In the slums of Dhaka, Bangladesh, many families live on an income as low as $0.91 a day.

Some of these individuals are also living with disabilities because of leprosy – a disease that can cause nerve damage leading to permanent loss of extremity and limb function. Not only does a leprosy-related disability limit their activities in their daily lives, they also bring about stigma and exclusion from their communities.

In families that suffer from extreme poverty, some children have no choice but to drop out of school even before they’ve finished their primary education, to find work and help out at home.

**The literacy rate in slums can be as low as 20%**

By supporting this project, you can decrease the prevalence rate of leprosy & disability rates among new patients.

More individuals will be able to continue working & more children can finish their education.
Dhaka metropolitan city, Narayanganj, Gazipur, Munshiganj, Comilla, & Brahmanbaria districts comprise of a large area with 22.3 million people. Doctors & field staff are often fail to give adequate services. There is an overwhelming need for improved health facilities.

The Dhaka Leprosy Control Project (DLCP) contributes to the Post Elimination Leprosy Control Strategy in Bangladesh from 2011–2015. This project strives to improve the quality of leprosy services & raise mass awareness of leprosy symptoms, effects, & treatments. When a person is affected by leprosy, not only reliable health care is needed, but also the support of family & peers. DLCP has three main areas for work:

1. Increase the awareness in communities to reduce stigma surrounding leprosy in the community & workplace.

2. Train health personnel to be competent in identifying, screening, & providing treatment for leprosy.

3. Decrease prevalence of disability among people affected by leprosy by providing them quick access to quality healthcare.

Costs -Total budget: $231k in 2015

- Providing Multi-Drug therapy to patients at leprosy clinics.
- Support for assistive devices (e.g. prosthetic limbs)
- Orientation & training for government workers, health personnel, & community members
- Skin camps in slum areas to regularly screen community for leprosy
- House visits for screening & follow-ups
- Contact & extended contact surveys for screening

Benefiting

Directly: 2300 new patients receive full course of Multi-Drug therapy & disability treatment

Indirect: 11,500 family members of new cases screened via contact survey AND 46,000 families screened through extended contact survey

SUCCESS MEANS

- More individuals aware of leprosy symptoms, effects, & treatment.
- More individuals feeling included and accepted by members of their communities.
- More individuals having quick access to quality healthcare.
- More health personnel competent to identify leprosy early & provide treatment.
- More skin camps to screen communities early for leprosy to decrease its prevalence rate & associated disability