator and planning manager for the Programme's activities in Pati Block.

The emphasis is on repetition: the volunteers explain, the supervisors at the Cluster level, the Block coordinators, the doctors at Ashagram repeat. "Above all," says Ashagram therapist, Ram Lakhani, "we depend on the community members to reinforce the message propagating treatment and therapy."

## Viable alternative

With State healthcare infrastructure and services almost absent in the predominantly tribal district, with habitations remotely situated, people from Barwani's 640-plus villages are best served by community-based services. Ashagram's volunteers are a viable alternative to the *barwas* (local 'witch' doctors), more so than the single district hospital and the few scattered primary healthcare centres that are generally closed.

The community support system for people with mental illnesses is often individual but the structured format organised by CMHP volunteers involves setting up "Saathwale" (Companion) groups that run along the lines of a self-help group but is centred more on the affected member's needs than income-generation activity.

The success of this programme has been

so remarkable that a study led by psychiatrists from the London School of Hygiene and Tropical Medicine, in 2003, found that of the patients with mental illness registered at Ashagram, 80 per cent of those with community support complied with required treatment, only 37 per cent of those without such support did the same. People like Sayaram who suffers bipolar depression or Shobharam of Umarbari Village, gained a community family even as they regained healthy relations with their natal families unit through recovery of their mental health.

## Other programmes

The CMHP began in 2000, after four years of preparation, which involved, among other things, training of coordinators at the National Institute for Mental Health and Neuro Sciences in Bangalore. Alongside, the Trust began an Integrated Community-Based Rehabilitation Project that involved setting up *swasthya samitis* in villages in coordination with local *panchayats*.

Earlier, the Trust had initiated an "Integrated Community-Based Rehabilitation of the Disabled" programme and set up a manufacturing centre for callipers, wheelchairs and other gear for those with orthopaedic disabilities and also begun treating people with orthopaedic problems. Polio-afflicted Rampyari, 14, of Village Kajalmata, and Janu, 21, of Talwada Buzurg, are able to walk today because of Ashagram, which helped not only with surgery and orthopaedic rehabilitation, but also in their pursuit of education.

The manufacturing facility is one of a number of initiatives the Trust has undertaken for income generation, in an attempt to circumvent or minimise dependence on external funding. A 10-acre farm, run by in-house patients, provides all the centre's vegetable and some of its other food requirements; handmade paper manufacturing and production of durries have been under way for several years "but marketing needs to be boosted," says Ashagram Trust Vice-President Hiralal Sharma.

Ashagram workers plan to take the community-based effort a step further. While the Persons with Disabilities Act states that people with specified (40 per cent) extent of handicap, are eligible for a stipend of Rs. 150 per month as well as other benefits such as travel and tuition concessions, "there is no clear criteria for judging or establishing the degree or extent of disability," says Trust Secretary Dr. Shivnarayan Yadav, backed by other trustees and his colleagues at Ashagram. "This needs to be spelt out more clearly and we plan to press the Government to do so." A signature campaign asking for this is already underway in the district. As always, Ashagram depends on the community for all its activities, the direction of its movement.