

Madurai Health and Leprosy Relief Centre

MAHELERCEN



Project Proposal

**“Community Health Promotion & Leprosy Relief In Rural Areas Of Madurai District,
Tamil Nadu, India”**

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Project Title**Project summary****Community Health Promotion Activities In Rural Areas Of Madurai District, Tamil Nadu.**

Organisation	Madurai Health and Leprosy Relief Centre (MAHELERCEN)
Location	India, Tamil Nadu, Madurai district and Dindigul District.
Period	5 Years.
Target group	People in and around Madurai and Dindigul District.
Proposal	Extension of the activities of MAHELERCEN through mobile health camps, education programs, 2 'out patient' clinics and self employment of disabled victims of leprosy by a rehabilitation program. So that 36.000 -136.000 people within Madurai district will be reached and covered.
Main objective	<ol style="list-style-type: none"> 1. Eradicate leprosy and make the people conscious of the preventive measures against the infectious diseases by survey, education and treatment. 2. To help the victims of leprosy disabled cases and to rehabilitate them and self employment for them. 3. To render a Comprehensive hospital and Immediate medical care for the General public in and around the District of Madurai while treatment of leprosy is completely free of cost for the patients, treatment of other general diseases will be billed on a standard profit making principle. The profit made by the general hospital programme will be pooled back in to the General fund and it will be utilized for the betterment of treatment and rehabilitation. 4. To intent a Community and family welfare programme to the public, free Family Planning services and Immunization for the children. 5. To conduct Basic health education for Rural Village Women and Reproductive Health Care". 6. To impart Health Education to the people regarding Leprosy/ TB/ Cancer/ HIV/AIDS and general health Care. 7. To make the mass conscious of general hygiene and public health.
Specific goals	<ol style="list-style-type: none"> 1. 5000- – 25.000 of the people of rural villages in Madurai district have access to free health consulting and free leprosy medicines by mobile health camps. 2. 20.000 - 88.000 of the inhabitants at village level of Madurai district are aware of the importance of regular health care and preventive measures against the infectious diseases, like: Leprosy, Tuberculosis, cancer and HIV/AIDS by Basic Health Care education. 3. Out Patients of Thiruparankundram and Madurai East block have access to free health care consulting and free leprosy medicines in one of the two Out Patient clinics (OP clinic). 4. Disabled victims of leprosy have the possibility to rehabilitate by self employment.
Total number of beneficiaries people.	36.000 – 160.000 people of Madurai district.
Budget first year	INR 3232415 (including four wheel drive) = US\$ 538735
Budget next years	INR 2440000 = US \$ 40666
Contact person	<p>Maria Xavier Turtius Executive Secretary 12/10, Sister Rose 2nd Street Melaponnagaram Madurai - 625 016, Tamil Nadu, South India Phone: 0452-2360159 Email: humanhealthserve@rediffmail.com www.mahelerecen.50webs.com</p>



number 184/91

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Madurai Health and Leprosy Relief Centre

1.1 Madurai Health and Leprosy Relief Centre (MAHELERECEN)

MAHELERECEN is a Non-Governmental and Non-Profitable registered organization doing voluntary health promotion and preventive services of health education, treatment and rehabilitation services of leprosy patients living in and around of Madurai district, Tamil Nadu. These activities of leprosy elimination services and health and Leprosy Awareness services since 1991 with local philanthropic person donations and from 1996 on wards with financial support of "Wanakkam" – Belgium (www.wanakkam.be).

1.2 Mission

The mission of MAHELERECEN is to eradicate leprosy in and around the city of Madurai and make the people conscious of the preventive measures against the infectious disease. The programme undertaken, involves not only giving treatment to the patients but also finding of new and fresh cases for early treatment. Early treatment can prevent 100% of deformity (POD). Also there is a rehabilitation program for the persons affected by deformity and disabled persons.

1.3 Goals

1. Finding of new and fresh leprosy cases for treatment through investigation by survey among the primary schools, slums and unhygienic areas.
2. Giving proper chemotherapy (Multi Drug Therapy = MDT) for (new) cases of leprosy.
3. Care and support for leprosy deformity and disabled cases through physiotherapy treatment.
4. Micro-Finance support for rehabilitation through self employment.
5. General and Leprosy awareness creation/improvement through Information, Education and Communication (IEC) programmes to school going children, adults, industrial labours, employees, self help groups, youth, school teachers, Panchayat leaders, decision makers of village and others.

1.4 Current activities

1. Conducting general health & leprosy awareness classes for school going children.
2. Conducting health awareness program for industrial labours and public.
3. Case detecting early leprosy cases among the school & rural population.
4. Every month giving chemotherapy (MDT) treatment for all detected cases.
5. Giving proper care & treatment for all deformity & ulcer patients.
6. Giving rehabilitation services for leprosy deformed and cured disabled cases.

1.5 Year wise education and leprosy awareness activities and benefited persons

Year	No of Health education Classes conducted for School children and Benefited persons		No of health education Programme conducted For factory workers and Benefited persons.		No of H.Edu classes Conducted for N.G.O'S And benefited persons		No slide shows Conducted to the Public and benefited Persons.		No of H.Edu Pamphlets Issued to the
	No. of program	No. of participants	No. of Program	No. of Participants	No. of Progam	No. of Participants	No. of Program	No. of Participants	Participants
1995	12	832	12	338	7	539	2	450	2159
1996	4	771	3	400	5	570	2	450	2191
1997	18	2766	--	--	2	27	4	453	3466
1998	15	2781	6	180	--	--	4	925	3886
1999	17	6773	12	300	--	--	10	1230	3150
2000	88	15098	64	2540	--	--	43	5250	14880
2001	72	9582	70	1525	--	--	39	4184	15138
2002	69	8369	53	1710	--	--	30	3355	13408
2003	63	9836	72	3916	--	--	12	1613	8466
2004	36	4587	34	1958	--	--	16	2400	6500
2005	34	7722	20	1035	--	--	8	1200	8135
2006	25	4118	88	2773	--	--	5	850	7741
2007	30	7464	73	3453	--	--	4	600	9515
2008	32	9072	53	2597	--	--	5	1200	6750
2009	77	18801	62	3312	--	--	4	850	13500
2010	101	19493	88	5874	--	--	5	700	12000
2011	106	20526	98	6711	--	--	4	650	10500
2012	120	20277	102	7235	--	--	6	876	12000
2013	103	14201	115	5452	--	--	5	798	10000

1.6 Organisation MAHELERCEN

Staff members

- Organizer cum administrator: more than 45 years of experience in the field of leprosy and is also Registered Medical Practitioner (RMP).
- Health Educator
- Health Visitor
- Office Assistant
- Accountant

Vehicles

- Motor Cycle(2007 donation) - one
- Toro Rosa Moped (1999) - one
- Bicycle Hercules (1999) - one

Our health education unit consist

- Leprosy colour transparent slide
- Manual slide projector with screen
- Public addressing system (Ahuja)
- Flip charts
- Flash cards
- Health education pamphlets
- Video CDs, and DVDs
- Portable DVD player

Dispensary MAHELERCEN

MAHELERCEN Maruthuva Maiyam is a small, rented, clinic where we provide free health care consulting and low cost of treatment. Open 6 days a week.

Our dispensary consists the following facilities:

- Diagnostic Equipments.
- Laboratory with equipments.
- Physiotherapy with equipments.
- Ulcer dressing materials with equipments.
- Medicines.
- Etc.

Context situation

1.7 Background situation in Madurai district

Most of the rural residential people are daily wage workers and we can divide the workers population as stated below.

Name of workers trade	Educated	Uneducated	Total Percentage
Sweepers	2%	48%	50%
Masons	1%	9%	10%
Carpenters	1%	9%	10%
Mud pot workers	--	2%	2%
Washer men	--	2%	2%
Rickshaw drivers	--	1%	1%
Loading & unloading workers & others	--	25%	25%
Total	4%	96%	100%

Health facts and figures.

By sample surveys among rural population, we found the following complaints prevalent among the daily wage workers and general public:

1. General health as well as personal health awareness is poor.
2. Deficiency of A+ D vitamins (nutritional patches) among the school going children.
3. Iron deficiency (Anaemia) among the women group.
4. 5 to10% are having tooth complaint among the 35 to 45 age groups.
5. Liquor & smoking habits are found in rural community among the daily wage workers:
 - Affected by liquor related ailments & alcohol abuse in Vilangudi village: 65/1000 (male).
 - Affected by chain Smoking in Vilangudi village: 129/1000 (male).
6. Found early type of Leprosy sign and symptoms among school going students:
 - Prevalence: 2-3/1000 (age of 6 to 12 years).

These workers are not concentrating on their own health situation and that of their family members. Because they are getting very poor wages, they are not able to save money to spend on their health. Mostly, their housing conditions are very unhygienic. Even though some persons like sweepers earn slightly better income than others of their category they are not interested to care about the health of themselves and their family members due to lack of education. They spend their money for wasteful purposes and for undesirable habits (e.g. for liquoring, gambling etc). Even though Government Hospital is there to take care of the general health and leprosy victims, we feel that that services are limited and the whole rush to Government Hospitals could not treated.

Problem exploration

1.8 Leprosy around the world

Every year between 200,000 and 400,000 new cases of leprosy are found around the world. In 2005 the World Health Organisation (WHO) reported that over 296,000 new cases of leprosy were detected. **Over 70% of new cases are found in India.** In Mozambique, Indonesia, DR Congo and Brazil new cases of leprosy continue to increase each year. However, many cases will still go undetected each year, particularly in very rural areas where even basic health care is limited. ¹

1.9 Leprosy in Madurai district

New found leprosy cases found by Madurai Health and Leprosy Relief Centre in the past years.

No.	Year	Type wise		Total cases	No. of deformity (disabled) cases
		MB	PB		
1.	1991-94	14	35	49	35
2.	1995	3	3	6	--
3.	1996	4	18	22	4
4.	1997	1	14	15	5
5.	1998	5	11	16	4
6.	1999	3	19	22	4
7.	2000	2	35	37	5
8.	2001	2	20	22	7
9.	2002	3	24	27	5
10.	2003	2	14	16	4
11.	2004	1	17	18	2
12.	2005	--	28	28	2
13.	2006	--	23	23	--
14.	2007	--	31	31	--
15.	2008	1	22	23	--
16.	2009	--	15	15	--
17.	2010	1	29	30	9
18.	2011	1	21	22	7
19.	2012	3	21	24	8
Total		46	400	446	101

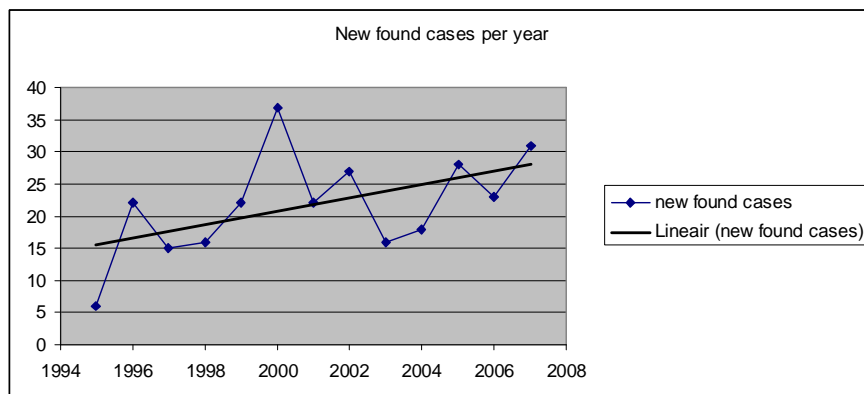
Note: new found cases can categorise in two groups:

1. Skin lesion (1- 5 patches) called Pauci bacillary (PB)
2. Multi skin lesions (6 and above patches) called Multi bacillary (MB)

¹ www.leprosymission.org

New found cases

There are yearly still new cases of leprosy found by MAHELERECEN



Leprosy is a chronic infectious disease of the skin and nerves which, if untreated, can lead to serious deformities. If treated early enough, deformities need not occur. And, once treatment has started, a person is non-infectious.

Through the education and screening programs of (school) children, the most leprosy cases are found in an early stage so that they can start treatment quickly.

1.10 Awareness of basic health care

Awareness of basic health care is limited, particularly in very rural areas.

The target group of MAHELERECEN belongs to 'the bottom of the pyramid'. Many of them live in poverty (below \$2 per day).

In developing countries, and also in Tamil Nadu, waterborne diseases (like dysentery, cholera, typhoid and diarrhoea) are a major problem which contributes to the vicious circle that people are in. In many developing countries, there is a lack of medicine to treat ill people. Vaccination is usually very scarce as well. Many people weaken because of (waterborne) disease and, as a result, are more susceptible to other infections. Their physical capacity decreases and they cannot work and provide their families with money and food. A lack of sufficient nutritional food weakens people, especially children, even further. They become even more susceptible to diseases. Children run behind at school, because they cannot be educated when they are ill. Waterborne diseases frustrate the economic development of many people.²

² CAWST. Biosand Water Filter Manual, Published by DHAN Foundation

Log frame

<p>Project proposal: Extension of the activities of MAHELERCEN through mobile health camps, education programs, 2 'out patient' clinics and self employment of disabled victims of leprosy by a rehabilitation program. So that 36.000-136.000 people within Madurai district will be reached and covered.</p>			
<p>Main objective: Eradicate leprosy and make the people conscious of the preventive measures against the infectious diseases by survey, education and treatment.</p>	<p>Indicator: 5 years after start of the project is the prevalence of new found cases of leprosy reduced by 75% in and around Madurai district.</p>	<p>Source of investigation:</p> <ul style="list-style-type: none"> • Checklist • Registration of new found cases, cured persons, patients under treatment, etcetera. 	<p>Assumptions:</p> <ul style="list-style-type: none"> • Cooperation of governmental organisations • Cooperation of local leaders and decision makers.
<p>Specific goal 1. 5000 – 25.000 of the people of rural villages in Madurai district have access to free health consulting and free leprosy medicines by <u>mobile health camps.</u></p>	<p>After 2 years of start of the project, does the inhabitants of the target area knows of the mobile health camps.</p>	<ul style="list-style-type: none"> • Registration of visited villages and the total people who are visiting the mobile health camps. • Registration of troubles and given medicines to patients. 	<ul style="list-style-type: none"> • Cooperation of local (Panchayat) leaders and decision makers.
<p>Specific goal 2. 20.000 - 88.000 of the inhabitants at village level of Madurai district are aware of the importance of regular health care and preventive measures against the infectious diseases, like: Leprosy, Tuberculosis and HIV/AIDS by <u>Basic Health Care education.</u></p>	<p>After 5 years of education and information are these people reached by Basic Health Care education.</p>	<ul style="list-style-type: none"> • Registration of visited villages/places and the total people who are reached. 	<ul style="list-style-type: none"> • Cooperation of the inhabitants of the reached villages.
<p>Specific goal 3. Out Patients of Thiruparankundram and Madurai East block have access to free health care consulting and free leprosy medicines in one of the two <u>Out Patient clinics</u> (OP clinic).</p>	<p>After 5 years of start of the 2 OP clinics, 10.000 -46.000 people have access to one of the two Out Patient clinics.</p>	<ul style="list-style-type: none"> • Registration of number of visitors. • Registration of troubles and given medicines to patients. 	<ul style="list-style-type: none"> • Cooperation of govt. • Cooperation of local leaders. •
<p>Specific goal 4. Disabled victims of leprosy have the possibility to <u>rehabilitate by self employment.</u></p>	<p>After 5 years of start of the project have 70% of the disabled victims of leprosy, of the target area an income by self employment.</p>	<ul style="list-style-type: none"> • Registration of number of disabled people of leprosy. 	<ul style="list-style-type: none"> • Enough money to give a loan.

Specific goal 1. 5000 – 25000 of the people of rural villages in Madurai district have access to free health consulting and free leprosy medicines by mobile health camps.

Activities	Sources		Assumptions
	Materials/transport	Human Resources	
1. Investigation of the target area and find out what the best places are for the mobile camps. Make a decision where to carry out the mobile camps.	<ul style="list-style-type: none"> • Vehicle • Map of area and villages. 	<ul style="list-style-type: none"> • Organizer cum administrator. • Medical doctor. 	<ul style="list-style-type: none"> • Cooperation of local leaders.
2. Make a plan for visiting the villages and make announcements.	<ul style="list-style-type: none"> • Computer • Phone • Pamphlets 	<ul style="list-style-type: none"> • Health coordinator 	<ul style="list-style-type: none"> • Cooperation with local leaders.
3. Provide free health consulting and free or low cost medicines & distribution of MDT	<ul style="list-style-type: none"> • Vehicle • Medicines • Equipment 	<ul style="list-style-type: none"> • Medical doctor • Health visitor 	<ul style="list-style-type: none"> •
4. To bring complicated ulcer and leprosy patients from the rural centres to hospitals for inpatient admission.	<ul style="list-style-type: none"> • Vehicle 	<ul style="list-style-type: none"> • Medical doctor • Health visitor 	<ul style="list-style-type: none"> • Cooperation with hospitals
5. Two times per year: Report of findings, included de statistics of new found cases and other infectious diseases.	<ul style="list-style-type: none"> • Computer • Checklists • Registration forms 	<ul style="list-style-type: none"> • Medical doctor 	

Expected beneficiaries

Activity	No of program	Participants	Direct / indirect beneficiaries
Medical mobile camps	8 villages per month x 12 = 96 times per year	People of project area 96 x 50 patients	4800 / 24000
Ulcer dressing & physiotherapy	8 villages per month x 12 = 96 times per year	Leprosy recorded cases 96 x 5 patients	480 / 960
Expected total			5280 / 24960

- Direct beneficiaries are patients who come really to the mobile camp. These patients will may be bring more patients. For example there family members, this is what we call the indirect beneficiaries.
- By using a vehicle, we can extend our activities to serve those un-reached deserving patients and also we will extend two more block area (see map of area and appendix 2) to render our services. Suppose if we are having these four wheeler facility means we will go with our medical team directly to meet the patients and we do our services better for their disease and health complaints.
- The recorded known cases of leprosy are all from slums and rural villages and are often too poor to get medicine from their own income and they are not even in a position to come to our current dispensary to receive medicines (MDT) regularly. So, they are getting frequent complication like plantar ulcer and to help those patients, a vehicle will be useful to conduct for rural clinics.
- Currently we have to move by 2- wheeler. In that way it is not possible to carry all the equipments, medicines and education materials and also important, the reachable area is limited. Only the area around Madurai city can be visiting nowadays.
- We would like to visit 2 times per week a village. So 8 villages can be reached each month. After 1 month the program can be repeated.
- MDT is distributed monthly to all the patients. Currently, especially in monsoon time it hard to reach all the patients in time. A vehicle will help to reach more easily.
- Free of cost medicines are medicines against infected diseases like: leprosy, Tuberculosis, etc. For al other medicines we will ask a very low price.
- We only can treat non-complex complications, like: worms, headache, throat pain, etc. For al other (complex) troubles we will refer the people to secondary health care.

Specific goal 2. 20.000 - 88.000 of the inhabitants at village level of Madurai district are aware of the importance of regular health care and preventive measures against the infectious diseases, like: Leprosy, Tuberculosis and HIV/AIDS by Basic Health Care education.

Activities	Sources		Assumptions
	Materials/transport	Human Resources	
1. Develop different kind of education programs for all different target groups like school children, factory workers, etc. about the importance of regular health care and preventive measures against the infectious diseases.	<ul style="list-style-type: none"> • Pamphlets • Slide show/Power Point • LCD projector • Flip charts • Photos 	<ul style="list-style-type: none"> • Medical doctor • Health educator 	<ul style="list-style-type: none"> • Good qualified employees
2. Discuss the new education programs with all the (new) staff members.	<ul style="list-style-type: none"> • Pamphlets • Slide show/Power Point • LCD projector • Flip charts • Photos 	<ul style="list-style-type: none"> • Health educator 	
3. Make a planning of visiting (school, workshop, public place, etc.) Agree this with the concerned people and make announcement of it.	<ul style="list-style-type: none"> • Telephone • Computer • Map of area and villages • Pamphlets 	<ul style="list-style-type: none"> • Health educator 	
4. Giving education and do a skin check-up in the 2 blocks of Madurai district.	<ul style="list-style-type: none"> • Pamphlets • Slide show/Power Point • LCD projector • Flip charts • Photos • Leprosy pen 	<ul style="list-style-type: none"> • Health educator • Health visitor 	
6. Two times per year: Report of findings, included de statistics of new found leprosy cases.	<ul style="list-style-type: none"> • Computer • Checklists • Registration forms 	<ul style="list-style-type: none"> • Health educator 	

Expected beneficiaries			
Activity	No of program	Participants	Direct / indirect beneficiaries
Health education + skin check-up	10 times per month x 12 = 120 per year	School children 120 x 100 children	12.000 / 60.000
Health education + skin check-up	5 times per month x 12 = 60 per year	Factory or workshop workers 60 x 20 persons	1200 / 6000
Health education + skin check-up	4 times per month x 12 = 48 per year	Rural public (villages) 48 x 150 persons	7200 / 21.600
Expected total			20.400 / 87.600

Some of the education programs contains also: Reproductive Health Care, community and family welfare and family planning services.

Specific goal 3. Out Patients of Thiruparankundram and Madurai East block have access to free health care consulting and free leprosy medicines in one of the two Out Patient clinics (OP clinic).

Activities	Sources		Assumptions
	Materials/transport	Human Resources	
1. Do research in the target area and find out what kind of health care is already available. Make the decision where to rent the clinics.	<ul style="list-style-type: none"> Map of area and villages. Vehicle. 	<ul style="list-style-type: none"> Organizer cum administrator. Health visitor 	<ul style="list-style-type: none"> Cooperation of local leaders.
2. Discuss and agree the plans with concerned people.		<ul style="list-style-type: none"> Organizer cum administrator. Health visitor 	<ul style="list-style-type: none"> Cooperation of local leaders.
3. Rent 2 places.	<ul style="list-style-type: none"> Equipment 	<ul style="list-style-type: none"> Organizer cum administrator. 	<ul style="list-style-type: none"> Enough money to rent a place.
4. Make announcement in the area of the OP's so that people knows about it.	<ul style="list-style-type: none"> Telephone Pamphlets 	<ul style="list-style-type: none"> Health coordinator Health visitor 	<ul style="list-style-type: none"> Cooperation of schools, public places, etc.
5. Give free of cost health consulting and offer free and low cost treatment.	<ul style="list-style-type: none"> Equipment Medicines 	<ul style="list-style-type: none"> Health coordinator Health visitor 	
6. Two times per year: Report of findings, included de statistics of new found cases and other infectious diseases.	<ul style="list-style-type: none"> Computer Checklists Registration forms 	<ul style="list-style-type: none"> Health coordinator 	

Expected beneficiaries

Activity	No of program	Participants	Direct / indirect beneficiaries
Free of cost health consulting and free and low cost treatment.	24 days open per month x 2 OP's x 12 = 576 times open per year	People of project area 576 x 15 patient per day	8640 / 43200
Ulcer dressing & physiotherapy	576 x 3 patients per day	People of project area	1728 / 3456
Expected total			10638 / 46456

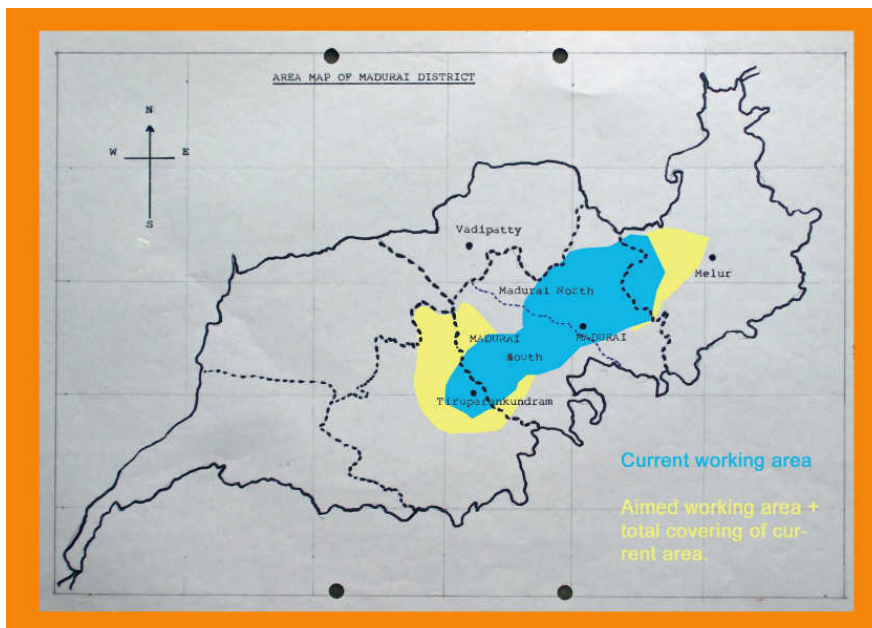
- MAHELERCEN plans to start with 2 small Out Patient clinics at needed areas as dispensary have now grown into hospital. Patients who can be treated with free of cost at their door step level, and sometimes target community pay the cost of medicines in full or in part with subject of high risk diseases. Patients from outside the target community pay & small service charge in addition. If necessary, patients are further referred to appropriate health specialists.
- For an overview where to set up the OP clinics, see map of area and appendix 2.

Specific goal 4. Disabled victims of leprosy have the possibility to rehabilitate by self employment.

Activities	Sources		Assumptions
	Materials/transport	Human Resources	
1. Develop an education program for these victims about how to set up a small business or what to do with a cow for example.	<ul style="list-style-type: none"> Computer Pamphlets Education materials 	<ul style="list-style-type: none"> Organizer cum administrator 	
2. Develop a program to visit the persons because of collecting of the loan and follow-up.	<ul style="list-style-type: none"> Computer 	<ul style="list-style-type: none"> Health visitor 	
3. Give education and explain how it works and discuss the consequences. Give the person a loan.	<ul style="list-style-type: none"> Education materials Money 	<ul style="list-style-type: none"> Health visitor 	<ul style="list-style-type: none"> Cooperation of the disabled victims of leprosy.
4. Collect a small amount of the loan monthly.	<ul style="list-style-type: none"> Vehicle 	<ul style="list-style-type: none"> Health visitor 	
5. Two times per year: Report of total numbers of participants and of the collected money.	<ul style="list-style-type: none"> Computer Registration forms 	<ul style="list-style-type: none"> Health visitor 	

Expected beneficiaries			
Activity	No of program	Participants	Direct / indirect beneficiaries
Rehabilitation program by self employment and follow-up	15 visits per month x 12 = 180 visits per year	Leprosy disabled persons.	50 / 100
Expected total			50 / 100
Total expected beneficiaries of all activities			
<ul style="list-style-type: none"> • Disabled victims of leprosy can get a loan of approximately RS 20000, depends of what they would buy, for self employment. You can think about a cow, some goats, a cart for selling house hold materials, etc. If they would spend more then RS 20000, they can borrow RS 20000 and have to pay the rest by themselves. • It is advisable to motivate the participants of the rehabilitation program to come to one of the OP centres of to the mobile clinic for paying back of the loan. It will save al lot of time for the workers. • MAHELERCEN will give approximately 10 persons per year a loan. So, that means that after 5 year 50 disabled persons have an income by self employment. 			

1.11 Map of area Madurai



Human Resources

Human Resources	Tasks and responsibilities
1x Organizer cum administrator (OA)	Experience in the medical field. Registered Medical Practitioner (RMP). Responsible for the total project. Planning and organizing the project work. To implement the project proposal. Organising financial resources. Receiving progress report from the staff. Conducting periodical meetings for evaluation. Submit progress report to funding organisations. Overall administration.
1x Medical doctor (MD)	Bachelor in medicines/bachelor in surgery (MBBS). In charge of and responsible for the mobile medical team. To diagnose and confirm the diseases of leprosy and other diseases. To conduct mobile treatment program. To give MDT to all leprosy and other infectious cases and follow up every cases. Conducting monthly review meetings. Controlling all medical staff. Submitting monthly report to the OA.
1x Health educator	Degree in Health education. Responsible for the Health education program. Prepare weekly/monthly 'plan of action' of education programs. Select the group (school children, women, self help groups, daily wage workers, etc.) for health education. Give basic and personal health education. Conduct health education classes for industrial labourers. Conducting slide shows to all general rural public. Submitting monthly activity report to Organizer cum administrator.
2x Health coordinator	Qualified nurse. Responsible for the Out Patient clinics. Arrange and organize the Out Patient clinics. Submitting monthly report to the OA. and MD.
2x Health visitor	Qualified Health visitor. Giving assist to the medical doctor, health educator and health coordinator. Visit every village President to know particulars of population and other statistical like community, 'scheduled cast/scheduled tribes' and various workers. Find out health complaints of leprosy, Tuberculosis, diarrhoea, scabies, etc. through survey from the rural population. To give chemotherapy for all health complaints in order of Medical Doctor or Health coordinator.
1x Lab technician	Qualified lab technician. In charge of laboratory. Receive lab test order from MD. Give lab investigation results to MD. Going with mobile medical camp for receive samples for lab tests.
1x Typist cum clerk	Computer maintaining and accounts maintaining. Documents record keeping, etc.
1x Office at tender	To assist for office work.
1x Vehicle driver	Experienced and have license for four wheel driving. Driving vehicle for mobile health camp. Driving vehicle for Health education activities.

Requested budget

Particulars of non-recurring	Number	Requested amount in Indian Rupies	Amount in USD \$ (\$1 = Rs 60)
Purchase of Four wheeler vehicle	1	707415	11790
LCD projector	1	55000	917
Computer	1	30000	500
Total			
Particulars of recurring	Number	Requested amount in RS	Amount in Euro's
<i>Mobile health camps:</i> Equipment and medicines. Amount: Rs 1500 per camp. (8 program per month x 12 = 96 program per year)			
	Rs 1500 x 96	144000	2400
<i>Out Patient Clinics:</i> Preliminary work to open the clinic Amount: Rs 15.000 per clinic			
	Rs 15.000 x 2	30000	500
<i>Rent Out Patient Clinics:</i> Amount: Rs.5000 per month x 12 = Rs 60000 per year per clinic.			
	Rs 60000 x 2	120000	2000
<i>Electricity charges Out Patient Clinics:</i> Amount: Rs.1000 per month x 12 = Rs. 12000			
	Rs 12000 X 2	24000	400
<i>Out Patient Clinics:</i> Purchase of equipment and medicines. Amount: Rs 5000 per month x 12 = Rs 60.000			
	Rs 60.000 X 2	120000	2000
<i>Health education:</i> Education materials, pamphlets, photos, etc. Amount: Rs 1000 per month x 12			
	Rs 1000 X 12	12000	200
<i>Rehabilitation program by self employment and follow-up:</i> Loan for disabled victims of leprosy Amount: Rs 10000 per person			
	Rs 40000 X 10	400000	6666
<i>Salary Programme organizer and Administrator</i> Amount: Rs 20000 per month x 12			
	Rs 20000 X12	240000	4000
<i>Salary Medical officer:</i> Amount: Rs 15000 per month x 12			
	Rs 15000 X 12	180000	3000
<i>Salary Health Coordinator:</i> Amount: Rs 12000 per month x 2 persons x 12			
	Rs 12000 x 2 x 12	288000	4800
<i>Salary health visitors:</i> Amount: Rs 8000 per month x 2 persons x 12			
	Rs 8000 x 2 x 12	192000	3200
<i>Salary lab assistant:</i> Amount: Rs 7000 per month x 12			
	Rs 7000 X 12	84000	1400
<i>Salary typist cum clerk:</i> Amount: Rs 8000 per month x 12			
	Rs 8000 X 12	96000	1600
<i>Salary office attender:</i> Amount: Rs 8000 per month x 12			
	Rs 8000 X 12	96000	1600
<i>Salary driver:</i> Amount: Rs 6000 per month x 12			
	Rs 6000 X 12	72000	1200
<i>Fuel and maintenance of 4 wheeler:</i> Amount: Rs 8000 per month x 12			
	Rs 8000 X 12	72000	1200
Administrative Expenses			
<i>Phone charges</i> Amount: Rs 1500 per month x 12			
	Rs 1500 X 12	18000	300
<i>Stationery/ office materials</i> Amount: Rs 1000 per month x 12			
	Rs 1000 X 12	12000	200
<i>Documentation & reporting</i> Amount: Rs 2500 per half year x 2			
	Rs 2500 X 2	5000	83

<i>Auditing expenses</i> Amount: Rs 5000 per year		15000	250
Unexpected expenditure 10%		220000	3666
Budget particulars of recurring for one year		2440000	40666
Budget for non –recurring (four wheel vehicle, LCD Projector and Computer)		792415	13206
Total requested budget to start up		INR 3232415	US\$ 538735
Budget for next years		INR 2440000	US\$ 40666

- The requested budget for de vehicle is obviously one-time. The budget for recurring particulars is need yearly.

Project finalizing

After 5 years this described project will be finished. The people of the rural villages have access to free health consultancy and free medicines against infectious diseases by mobile health clinics and/or Out Patient clinics. They also are aware of the importance of regular health care and preventive measures against the infectious diseases. Furthermore, 70% of the disabled victims of leprosy have an income by self employment. And last but not least, the prevalence of new found cases will be 0% of leprosy is reduced by 99% in and around Madurai district.

1.12 Sustainability

We intended to mention that the project that we will start in rural area of Madurai is for the initial 5 years. In due course, after establishing the program in villages, we will come in contact with hospitals working at corporate style in Madurai to join us to take up portion of the responsibility so that sustainability is assured. No hospitals at the initial stage, where project visibility is not incorporated, will come forward to make assurance to collaborate with us. Institutions in Madurai like to support an ongoing project rather a new one. Since they are not professional donors, they don't appreciate venture funding. So, we considered your funding as important to raise the project to a visible level and then go to some corporate styled hospitals and make a memorandum of understanding for collaboration. Since we have got a good rapport with the benefiting community, we can build with the relation further and shape the project to attract the local donors and corporate hospitals.

The project will continue functioning even after the closure of your funding in the following manner:

1. During the project period we will approach the corporate hospital in Madurai to under take some of the activities as their services extension. They may lend their vehicle fuel cost, Technical persons and Equipments.
2. The local elected Representatives and Health Care providers will have participation throughout the project period. This will continue even after your funding.

1.13 Fundraising

For the next coming years, fund raising has a high priority. We are aware that an organisation like MAHELERCEN earns less money of their patients. So, they are totally being dependent of gifts and funding.

The project budget is calculated for one year presently. Year-wise, it may be extended. We will be happy to have you as funding partner for first and second year. We are in the process of meeting the local philanthropists who require a visibility of the project for which we need initial funding from your good office. Once we establish a visible picture of the project, with presentable achievements, our local donors will be convinced to take over the project further. Including administrative expenses, we can manage with local philanthropy.

1.14 Attention of leprosy to other infectious diseases

After 5 years of working we expect that the prevalence of new found cases of leprosy is reduced by 75%. That means we find less of new cases anymore. In that way, we will move more and more the attention from leprosy to other infectious diseases, like Tuberculosis and HIV/AIDS.

Appendix 1: Leprosy

What is leprosy?

Leprosy is a medical condition, also known as Hansen's disease, after **Armauer** Hansen, a Norwegian doctor who was the first to view the leprosy microbe under a microscope in 1873. It is neither hereditary nor flesh eating.

Leprosy is still highly prevalent affecting hundreds of thousands of people around the world, mainly in Asia, South America and Africa. Last year over 296,000 new cases were detected - that's over 800 people every day...

What causes leprosy?

Leprosy is caused by *Mycobacterium leprae* (related to the TB mycobacterium). It is probably spread by airborne infection – coughing and sneezing. The first outward sign of leprosy is a patch on the skin, usually associated with loss of feeling.

Leprosy and the consequences

Leprosy is still surrounded by myths, stigma and fear. It was thought that leprosy caused fingers and toes to drop off - it doesn't! However, because leprosy attacks surface nerves in cool spots of the body, your fingers and toes can become anaesthetised - they stop feeling pain. They can then easily become injured through stiffness, cuts, burns and bruises and you wouldn't feel a thing. Infection sets in which results in tissue loss, fingers and toes shorten as cartilage is absorbed by the body and bones become irreparably damaged. Therefore while leprosy doesn't cause fingers or toes to drop off, it is capable of causing disability and even blindness if left untreated.

Is leprosy infectious?

Yes, but it is **least infectious than other disease and** very difficult to catch and cannot be caught by a handshake. Over 95% of people are immune and after only a couple of days **months** on treatment, sufferers are no longer infectious.

Is leprosy curable?

Yes! Leprosy is curable with Multi Drug Therapy (MDT), a powerful combination of two to three drugs: Clofazimine, Rifampicin and Dapsone. Mild, non-infectious cases of leprosy need treatment with two drugs for 6 months. More severe infectious cases need all three drugs for up to a 24 month period. There is however no effective preventative vaccine - which is why early detection and treatment with MDT are so vital.

Appendix 2: Expected covered areas

We would like to state the activities in and around Madurai district, and it should be covered the following villages.

Outpatient clinic 1 <i>Thiruparankundram block:</i>	Outpatient clinic 2 <i>Madurai North block:</i>
Thiruparankundram	Othakadai
Nilayur	Ilangipatti
Soorakulam	Sundar rajanpatti
Thuvariman	Appan thirupathi
Karadipatty	Poigaikaraipatti
Keelakuilkudy	Kallanthiri
Perunkudy	Kidaripatty
Puliamkulam	Amanthoorpatti
Valayankulam	Naickenpatti
Parapathi	Valayapatti
Solankuruni	Mathoor
Vedarpoliyamkulam	Alagarkoil
	Thopulanpatti
	Velliankundram
	Kodikulam
	Narasingapuram

Currently it is difficult to cover all the villages within the blocks. This is because of lack of money for fuel and employees. Our goal is to cover all the villages in these blocks.

Appendix 3: More supplementary information

Why is MAHELERCEN so eager to eliminate leprosy?

- Leprosy is a one of the infectious disease like other disease.
- Leprosy can affect any person and in any ages.
- Leprosy can affect children than adult because childhood period every child is having less immunity so that it is not enough to fight against this disease.
- If not find out early cases and not treated in early the following complaint will develop:
Due to nerve damage loss of sensation can occur. Then limbs will get deformity.
 - Head: eyes, nose, facial paralyze (facial palsy).
 - Upper extremity: claw hand, wrist drop, absorption of fingers.
 - Lower extremity: foot drop, hammer toes, plantar ulcer and absorption of toes.
- Non availability of preventive medicine for leprosy, like vaccine.
- To prevent deformity complaint, early case detection and also early treatment is essential to get cure.
- If any early type of cases treated in early, patient will get cure 100%.
- Health & Leprosy Awareness is essential to identify every individual.
- If source of infection (positive cases) treated in early with MDT we can not find occurrence of new cases.
- Rehabilitation is needed for present deformity cases.

Aimed situation of MAHELERCEN

It will be evident that much work remains to be done, even after the elimination target has been reached in a given endemic country or region. Adequate services need to continue for case detection, treatment with MDT, management of complications, prevention of disabilities and, where necessary, rehabilitation. Looking to the future, the challenge will be increasingly to continue leprosy control in low endemic situations where other health priorities demand political attention and scarce resources.

Aimed Achievements:

- People can acquire knowledge about general health care, hygiene and leprosy disease.
- Behavioural change will be effected through health information, education and communications (IEC).
- People can come voluntarily reporting their health complaints to the doctor.
- People will keep their surrounding environment (well water, drinking water, drainage canals) in good conditions.
- People can utilize the health services either from Government or from voluntary organizations.
- Once people become aware of their diseases they will come forward for early treatment.
- Patients will take care of themselves for deformity correction.
- People will accept the disease as similar to other diseases without any myths and misconceptions.
- Resettlement of patients for normal life will be assured in the project area.
- All leprosy cases and other communicable diseases treated in early stage.
- All *positive* cases become *negative* and source of infection is nil.
- Providing protective footwear with microcellular rubber insoles to avoid injury to insensitive feet and to prevent ulcers.
- Providing physiotherapy & reconstructive surgery to repair damaged hands and feet.
- All villages are found free from leprosy.

For International Donors

Account Name " Madurai Health and Leprosy Relief Centre"
Account Number : 1093101020799
Swift code is : CNRBINBBUFM ;
IFSC code is : CNRB0001093
Bank Name : CANARA BANK,
Bank Address : Gnanaolivupuram, Madurai -625016, Tamil Nadu, India.

Dr. S. Maria Xavier Turtius.
Executive Secretary.
Madurai Health and Leprosy Relief Centre.