Current Situation and Activities

of

Leprosy Elimination Programme

in

Myanmar

2000-2001

(1st Half)

Part (1)

Activities Implemented According to the Recommendations of Second LECC Meeting

Recommendation (1)

To achieve the elimination goal at the national level by the end of 2003 by intensifying case finding activities and treatment with MDT.

Activity (1) Improving geographical coverage project in 7 states and 2 divisions.
- 107 townships

Activity (2) Early Case and Backlog Case Detection
- Routine Activities
- Divisional LEC
- LEC Phase III (11 townships)
- Focus LEC

Recommendation (2)

Adopt plan of action 2001, stratify and prioritize accordingly.

Activity (1) Improving geographical coverage project in 7 states and 2 divisions
(2) Early case and backlog case detection
(3) Task Force Committee Meeting
(4) Supervision fields visits according to schedule and assignment

Recommendation (3)

To identify ways and means for the sustainability of leprosy elimination activities such as strengthening of routine operational activities and improving community awareness.

Activity (1) Task Force Committee Meeting.
(2) Supervisory field visits according to schedule and assignment.
(3) Production of Posters, Leprosy Magazines and Pamphlets.
(4) Dessimination of leprosy knowledge to house-wives through MCWA members.

Recommendation (4)

To conduct applied research to be able to support the National Leprosy Elimination Programme especially for supervision.

Activity (1) Workshop - HSR

a) Ways and means to bring out the undetected leprosy cases in Urban areas, Yangon, Myanmar.
b) A study on factors contributing to delayed diagnosis and treatment in Pyay district, Myanmar.
c) Factors relating to poor coverage of MDT services in geographically less accessible areas in Shan State.
d) Service factors contributing to case finding activities of leprosy in selected 4 townships of Mandalay and Sagaing Divisions.
e) The study of improvement of Basic Health Staff performance on Leprosy Elimination Programme.
f) Research-cum-action : Dissemination of leprosy related knowledge through MCWA in Bago (West) Division.

Recommendation (5)

To make financial support needed for the plan of activities (2001)

Activity	Funding Agency	Kyats	US $
IGCP, Elimination Kits, Supervision Perdiem, POD Training (Mandalay), IEC,	WHO	1503 11,555	
Divisional LEC	SMHF		50,000
Training of BHS in IGCP area, IEC Production, Bicycles, Supportive Drugs, HSR Workshop	NLR		46,194
Focus LEC, Task Force Committee Meeting, Supervision Fuel Cost, Integrated Eye Care	ALM		83,821
Training Methodology, POD Training of BHS, Lab. Technician (Lep) Training	JICA	1432,77,770	
		1646,39,325	**180,015**

Recommendation (6)

Partnership should be strengthened at both international and national level to acieve the elimination goal in time.

Activity (National)

- Dissemination of Leprosy Knowledge in collaboration with MMCWA
- Training of GPs in collaboration with MMA
- Production and distribution of leprosy journals and magazines in collaboration with Journalists and Writers.
- Conduct HSR with DMR, DMS and Yangon University.

Activity (INGOs)

- Preparation for MOU in between DOH & ALM. (ILEP Laison Office and Liason Officer)

Part (2)

(A) Prevalence and Detection

At the end of the year 2000, the registered leprosy cases were 11006 (PR 2.2) and the total new cases detected was 10717 (NCDR 21.6). The PRs were highest in Mandalay (3.5) and lowest in Kachin (0.4).

The NCDR was higher than the previous years except 1999 in which, NLEC was conducted.

The Prevalence and Detection Ratio at the end of the year 2000 was 1.03, which is higher than the normal ratio.

At the end of June 2001, the registered leprosy cases are 10364 (PR 2.03) and the total new case detected are 5670 (NCDR 11.05). The PR is highest in Mandalay (4.85) and lowest in Rakhine (0.66).

(B) LEC Phase III

LEC Phase III was conducted in 11 townships from Nov. 2000 to Jan. 2001, and explored 635 new cases and 134 other entry cases.

(C) Divisional LEC

Divisional LEC in Mandalay Division was conducted in February 2001 and detected 1302 new cases and 267 other entry cases.

(D) I.G.C.P

Improving the geographical coverage in the 7 states & 2 divisions, is started in January 2001 and covered 107 townships out of 140 townships, until the reporting period. Activities carried out in these areas are such as; capacity building of BHS staff, creation of community awareness, advocacy meeting to local authorities, local leaders and NGOs, case finding and ensure regularity supply of MDT etc. The total number of new cases and other entries are 852 and 253 respectively. 40% (7549) of the villages were covered by IGCP-LEC and out of which 9.2% (694) of villages were detected new cases.

(E) New Cases Detected

Out of 5670 new cases detected in the year until June 2001, 3312 (58.4%) new cases are detected by routine activities, which seems lesser than the previous years and most of them are detected by passive means. The other 2358 (41.6%) new cases are detected by Special Activities such as Mandalay Division LEC 1302 (23%). IGCP 852 (15%) and LEC Phase-III in township 204 (3.6%).

The out put of ACD (Contact and Mass) are as follows :-

Year	95	96	97	98	99	00	01
Contact Detection Rate	4.6	4	4.1	3.2	2.5	1.7	0.13
Mass Survey Detection Rate	1.1	1	1.2	0.7	0.4	0.3	0.22

The detection rates are decreasing partly because of lesser back-log cases but most probably is the weakness in activities.

(F) Data Cleaning

Data cleaning was done at the end of the year 2000 and 1896 cases out of 12902 were discharged. The reasons for delayed discharged are 75.5% were not deregistered as RFT although MDT was completed, 23.6% of cases could not discharged at the minimum required period because of weakness in the following of drug distribution system and 2.2% were defaulter cases.

(G) Verification

Verification of diagnosis found the wrong diagnosis was, 20% in Mandalay Divisional LEC. The percentage of wrong diagnosis is higher in some townships and some health center and as high as 30% to 70%. The main reasons of wrong diagnosis were not examine the anesthesia rather than the lack of skills, and also wrong attitude on case findings and leprosy elimination.

(H) Other Entry

Other Entry (OE) cases is 11.12% of total entry cases in the year 2000, (New Cases + Other Entry), 17.5% in LEC Phase-III, 22.9% in IGCP. The proportion of OE among total entry cases is considerably high especially in special activities.

(I) Disability

The disability Grade II percent among new cases was fluctuated, it increased in the years where the special activities were conducted. 15.6% in LEC Phase III, 21.4% in IGCP and 13.7% in Mandalay Division LEC. The disability grade II percentage among total new cases up to June 2001 is 9.96%, which is higher than the year 2000 (7.4%). The high percentage is acceptable in IGCP areas, but it should review in hyper-endemic areas.

(J) Pilot LEC

Pilot LEC was conducted for Focus LEC. In this study, found that 46.8% of new cases has the history of contact. Only one township out of four has 20%, the others are more that 40%.

(K) Health System Research for Leprosy Elimination Programme

Health System Research Workshop was held in Yangon from 6 to 13 August 2000 with the support of Royal Tropical Institute, Netherlands. After identifying the problems of the programme the following were selected for HSR:-

1. Ways and means to bring out the undetected leprosy cases in Urban areas, Yangon.
2. Factors contributing to delayed diagnosis and treatment in leprosy in hyper-endemic area (Pyay District).
3. Factors relating to poor coverage of MDT services in geographically less accessible areas (Shan State).
4. Service Factors contributing to case finding activities of leprosy in hyper-endemic areas (Mandalay Division).
5. Study of improvement of Basic Health Staff performance on leprosy elimination programme.

The important findings of the studies are as follows:-

Patients and Community

	Urban	Less Accessible	Hyper-endemic
Early Signs	72.8%	19.2%	90.5%
Curability	56.3%	74.3%	94%

The knowledge about early signs is lowest in less accessible area but knowledge about curability is higher than urban areas. The knowledge about the disease and curability is highest in hyper-endemic areas, more than 90%, especially in rural areas.

They got the knowledge from different sources of IEC materials but in less accessible areas, most of the community gained the knowledge from health staff.

Only about 58% of the patients in urban areas know the place of treatment and only 70% of them know the treatment is free of charge.

Although the knowledge about the curability is very high in rural hyper-endemic areas, 72% of the community's accepted as fearful disease and 48% had idea of isolation of patients. Even patients have adequate knowledge, the median delay for diagnosis and treatment was 5

years. 72.4% of the patients were doing nothing after noticing the first symptoms.

Basic Health Staff

Almost all Basic Health Staff have good attitude towards leprosy elimination. But the knowledge and practice of implementers about MDT treatment is higher than diagnosis. They urged the confirmation from their supervisions.

The knowledge on monitoring and supervision was not very satisfactory especially at field supervisor level and weak in actual practice.

(L) Knowledge Dissemination

The project of dissemination of leprosy knowledge for house-wives through MCWA members is implementing with the joint co-operation of MMCWA is proceeding and the training programmes are accomplished down to the village level. This activities can facilitate the early diagnosis and ensuring the elimination in long-term.

(M) Task Force

Task Force Meeting could conducted at the National and State & Divisional level. The Local Authorities concerned and NGOs were also attended.

The common and important weakness were :-

(1) Patients can not Release From Treatment at the minimum required period.
(2) Considerable amount of wrong diagnosis is present.
(3) Active Case Detection is not good enough.
(4) Health staff need skills and systematic performance.

So the Task Force recommend the following activities to take urgent.

(1) State and Divisional Health Director, Leprosy Medical Officers and Township Medical Officer should conduct field visits and get the co-operation of local authorities, NGOs and health staffs.
(2) Identify the weak area and leprosy staff should give priority for field supervision.
(3) Health Authorities should coordinated for better integration between BHS and Campaign Staff.
(4) All vertical staff should conduct field visit regularly for:

(a) Case Assessment (All Registered and Entry Cases .... NC + OE)
(b) Data Cleaning
(c) Support BHS staff by -
- On-Job Training (Diagnosis, Classification, Quality Care)
- Complete Charting & Registration
- Provide care to complicated and problem cases
- Updating Monitoring & Supervision Tools
- Co-ordination with village authorities, NGOs

(5) Conduct CME Programme for all vertical staff
(6) For Mandalay Division, revitalize the CBR Programme.
(7) Active dissemination of leprosy knowledge is needed and should report regularly.
(8) For the effective Active Case Finding, the monthly schedule should submit to the township authorities and local NGOs to get the support and co-operation of village level authorities and NGOs.
(9) Follow the Drug Distribution Guidelines precisely.
(10) Complete the MMA Training and Report.

(N) Other Activities in 2000-2001

1. Self-Care Training in Magway, Sagaing and Mandalay Division, supported by JICA.
2. Integrated Eye Care Programme in Mandalay and Sagaing, supported by ALM.
3. Preparation of Pilot POID in Bago Division.
4. Laboratory Training for Leprosy Technicians supported by JICA.
5. Reorientation Training for Junior Leprosy Workers, especially for case intake.

C:\SITUATION (YIN)

Six Essential Indicators of Leprosy in Myanmar (1990 - June, 2001)

		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	June 2001
1	Registered patient	112129	79973	57275	40254	26889	21071	18243	13357	11906	28481	11006	10364
	Prevalence/10,000	27.6	19.3	13.5	9.0	6.1	4.7	4.1	2.9	2.5	5.9	2.2	2.02
2	New Cases	6204	9632	11814	9669	8665	6577	9558	10005	14357	29765	10717	5602
	NCDR/100,000	15.3	23.2	27.9	22.4	19.7	14.7	20.9	21.1	30.1	61.8	21.6	10.92
3	MDT coverage %	22.1	59.0	55.2	56.1	70.1	100	100	100	100	100	100	100
4	Disability G-II among New Cases %	16.2	14.1	13.2	10.1	9	9.3	9.1	9.9	13.3	14.5	7.4	9.96
5	RFT (During)	23023	19103	24638	23750	9375	12229	11731	14557	15782	14798	28508	6403
	RFT cumulative	52566	71669	96307	120057	129432	141661	153392	167949	183731	198529	227037	233440
6	Relapse	0	50	95	26	15	5	2	2	2	0	0	2

LEC Phase II (T)

State and Division wise Registered Prevalence and New Case in the year 2000

Sr.	State/Division	Reg. Case	PR	NC	NCDR
1.	Ayeyarwady	1309	1.9	1286	18.3
2.	Bago	1368	2.6	1433	26.8
3.	Chin	70	1.4	14	2.7
4.	Kachin	55	0.4	69	5.4
5.	Kayah	53	2.2	24	10.1
6.	Kayin	291	2.0	295	19.9
7.	Magway	1550	3.4	1569	34.5
8.	Mandalay	2260	3.5	2301	35.8
9.	Mon	301	1.3	240	10.2
10.	Rakhine	164	0.6	174	6.1
11.	Sagaing	1581	2.9	1573	29.0
12.	Shan	787	1.5	524	10.0
13.	Tanintharyi	123	1.0	109	8.5
14.	Yangon	1094	2.0	1106	19.8
	Union	11006	2.2	10717	21.6

NLEC & IGCP Table (K)

National Task Force Committee Meeting
(8th October, 2001)

National Task Force Committee Meeting was held on 8th October 2001 with the participation of members of National Task Force Committee for Leprosy Elimination Programme. The following issues were presented and discussed.

1. Current situation and activities of Leprosy Elimination Programme.
2. Leprosy Research Capability Strengthening in Myanmar.
3. Health System Research for Leprosy Elimination in Myanmar.
4. Over view of the situation.
5. Preparation of Focus LEC.
6. Plan of Action for 2002.
7. Agenda for LECC Meeting.

The recommendation made in the meeting were as follows :-

1. To make detailed plan of activities for 2002 to be able to present in 3rd LECC Meeting.
2. To actively participate in the implementation of Plan of Action 2002 by the members of National Task Force Committee for National Leprosy Elimination Programme.
3. To hold National Task Force Committee Meeting in December 2001.

FOCUS L E C
(2001-2002)

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OBJECTIVE

General Objectives

To flush out the hidden leprosy cases and treated with MDT by Focus LEC in hyperendemic townships so as to achieve leprosy elimination by the year2003.

Specific Objective

- To impart the right knowledge about leprosy among the community.
- To motivate voluntary submission of suspected cases for proper diagnosis and treatment with MDT.
- To sustain the level of awareness of leprosy in the community.
- To develop micro-plan for mopping-up of left out cases.
- To establish an effective surveillance system.

Time Schedule of F-LEC

Month / Year.	State / Division	No. of Township
October / 2001	Magway	15
November / 2001	Magway	5
	Sagaing	15
December / 2001	Bago (West)	14
	Mon	4

Month / Year.	State / Division	No. of Township
January / 2002	Bago (East)	12
	Yangon	11
February / 2002	Ayeyarwaddy	5
	Yangon	4
March / 2002	Ayeyarwaddy	8
	Magway	3
April / 2002	Ayeyarwaddy	7
	Yangon	5
May / 2002	Ayeyarwaddy	6
	Mon	6

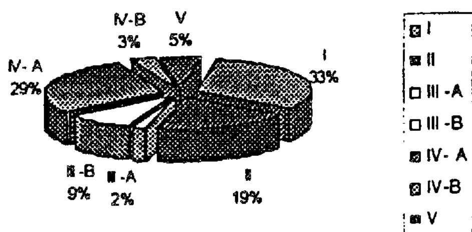
Preparatory Activities

- Implementation of Pilot LEC
  - 4 Townships
  - 3 Health Centres per one Township
  - 30 villages per one Health Centre
  - Objective
    - To define criteria of village selection
    - To assess the impact of additional activities
    - To revise budget requirement
  - Result

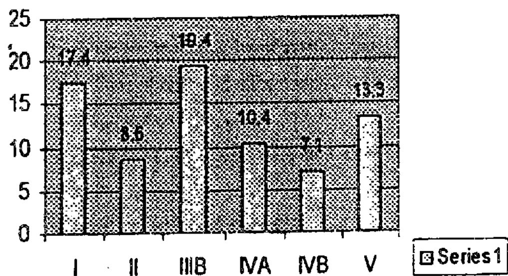
Result of pilot LEC

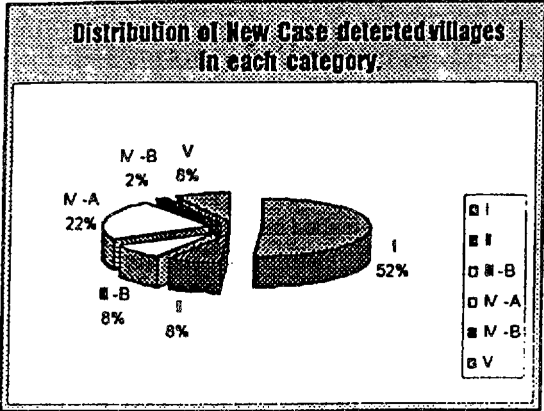
- Identification of criteria to be prioritized for village selection
- Exploration of importance of contact examination (30-50% of new cases have been detected from contact examination during LEC implementation)
- Recognition of the effectiveness of village preparatory meeting

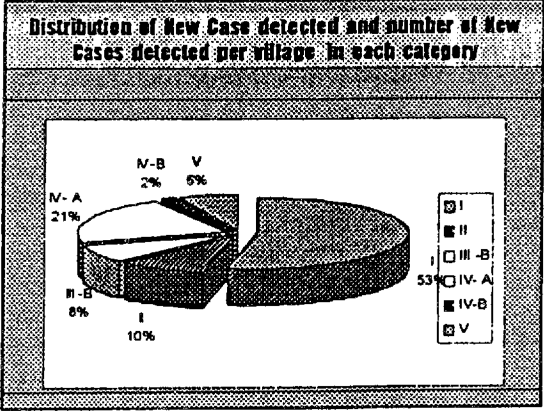
Distribution of Villages in each category



Distribution of LEC villages and % of New Case detected villages among LEC villages in each category







Preparatory Activities (Continued)

- Reorientation about Information Session
- Production of demonstration video tape on Information session
- Production of detailed guide-line for Information Session
- Training of BHS and LCP staff

Preparatory Activities (Continued)

- Data Collection of Basic Information
- Reorientation training of LCP staff
- Workshop on final selection of LEC villages
- Formation of LEC Teams
- Estimation of required budget
- Scheduling of LEC villages
- Mobilization of Manpower
- Township Advocacy Meeting

Village Coverage

- Township Level 60% to 90%
- State / Division Level 75% to 80%

Village Coverage of the Townships in Magway Division

Lowest Coverage (%)

Ngape Township 60.0 (57 out of 95)

Highest Coverage (%)

Natmauk Township 92.0 (206 out of 224)

Coverage of the whole Division (%) 77.5 (3423 out of 4431)

Implementation of LEC Activities

- Visit to scheduled villages
- Village Preparatory Meeting
- Video show & Cassette play
- Information session
- Opening of mobile clinic
- Contact examination
- Assessment of patients
- Registration and Treatment of new cases
- Micro-planning
- Monitoring & Supervision
- Reporting

Inputs to be supported

- ⇒ Political commitment
- ⇒ Administrative support
- ⇒ Intersectoral collaboration
- ⇒ Media campaign
- ⇒ Involvement of Local NGOs
- ⇒ Active participation of community

THANK You

LECC recommendations of 3rd LECC meeting

1. To achieve the elimination goal of the national level by the end of 2003.
2. Adopt plan of action 2002 and to make financial support needed.
3. To identify ways & means for the sustainability of leprosy activities such as strengthening of routine operation activities.
4. To redefine IEC strategy based on previous HSR finding.
5. To broaden & strengthen at both international and national level.
6. To hold 4th LECC meeting in October, 2002.

Contents of PDM	Achievement	The present condition and Plan	Remarks
Activities 1. New Case Finding a. Preparation stage (1) To formulate training plan and to improve curriculum for (1.1) at (1.2) surveillance system case finding.	1.1. Achieved 1.2. Not start	1.1 Continue on Present curriculum 1.2. Study to develop	(1) Myanmar side already have conducted since 1999.
(2) To make training materials such as videotapes by JICA experts and Myanmar C/P	(2)Preparation already started	(2)Training videotapes will be made from F.Y. 2002	(2) During training in Yenanthar Leprosy Hospital, videotapes will be taken.
(3) To procure training equipment by both Japanese and Myanmar sides.	(3)training equipment OHP, white board, Video deck, etc	(3) to 25T/S in F.Y. 2000 to 23T/S in F.Y. 2001	(3) Other equipment for training already provided by Myanmar side.
(4) To develop more effective methods and strategies of case finding.	(4) Yes	(4) Study is going-on	(4) Myanmar side is conducting securely few strategies of New Case Finding recommended by WHO.
b. Implementation Stage (1) To conduct various kinds of training shown in the attached supplementary sheet.	(1)refer to Attachment		
(2) To improve information system by the data at Regional Leprosy Officers, Team Leaders' Offices, National Leprosy Hospital, Special Skin Clinics by JICA experts and Myanmar C/P.	(2) delivery of computers within F.Y. 2001.	(2)Computer training is under consideration in F.Y. 2002	(2)a. Myanmar side try to eliminate leprosy by improving present reporting system. b. Curriculum for computer training should be developed.
(3) To support New Case Finding activity in collaboration with Myanmar C/P.	(3) no	(3) Mass survey, LEC, and Sentinel monitoring survey	

2. Treatment a. Preparation Stage (1) To formulate training plan and curriculum by JICA and the staff of DOH.	(1) Laboratory training in 2001. Lab. Training for vertical lab. technicians was conducted from July to Sept. in 2001.	(1) Lab. training for multipurpose technicians in F.Y. 2002. Training on Silent Neuritis for MO will be planed in F.Y. 2002.	(1) Reaction management for BHS is already trained.
(2) To prepare training materials by both sides.	(2)Teaching manual for skin smear examination	(1) Skin smear manual	
(3) To procure training equipment by both Japanese and Myanmar sides.	(3)no	(3) Microscopes and other necessary equipment for diagnosis to T/S Hospitals in the project sites.	
b. Implementation Stage : To conduct various kinds of training shown the attached supplementary sheet.	b. refer to the Attachment		
3. Prevention and Rehabilitation a. Preparation Stage (1) To formulate training plan and curriculum by JICA experts and Myanmar C/P.	(1) Yes Self-Case training, Reconstructive surgery training and Sewing training for social rehabilitation.	(1) under preparation to conduct each training.	
(2) To prepare necessary materials for training.	(2)Preparation of Self-Care manual for BHS training. Under preparation of teaching manual for Physiotherapy.	(2)under preparation of Videotapes for training.	

(3) To procure necessary equipment and materials for training. b. Implementation Stage : To conduct kinds of training shown in the attached supplementary sheet.	(3)25 microscopes and training materials. b. refer to the Attachment	(3) 23 microscopes.	
4.Other diseases : To prepare and conduct training for Basic Health Staff by fully utilizing the above training opportunities.	4. Integrated training for BHS (Leprosy, TB, EPI)	4. planning of integrated training for BHS in F.Y. 2002 (Leprosy, TB, EPI)	4. Frequent Integrated training is not necessary.
5. Program Management a. Preparation Stage : To formulate training plan and curriculum for leprosy control program management by JICA experts and Myanmar C/P. b. Implementation Stage : To conduct training shown in the attached supplementary sheet.	a. No b. refer to Attachment	a. No	a. PDM workshop can be combined with Leprosy Control at Divisional level.
6. Other necessary activities (1) To formulate overall and annual plan of operation. (2) To carry out monitoring of the entire project regularly. (3) To carry out administration such as financial management and personnel management of the project.	(1) 3 divisions joint meeting (2)No (3) No	(1) 3 division joint meeting (2) active monitoring. (3) No	(2) Responsibility of both sides in F.Y. 2002. Close communication is needed.

Supplementary sheet for PDM : Content of Training Activities and Trainers

Implementation Stage

	Vertical Staff (RLO, TI, LI, ALI and JLW)	Achievement	The present condition and Plan	Rmarks
1. New Case Finding	1. Training of diagnosis, classification and charting	1.Yes	1. Training on differencial diagnosis and silent neuritis .	1. Charting is not necessary for vertical staff.
				2.Myanmar side already conducted
	2. Case finding methods and strategies by JICA and Myanmar C/P	2.No	2.No	3.Epidemiology ?
	3. Training of Senior Leprosy Officers on Epidemiological studies and advanced technologies by C/P training in Japan.	3.C/P training 3 persons in 2000, 2 persons in 2001	3.C/P training 2 persons in 2001 2-3 persons in 2002	
	4. Leprosy surveillance system by JICA experts and Myanmar C/P	4.No	4. At the formulating process.	
2. Treatment	1. Laboratory training of Team Leader by JICA experts.	1. TOT for vertical staff	1. 48 lab. technicians in T/S hospitals	1.No need training for Team Leader
	2. Training of TL, LI and ALI on management of reactions, neuritis and other complications by JICA experts.	2.No	2. Neuritis, Differencial diagnosis Reaction	

3. Prevention and Rehabilitation	1. RLO : Management and program for rehabilitation 2.TL : surgical training 3. LI, ALI : POD and POWD by short-term Japanese experts	1.No 2.No 3. Self Care training for BHS	1.No 2. minor surgery for Team Leader in F.Y.2004 3. Self Care training Referral system	1. under consideration after 2002.
4. Program Management	Training of trainers (RLO and TL) on leprosy control program management by JICA experts and Myanmar C/P	No	No	PDM workshop can be combined with Leprosy Control at Divisional level.

	National Leprosy Hospital	Achievement	The present condition and Plan	Remarks
1. New Case Finding	1. Training of diagnosis, classification and charting by JICA experts and Myanmar C/P	1. Yes	1.Yes ; supported by short-term experts	
2. Treatment	1. Laboratory training of lab. technician by JICA experts. 2. Training on management of reactions, neuritis, and other complications by JICA experts.	1.Intergated training(Leprosy, TB Malaria) 2. Yes	1. Yes 2. Yes	
3. Prevention and Rehabilitation	1. MO : surgical training 2.Nurses and Physiotherapy worker : physiotherapy and rehabilitation training 3.Prosthesis maker and Shoe maker : advanced technology by short-term Japanese experts	1.Yes 2. Yes 3. Yes	1.Reconstructive surgery Physiotherapy Prosthesis Nursing in 2003 2.Ditto 3.Ditto	
4. Program Management	Training of trainers (RLO and TL) on leprosy control program management by JICA experts and Myanmar C/P	No	No	PDM workshop can be combined with Leprosy Control at Divisional Level.

	Township Hospitals	Achievement	The present condition and Plan	Remarks
1. New Case Finding	1. Training of diagnosis, classification and charting by JICA experts and Myanmar C/P 2. Case finding methods and strategies by JICA experts and Myanmar C/P	1.No 2.No	1.No 2.No	1.Myanmar side already conducted 2. Myanmar side already conducted
2. Treatment	1. Laboratory training of lab. technician by JICA experts. 2. Training on management of reactions, neuritis, and other complications by JICA experts.	1.No 2.No	1.Lab. training for 48 multipurpose technicians 2.Reconstructive surgery training in 2003 including reactions	
3. Prevention and Rehabilitation	1. Training of TMO, SMO and THO on basic leprosy surgical training and rehabilitation. 2.Training of nurses on POD, POWD and rehabilitation by National Leprosy Hospital.	1.No 2.No	1. Reconstructive surgery training in 2003 2. Ditto	
4. Program Management	Training on leprosy control program management by RLO and TL.	No	No	PDM workshop can be combined with Leprosy Control at Divisional level.

	Basic Health Staff (RHC and RSHC)	Achievement	The present condition and Plan	Remarks
1. New Case Finding	1. Training of diagnosis, classification and charting by JICA experts and Myanmar C/P	1.No	1.No	1. Myanmar side already conducted.
	2.Conducting information session at village levels by Myanmar side.	2.Yes	2.Yes	2. Myanmar side already conducted.
	3. Leprosy surveillance system by JICA experts and Myanmar C/P.	3.No	3. No	3.under consideration after 2002.
2. Treatment	1. Medicine supply and distribution management by RLO/TL.	1.Yes	1.Yes	1. Myanmar side already conducted.
	2.Defaulter management by TL, RLO at township levels	2.Yes	2.Yes	2. Myanmar side already conducted.
	3. Management of reactions, neuritis, and other complications by TL, LI and ALI.	3.Yes	3.Yes	3. Myanmar side already conducted.
3. Prevention and Rehabilitation	1. Self-care by JICA experts and Myanmar C/P.	1. Yes	1.Yes	
	2. POD, POWD, rehabilitation and shoe making by National Leprosy Hospital.	2.No	2.possible	2.Should identify the feasible & effective approach.

	Others	Achievement	The present condition and Plan	Remarks
2. Treatment	Laboratory training of lab. technicians (two Special Skin Clinics) by JICA experts.	Training of microscopic diagnosis	Yes	
3. Prevention and Rehabilitation	Psychological rehabilitation (under consideration)	No	No	