

- Leprosy Elimination
- Community Based Rehabilitation for Persons with Disabilities
- Tuberculosis Control
- Blindness Control
- Mother & Child Healthcare



**MARIE ADELAIDE
LEPROSY CENTRE**

Summary of Programme Activities and Results 2015

Dear Friends,

The following pages will again show you the results, success and failures, of one year of efforts by MALC, this time for 2015.

The overall result: MALC seems to be on the right track.

The Corporate sponsorship (with changing supporters) and their project adoption schemes, is since the last years one of the pillars of MALC, but also international donors appreciate MALC's reliability and experience: BMZ Germany and the German Leprosy Tuberculosis Relief Association for CBR (Community Based Rehabilitation), and GFATM for Tuberculosis.

But most important is that the staff continues to respond to the challenges, whenever any unsolved issue is noticed – we still have a long way to go, but there is hope that we shall find creative approaches and deliver professionally sound solutions.

Seeing the development, you will be as happy as I am. You, who are enabling us to continue with our journey by supporting us financially, and this regularly so that we can rely on it.

Thank you ever so much for your concern and support.

May God be with us also in future.

Dr. Ruth Pfau, M.D., D.Sc., NQA



Leprosy Elimination:

With the continued support of our well-wishers and supporters, the programme has successfully moved to the Elimination phase, with initial positive results: Prevalence and Incidence Rates are below the WHO recommended figures. However the national trends cover up important differences between the Provinces. Sindh represents more than 57% of the total admissions. The deformity rate among new cases is still high except Punjab which has kept up WHO recommendations of 10%. MDT coverage everywhere is 100%, with 96% cure rate.

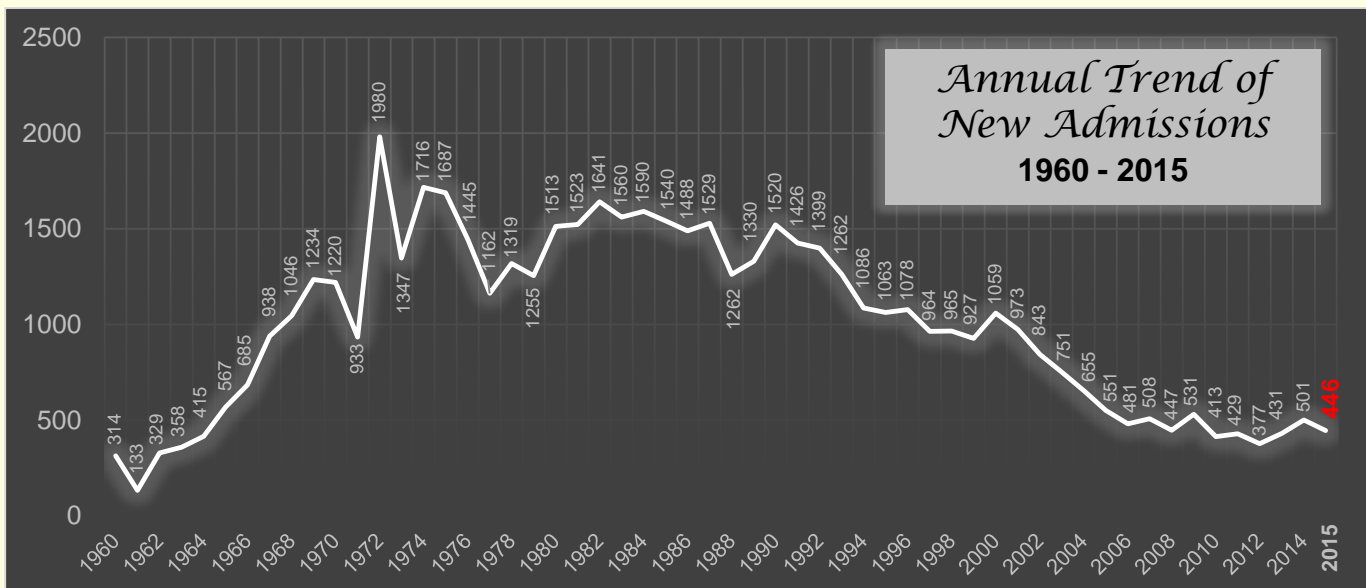
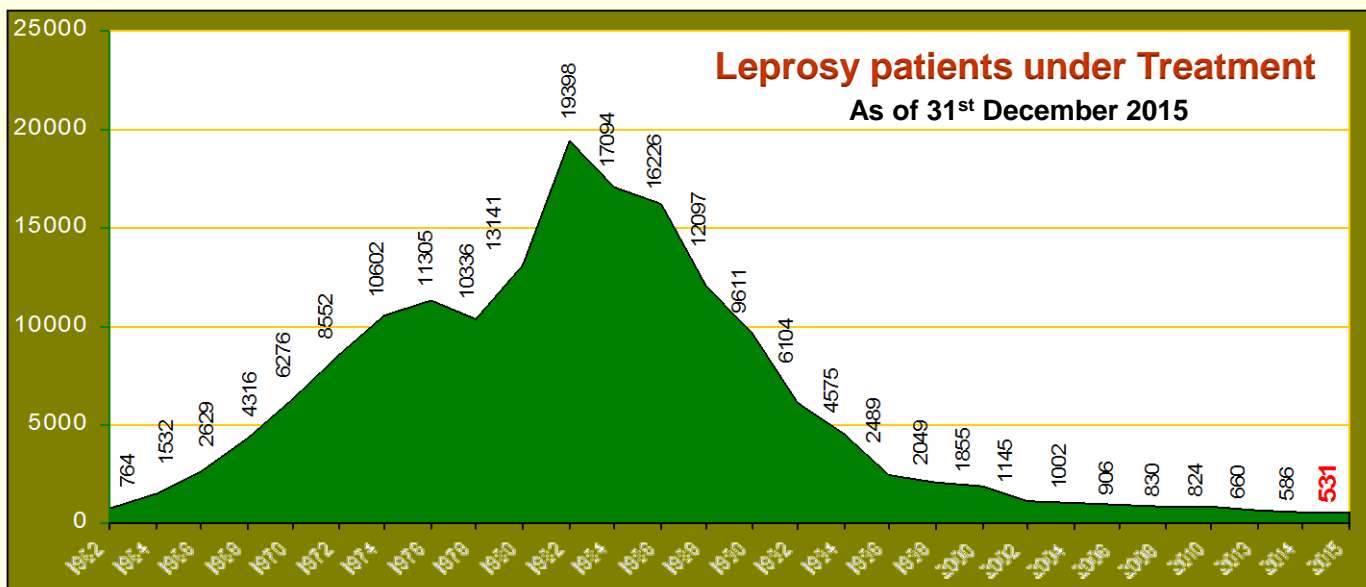
The strategy followed to ensure Leprosy elimination, consists of:

- Establishment of Resource teams at district/regional levels – partially done.
- Early case detection, by contact examination – achieved 84% = 29,379
- Increased awareness of paramedical and medical staff, not done, but dermatologists successfully tackled.
- Deformity rate below 10% among new patients – not yet achieved.
- Zero deformity rate among children – achieved.
- Survey of unsurveyed areas – partially done.
- 100% MDT coverage – achieved.
- Rehabilitation of Leprosy patients with disabilities through CBR approach, and reduction of stigma – started, and
- Increased awareness to prepare the General Health Staff to take on increasingly the responsibility for Leprosy elimination. Successful integration does call for long-term intensive awareness sessions – not yet done.

Table 1: Summary of Leprosy situation in Pakistan

Table 1	Karachi	Sindh (excl. Karachi)	Balo-chistan	Punjab*	KPK	Azad Kashmir	Gilgit Baltistan	Pakistan
Population (in Millions) Sources: Census Report 1996	18	29.5	9.7	113	32	4.5	1.3	208
Patients Registered	30,279	5,757	2,469	5,288	9,177	2,993	817	56,780
Prevalence per 10,000	0.10	0.05	0.04	0.01	0.04	0.01	0.02	0.03
Patients on treatment	172	135	37	73	105	6	3	531
Cure Rate	97%	94%	100%	97%	98%	91%	100%	96%
New patients	132	124	16	89	79	5	1	446
Incidence per 100,000	0.46	0.43	0.16	0.08	0.42	0.11	0.07	0.21
Deformity Rate	24%	19%	19%	10%	18%	60%	100%	19%

The annual number of patients on treatment is decreasing slowly but persistently. However, the number of new patients registered annually is showing a more irregular trend: during the last three years, there is a slow constant increase in new cases, offset by the shortening of the treatment period from two to one year. The variation has not been dramatic, but the finding should keep us alert not to abandon or decrease our efforts.



Tuberculosis Control

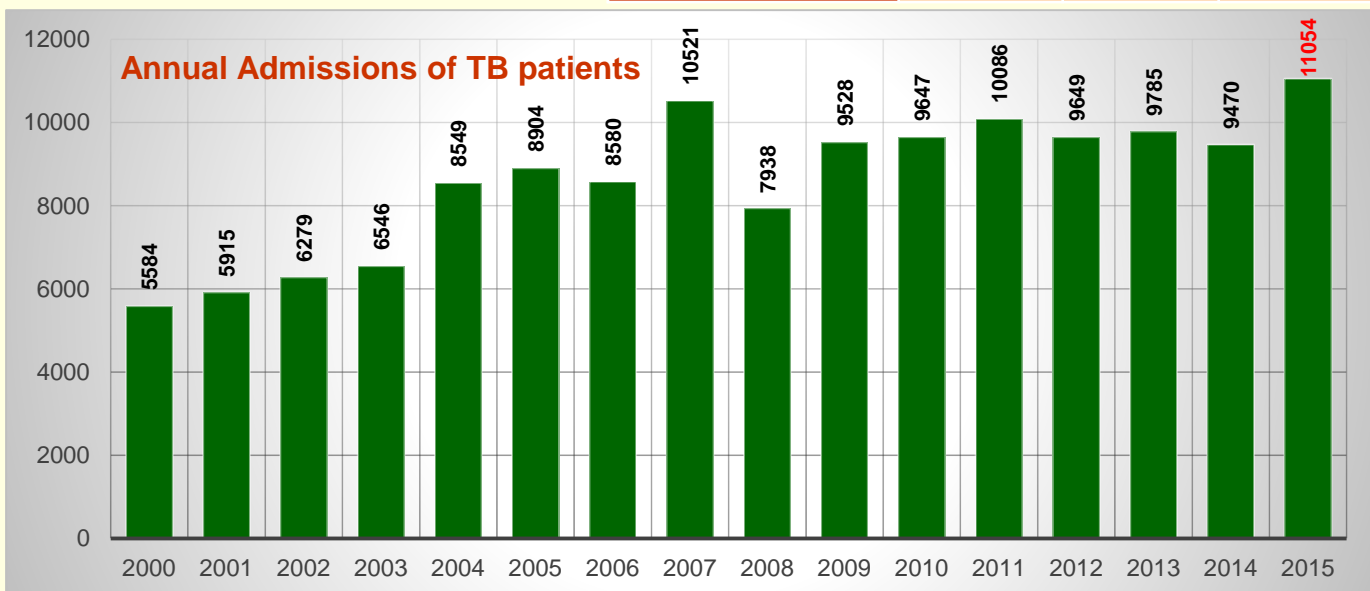
MALC with its limited capacity is not claiming Tuberculosis CONTROL, but is rather making efforts to save lives of poor TB patients, and to stop further spread of the disease. Since engaged in Tuberculosis work in 1975, MALC has cured a total of 190,428 patients, the majority of them in Azad Kashmir (115,428); and Gilgit Baltistan (42,242).

MALC is contributing to the National Tb Programme mainly by working in difficult to access areas and among difficult to reach populations groups, by a Treatment Success Rate of 95% plus, relapse rate of 2%, and defaulter rate of 1%; these latter patients are actively followed up and brought under regular treatment.

MALC also provides nutritious food when necessary, as well as a crucial emotional boost to TB patients and their families through counselling.

Table 2: Results achieved during 2013, 2014 and 2015:

Table 2	2013	2014	2015
Annual Admissions	9,785	9,470	11,054
Child Rate	118 (4%)	114 (4%)	97 (3%)
Female Rate	5,281 (54%)	5,033 (53%)	5,529 (50%)
Pulmonary Patients	6,950 (71%)	6,837 (72%)	7,845 (71%)
Sputum Positive Patients	3,237 (47%)	3,097 (45%)	3,640 (46%)
Relapse Cases	188 (2%)	195 (2%)	271 (2%)
Contacts examined	43,517	36,595	42,154
Cases found	579 (6%)	469 (5%)	517 (5%)
Awareness given	438,016	423,414	413,866



Blindness Control

Blindness activities likewise do not aim at Blindness Control, but rather with the help of care-cards are preventing unnecessary blindness in individual patients.

In spite of the ongoing turmoil in the country, MALC continued to support the National Blindness Control Programme through primary and secondary eye care services mainly in difficult-to-reach areas of Sindh, Baluchistan, Khyber Pakhtunkhwa and parts of Azad Kashmir.

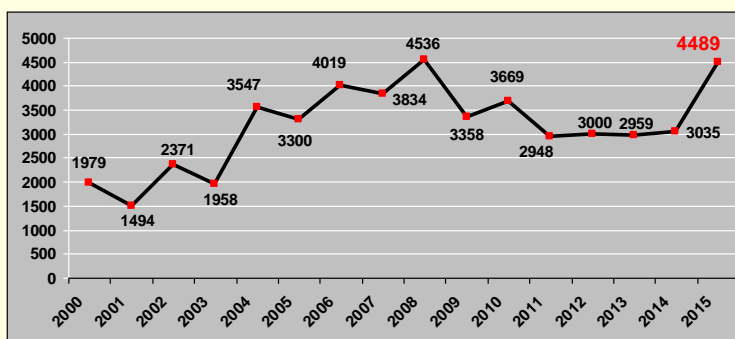
Nine Eye camps were conducted in Baluchistan with a total of 15,698 patients served, and 1,414 operations performed. Our three eye hospitals, in Turbat, Gwadar and Karachi, remained active, too.

In 2015 we received major help from our Corporate partners to upgrade the eye unit at MALC. With the addition of a Argon Laser, it is hoped that in the coming years, our main eye clinic in Karachi will cover the majority, if not all needs of the community.

Major Achievements in 2015 are:

The total number of patients seen are 165,772, among them 52,397 patients found in danger of losing their eye sight. All patients plotted on care cards and provided the following services:

- 4,489 Cataract surgeries performed
- 984 Patients treated for Trachoma
- 1,764 Patients treated for Glaucoma
- 4,637 Patients treated for Vitamin A Deficiency
- 18,338 Children saved from Night Blindness
- 35,752 Refraction done
- 156,020 VA performed



Community Based Rehabilitation

Community based Rehabilitation has been a longstanding need of disabled Leprosy patients and likewise of the uncountable children and old people suffering from stigma due to various disabilities. Pilot projects are underway in Karachi, supported by the German Government (BMZ), and planned for Interior Sindh (German Leprosy-Tuberculosis Relief Association). Various smaller initiatives have been started in Baluchistan, Sindh and Khyber Pakhtunkhwa.

The team is still developing a standardized Information system, However certain Data are already available for 2015:

Total patients registered	1,697
Among them; Leprosy patients	409 = 24%
General disabilities	1,288 = 76%

Most common disabilities :

Foot Ulcers among Leprosy patients	(370 = 22%)
Mobility Disability	(488 = 29%)
Speech & Hearing Impairment	(56 = 3%)
Cerebral Palsy	(199 = 12%)
Blindness	(88 = 5%)

Services provided

- 1,190 family-based exercise sessions
- 714 patients trained on activities of daily living
- 22 patients provided mobility Aid
- 12 patients helped with assistive devices
- 25 community workers trained in CBR

Training & Development

National Training Institute for Leprosy at Marie Adelaide Leprosy Centre for fifty years has been acting as a training arm, providing trained Leprosy workforce for the entire country. While Leprosy remained the focus of attention, the institute has been successfully networking with other training facilities of repute to cater to the additional needs of the program. As Leprosy load slowly dwindles down, there is an even greater need to sustain the related skills and knowledge for few more decades. Therefore while basic leprosy technician courses continue, the focus of training is now more directed towards constant Leprosy updates for doctors and paramedical workers. In addition, trainings were arranged for our own staff, specially to improve various managerial skills.

Our experience with Leprosy, a grossly disabling disease, has made us realize to add CBR for People with Disabilities as a major component of our ongoing and future activities. Necessary trainings have started for managerial and mid-level staff. Efforts are also being made to develop a new course on CBR, especially for workers in the field. The prospective training will be a mix of different rehabilitation services and will prepare the operational level workers to deliver quality results at community level.

Education through Community School

As MALC is a health institution and does not have the necessary qualification for education, the team decided to hand over the community schools to the Government. Three schools in Jandi have been a full success as the community ensured regular attendance of the teachers, and even developed one school with their own financial contributions to an English School; In Saroona the Government schools exist, but the teachers are irregular in attendance with the exception of three schools (one of them sponsored by the Wadera), in Sindh results seem to be negative; one Hindu School for mainly Hari children will be taken over again by MALC, as this marginal community has no hope for effective Government involvement.

In Karachi, the three secondary schools seem to develop, two of them supported by international NGOs, the third largely with community contributions and help from MALC.

Flood Reconstruction & Rehabilitation

In 2010, Sindh Province was devastated by an extremely heavy flood. With the financial help of a consortium consisting of German Leprosy & Tb Relief Association, Caritas St.Pölten/Austria, and Caritas Austria, MALC was able to render immediate emergency help, and later on add a reconstruction phase which was completed in March 2016, reaching all planned objectives. The major achievements consisted of the following:

- 2,568 families provided shelters
- 513 families supported with livestock (903 goats, 212 cows)
- 3,124 families facilitated in water supply schemes
- 218 families helped in small business activities
- 945 undernourished families provided supplement food
- 356 people with disabilities registered and rehabilitated
- 14,497 patients seen and treated

As this result would not have been possible without the active cooperation of the communities, MALC decided to utilize this grown community empowerment for the CBR programme in Sindh, which will be supported by the German Leprosy and Tuberculosis Relief Association.

Future Plan:

MALC is expecting an independent Evaluator, the visit of whom has been repeatedly postponed due to visa difficulties. Once his opinion is available, then MALC will follow up with a strategy meeting to which all stakeholders, Government and NGOs will be invited.

Leprosy Elimination, Tuberculosis and Blindness initiatives, CBR will be the main focus, but Mother and Child Health, Disaster Risk Reduction, and the CBR matrix will likewise find attention.

Facilities and Finances:

The programme is operating with:

- 4 Leprosy Hospitals,
- 2 Leprosaria
- 157 sub-centres

Mobility is guaranteed by

- 41 four-wheelers
- 83 motorcycles
- 2 other vehicles

The entire team consists of 380 staff members:

- 31 Doctors
- 180 Leprosy Technicians
- 79 other Medical Staff
- 121 Administrative Staff

The annual programme expenditure for the reporting year amounted to Rs. 200 millions, of which, 60% managed from int'l donations provided by the German Leprosy and Tuberculosis Relief Association and other donors and friends in Europe. 35% contributed by Corporates, Philanthropists and Government Health Department. 5% raised locally through zakat and donation appeals.

MALC accounts are audited by one of the reputed audit firm "Ernst & Young Ford Rhodes Sidat Hyder".

For more details, please visit our:

website www.malc.org.pk OR LIKE our facebook page at <https://www.facebook.com/MarieAdelaideLeprosyCentre>

Be **PARTNER** of MALC
to save more lives

