

LEPCO

FINAL REPORT

YEAR 2003



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Introduction

LEPCO is a German NGO registered with the Ministry of Planning running a leprosy and tuberculosis control program in Afghanistan. LEPCO (LEProsy COntrol) was founded in 1984 by Dr. Ruth Pfau when many Afghan refugees came to Pakistan, among them quite a number of lepers. LEPCO has till date a board in Germany (GESA) and receives its funding mainly from three donors in Germany: Misereor, Caritas and the German Leprosy Relief Association. LEPCO is active only in Afghanistan.

The LEPCO Program for Tuberculosis and Leprosy Control covers only part of Afghanistan. The catchment area of the program is originally the Central Highlands of Afghanistan, called Hazarajat, which has over the years been the main endemic area of leprosy. Later on the city and surroundings of Mazar-i-Sharif in northern Afghanistan was added to the catchment area of the program. The total population of the catchment areas of the LEPCO Program is estimated at around 1.5- 2 million.

In 2003, LEPCO runs 11 clinics and employs some 100 staff members, among them only one expatriate. Among the local staff about 50 are health workers, the remaining are administrative and support staff. Since 1997, the annual budget of LEPCO has been between 300 and 350 thousand US Dollars.

History of LEPCO:

During the 1980's large numbers of Afghan refugees arrived in Pakistan because of the war in Afghanistan. Among these refugees there were many lepers, the majority from one ethnic group, the Hazaras. The Hazaras are originally from Hazarajat, an isolated and mountainous area in Central Afghanistan and make up 10% of the total population of Afghanistan. Though many have settled in cities such as Kabul, Ghazni and Mazar-i-Sharif, the majority still live in the Central Highlands.

Because of the high number of leprosy patients among the Hazaras, Dr. Ruth Pfau, at that time in charge of the Pakistan leprosy control program, went into Afghanistan with two Afghans who had been trained as leprosy technicians in Pakistan. Not only did they find many leprosy patients, they also found out that in large parts of Hazarajat general health care was virtually non existent.

A first clinic was therefore opened in Malestan and later another one in Sheikh Ali. Though leprosy was the priority, general health care had to be provided as well due to the earlier mentioned lack of general health facilities in the area. The program has been gradually expanded, in 2003 LEPCO runs 11 clinics and one outreach in Sharistan.

Another major problem appeared to be tuberculosis. The annual risk of infection of tuberculosis in Afghanistan is estimated to be among the highest in the world. With their infrastructure and trained staff for leprosy control available, the LEPCO clinics were well equipped to take up the additional task of tuberculosis control in their catchment areas. This was started on full scale in 1994. Today, the focus of LEPCO's activities is definitely on tuberculosis control.

Apart from Hazarajat LEPCO also have activities in Mazar-i-Sharif, a city in the deserts of Northern Afghanistan, just about 50 kilometres from the Uzbek border. In 1994, a clinic was established in Saydabad district, at that time, after the move from Quetta in Pakistan, LEPCO had its main office in Mazar-i-Sharif. A two-year period of instability and insecurity in Mazar-i-Sharif forced LEPCO to shift its office to Peshawar in Pakistan. The clinic however was maintained and, in 1999, a full-scale tuberculosis control program for the city and surroundings of Mazar-i-Sharif has been launched. Due to the Taliban policy of strict gender segregation, separate clinics for men and women had to be set up. Therefore, a second clinic in Dasht-i-Shar has been opened.

In Hazarajat, in the last years there has been an increase in the number of general health care facilities available. As in most parts of Afghanistan, these facilities are run by NGOs. Wherever possible, in recent years LEPCO has liaised with those NGOs and handed over the responsibility of general health care to them. This has been done so far in five, namely, Yakolang (Shuhada), Chak-e-Wardak (CPHA), Sharistan (AcF) and Panjau (MsF), Behsud, out of the nine LEPCO clinics in Hazarajat. Due to lack of general health-care facilities near the LEPCO clinics in Lal, Waras, Malestan and Jagory LEPCO runs Outpatient Departments (OPD) in addition to their work with Leprosy and TB.

September 11 and, especially the onset of the US bombing in Afghanistan, changed the whole situation radically.

The fall of the Taliban, the establishment of the interim government, the appearance of a huge UN apparatus and the arrival of thousands of NGOs opened new possibilities as well as demand for new strategies. In the last two years quite a number of meetings, workshops, etc. under the leadership of the World Bank and World Health Organisation (WHO) took place to elaborate a common strategy for the reconstruction of the health sector in Afghanistan.

The National TB Institute for Afghanistan became operational in 2003. In co-operation with WHO and NGOs working in the field of TB in Afghanistan a National Guideline for Tuberculosis control in Afghanistan was developed and is going to be implemented in 2004.

General developments:

In 2002 there have been some disagreements between the Lepco director and the German board leading to stagnation of work and finally to resignation of Lepco director in November 2002. On account of this situation the beginning of 2003 was quite difficult for Lepco, because the continuing of funding was uncertain.

In April 2003 a new Lepco director was employed.

Due to the uncertain financial situation of Lepco in 2003 it was necessary to reduce the Lepco staff and freeze on further recruitment. Also the yearly salary of all Lepco employees was reduced by almost a monthly salary so called recreation allowance and annual gratuity.

Until September 2003 the financial situation of Lepco remained very difficult, but then the main donor of Lepco agreed with our proposal and a new budget for the years 2003-2005.

In April 2003 the Lepco office had been moved from Peshawar (Pakistan) to Kabul (Afghanistan).

In 2003 the security situation in the catchment areas of the LEPCO clinics was good, that means all clinics could be supervised regularly as long as the road conditions allowed the mobile team to go there.

All clinics were visited at least three times during the year for supervision by the supervision team. An eight month drug supply reached all clinics in Hazarajat and in Mazar in September. Throughout the year there has been no shortage of TB and/or leprosy drugs and/ or reagents needed for AFB microscopy in any of the clinics. The situation of clinic drugstores and regular supply of general drugs improved significant in 2003.

Sufficient money for salaries and running costs and materials until the end of March 2004 has been provided to all clinics in Hazarajat and Mazar.

In spite of an existing contract between WHO and World food program (WFP) about food supplement for registered TB patients and in spite of big efforts by the Lepco staff we could not succeed in getting additional food for our TB patients in 2003, because of unbelievable conditions in WFP administration.

A training course for all TB-technicians in Hazarajat with focus on diagnosis and treatment of common general diseases and an extended vocational training in TB and Leprosy took place in 2003. Only one of 18 trainees could not pass the final test.

As already mentioned above, many other NGOs are now working in the public health system in Afghanistan. Wherever possible Lepco made efforts to set up a close cooperation with these organizations.

This kind of cooperation is very interesting for LEPCO, since early case finding in leprosy and increased case finding in TB may be realized this way. Some of the other NGOs run community based primary health care services and therefore have good access to the population. Since LEPCO is the only TB and leprosy program in the area, there is a mutual interest to make the cooperation work.

In addition to its usual tasks, LEPCO organized together with Interplast Germany and in co-operation with Shohada hospital in Yakolang a two week program for plastic surgery of handicapped people in Hazarajat. This program took place in August 2003 in Yakolang Lepco clinic and Shohada hospital. The operations were performed by a German plastic surgery team from Interplast organization. It was a completely separate program, with its own accounts and records, founded by the Beckenbauer foundation.

Development in LEPCO clinics one by one:

Lal

(13 employees)

This clinic is our biggest clinic in Hazarajat and works very well. In addition to our TB and Leprosy activities (125 TB cases, four leprosy cases), 14542 outpatients were treated in our general OPD in 2003.

One of the general staff members was trained as a TB laboratory technician.

We constructed a new water well to solve the problem of the unsafe water supply.

All toilets were reconstructed and Lepco build two new ventilated pit latrines for the patients.

During summer we faced the problem that there was more in-patients than beds and some patients had to sleep in tents. So we constructed another room for inpatients.

The clinic got repaired and the old car was replaced by a new one.

Yakolang

(six employees)

Because of the Shohada hospital with good possibilities (doctors, diagnostic means) near to our clinic, Lepco decided to close the general outpatient department and to concentrate more on the TB program itself.

Here we also faced the problem to have not enough space for inpatients in summer, so we constructed three more rooms and one toilet for inpatients. The rest of the clinic was rebuilt.

Yakolang clinic got a car and a new generator.

In co-operation with Shohada hospital Yakolang and a team from Interplast we organized a program of plastic surgery for disabled people in Hazarajat.

(85 Tb cases, one leprosy case)

Bamian

(four employees)

In Bamian there was a good co-operation between MSF France, ICRC and Lepco and in spite of limited room Lepco took care of 78 Tb cases, two leprosy cases in 2003.

But in December MSF France and ICRC handed over all there activities to Aga Khan Development Network.(AKDN) Because AKDN also wanted to include TB-control in Bamian district in their program, Lepco stopped to work in Bamian and handed over our buildings to AKDN.

Panjau

(five employees)

In Panjau faced some problems in 2003. In February the In-charge of the clinic resigned suddenly. So the second TB-technician became In-charge and his performance was really poor in the beginning. After a warning letter his work improved. The working moral of the Laboratory technician was quite poor because he owns a private pharmacy on the bazaar.

We also got some problems with new governor. He asked to move our clinic to another location a made trouble with our TB technician.
This clinic had no car.

All this problems had an impact on our working results. Only 28 TB patients and one leper were found in Panjau in 2003. In addition several TB patients from Sharistan spend their intensive phase as inpatients in this clinic.

In January 2004 a new Governor has been appointed. With new staff and a close cooperation to ADRA (new NGO is supposed to implement basic health care in Panjau and Waras district), the performance of Lepco will hopefully improve in 2004.

MSF Spain runs the General hospital direct beside Lepco clinic. Initial the cooperation with MSF was difficult, but in summer a new team from MSF Spain arrived in since that time the cooperation between MSF and Lepco is very good. Lepco handed over two rooms on the hospital compound to MSF.

As a countermove MSF constructed two new rooms for Lepco on Lepco compound. Now the diagnostic and treatment of Tuberculosis Outpatients is separated from general patients (danger of infection). MSF promised to take care of the Lepco medical waste.

A general problem in Panjau is the water supply for our clinic. We tried to dig a water well, but up to end of the year there was no water. Hopefully we will solve this problem in 2004.

The clinic got a car and a new generator in 2003.

Waras

(six employees)

The overall performance of the Lepco clinic in Waras was not good.

Some unannounced visits showed that some employees did not come to work regularly at all. But because they were related they always tried to cover up their relatives.

The result was the dismissal of the field-assistant, the Lab-technician and the cook.

They were replaced by the Lab-technician and the cook from our clinic in Behsud for the winter. The medical In-charge of the clinic resigned end of the year to work with another NGO. Another problem is the In-charge of the clinic who carried out his duties insufficient.

Waras clinic had only 28 TB-patients, one leper and only few outpatients showing up every day.

Considering many problems in this clinic and the fact that a NGO called ADRA want to set up five outpatients departments in this area, Lepco should think about the future of this clinic in 2004.

In 2003 Lepco started to reconstruct the toilets and a new water well with hand pump was installed. Also some other reconstruction like the roof of the clinic and some floors was done. The clinic got a new car and the old generator was replaced by a new one.

Sharistan

(two employees)

Up to now Lepco has no clinic in Sharistan, only two people are working in a small room inside a hospital of Action contre la Faim. Registered patients were sent to our next clinic in Panjau (one day driving) during the first two months of treatment. Everybody can imagine that this setting is not good to achieve good results in case finding and treatment. Lepco found 34 TB cases in 2004, but a much higher number of TB patients can be expected in this area. Up to now we see also patient from Sharistan in our clinics in the neighboring districts Lal and Malestan.

Therefore it is planned to build a new Lepco clinic with support of CARITAS in Sharistan in 2004. Materials for the new building were purchased in 2003 to start as early as possible with construction next year.

Behsud

Since many years the number of TB patients was very low in Behsud. (22 TB cases)
In 2003 a lot of efforts was made to treat more TB patients in our clinic.

May 2003 the clinic got a new car and Lepco started to send once a week a mobile diagnostic team to the hospital of Shohada two hours far. But because we could not find a single patient during the first three months Lepco stopped it. There was a rumor that the responsible doctor prefers to send suspect patients to one of his relatives on the next bazaar. But there were probably other reasons for our defeat. Our clinic is situated away from the main road to Kabul and because Kabul is only few hours far and the bus tickets have fixed prices many people prefer to go to Kabul for treatment.

Lepco also tried to find more patients through active case finding and health education inside the villages, but again without success.

Medical staff working for other organizations in Behsud told us, that there are quite a number of suspect TB cases, but the patients avoid going for treatment to the Lepco clinic. In difference to other places in Hazarajat it seems there is still a stigma on leprosy in Behsud and people are afraid to become infected with leprosy in our clinic.

Lepco closed the Behsud clinic on October 31st 2003. Until spring 2004 we will continue to work there with only two men to assure the proper treatment of the already registered patients. The rest of Lepco staff in Behsud works already in other clinics.

In 2004 an NGO called Swedish Committee will take over the general health facilities in this district and they are planning to include TB in their responsibilities.

Chak

(six employees)

The performance of this clinic was very good. (96 TB cases)

Lepco constructed new toilets and a septic well in 2003 and rehabilitation of the roof was done.

Malestan

(seven employees)

The performance of this clinic was good.

In addition to TB-patient (47 TB cases) Lepco treated about 30-40 outpatients daily. Because the clinic is situated on private land, we were not allowed to build new toilets. But we did some reconstruction inside the clinic and purchased a hand pump for the water well. The clinic got a new car.

Jagory

(seven employees)

In addition to TB-patient (60 TB patients) Lepco treated about 60-80 outpatients daily. Because the staff is very busy with the general patients, there is often not enough time for more activities in TB work.

To improve the sanitary situation Lepco constructed one new toilet, rehabilitated the old toilets and installed a hand-pump for water supply. Some reconstruction was done to make room for a food store.

In Jagory Lepco trained the Laboratory technician of Shuhada hospital and also the further co-operation with Shuhada was good.

In Jagory 3 Lepco staff members (field assistance, driver, laboratory technician) resigned because higher salaries somewhere else. Lepco employed a new field assistance and a driver, and for winter the laboratory technician from our clinic in Behsud went to Jagory. The old car was replaced with a new one and this clinic got a new generator.

Mazar-i-Sharif

(26 employees)

The performance of both clinics was good (740 Tb patients, three leprosy cases).

Only the results of our laboratory are not fully satisfying yet.

In male clinic Lepco build a new building with four rooms to get more space for inpatients, like it was already planed for 2002.

In addition we started a complete reconstruction and repairment of male and female clinic. A new septic well for the male clinic was build.

In summer 2003 we faced the problem of not enough water in the male clinic and salty water in female clinic. In 2004 it will be necessary to drill a new water well for each clinic.

The male clinic got a new generator.

[...]

Epidemiological developments:

Leprosy:

During the last years the number of leprosy cases was again decreasing in our catchment area. In 2003 only 12 new leprosy cases were reported. Nine of these cases came from very rural areas in central Hazarajat, three cases from rural areas in the north of Afghanistan.

By end of 2003, only 12 patients were left on treatment. Out of those eight were on MB, four on PB. More details can be found in table 1 and in chart 1.

It seems leprosy is almost controlled in our catchment area, even if the high proportion of grade two disability (7 cases) suggests, that there are cases Lepco don't find and the real prevalence is higher. Whatever the reason, numbers remain low and therefore chance variations play a large role.

Lepco already does active case finding (screening of families and contacts of Leprosy cases) but other methods like general screening of the population are very cost intensive in an area like Hazarajat and Lepco is not able to carry it out with the present staff and budget.

The treatment outcome for 2002 was analyzed.

A treatment completion rate was 76%. Among 37 patients started on MDT, there have been 4 defaulters. It should be recognized ,that Lepco seems to be the only organization in Afghanistan treating leprosy outside of Kabul and some of our cases come from several hundreds kilometer far, so that a proper follow up is not always possible. In this context the achieved results are very good. Complete results are shown in Table 1.

Chart 1: new registered cases of leprosy

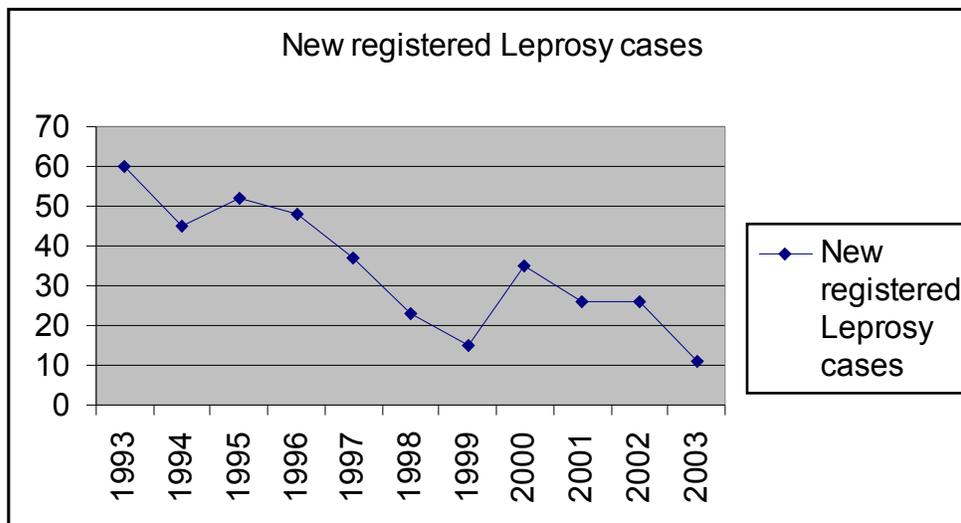


Table 1: Case detection leprosy 2003

Clinic :ALL Year :2003 Quarter: All	MDT				TOTAL
	MB		PB		ALL
	M	F	M	F	
PATIENTS ON TREATMENT AT THE BEGINNING OF THE PERIOD				2	
1 Total	26	5	1		34
PATIENTS REGISTERED DURING THE PERIOD OF REPORT					
2 New patients never treated before	6	2	3	1	12
2.1 age 0-14 years	0	0	0	0	0
2.2 age 15+	6	2	3	1	12
2.3 With disability grade 0	3	0	2	1	6
2.4 With disability grade 1	0	1	0	0	1
2.5 With disability grade 2	3	1	1	0	5
2.6 With unknown disab.grade	0	0	0	0	0
3 Relapses after MDT	1	2	0	0	3
4 Transferred in	1	0	0	0	1
5 Re-admissions	0	0	0	0	0
6 Total additions (2+3+4+5)	8	4	3	1	16
PATIENTS REMOVED FROM THE REGISTER					
7 Treatm. completed as prescribed	20	6	0	0	28
8 Died	0	0	0	0	0
9 Transferred out	4	0	1	0	5
10 Out of control	4	0	0	2	4
11 Total deductions (7+8+9+10)	28	6	1	2	37
PATIENTS ON TREATMENT AT THE END OF THE PERIOD					
12 Total (1+6-11)	5	3	3	0	12
13 Patients registered for care only	0	0	0	0	0

Tuberculosis:

TB control remains the main activity of Lepco. During 2003, 1307 new cases of Tuberculosis were registered, 502 were new smear positive cases. The proportion of smear positives among new cases was 41 %. Again the majority of patients (61 %) were women. The high proportion (45 %) of extra pulmonary TB cases is remarkable. Further details on case detection can be found in Tables 2 and 3 and Chart 2.

The cure rate was calculated for the 2002 cohort. Out of 574 new smear positives started on treatment, 443 were cured, 16 completed treatment, 59 died 31 failed and 16 defaulted. The real cure rate was therefore 77%. 80% of smear positive patients finished their treatment. This results are behind the aimed 85 % cure rate, but only because the high proportion of deaths (10%) during treatment among our patients. Our defaulter rate in 2002 was only 2.8 %. This is excellent especially in such difficult setting like Hazarajat. There are different possible reasons for the high rate of deaths during treatment: Due to the mountainous area and the road conditions many people from Hazarajat have no accesses to our clinics in wintertime. Because of this and the big size of our catchment area many patient are coming quite late for treatment to our clinics. Other possible reasons are our treatment pattern with combination of INH+Thiacetazone in continuation phase of treatment or the general bad health situation of the population after repeated droughts and famine in the last years. In 2004 the treatment pattern in continuation phase will change to INH+ Etambutol according to the new National TB Guidelines. Further details are shown in chart 3 and table 4 and 5.

Due to the new freedom more and more TB cases showing up, after they got initial treatment by local pharmacists on the bazaar. This will sooner or later lead to a problem of initial resistance, as already expressed in the higher failure rate in the less rural places (e.g. Mazar)

Table 2: Case detection tuberculosis

Year	PTB Smear positive				PTB Smear negative		EPT B		Totals		Grand Totals
	New cases		Relapses		M	F	M	F	M	F	
	M	F	M	F							
2003											
1.Quarter	32	55	4	0	19	18	36	54	91	127	218
2.Quarter	53	126	2	3	26	40	73	126	154	295	449
3.Quarter	54	96	6	3	29	27	68	102	157	228	385
4.Quarter	35	54	4	3	16	14	60	69	115	140	255
Total	174	331	16	9	90	99	237	351	517	790	1307

Table 3: Age distribution new smear positives

Age	0-14		15-24		25-34		35-44		45-54		55-64		65+		Total male	Total female	Total M+F
	M	F	M	F	M	F	M	F	M	F	M	F					
2003	5	20	58	122	34	82	24	50	19	38	23	12	11	7	174	331	505

Chart 2: case finding 1997 -2003

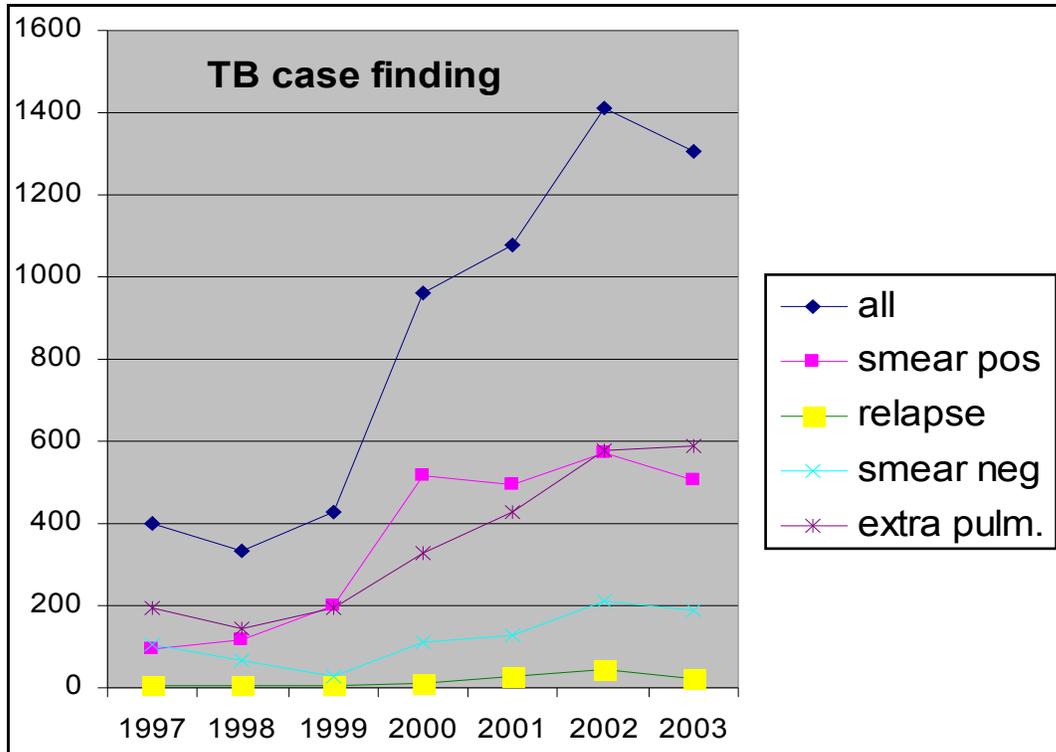


Chart 3: Treatment outcomes tuberculosis 1997-2002

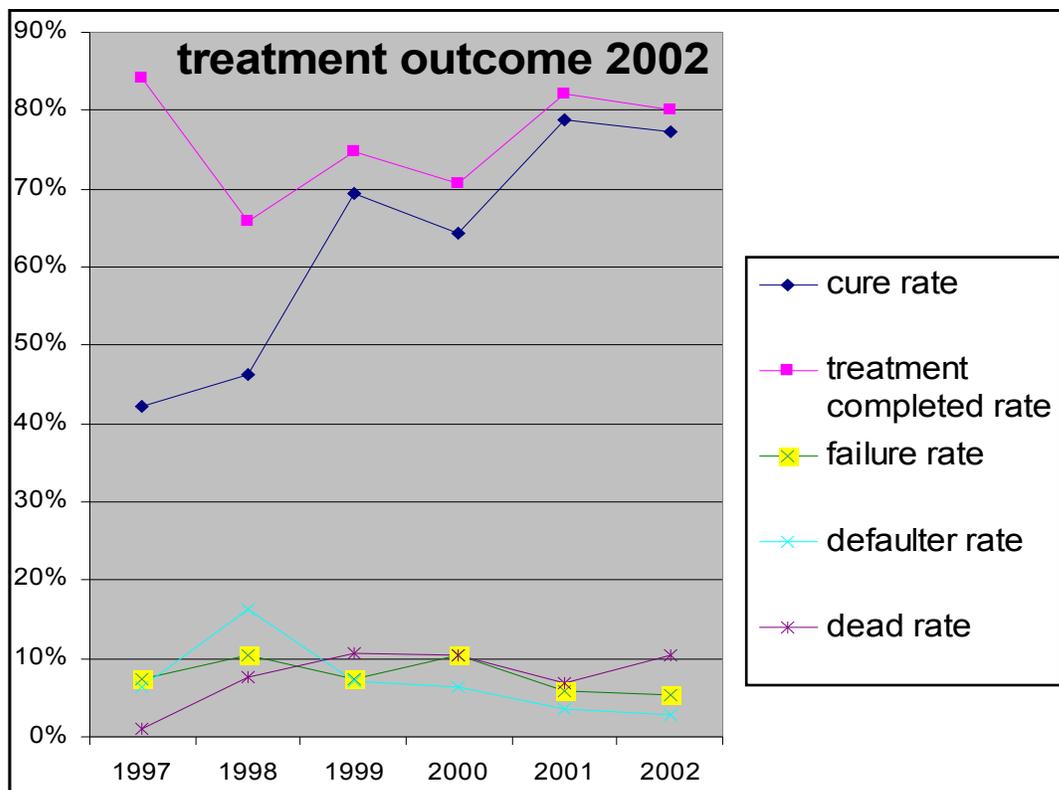


Table 4: Treatment outcomes tuberculosis 2002

2002 all quarters

Total number			(1)	(2)	(3)	(4)	(5)	(6)	Total number evaluated
Pulmonary TB cases during 2002			Cured (smear-negative)	Treatment completed (no smear results)	Died	Failure (smear positive)	Defaulted (smear-negative)	Transferred to another clinic	
New cases			1.New Cases						
			1.1 Smear positive SCC						
			442	16	56	31	16	9	570
M	F	T	1.2 Smear positive STD						
			1	0	3	0	0	0	4
184	390	574	1.3 Total smear positive						
			443	16	59	31	16	9	574
106	104	212	1.4 Smear negative						
				173	19	1	11	9	213
Relapses			2. Retreatment						
M	F	T	2.1 Relapses						
20	25	45	33	3	7	1	1	0	45
			2.2 Others						
			4	0	1	1	0	0	6
			2.3 TOTAL (2.1+2.2)						
			37	3	8	2	1	0	51

Table 5: Treatment outcome rates in 2002

Cure rate	Treatment completed	Death rate	Failure rate	Defaulter rate
77.2%	80.0%	10.3%	5.4%	2.8%

General Healthcare:

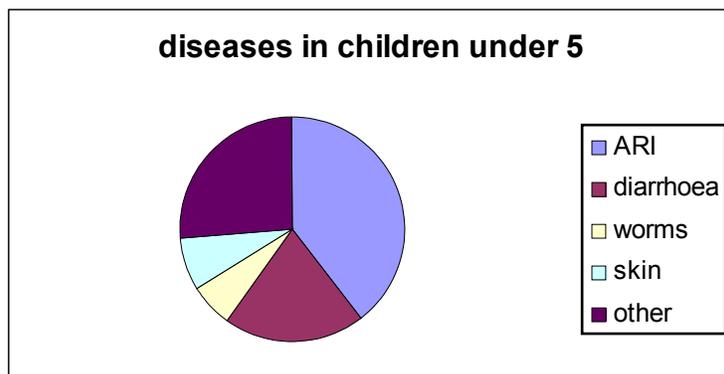
During 2003 the general OPDs of 4 LEPCO clinics were attended by 41,038 general patients. Out of all OPD patients seen during 2003, 17% were children below five years of age, 44% were female above 5 years of age and 39% were male above 5 years of age. Further details can be found in tables 6.

The main objective in general healthcare now is to improve the level. For this reason a two weeks course was conducted in 2003 in which health staff from all Lepco clinics in Hazarajat were trained in diagnosis and treatment of common general diseases, like acute respiratory tract infections, diarrhoea, etc.

Table 6: General patient's attendance 2003

No	Categories	M 0-4	F 0-4	M 5-14	F 5-14	M >= 15	F >=15	Total new
1	Total OPD visits	3271	3727	3399	3886	12397	14358	41038
2	ARI - Cough and cold (no pneumonia)	403	409	351	376	1056	826	3481
3	ARI - ENT	285	351	359	304	733	721	2753
4	Pneumonia	657	635	293	273	1017	956	3831
5	COPD & Asthma	10	9	49	65	365	313	811
6	Hypertension	2	4	68	121	726	651	1572
7	Acute watery diarrhoea	311	260	109	102	248	221	1251
8	Acute bloody diarrhoea	445	412	115	107	405	329	1813
9	Peptic disorders	57	67	219	365	1151	1246	3105
10	Worm infestation	200	241	400	224	919	725	2705
11	Viral hepatitis	16	13	8	10	35	33	115
12	Measles	16	34	2	3	0	1	56
13	Pertussis	3	6	3	4	0	0	16
14	Diphtheria	5	0	0	0	1	0	6
15	Neonatal tetanus	0	0					0
16	Tetanus	0	0	0	0	0	0	0
17	Acute flaccid paralysis	0	0	0	1	0	0	1
18	Acute meningitis	7	5	1	0	1	1	15
19	Rabies	0	0	0	0	0	1	1
20	Pulmonary tuberculosis	2	1	18	25	86	259	391
21	Malaria	0	0	2	4	100	56	162
22	Typhoid	2	0	0	17	48	42	109
23	Cutaneous Leishmaniasis	0	2	0	1	3	3	9
24	Leprosy	0	0	7	8	55	23	93
25	Scabies, Pyoderma, Dermatophyte infections	223	298	295	258	881	769	2724
26	Trachoma	7	35	67	81	66	41	297
27	Infectious conjunctivitis	29	39	67	46	284	170	635
28	Urinary tract infections	65	92	219	251	876	1114	2617
29	Reproductive tract infections/ STD	0	0	4	71	46	476	597
30	Anemia	20	31	85	125	119	599	979
31	Goitre	0	3	5	39	80	289	416
32	Malnutrition - moderate and severe	94	101					202
33	Drug dependency - narcotics	0	0	0	0	1	3	4
34	Psychiatric disorders	4	32	43	53	193	343	668
35	Mine injuries	6	8	2	3	27	46	92
36	Other injuries/ Burns	36	41	47	40	125	90	379
37	Others	339	504	363	438	2248	2160	6052
38	Referrals	11	16	18	88	32	134	299
39	Hypertensive disorders during pregnancy				43		167	210
40	Abortions				40		81	121
41	Hemorrhage, ante-partum				4		29	33
42	Hemorrhage, post-partum				9		55	64
43	Puerperal/ postpartum sepsis				17		167	184
44	Deliveries at clinic - normal vertex				65		59	124
45	Assisted deliveries at clinic				2		6	8
46	Neonates delivered < 2500 gr.	4	3					7
47	Neonates delivered >= 2500 gr.	2	1					3
48	Stillbirths	2	0					14
50	Maternal deaths				2		2	4
51	New antenatal visits				3		269	272
52	Second antenatal visits				5		136	141
53	Other antenatal visits				0		46	47
54	Post-partum visits				2		28	30
55	Obstetric referrals				0		68	68
58	Dental visits	8	73	180	190	470	586	1507

Chart 4: diseases in children under 5 in 2003



Laboratory report:

In 2003 our lab-technicians made 20267 slights from 6128 patients to diagnose TB. (18425 negative, 1842 positive)

As an internal quality control all positive slides and a randomized proportion of the negative slights of the year 2003 were cross checked by our Laboratory supervisor (3086 slights). Out of the 1772 positive slights only 19 was false positive (1 %) and out of the tested 1313 negative slights 13 was positive (1%).

Only in Mazar the quality of slights and the laboratory results are not satisfying yet.

As an external quality control a randomized sample (10 %) of all cross checked slights will be checked again in the laboratory of German Medical Service in Kabul.

Table 7: Laboratory report 2003

TOTAL LAB REPORT 2003						
	New cases		Follow up cases		Total number of slights	
	smear+	smear-	smear+	smear-	smear+	smear-
January	30	415	4	173	94	1418
February	31	281	5	123	98	966
March	50	471	5	156	155	1569
April	75	666	3	149	228	2147
May	65	712	6	104	201	2240
June	52	727	7	160	163	2341
July	62	599	6	142	192	1939
August	53	444	9	142	168	1474
September	66	363	13	171	211	1260
October	33	276	8	164	107	992
November	31	243	4	137	97	866
December	41	342	5	187	128	1213
Total	589	5539	75	1808	1842	18425

Financial aspects:

In 2003 altogether inputs equivalent to an amount of US\$**459,623.06** were received from Misereor (US\$238,500.68), Caritas (US\$146,135.68), GLRA (US\$35,000.00), other (US\$27,176.10) and patient contributions (US\$6,306.34). In total an amount equivalent to US\$ **397,935.059** was spent. In table 8 a breakdown of the expenditure over the various ILEP budget items is shown. For detailed information, I would like to refer to the 2003 financial report of LEPCO.

Due to the problems between the former Lepco director Mr. Koenig and the Lepco board, the budget for 2002 was not fully spent and about 112,000 Euro were left. This money was budgeted for cars, generators and construction. It was agreed, that this remaining money could be used in 2003 for the planned intended purpose. In table 9 a breakdown of the expenditure of this remaining budget from 2002 is given.

Table 8: Expenditure LEPCO 2003

RECEIPTS:				US\$
Misereor contribution				238,500.68
Caritas contribution				146,135.68
DAHW contribution				35,000.00
3rd Party Contribution				27,176.10
Patient contributions				6,306.34
			Totals available:	459,623.06
EXPENSES:				
1. Buildings				0.00
2. Equipment (vehicle, medical instruments and others)				2,776.40
3. Staff				
3.1 Salaries and staff benefits (health insurance, pension)				191,405.89
3.2 Staff development				1,071.68
4. Operational costs				
4.1 Renovation, rent, electricity etc.				61,165.43
4.2 Medicines				34,812.08
4.3 Transport and travel expenses, maintenance of vehicles				33,468.54
4.4 Medical and general supplies (dressing, food patients, etc)				63,919.14
4.5 Office expenses				8,807.94
4.6 Teaching materials				8.50
4.7 Evaluation, consultancy, etc.				0.00
5. Unforeseen expenses and cost increases				500.00
			Total expenses:	397,935.59

Table 9: Expenditure of remaining budget 2002

Conclusion:

The year 2003 has been a successful year for LEPCO. With a few exceptions all planned activities have been carried out.

One clinic (Bamian) was handed over to AKDN, one (Behsud) have been closed. Nevertheless the Lepco TB control program covers big areas of central Afghanistan with satisfactory results. Certainly there is still space to improve especially the case finding. Some additional activities in case finding were already started in 2003. In some areas (e.g. Malestan, Jagory) Lepco should try to hand over the general outpatient departments to other organizations to concentrate on TB work.

The absolute numbers of leprosy patients remain low.

Lepco can be proud at having achieved a very good defaulter rate despite of various difficulties in the project area.

The LEPCO program does make an important contribution in terms of alleviation of human suffering in Afghanistan. The leprosy epidemic seems to be controlled, however unless control efforts are maintained for at least another decade, the situation may again be reversed.

On behalf of LEPCO I wish to thank all our donors for their continued support. Lepco has good hopes of being able to achieve further improvement in the program during the 2004.

Kabul, April 2004,

Sebastian Dietrich
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