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ILEP meeting: Working on a common goal...

Interesting presentations, group discussions and decisions formed the crux of the meeting of the ILEP member representatives in India held on May 14th and 15th in Bangalore.

The two day session which found good participation from ILEP members, helped them decide on core activities that could continue beyond 2004 and also in framing a broad outline for the performance of the DTSTs. The ILEP meeting also saw the inclusion of a technical session after a long break.

ALM member Dr Gift Norman presented a paper on identification of Reactions & Neuritis in GHC system – while Dr Vijayakumar of TLM made a presentation on reconstructive Surgery. Details on the subject with case studies of patients operated several years ago and now leading a normal life were presented.

Dr. Jacob Mathew (DFIT) said DFIT was looking into a future long term need and has decided to establish an integrated facility at Patna Medical College Hospital (Bihar), catering to the correction of the disabilities in leprosy.

Retrospective studies on RNTPC conducted by DTST, Anantapur District, Andhra Pradesh was presented by Dr. Shiva Kumar – DFIT.

Several research topics were identified during group discussion, which include Long term follow up (Minimum 5 years) of patients undergoing reconstructive surgery, Impact of DTSTs services in NLEP, The real need for rehabilitating of leprosy patients in a given area., Impact of IEC activities on NLEP, Integration – has it really occurred?, Number of persons disabilities due to leprosy – Magnitude of the problem in a district/state and surgical audit forms – patients perception of questions.

AIFO CBR coordinator Mr Jayanth Kumar presented a paper on Integrated Leprosy and CBR Project - Mandya District .

Dr Manimozhi, AIFO medical representative presented a paper on District Border area – NLEP issues. He spoke about an exercise which was carried out to assess whether health facilities in the border areas follow the registration of cases as per the guidelines. He said the issue was studied in the two districts of Kurnool in Andhra Pradesh and Bellary in Karnataka. The study has recommended regular follow up at regular intervals for crossover cases and also to carry out the study in different border areas.

The Next ILEP member representatives Meeting (India) will be on 15th (Technical session) and 16th November 2004 at New Delhi.

Upcoming events:

July 5th :AIFO representative M V Jose attends ILEP meeting at Hyderabad.

July 5th to 19th : Follow up of integrated CBR and leprosy orientation training programme for ORBIT and Bhalki projects, Bidar by CBR coordinator Mr Jayanth Kumar.

July 7th:Project visit by Mr Jose to Kollapur

July 26th and 27th: Workshop for DTST coordinators at Bhubaneshwar. Mr Jose, Medical coordinator Dr N Manimozhi and state State technical support team coordinator Ms Anjali Shackleton participate.

July 18th to 28th:Project visit to Bangladesh by Mr Jose.

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Community Based Rehabilitation: Finding simple solutions the Cochin way

{Amici News features one project partner in every issue. The featured organisation this month is Cochin leprosy and CBR project-*The news desk}*

Known as the commercial center of Kerala, Cochin is popular as the Queen of the Arabian Sea. Situated in this southern state of in India, this commercial centre of state, forms the hub of activities for the International Medical Association, an AIFO supported project involved with leprosy and CBR work.

IMA began its fight against leprosy as early as 1971. In those days, there were many slums and the economic situation was very different in Cochin. Today, IMA covers nearly six divisions of the Cochin city corporation covering a population of nearly 80,000 for NLEP. The remaining area in the city is covered by the DMOs staff.

In 2003, six new PB cases and one MB case was reported in the project area. The IMA focussed on CBR Program and field work identifying cases, revisiting them and counselling and offering medical support.

In the field of disability, Cochin project has come across cases of disability arising out of mental illness. Project intervention focuses mainly on provision of medicines, motivation to the family and counselling to the patient and family through frequent family visits and psychological support.

Measure of progress...

Often, one simple sentence can have more value than hundreds of pages of a report, where impact of a project work is concerned. "Uncle, this summer we did not have to buy rice from the market", said a little boy in Assam to AIFO representative Mr Jose. These words spoke volumes - Here, summer is often a very lean period. The fact that a project area does not require to buy rice for its consumption in a lean period means that it has developed to such an extent that it has become self sufficient at such a time. Is there need for further proof?

Babu Vallon: Waste newspapers changed his life

Fifty one year old Babu has lived like a pariah in his own family all these years. Paralysed in the lower limbs owing to polio, he suffered personal losses early in life with his mothers death immediately after his birth. His father remarried and Vallon was brought up by his maternal relatives. Life however was not easy. He moved from family to family, taking meals with one family, sleeping at another's....always the unwanted guest.

He tried several means to support himself. His first venture in repairing chairs with plastic wires failed as the competition in the market for other varieties brought him no business.

He then obtained a tricycle to sell lottery tickets, but the difficult task of manoeuvring on the muddy roads in his Kaloor village soon forced him out of this attempt.

When the Cochin CBR staff came across his case, they decided to find a fool proof way to make him economically independent. They hit upon the simple solution of providing newspapers for him to fashion into covers.

As word spread, donations of old newspapers poured in and Vallon became a busy man fashioning more and more covers for the CBR staff to sell for him. This simple solution has made a big difference to Vallon, who is now happily engaged in an activity which also feeds him. Today, he in turn teaches others to fashion covers out of waste newspapers!

*Dr K G Jayadevappa, has taken charge as joint director leprosy, government of Karnataka. We wish him a fruitful tenure

*AIFO welcomes Karnataka state technical support team coordinator Dr Anjali Shackleton and STST Non medical supervisor Mr Syed Masthan Saheb.

MDT logistics-Part 3: Avoiding over storage-prevents wastage and shortage!!

{In the last of the series, AIFO medical coordinator ***Dr N Manimozhi*** *gives tips on* **how to make an estimate of MDT for your project}**

This is a very important exercise that every project should undertake regularly-remembering that proper stocks will prevent wastage and shortage. It would be indeed unfortunate if some where patients may not get MDT owing to this sort of wastage. In addition, such wastage is not favourable for the National programme. The personnel in your projects to be involved in this exercise could be the Medical officer, supervisors, pharmacists and the departments concerned.

MDT Indent form {This document should be sent along with the Monthly Progress Report}

District Name: _____ Health Facility Name: _____ Date: _____ Name & Signature of MO/IC: _____

S. No.	Items	MB(A)	MB(C)	PB(A)	PB(C)
1	No. of cases under treatment at the end of previous month for each category				
2	MDT BCPs required for providing treatment for one month i.e. (Item 1 X 1)				
3	MDT Requirement for providing treatment for three month (Item 1 X 3)				
4	Total MDT drugs required for providing treatment to the patient for three months (Item 2 + 3)				
5	Quantity of MDT BCPs Available at HC (health centre) store at the beginning of the month				
6	Net demand of MDT drugs for keeping three patient month stock (4-5)				

Ideal buffer stock for each category of Blister Packs:

The buffer stock should be according to the number of patients under treatment

At State level/ At District level/ At Block level:3 months At Health Sub-centre: 0 month (only stock for patients currently under treatment). At any point of time, use the BCP Patient-Month indicator to assess the adequacy of stock at any level, by dividing the stock of each category of BCPs by the number of patients currently under treatment, in each category [MB(A), MB(C), PB(A), PB(C)].

E.g. MB(A) stock = 38 and 12 MB Adult patients under treatment, therefore the BCP Patient-Month = 38/12 = 3.2, which means that the current stock of MB(A) is sufficient for 3.2 months given the number of MB(A) patients currently under treatment.

If the BCP Patient-Month is below 2, it is time to indent, by using the table presented above.

If the BCP Patient-Month is above 5, relocation of the excess stock to another block/district should be considered.

Ensure any newly employed person handling MDT follows these instructions. Display this format wherever necessary. Make sure there is no over storage or wastage not only of MDT but other medicines also. For further clarifications please contact us.

Meetings/Events

***June 4th**: CBR coordinator Jayanth presented a paper on concepts and principles of CBR at the CBR workshop at M S Ramaiah medical college.

***June 4th**: Medical coordinator Dr Manimozhi attended the International leprosy Union workshop on Advocacy at New Delhi.

***June 7th**: The AMICI Trust meeting was held at the AMICI office, Bangalore.

***June 11th and 12th**: DPOs training programme at Pandavapur, organised by MOB Mandya.

***June 14th to 17th**: Psycho social aspects of leprosy training programme for the coordinators of Malavalli CBR project by Dr Manimozhi.

***June 23rd**: Mr Jayanth meeting with community based organisations (self help groups, women's groups, disabled persons organisations) at MOB project, Mandya

***June 25th**: Mr Jayanth attended the CBR forum funding agencies meeting at Bangalore.

***June 24th to July 1st** : Project visit to Assam by AIFO coordinator Mr Jose.

***June 21st to 27th**: DTST UP visit and review by Dr Manimozhi.

Travails of an unwed mother

{In the last of the series on women with disabilities pushed into the Devadasi system ***AIFO CBR coordinator, Mr Jayanth Kumar*** *profiles the case of Satyamma }*

Twenty three year old Satyamma is an unwed mother thanks to the Devadasi system where girls are 'married off' to Gods.

Her child has been fathered by a by a Muslim boy. She hails from Chlugod village, in HB Halli taluk in the northern part of Karnataka, South India.

Born to Bheemappa, a coolie by profession, Satyamma was affected by polio at an early age.

Her mother Basamma still believes that her daughter became disabled owing to a fall she had when she was ten months old.

Satyamma's parents took her to several doctors in search of a cure for her disability. Finally when they realised that she could not be cured, she was admitted to the Renuka School for the disabled in H B Halli. Satyamma however did not pursue her studies. She returned to her village.

Her brother meanwhile got married and brought his wife home. The arrival of her brothers wife spelt no relief for little Satyamma who ended up taking up most of the household work despite her disability.

Meanwhile, a person from a nearby village came forward to marry Satyamma. However, Satyamma's parents refused to give her away, suspicious that a family would come forward to marry a disabled girl. By the time she turned 15 years, her family driven by poverty and following the age old system of dedicating girls to the village Gods as Devadasis, inducted Satyamma also in to it.

After this, Satyamma bore a child to a Muslim boy in a nearby village. She now lives with him without the benefit of marriage.

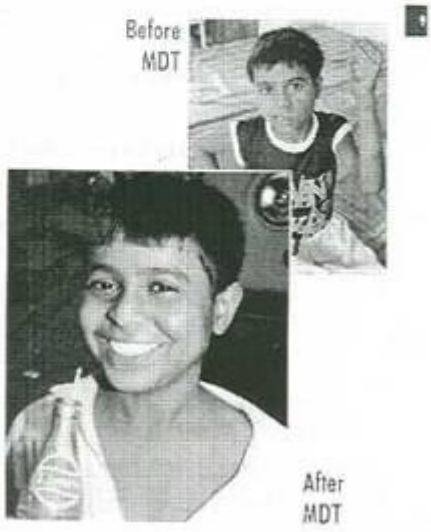
"If only I had been aware of the troubles I am facing now, I would not have agreed for the induction into the Devadasi system,"she says.

However, her life is looking for the better thanks to the efforts of the CBR workers of Assisi Leprosy Centre, H B Halli. She is now a member of the Swami Vivekananda Self Help Group and saves Rs 10 every week- a saving that she feels will show her a better life.

Leprosy in India:Towards Elimination

It is indeed a pleasure to share the news that the work towards the elimination of leprosy has progressed to a considerable extent as the latest figures from the central leprosy division directorate of general heath services show.

A department communication says that the leprosy cases which were at 3.44 lakh in the beginning of April 2003, has seen a decline to 2.66 lakh by March this year. That means there has been a decline of 0.78 lakh.



Prevalence rate has come down from 3.23 cases to 2.44 cased per 10,000. Annual new cases detection has also come down to 3.3 from 2003-04 from 4.4 during 2002-03.

Seventy five per cent of the 2.66 lakh cases come from Uttar Pradesh (23 per cent), Bihar (17 per cent), Maharastra (11 per cent), West Bengal (10 per cent), Orissa and Chattisgarh (five per cent each), followed closely by Jharkhand at four per cent, says the government communiqué.

Seventeen states have achieved the level of leprosy elimination at one case per 10,000 populations. They are Nagaland, Harayana, Meghalaya, Himachal Pradesh, Mizoram, Tripura, Punjab, Sikkim, Jammu and Kashmir, Manipur, Assam, Rajasthan, Kerala, Arunachal Pradesh, Pondicherry, Daman and Diu and Andaman and Nicobar islands.

Seven states and UTs which are very close to leprosy elimination at PR at 1 or 2 are Madhya Pradesh, Karnataka, Kerala, Gujarat, Andhra Pradesh, Goa and Tamilnadu. For all of us who are working towards this through the NLEP and individual efforts, this is indeed a reason for cheer!

(Source:Central leprosy division directorate of health services report on the state of leprosy)

To,

Book post