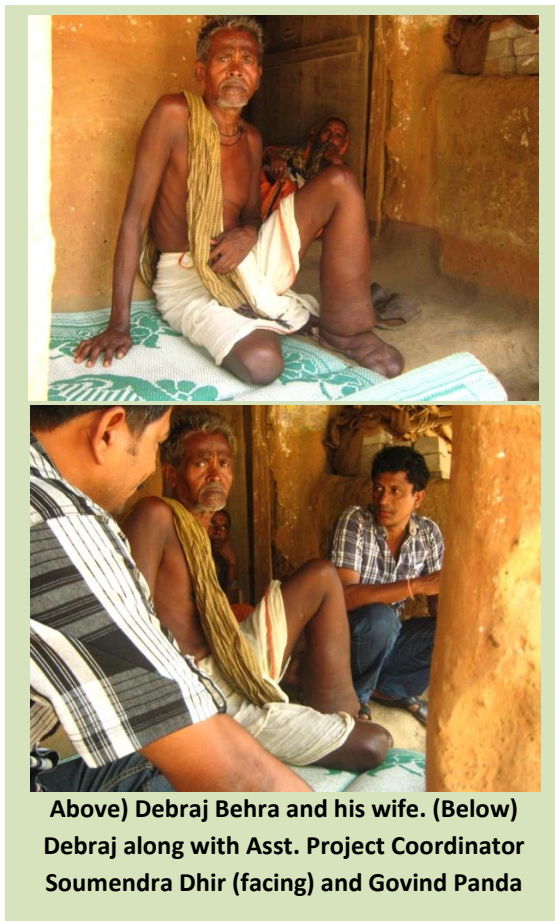




Stories of Success

LYMPHATIC FILARIASIS MORBIDITY MANAGEMENT PROGRAMME ODISHA

CARE BEGINS AT HOME



Above) Debraj Behra and his wife. (Below) Debraj along with Asst. Project Coordinator Soumendra Dhir (facing) and Govind Panda

CASA staff and volunteers have been working to provide care and support to LF patients in Orissa state, these patients have often been left behind and hidden away by families and communities. CASA visit patients regularly to check their health and emotional status.

Pictured to the left is Debraj Behra, a man in his late fifties. Some 20 summers back, when he was at the peak of his youth, one day he fell sick.

'I was around 30 years then,' he said in a dry voice, ***'and was married already, when suddenly one day I had a pain in my left leg.'*** He paused for some time, wiped his sweat from his forehead and continued, ***'my feet had become red and then there was fever.'***

Debraj used to work as daily labour and he was the only source of income in a family with his wife and a son. ***'I thought it was normal pain, which must have happened accidentally due to work,'*** he observed.

But it wasn't, he came to know that was infected with a parasitic disease known a Lymphatic Filariasis. Lymphatic Filariasis locally known as 'Baatjor' initially didn't cause any alarm to him. ***'I didn't know how serious it was,'*** he remarked. But when he realised, he understood it was an end to his working life.

'I was very sad to learn that,' he paused, ***'since I knew I couldn't do hard work anymore.'***

Lymphatic Filariasis is caused due to parasites spread through mosquitos. It's a silent disease that though does not lead to death, but can seriously impair the mobility of a person to the extent that he or she can be permanently bed ridden. Chronic cases lead to a major swelling of limbs called Elephantiasis. According to a survey conducted by CASA, there are approximately 23,000 patients affected by Lymphatic Filariasis in Khorda district of Orissa.

The Church's Auxiliary for Social Action or CASA, a non government voluntary organisation is working to bring relief to Lymphatic Filariasis patients since 2003.



Rajdeep Puri (right) interacting with Debraj

'Initially we worked only on generating awareness,' remarked Rajdeep Puri, the Health Supervisor of the current project named Lymphatic Filariasis Morbidity Management Programme.

From 2003 to present, CASA has been working in different phases, in different parts of Orissa to ensure that the spread of the disease is arrested and provide Home-based Foot Care Management to the patients affected by Lymphatic Filariasis. Till 2010, the programme worked in all 10 blocks of Khorda District on generating awareness on the disease

and providing Home-based Foot Care Management. Currently a follow up programme is running here.

'From 2011 we have begun the programme in Khallikote Block of Ganjam District,' said Soumendra Dhir, the Assistant Project Coordinator. ***'One part is the awareness,'*** said Rajdeep Puri, ***'where we use IEC materials to spread knowledge about different aspects of the disease, organise medical camps, give trainings etc. but the other part is more critical.'***

The other part is the Home based Foot Care Management. In this, the affected patients are taught and trained to take care of their affected limb so that the condition does not worsen. This is done mainly by training the grassroots level staff like the health workers and the Task Force members who in turn demonstrate and train the patients on taking care of their affected limbs.

'The purpose of Foot Care Management is to see that the leg and foot is kept clean so that no infection can take place,' said Rajdeep. ***'When the leg and feet swell up, knobs and folds are formed,'*** added Arjun Muduli, a supervisor of the project, ***'it is in between these folds that chances of infections increase.'***

A person affected by Lymphatic Filariasis has to take certain precautions. Like he cannot exert himself; meaning no laborious work can be done. Exertion can often lead to acute attacks which are manifested through high fever and pain for a few days. During these days there is nothing the patient can do except

lie down and take rest. The patient also needs to regularly wash the affected limb to eliminate chances of infection. And in cases where there are any lesions or cuts in the affected leg, the patient needs to treat it with appropriate medicine to stop it from turning into an infection.

'We have also showed them certain exercises,' observed Rajdeep, ***'which if done regularly can reduce pain and enhance blood circulation thereby providing comfort to the affected limb.'***

Since all these can be done by the patient himself in his house, this is known as Home based Foot Care Management.

Gediapalli village under Gediapalli Panchayat is one of those areas where CASA worked extensively on awareness generation and Home based Foot Care Management in the last phase and is currently under follow up supervision.

'How do you take care of you feet?' we asked Debraj who was under the influence of an acute attack.

'I wash it regularly,' his face twitched in discomfort as he shifted his position, ***'and apply ointment.'***

Washing the feet with soap and applying antiseptic ointments is a habit that he learned from the Task Force member who was trained by CASA. Earlier too he used to wash his feet but seldom with soap and not regularly. To facilitate this habit, CASA has provided a kit containing a towel, soap, ointment to every new patient.

Debraj knows that CASA is no longer working in his village so he takes care of his leg by himself. ***'If CASA had not educated us,'*** he remarked, ***'I would wash my feet only during bath. But due to CASA now I do it systematically and regularly.'*** Now he can even do small household work and feels happy about it.



Shankar Parida sharing how he takes care of his leg



Shankar showing the exercises he does as a part of his foot care

Shankar Parida, an elderly man of around 80 years shared with staff that he had been suffering from Lymphatic Filariasis for the last 23 years.

'Before CASA began its work here, I would practically do nothing to take care of my legs,' he admitted. Now he knows and follows the direction given by CASA on foot care. *'I wash it regularly with soap and put ointment,'* he said as he stood up to show us an exercise that he learnt from the Task Force member on foot care.

This, he admitted has kept him better as now he can move about and meet people in the village.

One of the biggest changes that CASA's Home based Foot Care Management has brought about is the awareness people now have about the disease and how it can be kept under control.

Earlier many people used to think it was hereditary or even a curse. Shankar for instance thought it was hereditary since his mother and 4 others in the family are also infected. But now he knows it's due to mosquito bite.

Protima Behra, a 35 year old lady from Jhariatangi village of Gombhar Munda panchayat used to feel highly embarrassed when people related her disease to a curse. *'Now of course people's outlook have changed,'* she said confidently, *'moreover I too know the real reason and do not take heed of what people say.'*

60 years old Basanti Tripathi of Saltara village in Gediapalli panchayat was affected with Lymphatic Filariasis some 42 years back. CASA's Home based Foot Care Management has helped her control her complications. Though she does not undertake laborious work, yet she contributes to her family income by making incense sticks and selling them.

Lymphatic Filariasis is a vector borne disease and it can be managed like many other complications is now a common understanding among the community. CASA's intervention in promoting Home based Foot Care Management has gone a long way improving the social, economic and community life of the people.



Basanti Tripathi preparing for a foot wash