“INTEGRATED PREVENTION OF DISABILITIES IN RURAL AREAS OF MUNGER DISTRICT IN BIHAR, INDIA”

R.K.Singh 1*
G.C.Srivastav 1
L.Lal 1
P.V.R.Rao 2

1 NGO, LEPRO Society, Patna,
2 NGO, LEPRO Society, Hyderabad, India
Introduction

- India contributes to more than 60% of leprosy and 40% of lymphatic filariasis cases of the world
- One-third of the Indian population above 40 years have diabetes and have developed foot ulcers
- 89% of Bihar’s population lives in villages. The state contributes to more than 17% of India’s case load of leprosy and lymphatic filariasis
- These diseases produce physical disabilities which further lead to stigma, discrimination and isolation
- Integrated Prevention of Disability (IPoD) programme aims to improve the functional ability of individuals thereby restoring their hope for a life of dignity
WHY IPoD?

Self-care in leprosy and Morbidity care in LF are very similar in terms of:

- Skin care
- Wound Care
- Exercise (Active & Passive)
- Protective Foot Wear
- Counseling/BCC/Health education
Field Level IPOD camp
Method

District Health Society of Munger

Screened:
- Leprosy - 165
- LF - 303
- Diabetic ulcer - 3

IPoD camps organized at all Primary Health Centers

- General history
- Treatment history
- Wound measurement
- Swelling measurement
- Participation Scale
- Economical status

Self-care practices, IPoD Kit, protective footwear, podiatry appliances, exercise

monthly monitoring by Self Support Groups
Format
Footwear
Results

- After one year of IPoD, data revealed that 94% of ulcers healed with only 2% ulcers recurring
- LF-related swelling reduced among 65% cases
- Economic status improved by 35%

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Initial</th>
<th>1 year later</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ulcers healed</td>
<td>151 ulcers</td>
<td>142 healed</td>
</tr>
<tr>
<td>Ulcers recurred</td>
<td>-</td>
<td>3</td>
</tr>
</tbody>
</table>
Ms Subnam
Results

Acute attack among LF patients reduced

<table>
<thead>
<tr>
<th>Initial</th>
<th></th>
<th>Sum of acute attacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>Nos.</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>62</td>
<td>232</td>
</tr>
<tr>
<td>Female</td>
<td>84</td>
<td>230</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Later</th>
<th></th>
<th>Sum of acute attacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>Nos.</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
<td>38</td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
<td>26</td>
</tr>
</tbody>
</table>
Social discrimination and self-stigma reduced

<table>
<thead>
<tr>
<th></th>
<th>Initial At the time of Registration</th>
<th>Present At the end of one year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Sum of Entry point</td>
<td>Female</td>
</tr>
<tr>
<td>36</td>
<td>172</td>
<td>44</td>
</tr>
</tbody>
</table>
Conclusion

• IPoD camps reach out to a large number of patients per camp imparting morbidity/self-care management techniques
• A direct result was a significant decrease in the number of ulcer cases and reduction in swelling on affected parts
• Communities demonstrated enthusiasm in learning and applying the techniques of integrated morbidity/self-care management
• Stigma among individuals and within the community visibly reduced
• IPoD camps are a cost-effective and high-impact method to reach out to large numbers of individuals in a short span of time and are replicable
Thank you