4. ハンセン病対策プログラムパンフレット

Ministry of Health
Department of Health
Leprosy Control Program

January 2003

I. Leprosy - a prioritized disease.

The disease " Leprosy " is a highly prioritized disease, to create an efficient and nation-wide organization, fully capable of coping with the manifold problem of leprosy control. The National Health Committee, the highest body concerning with Health Policy provide the policy guidelines through the National Leprosy Elimination Steering Committee, to the Task Force at different level. The different level of Task Force further monitor, supervise and evaluate the technical and operational aspects of the program and also co-ordinate and collaborate the activities among the partners.

II. Integration

As recognized the problems and constraints of the Leprosy Control Program, the partial integration was started since 1978, after a series of integration trials, and full integration was implemented in 1991.

The favorable conditions for integration of MDT services are:- strong and adequate basic health infrastructure; simple, effective and operationally feasible tool for intervention is available, decreasing trend of the disease and the size of the disease burden is manageable.

To integrate, the following measures are carried out :-

(a) administrative measures, (b) orientation and capacity building, (c) establishment of monitoring and supervision system, (d) establishment of referral system and (e) strengthening of supportive and technical assistance.

So, the leprosy control program can made the very remarkable achievements and progress by integration. It can reduced the disease burden significantly within a decade, can provided the MDT regularity with high cured rate, can improved the awareness through out the country and changing the attitude of all parties concerned..

Vertical staff and administrators have provided the essential supports, especially technical and conceptual supports through out the period repeatedly by advocacy, meeting, training, providing opportunities for ownership development etc and strengthened the integration.

III. Building partnerships

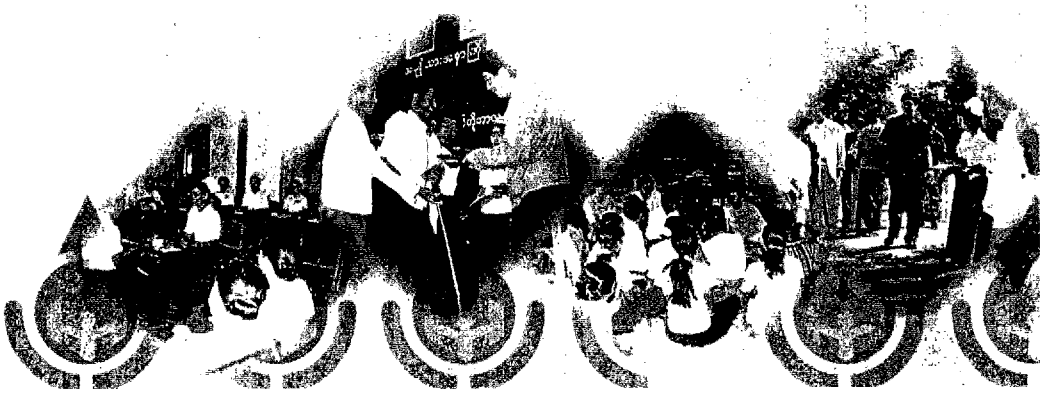
In Myanmar, we are accelerating the elimination activities to achieve the goal as soon as possible by the year 2003 by utilizing the new strategies, which are very effective and acceptable. To implement these activities successfully there are some limitations of human and financial resources. To overcome these constraints the context of building partnership is of great importance.

We have developed many processes to build both international and local partnership for elimination of leprosy. These are:

- Ø Formation of Task Force for elimination of leprosy
- Ø Formation of Leprosy Elimination Coordination Committee (LECC)
- Ø Advocacy Meeting
- Ø Capacity Building
- Ø Formation of Organizing Committee for National Leprosy Elimination Awareness week (NLEAW)

To achieve the elimination goal many partners are participating in eliminating activities by different approaches under the organization of National Leprosy Control Programme.

This is the time for everybody to participate in leprosy elimination. Nobody should miss this golden opportunity to participate in noble and historic work for the human being.



" Building partnership would produce the sufficient speed to race towards the elimination of leprosy "

MAIN PARTNERS FOR LEPROSY ELIMINATION

IV. Awareness

The leprosy is not solely the medical problem but also social problem. Traditionally misbelieves, taboos, malpractices etc. around the leprosy hindered the cure, progress of control and rehabilitation. Awareness activities had been carried out since long time ago in different ways. But from the beginning of the systematic control of leprosy, the concept of education is targeted to patients. Actually, it should direct families, communities etc. We recognized the lack of awareness by community was a big problem after LECs and SAPEL. As the improved community awareness can influence the leprosy containment and also important for after elimination.

Systematic planning, comprehensive preparations and précised implementation are the essential measures for the improving awareness program.
Simple and effective tools, integration, partnership and political commitment are the fundamentals for the successful movement of Nation-wide Awareness Campaign.

V. Mid-level Management

Management towards elimination at mid-level is an important part of the program. The mid-level, not only has the responsibility to change the national policies into action, to implement according to the national strategy but also to eliminate leprosy and, to develop and strengthen the partnership at sub-national level. More important than these is, the mid-level can identify specific problems and weakness of the areas and solve them by means of decentralized effective management.

VI. Health System Research

Evidence based decision making is the scientific way of managing the program. During programming and implementing, program managers have to face with new challenges and problems. Also, need to know whether the implementation is effective and efficient, quality of services and equity in service utilization. So, research becomes an integral component of the program, strengthening of research capabilities of leprosy control program mangers at different level in terms of training, infrastructure development and local as well as international networking.

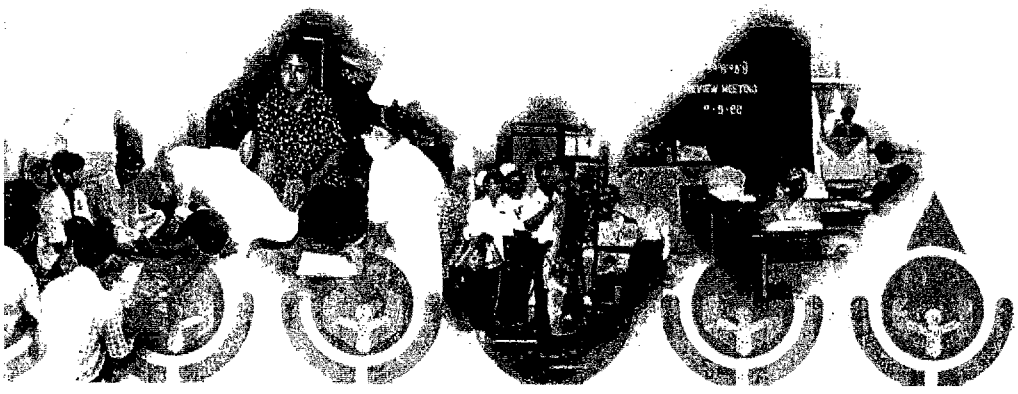
VII. Special Case Finding Activities

MDT program started in 1988 in Myanmar. Within more than one decade, Registered Prevalence Rate reduced from 54/10,000 (1987) to 1.04 (2002). But, New Case Detection Rate was static about 20 per 100,000 and reduction was not seen between 1991-2001.

Challenges of the program are:-
Ø To achieve meaningful elimination as early as possible.
Ø To find out undetected cases in a short time.
Ø To treat all detected cases with MDT regularly.
Ø To improve community awareness on leprosy elimination.

So special case finding activities such as LEC, NLEC, SAPEL, IGCP, Focused LEC, and NLEAW were conducted from 1997 to 2002. With different areas and population coverage - by special programs, 36578 new cases were detected while by routine, 44417 were detected.

Trends of new cases detected by routine and special programs were reviewed. New cases detected reduced more than 90% after 3 or 4 times repetition but new cases detected reduced only 40-60% during the same period in hyper endemic regions.



Health in Myanmar

Geography

Myanmar, located in South - East Asia, is bounded on the north and north - east by the People's Republic of china, on the east and south-east by the Lao People's Democratic Republic and the kingdom of Thailand, on the west by the People's Republic of Bangladesh and the Republic of India. It lies in the Indo-China peninsular covering on area of 676,578 square kilometers. Myanmar is bounded by China, Laos , Bangladesh , India , Thailand on the land ward side, 1760 miles of the coastline is bounded on the west by the Bay of Bengal and on the south by the Andaman Sea.

The country is divided administratively, into 14 State and Divisions and 3 sub-state and Division. It consists of 64 districts, 324 townships, 2470 wards, 13747 village tracts and 65,235 villages, 24 Special development zones have been established including the border and remote areas. Establishment of the new health facilities and upgrading of existing health facilities has been carried out to ensure equitable access to health care in the border and remote areas.

National Health Committee (NHC)

The National Health Committee (NHC) was formed on 28 December 1989 as part of the policy reforms. His Excellency General Khin Nyunt, Secretary (1) of the State Peace and Development Council, chairs the Committee. The NHC was reorganized on 27 February 1998 and the members of the committee were increased to 18. It is a high level inter-ministerial and policy making body concerning health matters. The National Health Committee takes the leadership role and gives guidance to implement the health programmes systematically and efficiently. The high level policy-making body is instrumental in providing the mechanism for inter-sectoral collaboration and coordination.

Under the guidance of the National Health Committee various health committees had been formed at each administrative level.

National Health Policy

The National Health Policy was developed with the initiation and guidance of the National Health Commitee in 1993. The National Health Policy has placed the Health for All goal as a prime objective using Primary Health Care approach. The National Health Policy is designated as follows.

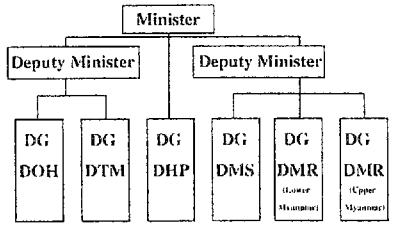
1. To raise the level of health of the country and promote the physical and mental well being of the people with the objective of achieving "Health for all" goal, using primary health care approach.
2. To follow the guidelines of the population policy formulated in the country.
3. To produces sufficient as well as efficient human resource for health locally in the context of broad frame work of long term health development plan.
4. To strictly abide by the rules and regulations mentioned in the drug laws and bylaws,which are promulgated in the country.
5. To augment the role of cooperative, joint ventures, Private sectors and non-governmental organization delivering of health care in view of the changing eco nomic system.
6. To explore and develop alternative health care financing system.
7. To implement health activities in close collaboration and also in an integrated manner with related ministries.
8. To promulgate new rules and regulations in accord with the prevailing health and health related conditions as and when necessary.
9. To intensify and expand environmental health activities including prevention and control of air and water pollution.
10. To promote national physical fitness through the expansion of sport and physical education activities by encouraging community participation, supporting outstanding athletes and reviving traditional sports.
11. To encourage conduct of medical research activities not only on prevailing health problems but also giving due attention in conducting health system research.
12. To expand the health service activities not only to rural but also to border areas so as to meet the overall health needs of the country.
13. To foresee any emerging health problem that poses a threat to the health and well-being of the people of Myanmar, so that preventive and curative measures can be initiated.
14. To reinforce the service and research activities of indigenous medicine to international level and to involve in community health care activities.
15. To strengthen collaboration with other countries for national health development.

Health Development Plans

With the objective of uplifting the health status of the entire population, the Ministry of Health systematically formulates Health Plans, aiming towards Health for All Goal. From 1978 onwards four yearly People's Health Plans had been drawn up and implemented. Since 1991, short term National Health Plans have been developed and implemented until the year 2000. Current health development plans are:

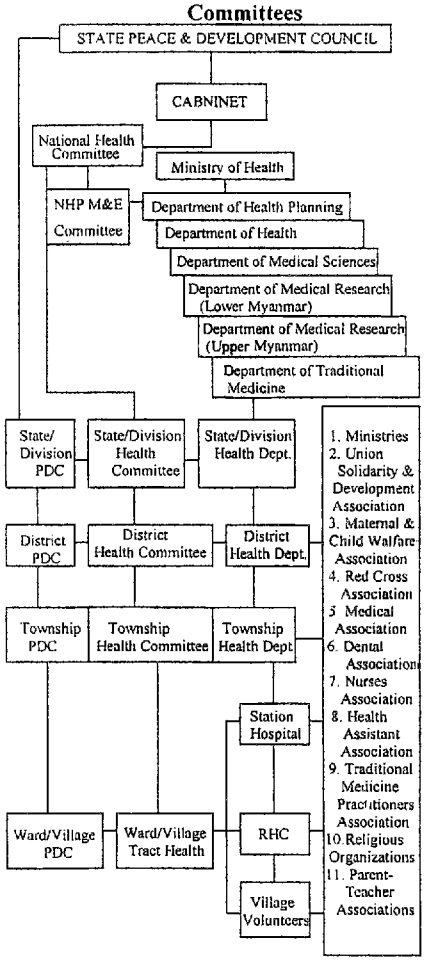
Myanmar Health Vision 2030: 30 Year Long - Term Health Plan	(2001-02 to 2030-31)
Special (4) Year Plan for Promoting National Education (Health Sector):	(2001-02 to 2003-04)
Rural Health Development Plan	(2001-02 to 2005-06)
Project for Upgrading of Hospitals	(2001-02 to 2005-06)
National Health Plan	(2001-02 to 2005-06)

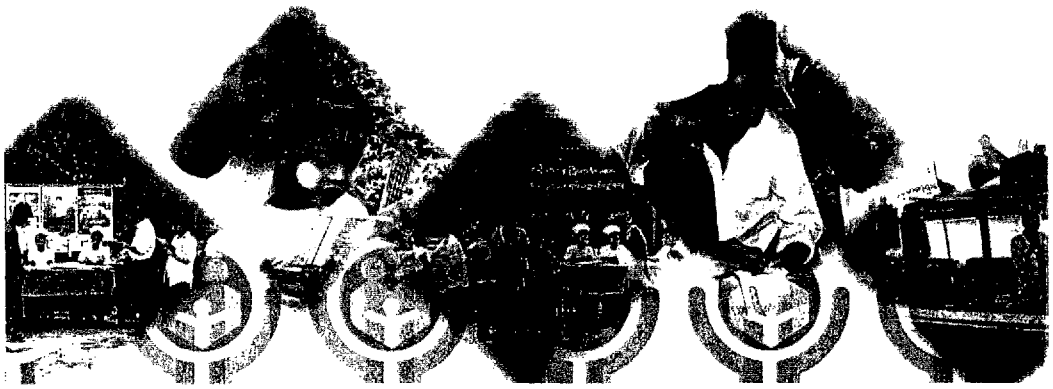
The Organization of the Ministry of Health



DOH Department of Health
DTM Department of Traditional Medicine
DHP Department of Health, Planning
DMS Department of Medical Sciences
DMR Department of Medical Research

National Health Plan Implementing Committees





Partnership for Health Development

The multi-sectoral dimension is inherent in practically every health intervention. In a global village where there is rapid advancement in information technology and communication systems no country is immune any longer to the consequences of actions of other countries and nations.

The Ministry of Health has closely cooperated with several organizations within the UN system, particularly those organizations playing an important role in public health. The WHO, UNICEF, UNDP, UNFPA are mainly responsible for the provision of technical assistance and also have been involved in assisting various health care activities. UNDP, UNHCR, JICA, OXFAM, SCF etc. are also actively involved in health development activities.

Many other international NGOs like Sasakawa Foundation, The Leprosy Mission International, American Leprosy Mission were working closely with Ministry of Health. Likewise, National NGOs were also working at different communities for preventive, promotive, curative and rehabilitative activities for health development.

Likewise, the following national NGOs are also working hand in hand with the Ministry of Health.

National Non-Governmental Organizations

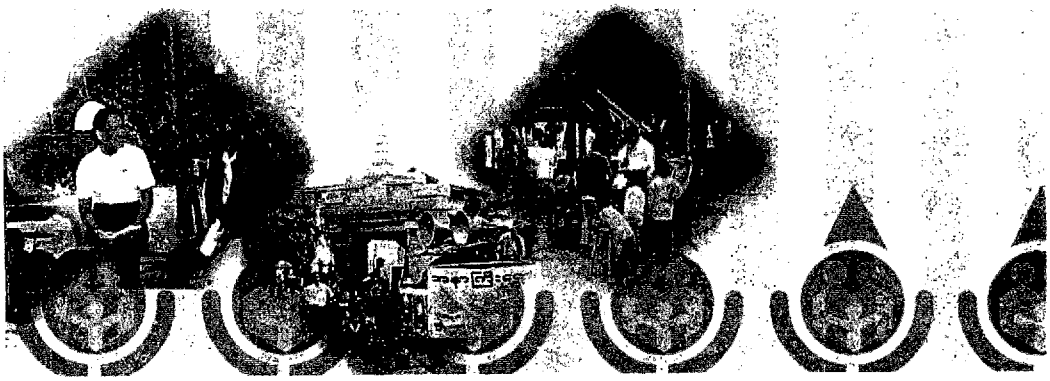
- ¤ Myanmar Maternal and Child Welfare Association (MMCWA)
- ¤ Myanmar Red Cross Society
- ¤ Myanmar Medical Association (MMA)
- ¤ Myanmar Dental Association (MDA)
- ¤ Myanmar Nurses Association (MNA)
- ¤ Union Solidarity and Development Association (USDA)
- ¤ Myanmar Health Assistant Association
- ¤ Myanmar Council of Churches

Myanmar Anti-narcotic Association

There ministries related to health are also working in collaboration with the Ministry of Health for health development. This collaboration is coordinated and strengthened by the National Health Committee.

HEALTH STATISTICS
Vital Statistics

Sr. No.	Health Index		1999
1.	Crude Birth Rate (per 1,000 population)	- Urban	27.5
		- Rural	29.0
2.	Crude Death Rate (per 1,000 population)	- Urban	8.2
		- Rural	8.5
3.	Infant Mortality Rate (per 1,000 live birth)	- Union	59.77
		- Urban	55.05
		- Rural	62.53
4.	U5 Mortality Rate (per 1,000 live birth	- Union	77.77
		- Urban	65.12
		- Rural	85.16
5.	Maternal Mortality Rate (per 1,000 live birth	- Union	2.55
		- Urban	1.78
		- Rural	2.81
6.	Population Growth Rate		2.02
7.	Average Life Expectancy	- Urban (Male)	61.0
		- Urban (Female)	65.1
		- Rural (Male)	60.3
		- Rural (Female)	62.7



MAYANCHAUNG VILLAGE

HLEGU TOWNSHIP

YANGON DIVISION

January, 2003.

Location

It is a resettlement village for patients and persons affected by leprosy in and around Htaukkyant Leprosy Hospital, Mingaladon and built since 23 March 1989.

It is situated in Hlegu township, 52 miles away north of Yangon City. It was established on abolished land plot number 34 and 35 at Mahuya restricted forest of Bago mountain range.

		1989	*2003 (Jan.)*
Population	=	2939	984
Families	=	759	280

Persons affected by leprosy (PALs) = 210 (as on Jan. 2003)

Disability G-II PALs = 145 (out of 210)

Patients on MDT = 4

PALs in Dormitory - Male = 45

- Female = 47

Total = 92

==========

Transport - By car, bicycles, motor-cycles, bullock-carts, hiking and line-buses.

- On foot during rainy season.

Facilities

Health Facility

- Station Hospital = 1
- Rural Health Centre = 1
- Sub-Centre = 2
- One JLW assigned to the village
- One Leprosy Inspector visit to the village every fortnight.
- Monthly visit by Leprosy Team Leader (Medical Officer)
- Frequent visit by Divisional Health Director and Regional Leprosy Officer
- Specialists tour for screening of the patients, necessary treatment and referral to Specialist Hospital as necessary. (e.g. Eye Hospital, Orthopaedic Hospital, National Rehabilitation Hospital, Hlegu Township Hospital)
- It was also instructed to make close monitoring and supervision of health care activities by Divisional Health Director, Yangon Division.

Education

- State Middle School = 1
- Total Students = 565

Water Supply

- Ponds
- Streams
- Open Wells
- Tube Wells

Place of Workshop

- Buddhist Monastery
- Christian-Baptist Churches

Occupation

- Wood cutting, bamboo cutting, fire wood, charcoal making.
- Poultry
- Farming
- Grocery Shops
- Furniture making
- Tailoring
- Tin Smith
- Small Home Industry
- Broom making
- Co-operative Shop
- Government services
  - Teachers
  - Health Personnel
  - Staff (Ministry of Social Welfare, Resettlement and Relief) at Dormitory.

Budgets

Approximate income for
relief of food per year = Ks. 1000,000 per year
(Ministry of Social Welfare)

Training on Physical Rehabilitation

Prevention of deformity and Community based rehabilitation (CBR). Trained Leprosy Inspector (LIs) from Yangon General Hospital gave training to 14 Voluntary Health Workers (VHWs), patient's family members and responsible persons of the village on (18..3.96) to (20.3.96).

Posters and pamphlets regarding prevention of deformity and self care were also distributed.

Two days CBR training was also given to 22 VHWs, village responsible persons and those interested. Trainers are Team Leader, Physiotherapist (from YGH & National Rehabilitation Hospital, Thamaing) and LI.

Miss Katherene Banbow (T.L.M.I) also gave training PALs for Prevention of Deformity and Self Care.

Self Care Training was given to health staff from 6 Feb. 1999 to 11 Feb. 1999 with the support of ADRA. Trainers were Dr. Maung Maung Gyi (WHO National Consultant), Dr. Saw Lwin (Orhtopaedic Surgeon, Retired) and Naw Tha Pale, Physiotherapist, Mawlamyaing Leprosy Hospital.

Multiplier course was given to volunteers for two days. Then one day self-care training to all PALs and family members was conducted distributing POD Kits for Eye, Hands and Feet.

Training of Trainers	=	13 Health Staff
Training of Multiplier	=	11 Volunteers
Training of PALs for Self-Care	=	285 PALs
	=	117 Family member

Distribution of POD Kits to PALs = Eye = 57
Hand and Foot = 215

Physiotherapy

- Physiotherapy equipments were donated by ADRA in Feb. 2000. It was equipped and used by Persons Affected by Leprosy (PALs).
- One dresser and one nurse were given two weeks training at Yenanthar Leprosy Hospital supported by ADRA in May 2000.

Reconstructive Surgery and Physiotherapy Training

- Station Medical Officer and one trained nurse have attended re-constructive surgery and physiotherapy training at Yenanthar Leprosy Hospital supported by JICA in 2002.

Aids and Appliances

- Crutches, moulded shoes, glasses and MCR slippers were supplied to PALs.

Projects

- Dams and Agricultural Fishery
- Fish Ponds (Government)
- Church based rehabilitation
  (The leprosy Mission International, Myanmar Christian Leprosy Mission)

Visit to the Village

Honourable Guests

- Commander, Yangon Command
- Minister for Health
- Deputy Minister for Health
- **Honourable Guests**
  - Mr. Sasakawa and team
  - Guests from American Leprosy Mission
  - Members - JICA
  - Guest from The Leprosy Mission International
  - Guest from Sasakawa Memorial Health Foundation

Education Supporting Programme

- It was started in June 2002 by providing school text books, exercise books and funds for 279 students (children of PALs) attending in Mayanchaung State Middle School and Mingon State High School. This programme has been initiated by Dr. Tin Myint (Deputy Director, Leprosy)(Retired) and U Chit San Win (Writer) by making formation of well-wishers group.

HEALTH PROFILE OF
MAYANCHAUNG STATION HOSPITAL
HLEGU TOWNSHIP
(2003)

MAP OF THE MAYANCHAUNG VILLAGE

HEALTH PROFILE OF MAYANCHAUNG STATION HOSPITAL HLEGU TOWNSHIP

(1) Map - On the cover

(2) Location - Mayachaung Station Hospital is situated 25 miles north of Hlegu.

(3) Area - 82 (sq.mi)

(4) Population- 3020

<1	1-3	3-5	5-10	10-15	15-49	49-60	60+	Total
82	111	126	339	208	1692	194	168	3020

(5) Population density - 41 / sq.mi

(6) No. of household - 679

(7) **Health Facilities**

(a) Government - 1 Station Hospital
- 2 Subcentre

(b) Co-operative - Nil

(c) Private - Nil

(8) **Health Manpower**

(a) Governmenrt

(i) Station Hospital

	Mo	Physio	SN	TN	Lab	Others
Sanctioned	2	1	1	2	1	7
Appointed	1	-	1	1	-	3
Vacancy	1	1	-	1	1	4

(ii) R.H.C

	HA	LHV	MW	PHSII	Dur
Sanctioned	1	1	5	5	1
Appointed	-	1	2	2	1
Vacancy	1	-	3	3	-

(b) Others

	AMW	CHW	TBA	THHW
Trained	2	4	-	-
Active	2	4	-	-

(9) Education Facili ties

	P	M	H	Total
No.of School	-	1	-	1
No. of Students	-	635	-	635

10. NGOs, in Mayanchaung
- **U.S.D.A**
- **M.C.W.A**
- **Fire brigate**

(11) Five leading causes of morbidity, mortality.

No.		2000		2001		2002	
		Mor-bidity	Mor-tality	Mor-bidity	Mor-tality	Mor-bidity	Mor-tality
1	Malaria	668	5	505	3	382	3
2	ARI	51	-	160	-	71	-
3	Diarrhoea	59	-	49	-	60	-
4	Dysentery	9	-	15	-	15	-
5	Snakebite	-	-	3		2	-

(12) Health Service Indicators

(a) Community Health Care

	2000	2001	2002
General clinic attendance	2121	1725	1104
No. of Malaria Cases Detected	560	437	326
No. of Diarrhoea Cases Detected	16	49	60
No.of Cases referred	-	-	-

(b) School Health

	2000	2001	2002
No. of schools examined	1	1	1
No. of students examined	331	346	635
No. of students treated	105	64	119
No. of Goitre Cases detected in students	Nil	Nil	Nil
VGR	-	-	-
No. of Leprosy Cases detected in students	-	-	-

(c) Environment Health

(1) Water supply

Tube well Public Used	Tube well Home Used	Well	Pond	Stream
11	6	30	6	-

(2) Excreta disposal

Sanitory Latrine
472

(d) Malaria

	2000	2001	2002
CSM-OPD	560	437	326
CSM-IP	108	68	56
CFR	4.6	4.4	5.4
SPR			

(e) Leprosy

2000		2001		2002	
PB	MB	PB	MB	PB	MB
4	22	-	9	3	3

(f) TB

	2000	2001	2002
No. of AFB Positive Cases	3	3	3
No. of Treament Started Patients	3	3	3
No. of Cured patients	1	-	-
No. of Treatment Completed Patients	-	-	2

(g) UCI

Target Population	2000	2001	2002
0 -1	80	64	77
AN	97	76	82
BCG	100%	100%	100%
DPT / OPV	100%	100%	100%
Measles	100%	98%	100%
TT2	97%	100%	100%

(h) Health Impact Indicators

	2000	2001	2002
- I.M.R	Nil	Nil	Nil
- M.M.R	Nil	Nil	Nil
- C.B.R	19	25	24
- C.D.R	8.6	15	10

(i) Health Education services

	2000	2001	2002
1. No of Group Talk	409	161	125
2. No of Person in attended in group Talks	12758	6567	6451

Table (4) New Cases Yearly

Yearly / GII	1999	2000	2001	2002	2003
Male	4	8	15	17	
Female	1	3	5	5	
Total	5	11	20	22	

Table (5) Reaction Cases Yearly

Yearly / Reaction	1999	2000	2001	2002	2003
0→14	4	5	5	8	
15 + >	85	88	92	105	
Total	89	93	97	113	

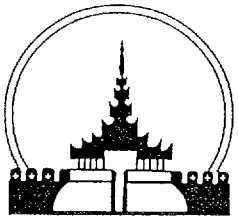
Table (5) Reaction Cases Yearly

Yearly / Reaction	1999	2000	2001	2002	2003
Male	62	61	60	70	
Female	27	32	37	43	
Total	89	93	97	113	

Table (7)
New Cases & Register Cases Monthly

2002

Month	N / C			Reg Case		
	PB	MB	Total	PB	MB	Total
Jan	4	4	8	14	97	111
Feb	1	10	11	14	101	115
March	1	13	14	15	113	128
April	4	16	20	16	119	135
May	6	12	18	22	123	145
Jun	4	12	16	30	168	198
July	4	7	11	29	133	162
Aug	2	10	12	31	135	166
Sep	3	7	10	27	131	158
Oct	4	12	16	28	122	150
Nov	9	13	22	24	119	143
Dec	6	9	15	26	123	149



Special Skin (Leprosy)

CLINIC

Mandalay General Hospital

LOCATION

In the MGH compound at the corner of 29th & 77th Road.

MAN POWER

(Under Ms)		(Under Rlo)	
MO	(1)	ALI	(1)
Staff Nurse	(1)	LHV	(2)
Compounder	(1)	JLW	(3)
Clerk	(1)		
Minial	(3)		
Driver	(1)		

CLINIC DAY

Mon	Tue	Wed	Thu	Fri	Sat	Sun

DRUGS Logisties & Supply

* Anti Leprosy drugs (R.L.O 4-Month)
* Supply drugs (From Ms, Monthly)

FUNCTION

- Diagnosis of cases
- MDT Treatment
- Management of Complication
- Training
- I.E.C

LEPROSY ELIMINATION

By The Year 2003

Table (1) New Cases Yearly

Yearly / Age	99	2000	2001	2002	2003
0-14	5	3	4	15	
15+>	42	101	110	158	
Total	47	104	114	173	

Table (2) New Cases Yearly

Yearly / Sex	99	2000	2001	2002	2003
Male	27	66	73	110	
Female	20	38	41	63	
Total	47	104	114	173	

Table (3) GII Deformity

Yearly / GII	99	2000	2001	2002	2003
0 →14	-	-	-	-	
15 + >	5	11	20	22	
Total	5	11	20	22	

For village 4 — 2 tube wells (electric)
2 tube wells (solar)

H. SOURCE OF ELECTRICITY

Saedawgyi Irrigation Department

2 Generator (3 KVA)

I. RUNNING COST (Per year)

For Hospital	Ks. 17,19,100
For Staff	Ks. 62,66,400
For Patients diet	Ks. 20,00,000
For Families in village	Ks. 37,70,400

J. HELP FROM N.G.Os

ADRA

Water supply	: Engines & Pipes
Teaching aids	: Projector & Screen
Rehabilitation	: Sewing machines Prosthesis producing
Office equipments	: Typewriters (Burmese + English) Gestetner & Computer
Patient equipment	: Blankets & Clothing
For office	: HOMY (NISSAN) Vehicles
For electricity	: 2 Generators

GOLDEN GLORY (Singapore)

For Hospital	TV = 10
Wheel Chairs	15
Ambulance (Mitsubishi L / 300)	1

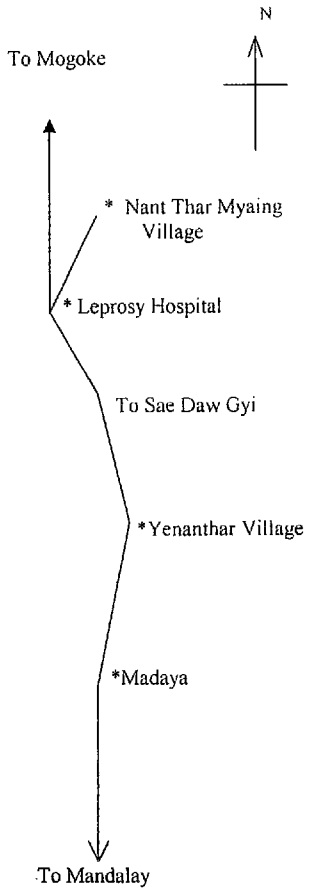
ICRC

Prosthesis

K. JICA

Building	: Dormitory Training room
Starting Date	: 21-1-2001
Finishing Date	: 18-6-2001
Receiving Date	: 27-6-2001

Cost : US $ 197484



MINISTRY OF HEALTH

DEPARTMENT OF HEALTH

LEPROSY HOSPITAL

YENANTHAR
MADAYA TOWNSHIP
MANDALAY DIVISION

A. BACKGROUD

1886 - Advised to construct by French Mission in Mandalay.

1891 - Founded by father Weighenger.

1966 - Nationalized by Government .

1990 - Transferred to Yenanthar (Present place 31 miles 2 furlongs (51)Km from Mandalay on the way Mogoke.)

B. LAND

327.21 acres : Hospital + Staff quarter

1636.79 acres : Village + Agricultland

C. HOSPITAL

Bed : Sanction	= 700
Available	= 300
Total Patient (Average)	= 200
Total Hospital staff	= 140

D. VILLAGE

Population	= 1520
Patients	= 533
Families	= 390

E. FUNCTION OF HOSPITAL

1. Medical Care :

In patients ;

Leprosy - Medical	: Reaction
	Complication
	Others
Surgical	: Ulcers
	Ortho cases
	Reconstructive
	Others
Non - Leprosy	: Malaria
	Snake bite
	Orthopedic
	Traumatic cases
	Others

Out patients ;

Leprosy patients, staff families and Neighbor villages

2. Training

M.O.s	- Surgical training
Nurses	- Physiotherapy training
JLWs	- Basic Leprosy
PHS / JLW	- Shoe making
Patient	- vocational training (Sewing Tin work, Carpentry)
Lab Technician	- Leprosy / TB / Malaria

3. Rehabilitation :

Shoe workshop
Carpentry
Sewing
Agriculture
Basic education (Primary Level)

4. Health education

Patients
Contacts
Others

5. Research

6. Asylum

F. BUILDING

Hospital

M.S office		1
O.P.D.		1
Laboratory		1
Physiotherapy		1
Rehabilitation		1
Operation Theatre (OG room, X-ray)		1
Wards	1	0
Recreation center		1
Damayon		1
Kitchen + Store		2
Car garage		1
Sheltered workshop		1
Dining room		3
Meeting hall		1
Building for generators		2
Mortuary		1

Staff Quarters

MO + Matron + AO	7
Sister + Social worker + Physiotherapist	5
Nurses	8
Menials	52
Guest house	2

Village

Houses	456
Recreation center	1
Primary school	1
Library	1

G. SOURCE OF WATER SUPPLY

For Hospital	2	1 tube well
For staff		1 tube well