

Project No. 37

KHULNA LEPROSY AND TB CONTROL PROJECT

Principle:

To remove the age-old stigma of the disease and wipe it off from the earth with the new multi-drug therapy

Objectives of the Project:

The main objectives of this project are given below:

- To prevent disabilities through health education for registered patients and provide proper treatment;
- To detect hidden cases and provide treatment, which constitute the main source of infection;
- To ensure proper follow-up and supervision of the implementation of DOTS (Directly Observed Treatment Strategy) and keep the cure rate over 85% for tuberculosis; and
- To conduct health education program for the Government Paramedical and Medical Personnel and to arrange refresher courses and seminars for the project personnel.

Background:

Khulna Leprosy and TB Control Project started working along with the National Leprosy Elimination Program in 1986. It was a part of Dhanjuri Leprosy Control Center. In 2001 it started working in the field of Tuberculosis (TB) when Government started the National TB Program in Khulna. In July 2004, Khulna Leprosy Control Center emerged as a separate project.

Staff Strength:

Total-26 (Male-17, Female-9)

Volunteers-20 (Male-15, Female-5)

Donors:

AIFO Italy and since 2006, GFATM (Global Fund Against AIDS, TB and Malaria).

Expenditure: Foreign Partner's Contribution: Tk. 5,869,951

Beneficiaries (No): Direct: Male: 253,701; Female:169,134; Total: 422,835
Indirect: Male: 1,268,505; Female: 845,670; Total: 2,114,175

Targets and Achievements:

Sl. No.	Items / Activities	Achievements as on June 2008	Performances in FY 2008-2009			Cumulative as on June 2009
			Target	Achievements	% of Achievement	
A.	Hospital Services					
1.	No. of Beds	33	33	33	100	33
2	No. of admissions	1,782	300	117	39	1,899
3	No. of discharges	1,607	275	97	35	1,704
4	No. of operations	161	30	18	60	179
5	No. of laboratory services	677	200	0	0	677
6	No. of physiotherapy services	570	60	46	77	616
7	No. of skin smears examined	85	5	2	40	87
B	Clinic Services					
1	No. of clinics	15	0	1	-	16
2	No. of clinic days	12,678	1,900	2,769	146	15,447
3	No. of patients provided treatment	291	-	242	-	533

Sl. No.	Items / Activities	Achievements as on June 2008	Performances in FY 2008-2009			Cumulative as on June 2009
			Target	Achievements	% of Achievement	
4	No. of New patients	5,744	590	445	75	6,189
5	Tracing MDT patients	3,644	450	53	12	3,697
6	No. of visits done at clinics	143,330	18,000	24,986	139	168,316
7	Contact check up	43,080	2,639	4,424	168	47,504
8	No. of RFT and RFC examined	14,435	850	817	96	15,252
9	Manufacture & repair of MCR sandals	2,430	220	204	93	2634
10	Spring Elevators	57	10	4	40	61
11	Skin smear taken	3,808	70	52	74	3,860
12	Sputum test for AFB	20,823	3,200	4,735	148	25,558
13	Physiotherapy services	12,178	350	425	121	12,603
14	Ulcers care	501	70	33	47	534
15	Village surveys	495,369	20,000	31,111	155	526,480
16	No. of leprosy Pt. Served	25,952	1,500	1,290	86	27,242
17	CBR Pt. visit	957	200	128	64	1,085
C	Information Program					
1	Total Information Program	1,858	70	377	538	2,235
2	Total participants	1,917,443	128,440	350,426	272	22,67869

Results:

- Leprosy is a highly endemic to southwestern region of Bangladesh. The project succeeded to some extent in controlling the disease. Over the years the number of leprosy patients has dropped fast in the project area.
- Social stigma towards leprosy and TB is diminishing gradually in the working area. Awareness level has increased about leprosy and TB issues in the community.
- Most of the people sympathize with leprosy and tuberculosis patients. With a few exceptions family members also attend upon them.

Conclusion:

While the number of new leprosy cases is becoming low, the number of new TB patients is constantly rising. However, much remains to be done to reach the targets fixed by the World Health Organization and the Government of Bangladesh. The project is trying to cover many people as possible through information and health education activities towards the elimination of leprosy in the project area. TB is a serious threat to public health and much effort is required to tackle it. To follow-up the treatment of patients and the implementation of DOTS are difficult due to severe poverty of floating population and the backward socio-economic condition of patients. Besides, some patients usually stop taking anti-TB drugs after a few weeks of treatment, because it is too expensive for them. This increases the risk of MDR (multi-drug resistant) TB. Therefore, without a real co-operation and serious commitment of different agencies involved in the struggle against TB, it will be tough to reach at the meaningful results.