

The Leprosy Mission International Bangladesh
Leprosy Field Research In Bangladesh
Project Period: July 2013 to December 2015
Reporting Period: January to July 2014
Supported by: TLM Canada

Narrative Summary – Report overview

Leprosy Field Research In Bangladesh project is directly implementing in Nilphamari, Rangpur, Thakurgaon and Panchagarh districts that northern part of Bangladesh to create an Environment where innovative field-based research can be conducted in a high quality leprosy control program. A research committee is observing the individual research activities. Also we formed a local IRB(institutional review board) and the board observe primarily the research activities, Patient's rights with General Ethical Issue. This committee (IRB) has formed by TLM staffs, Community member, Leprosy patient's representative and one local Graduate Doctor (Skinspecialised).

At present four researches is running under LFRIB. This are 1) 6m MDT 2) MALTALEP 3) IDEAL 4) TENLEP.

6m MDT followup is in year 9 of the 10 year study, and is working to ensure all clients are followed up. TENLEP: Tenlep 1 patients enrollment completed in April and followup will continue for 18 months. TENLEP 2 enrollment concluded in 2013 and followup will continue through May 2015. MALTALEP and IDEAL patients and contact enrollment is going on. Also we are trying to develop new research with in LFRB.

Within this 6 month we got 394 new case and we enrol 71% if those cases into research projects. We maintaining their record and registration as well as we can enrol easily in any research. We confirm this new case by well-trained medical officer and we confirmed early case by leprosy specialist (Dr Ruth). Every new cases has finally confirmed by a medical officer.

From January to June 14 we arranged 4 research methodology workshops and finally we are working on 3 retrospective studies. In our regular monthly staff meeting our staffs presents some research article from various journals like Leprosy Review. Also we discussed our present research protocol in regular staff meeting.

We are using appropriate form in our field for collecting data to statistics department by cross checking. We have backup system in our data entry.

For to give the better service to the leprosy patient our leprosy activities like regular MDT service, monitoring of complication, management of complication, disability follow up, Ulcer care, appropriate assistive device, contact tracing etc. is running.



BCG Vaccination to the contact of new leprosy pt.



NCV testing in TENLEP

outcome	Output	activities	Baseline	Phase target	2014		Phase Total	Comments	
					Annual target	Jan-June			
						Target			Achieve
1a	Increased capacity for leprosy research								
	Project staffs are able to describe the basic aims of the individual research projects conducted.		0	27 staff	17	17	7	17	
	Project staffs understand their own role in the individual research projects.		>90%	27 staff	7	7	7	27	
	Project staff have the skills to carry out their own responsibilities within the research projects		yes	27 staff	27	0	27	27	It has achieved in 2013
	Senior project staff (15) will have read and presented at least one article in a staff meeting		0	15	12	12	6	12	
1a.1		Arrange basic training on various aspects of research priorities including clinical & ethical issues for field staff of the project		2	0		0	2	
1a.2		Train senior project staff on research methodology (including data management and research proposal development and report writing)		1	0		4	5	Total Session

outcome	Output	activities	Baseline	Phase target	2014			Phase Total	Comments
					Annual target	Jan-June			
						Target	Achieve		
1a.3		Arrange advocacy for strengthening research and leprosy work at field level with GoB senior health personnel.		4	4	2	2	2	
1a.4		Use meetings to stimulate staff to read leprosy related research published in <i>Leprosy Review</i> , PLOS etc.		30	12	6	3	9	
1a.5		Arrange idea sharing meetings within project staff, including some local stakeholders		3	1	1	0	0	
1a.6		Send 2 project staff to the International Leprosy Congress in Brussels to interact with other researchers.		2			0	1	Achieved in 2013
1a.7		Form relationships with ICDDR, B and other research bodies to share ideas and stay up to date.		5	2	1	0	0	
1b	Reliable and trustworthy data is generated and shared								
	Patient related clinical data is properly maintained		yes	100%	100%	100%	100%	100%	
	3 project staff are able to analyze data (with support if necessary) using data analysis tools (SPSS, ARCGIS, etc.)		0	3	3	3	0	0	
	Research findings from the project are shared at national and international levels.		0	1	1		0	0	
1b.1		Refresher training for all field staff on project documentation and the benefit of project documentation.		3	1	1	1	1	
1b.2		Refresher training for all field staff on standardized assessments (to ensure reliability of data)		138	46	46	30	30	
1b.3		Training for relevant staff in data analysis (including software) and statistics		8	8	8	8	8	
1b.4		Maintain an effective data storage and electronic database for all relevant records	yes	100%	100%	100%	100%	100%	
1b.5		Offsite back up of research data twice a month		100%	100%	100%	100%	100%	
1b.6		Annual workshop for dissemination of research results in Bangla.		1	1		0	0	Scheduled for Oct 16
1b.7		Update the TLMiB website to include information about LEPROSY FIELD RESEARCH IN BANGLADESH research		3	1		0	0	
2	High-quality diagnosis and treatment of leprosy								
	< 10% of new patients will have WHO grade 2 disability at diagnosis.			<8%	<10%	<10%	12.70%	12.70%	
	>95% of newly diagnosed patients will complete the appropriate MDT regimen within the permitted time.			97%	97%	97%			
	< 5% of MDT patients will have deterioration in their impairment status at the end of treatment			<5%	<5%	<5%	0	0	

outcome	Output	activities	Baseline	Phase target	2014			Phase Total	Comments
					Annual target	Jan-June			
						Target	Achieve		
2.1		Support leprosy services in 24 upazila health complexes with government (registration, diagnosis, SSS Testing, leprosy treatment and disability management)		24 Clinic	24	24	24	24	
2.2		Ensure regular availability of MDT and other leprosy medication at the clinics		100%	100%	100%	100%	100%	
2.3		Conduct leprosy awareness programs and screen for suspected cases. <i>(Group Information by staff, volunteer, RFT patient, Skin Camp, School information, GoB health worker, Peoples Theater.)</i>		300,000	120,000	60,000	384,972	394,555	This year more staff working with Leprosy Integration staff +
2.4		Advocacy and social mobilization with Federation group members to increase awareness and promote early case detection.		24	12	12	30	42	This activities has done at Federation group schaduled
2.5		Extended contact examination and social contact examination for all new cases		1500 New pt HHC+EC	600	280	1194		This year more staff are working. So con+ex.con.
2.6		Monitor disabled patients regularly at clinic and at home and advice on self-care	2012 achieve	9500	3800	1900	1975	3192	
2.7		Provide protective/assistive devices as needed.	2012 achieve	9300	3750	1875	2641	4241	
2.8		Refer to secondary/tertiary institutions as necessary (severe leprosy complications, reconstructive surgery, eye complications)		896	360	180	369	568	

Were there any unexpected results, either positive or negative?

We expected 20 new leprosy cases at first follow up among 20,000 contact after giving BCG vaccine at the end of vaccination. But we got 40 new case with in 6095 contact of MALTALEP research.

outcome	Output	activities	Baseline	Phase target	2014		Phase Total	Comments	
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						Target			Achieve

This little boy Jinious is two and half years old found as a new case and enrolled in MALTALEP index case. After 1st dose of MDT at house hold contact check, our staff found his elder brother Nuruzzaman six years old as new MB case. Now they are taking MDT regularly. So Jinious is yougest child at present in this project who is taking MDT.



Two brothers: Jinious 2.5 years, Nuruzzaman 6 years age.