

ARKANGELO ALI ASSOCIATION-AAA LEPROSY PROGRAM PRESENTATION

WHO WORKSHOP
Tunis 7 - 9 July 2008
*Presented by Dr Natalina Sala and Dr.
Minani Callixte*

Brief Introduction of AAA

- Indigenous Sudanese NGO
- Part of Consortium Bakitha (INGO)
- Medicus Mundi-Italy is part of AAA Board
- Created on 4th August 2006
- Registered on 10th November 2006 under SSRRC-GOSS
- Focal point for distribution of MDT on behalf of NTLBP
- Health Programs implementing partner for Diocese of Rumbek-DOR
- Head/Regional Office in Nairobi-Kenya
- Sub-Office Juba and Rumbek-South Sudan

South Sudan

- Estimated population 10 million people
- 21 years of civil war brought to an end by the signing of CPA on the 9th January 2005
- The war destroyed not only infrastructure but also displaced of people internally and to the neighboring countries ,created poverty, malnutrition etc
- South Sudan is bordered by Ethiopia to the East, Kenya to the South East, and Uganda to the South while the DR Congo and the Central African Republic border it to the West.
- Administratively it is divided into 10 states and 78 Counties
- Politically, the Country has its own government system outside the Northern system (the two in one)

Organizational structure

- At national level-Central Unit headed by Program Manager
- At State level-State TB/Leprosy/BU Coordinators
- At County level-County TB/Leprosy/BU Coordinators
- At health facility level-I/C of health facility
- At the moment this structure is not fully functional

The National TB/Leprosy/Buruli Ulcer Control Program

- Established in November 2006 within the Directorate of Preventive Medicine in collaboration with WHO
- NGOs however played the pivotal role in re-starting of the otherwise collapsed program as a result of the 21 year civil war
- Donor base expanded to include GLRA, Leprosy Mission
- Program covers nearly 6 States, though County based coverage is limited

Incorporating Leprosy Control into the Health Sector

- Leprosy control is part of the Basic Package for Health Services (BPHS)
- Anti-Leprosy Drugs, supply management and distribution, patient diagnosis, recording and reporting and monitoring and supervision are at the moment been carried out vertically

System of Leprosy Control

- At the moment the Leprosy program is running as a vertical program though the BPHS includes Leprosy as integral component
- Implementation of the Leprosy programs is carried out by NGOs (AAA/DOR, Malteser, Comboni Sisters, Diocese of Torit, MSF-H, Mass Mission)
- NTLBP was created in November 2006 under the Directorate of Preventive Medicine for it to coordinate, monitor and supervise the implementation process of Leprosy activities in close collaboration with partners.

Leprosy new cases 2007 in S/S

- MBA : 626
 - MBC : 29
 - PBA : 131
 - PBC : 11
- Total: 797

Objectives of AAA Leprosy Program

- Leprosy program
- ❖ To reduce morbidity and transmission and prevent disability
- ✓ Project activities
 - Diagnosis and treatment of leprosy
 - Distribution of IEC materials
 - Training of health workers
 - Support SER activities

Cont'd

- Surgical reconstruction
- Construction of shelters for leprosy disable
- Distribution of MCR shoes to the leprosy patients
- Health education to the leprosy patients and the community in general
- Support formal and informal education for people affected by leprosy

AAA LEPROSY PROGRAM IN S/S

- Involves in 3 States
- 1. Lakes State
 - 4 Leprosy programs integrated in PHC
 - 70 out reach stations
- 2. Warrap State
 - 2 Leprosy programs integrated in PHC
 - 45 out reach stations
- 3. Northern of Bahr El Ghazal State
 - 2 Leprosy program integrated in PHC
 - 18 out reach stations

ACTIVITIES

1. Treatment of Leprosy
2. Social Economic Rehabilitation (SER)
3. Surgical reconstruction program
4. Trainings
5. Promoting community awareness
6. Construction and rehabilitation

Leprosy new cases in AAA working area

- MBA: 370
 - MBC: 15
 - PBA: 108
 - PBC: 7
- Total: 500

Socio-Economic Rehabilitation activities

- ❑ **MAPUORDIT** (50 beneficiaries)
 - ✓ Grinding mill
 - ✓ Agriculture through ox-plough technology
 - ✓ Fishing
 - ✓ Bricks laying
 - ✓ Training women in tailoring and knitting
- ❑ **GORDHIM** (50 beneficiaries)
 - ✓ Brick laying machine acquired and given to the leprosy disable for making bricks
 - ✓ Agriculture
 - ✓ Fishing

Cont'd

- ❑ **AGANGRIAL** (150 beneficiaries)
 - ✓ Fishing
 - ✓ Agriculture
 - ✓ Beads, mat weaving
 - ✓ Educational and counseling services
 - ✓ Use of visual aid material for mobilization
- ❑ **TONJ** (300 beneficiaries)
 - ✓ Agriculture
 - ✓ Burnt brick production
 - ✓ Mats weaving
 - ✓ Fishing
 - ✓ Fire wood gathering for sale

Cont'd

- ❑ **MARIAL-LOU** (50 beneficiaries)
 - ✓ Basket and bag making
 - ✓ Grinding mill
 - ✓ Goat rearing as corporative activity
 - ✓ Formal and informal educational program

Ox plough technology for Leprosy disable

- Mapuordit



Sewing

- Yiol



Grinding Mill

- Agangrial



Surgical reconstruction activities

- Survey done in July 2007
- 164 patients examined (29 non leprosy, 135 leprosy)
- 44 patients benefited from rehabilitation surgery, mostly for septic ulcer
- 49 patients benefited from eye surgery, 95% cataract

Reconstruction of nerve

- Patient from Mapuordit



Plantar ulcer

- Patient from Agangrial



Malignancy

- Patient from Tonj



Partners and roles

- ❖ **GLRA**
 - Support overall Leprosy program
 - ✓ Funding
 - ✓ Training
 - ✓ Technical support
 - ✓ Provide Prednipac

Cont'd

❖ WHO

- Technical support
- Capacity building
- IEC materials

Cont'd

❖ MOH SS-NTLBP

- Develop policy and guidelines in collaboration with WHO and NGOs
- Trainings
- Provision of leprosy drugs

Cont'd

❖ SDC (Swiss Development Cooperation)

- Funding

❖ NGOs

- Provide Leprosy services
- Training of health workers
- Reporting to NTLBP/WHO
- Monitoring and Evaluation

❖ AMREF for leprosy re-construction surgery (Mapuordit hospital)

ACHIEVEMENT

- Reduction in stigma
- Integration of leprosy program in all AAA Health Centers
- Empowerment of disable in economic development
- Building the capacity of disable leprosy to adopt to new economic development
- Improve the economic capacity of disable leprosy
- Integration of disable leprosy into the community

CHALLENGES

- Inadequate trained human resource capacity
- Inadequate staffing
- Transport difficult especially during rain season
- Insufficient means of transport
- Insecurity still persist in some areas
- Lack of local production of MCR shoes

THANK YOU FOR SHARING

