

Annual Report
2006-2007
LOK SEVA SANGAM



LSS

लोक सेवा संगम

IN SERVICE OF THE POOR

**DONATIONS TO LSS ARE EXEMPTED FROM
INCOME TAX UNDER SECTION 80G**

Annual Report 2006-2007

The past year has been one of many new activities and achievements . As we look back at what we have done we feel satisfied that what we set out to do has been to a great extent accomplished.

For those who do not know about Lok Seva Sangam...

The organisation was founded in the year 1976 by Fr. Carlo Torriani (PIME) and Sr. Luigina Marchesi. Being Italian, both went through extremely difficult times to establish the very successful organisation we have today. Fr. Carlo Torriani now a Citizen of India, has published a book on his experiences titled SWARGA DWAR, the name of an ashram in Taloja, his second organisation for the rehabilitation of leprosy patients.

LEPROSY ACTIVITIES

The organisation was initially started to help leprosy patients of the L and M wards of the BMC, with treatment and their children, who were not accepted in schools at that time, with education. With our successful leprosy control activities in the area and the pressure of the Government to eliminate leprosy, the prevalence rate of leprosy came down from 31/10000 to <1 /10000 (although certain pockets showed a PR of even 3/10000). The government thought it was now time to hand over the programme to the public health services in the city . All was well for sometime until we started finding cases in a sample survey done by us – the PR went from <1/10000 to 11/10000. We are currently doing a survey to check if leprosy is really a disease of the past. The results will be announced next year.

As of now the records **on paper** show

Details	Multibacillary Cases	Paucibacillary Cases	Total
Treated since the beginning	4084	23846	27930
Cured	2599	18343	20942
New Cases detected			
2004-05(after integration)	145	228	373
2005-06	139	171	301
2006-2007	99	120	219

Anti Leprosy Week activities were conducted between 30.1.2007 to 5.2.2007

Community groups, students and active C.B.Os (Community Based Organisations)

participated in the programmes which included poster exhibitions, street plays, awareness in schools, group talks, slide shows, poster-pasting, writing slogans in public places such as notice boards in schools, party offices, railway stations, markets, public transport (Buses, autorickshaws, health centres, hospitals and clinics)

Special activities held on leprosy

- An Anti Leprosy Week Rally was held at Bainganwadi where 150 children and self help group members participated. The local municipal corporator flagged off the rally and walked with the group for a while. **This was the first time that a local corporator has joined in a rally and seems interested in doing something for the area.**
- One prevention of deformity camp was held at Shatabdi hospital to give the patients a chance of meeting each other and also being refreshed in the ways of self care.
- The health post staff need to be motivated to work for leprosy and hence 7 Inter personal contact programmes were held for them
- Posters, banners were put up and exhibitions held in the area to educate people about the signs and symptoms of leprosy
- Special trainings on leprosy were held for the self help group members to enable them to participate confidently in the health programmes organized in their areas.
- As part of Public Health Education programmes our very own children performed street plays on leprosy which acted not only as a great crowd puller but proved that **educating the public through children is a very effective form of generating awareness about a particular disease.**

Physiotherapy Activities

CAN ANYTHING BE DONE FOR THE DEFORMITIES THAT ARISE FROM NEGLECTED LEPROSY ? Yes, the techniques of reconstructive surgery may be used to help restore function and appearance to tissue damaged by leprosy. Deformities of hands, feet and face may be corrected, but no operation can restore lost sensation. Even when nerves are partly destroyed, the patients must be educated in the careful use of their insensitive hands and feet so that they do not injure themselves.

ARE OTHER FORMS OF TREATMENT USED IN LEPROSY ? Physiotherapy is employed to maintain the mobility and strength of partly paralysed muscles, and to educate the patients in the prevention of deformities. Occupational therapy can teach patients how to gain their livelihood without damaging their hands and feet

Lok Seva Sangam has a total of 364 deformed patients now left in the area under our control. While 58% of the patients coming to us for physiotherapy improved, 37% remained static and 5% worsened because of their irregular follow up visits.

REFERRAL CENTRE ACTIVITIES

- **Leprosy Referral Centres** are places where comprehensive quality care to leprosy patients and guidance and support in leprosy to public health personnel, is given.



The physiotherapist in the process of stimulating the patients muscles



Municipal health workers being trained to palpate nerves at a POD camp

We have 3 referral centres at Shatabdi Hospital, MAA Hospital and Kurla.Bhabha Hospital .Referral Centres have been set up to provide specialist services such as physiotherapy, counseling and treatment of reaction and difficult cases. These centres are a major help to the public health dispensaries or hospitals who are unable to treat complicated leprosy cases. Patients are counseled and taught self care techniques. Patients with reactions and early disabilities are treated with drugs and physiotherapy to prevent further disability and deformity. We provide services like excercises, wax bath, electric stimulation and ulcer care to all patients with disabilities and deformities.Aids and appliances such as

splints for prevention and correction of hand deformities, special MCR footwear are provided to patients with disabilities and deformities. Skin smear facilities are also available at all LRCs for diagnosis of doubtful cases.



Dressing the wound of the patient



A BMC doctor being trained in giving nerve stimulation



Dressing kits distributed to all deformed cases that attended the camp.

Skin clinics

15 skin clinics continue with 3 doctors regularly attending the clinics where 1615 hansen's and 48152 skin patients were treated. We are grateful to Fr. Grugni who helps us out every time he is in Mumbai.

We have started one general clinic at Rafique Nagar in Bainganwadi which has yet to pick up as the area is covered by the Muslim League ambulance which gives medicines free of cost though the quality of treatment is yet to be gauged considering the people in the area are afflicted by a whole gamut of diseases.

- 15 weekly clinics and 3 fortnightly skin clinics were held where leprosy cases are confirmed and referred to the respective health posts for registration. In spite of the leprosy programme being handed over to the government our skin clinics register a number of leprosy cases and hence we felt the need to continue running the skin clinics
- Although skin smears are a thing of the past and no longer recommended by the government some leprosy suspects which are difficult to diagnose only on clinical symptoms are confirmed through skin smear results and so our tab technicians still continue to take skin smears
- As we are not equipped to conduct surgery, or make shoes referrals were made for corrective surgery and footwear to other institutions. 80% of deformed leprosy patients refuse to go for surgery. It takes a lot of convincing to make them understand that it will only better their deformity. This is probably due to the fact that most of them are the bread winners in the family and being laid up in hospital for may be a week to two would affect their family.
- Patients needing hospitalisation are referred to the hospitals specializing in leprosy cases like JJ, VDC, Eduljee Framjee and Swarga Dwar.



- **Skin Clinic in progress in a slum in Bainganwadi with Dr. K. C. Pagare.**

IEC – Leprosy (Intensive Health Education Campaign) Activities

	IEC Activities	Undertaken 05/06	Undertaken 06/07
1	HE through cured leprosy patients	80	314
2	Teachers trained about leprosy	200	255
3	School students trained about leprosy	6000	28300
4	Handbills/Pamphlets Distributed	20000	48000
5	Display of posters/stickers	500	1560
6	Display of Banners	200	111
7	Information on Notice boards	100	78
8	Prominent persons visited	300	180
9	Home visits with flash cards	252	29485
10	Group talks	36	900
11	HE to relatives of Lep. Patients	1260	2650
12	Exhibitions	24	44
13	Rallies	2	4
14	IPC workshop to Health Staff	25	11
15	Camps	3	14
16	HE on care of hands, feet and eye to leprosy patients	616	4000

As can be seen from the above comparison we have intensified the health education activities in the areas under our control. Thanks to the added help of the Self Help Group we were able to many more activities and reach out to a larger number of people making them aware of leprosy and the need for treatment.

TUBERCULOSIS (TB)

Tuberculosis (abbreviated as **TB** for *tubercle bacillus* or **Tuberculosis**) is a common and deadly infectious disease caused by mycobacteria, mainly *Mycobacterium tuberculosis*. Tuberculosis most commonly attacks the lungs (as pulmonary TB) but can also affect the central nervous system, the lymphatic system, the circulatory system, the genitourinary system, bones, joints and even the skin.

Over one-third of the world's population has been exposed to the TB bacterium, and new infections occur at a rate of one per second. Not everyone infected develops the full-blown disease; asymptomatic, latent TB infection is most common. However, one in ten latent infections will progress to active TB disease, which, if left untreated, kills more than half of its victims.



A Rally was organized to create public awareness about tuberculosis on the occasion of World TB Day. Pamphlets were distributed and 150 children participated in the rally shouting slogans on TB.



A street play on TB in progress. The actors are our very own Paramedical Workers enacting the signs and symptoms and treatment of TB

Mycobacterium



March 24, 2007 - World TB Day Activities above

IEC Programmes are the main stay of our awareness campaigns. They promote awareness about TB and lead to a demand for DOTS among the public. People are also made aware about the availability of free and effective TB treatment at the Health Posts of the Municipal Corporation.

Private Medical Practitioners (PMP) – G.P.I. Activity (Involvement of the General Practitioner)

Various studies assessing the health seeking behaviour of TB cases have indicated that 60% of the patients with a longstanding cough and those seeking health care have private practitioners as their first contact due to convenience, hours of operation and issues of confidentiality. 80-85% urban tuberculosis patients first went to their private practitioners. Unfortunately poor patients see an average of 3 doctors before being sent to the Mumbai municipal services. **It had also been noted that private practitioners do not manage TB cases properly because of lack of proper facilities and prescribing inappropriate regimens and therefore it was imperative to involve the private sector in the National TB programme.**

LSS (Lok Seva Sangam) has been assigned two Wards to conduct the G.P.I activity

500 Private Practitioners have been sensitized. Out of these 25% refer patients regularly to our centres for sputum collection

The system is based on the set up of a referral system from PMP's to Revised National Tuberculosis Control Programme (RNTCP)

Role of Private Practitioners in our wards - PPM initiative for improved DOTS (Directly Observed Treatment System) implementation

Name of Area	PPs (new doctors sensitized)	Referral of patients	New Suspects	Positive	Negative	Put on Treatment
Bainganwadi	8	322	85	47	271	66
Shivaji Nagar		68	19	15	52	17
Lotus Colony	2	127	17	12	113	13
Ayodhya Nagar	12	73	10	8	65	10
Centenary Hosp		45	15	10	35	9

Role of different provider types in Mumbai

	RNTCP	Public hospitals	NGOs	Private practitioners
Financing, drug supply, surveillance	x			
Training, supervision, monitoring	x		x	
Referral of suspects	x	x	x	x
Diagnosis	x	x	x	
Treatment initiation,	x	x		
DOT provision	x	x	x	x
Defaulter retrieval	x			

PPM _ public-private mix; **RNTCP** _ Revised National Tuberculosis Control Programme; **NGO** _ non-governmental organisation; **DOT** _ directly observed treatment.

Our contribution toward the early diagnosis of Tuberculosis patients was appreciated by the State Government who asked us to start additional DOT, Sputum Collection and Microscopy Centres.

The results of the analysis of slides at the Microscopy centres under our care

Ward	Microscopy Centres	Slides 05/06	+ve 05/06	-ve 05/06	Slides 06/07	+ve 06/07	-ve 06/07
L	Bail Bazar (10/04)	1958	335	1623	2878	301	2577
L	Uday Nagar (01/06)	440	6	434	Closed		
M(E)	Omkar Clinic (5/05)	4131	368	3763	7434	741	6693

Details of slides

Centre	Suspects		Suspects found +ve		Repeat Sputum	Follow up		+ve follow up		Total slides examined		+ve slides		-ve slides	
Omkar	1261	1409	161	201		1516	1659	106	124	6745	7434	602	741	6145	6693
Bail Bazar	417	705	83	149		421	1035	38	88	2114	4284	260	422	1774	3862
Saki Naka	242		53		1	470		50		1664		223		1438	

The above table shows an increase in the positive patients from 9% to 10% in M ward and 1% to 10% in L ward

Ward	DOTS Centres	Timing	No. Of Pts. 05/06	No. Of Pts 06/07	Cured	Treatment completed	Defaulters					Ongoing
							NSP	Neg	Failure	Died	Tfr	
L	Tunga Village	8.30 - 10.30	14	94	19	36	3	2	5	2		27
L	St. Anthony's Church	13.00 - 15.00	18	133	42	56	1	10	2	2		20
L	Gaibansha Nagar	8.30 - 10.30	15	89	15	46	2			6		20
M (E)	Rafique Nagar	13.00 - 15.00	37	199	45	88	10	21	2	12		21
M (E)	Sahyadri Nagar	8.30 - 10.00	44	151	49	50	7	8	5	14	1	17
M (E)	Bharat Nagar	14.00 - 16.00	45	142	42	47	8	20	1	2		22
M (E)	Nimonia Baug	8.30 - 10.30	46	133	23	62	4	6	2	6	1	29
M (E)	Tata Nagar	11.00 - 12.00	20	53	12	19	2	3	1	1		15
M (E)	Dr. Kini	Evng		44	8	7	1	4	2			2
M (E)	Nirmaya	Evng.		26	1	5						20
M(W)	Patel Nagar	13.00 - 14.30	27	80	13	33	4	5	6			19
M(W)	Thakkar Bappa	13.00 - 15.00	83	230	61	68	14	32	11	7	5	32
M(W)	Mhada (Vashi Naka)		30							1		29

NSP – New Sputum Positive; TFR – Transferred, Neg - Negative

Details of Centres distributing TB treatment and the patients therein

Dots Centres	CAT I		CAT II		CAT III		TOTAL	
	05/06	06/07	05/06	06/07	05/06	06/07	05/06	06/07
M (E)								
Sahyadri Nagar	5	80	4	22	3	49	12	151
Bharat Nagar	8	66	6	32	4	44	18	142
Nimonia Baug	6	47	6	26	16	60	28	133
Tata Nagar	2	17	3	13	0	23	5	53
Rafique Nagar	13	87	10	44	5	68	28	199
Shivaji Nagar	7	16	2	5	3	7	12	28
Kamala Raman	2	12	2	16	2	16	6	44
Nirmaya H. C.		13		3		10		26
M (W)								
Patel Nagar	1	31	3	17	2	32	6	80
Mhada Colony		12		10		8		30
Thakkar Bappa Colony	36	127	15	61	11	42	62	230
L Ward								
Tunga Gaon	5	45	4	19	2	30	11	94
Narayan Nagar	6	46	2	12	5	31	13	89
St. Anthony	8	62	5	25	10	46	23	133

CAT - Category

The table shows a considerable increase in the number of patients



Dots centre at Kamala Raman

SOCIO ECONOMIC SERVICES (SER)

During the year the following activities were carried out

School drop-outs (includes leprosy patients and their family members) were sent for vocational training in Computer Basics to Teen Channel Project

2 cured leprosy patients were employed in Lok Seva Sangam. LSS has since the beginning been employing people from the lower strata of society especially leprosy and tuberculosis patients or their family members.

Children are tutored in Bainganwadi from Pre-primary to Class VII (Marathi, Hindi and Urdu Mediums). Others outside the area are sent to tutors who are monitored by our social workers.

Suspected TB, HIV and leprosy patients counselled and sent to the Sputum collections centres. All children sponsored for education and their families are counselled on the need for education

One student was admitted in the boarding

During the monsoons patients were given plastic sheets for their huts

Monetary aid was given to old leprosy patients who have no way of supporting themselves

Monetary aid given to HIV and HIV-TB infected patients by way of assistance for treatment and education of the children.

Self Help Groups

The basic idea behind forming these groups is to build a stronger, more vibrant caring community which eventually helps to build a stronger nation through involvement in health education, sanitation and hygiene and income generation programmes .

Motivation: Helps member reach higher levels of achievement, overcome procrastination, improve relationships, enhancing confidence, and find themselves always in a state of positive thinking.

Inspiration: Helps to build self-esteem, discover new and simple techniques for community co-operation and heightened awareness in basic health and hygiene and income generating activities.

Physical Health: Helps improvement in personal and community hygiene

4 Self Help Groups were initiated

Activities within the group were as follows

- Savings schemes (bank accounts were opened and the groups have collected Rs 20000/- approximately)
- Income generation activities like scarf making, card making, paper bags, festival sweets, sewing children's clothes have kept people off the dumping ground besides helping them to learn a new trade
- Involvement of SHG members in TB and Leprosy Control activities like IEC (Intensive Education Campaigns, DOTs (Directly Observed Treatment) provision, follow up of defaulters, giving nutrition to TB patients, transportation of sputum cups to Microscopy centre, follow up patients on treatment,
- Adult education – All members of the self help group are now able to write their own names
- The group members help in the crèche services provided by LSS for pre-primary children
- They assist patients in obtaining birth and death certificates and school admissions

The ladies of the self help group making Coconut Burfi for Narial Purnima (Raksha Bandan) The sweets were ordered by the School Gnyan Sampada for its 900 children. The school was so impressed that they paid the women extra and promised to order from them every year



- **Vermiculture - The group had started a pilot project of making manure from wet waste which turned out successful. This will be implemented in other areas**



Educational Activities

The Balwadis registered an increase in children as compared to the previous years. There are now 204 children. The tuition classes are availed of by 75 children. With the exception of 2 children that failed all the rest got above 75%. The Balwadi celebrated all the festivals as it helps in the learning process of the children. They were also taken on a field trip to Taloja where they helped in the cleaning of the area and shown brick kilns



The children took part in Rallies for Leprosy and TB and helped in health awareness programmes through street plays.

Human Resources

Personnel

5 Doctors, 10 Paramedical workers, 7 Teachers, 3 Balwadi Ayahs, 5 Administrative staff, 15 Temporary Staff

Dr Pagare left and was replaced by Dr. Paymode.

Madhuri and Anand two volunteers left.

Mr. Vijay Katalkar (Office Assistant) sadly passed away on 30.4.07 after a brief illness.

Equipment

Vehicles :3 vans, 1 motorbike,

Medical equipment - 3 microscopes, physiotherapy equipment like wax baths, infra red lamps, sterilizing equipment, stimulators, dressing equipment

Office Equipment – 4 computers (2 monitors not working) **We are on the look out for corporates who are in the process of revamping their offices and wish to donate their computers as we intend to start a computer class in Bainganwadi for the children of the area.**

Financial Resources

Income received during the year :	57,28,098.00
Expenses incurred on :	
Investment :	2,94,132.00
Personnel :	18,99,832.00
Maintenance (Medical Relief and Educational Exps) :	24,55,690.00
Administration :	1,99,911.00

OUR GRATEFUL THANKS TO :

GERMAN LEPROSY AND TB RELIEF ASSOCIATION

AMICI DI RAOUL FOLLEREAU

SWISS – EMMAUS INDIA

INTER AIDE – FRANCE / INDIA

PIME

SCHOOL FOR CHILDREN

RASULBHAI ADAMJI AND HUSEINABAI RASULBHAI CHARITABLE TRUST

MRS. SCYLLA VATCHA

THE EVERARD RECREATION CLUB

RESIDENTS OF EVERARD NAGAR

We look forward to your continued support and interest in our activities and assure you that the aim of our work will always be to work towards a better life for the poor.