

S.No	Indicator	Yes/No
1.	Establishment of District Nucleus Team	Yes
2.	Making correct Diagnosis with Classification	Partial
3.	Referral and Feedback system appropriate	No
4.	Management of Reactions	Partial
5.	POD and Self Care activities	No
6.	Procurement and Issue of MCR Foot Wears	Partial
7.	RCS Conducted / Referred	Partial
8.	Skin Smear Facility	No
9.	Capacity building of in-house staff	Yes
10.	Involvement of HI / MPW / VHN in leprosy	Partial
11.	Involvement of ASHA in NLEP	NA
12.	Involvement of NGO	Yes
13.	IEC materials displayed properly	No
14.	Proper Maintenance of NLEP Records & Registers	No
15.	Preparation & Submission of MPR (5 th of every month)	Yes
16.	Availability of MDT as per guidelines	No
17.	Availability of Prednisolone and Supportive Medicines	Yes
18.	Proper Maintenance of MDT Stock Registers	No
19.	Physical Verification of Quantity and Date of Expiry of Medicine	Yes
20.	Timely Indenting of MDT	No
21.	Availability of Mobility	Yes
22.	Submission of SOE in time	Yes

THANJAVUR DISTRICT

Thanjavur District is the Rice Bowl of Tamil Nadu. The district stands unique from time immemorial for its agricultural activities and is rightly acclaimed as the “Granary of the South India”. Thanjavur District is located in the eastern coast of Tamil Nadu. Thanjavur District is formed with a geographical area of 3396.57 Sq. Kms divided into 8 Taluks and 14 Blocks. It is one of the few endemic districts in Tamil Nadu which had PR in the range of 0.43 to 0.7 per 10,000 and ANCDR ranging from 6 to 10 per 1, 00,000 during the last 5 years.

The CLTRI Team visited 1 District Head quarter Hospital and 1 Taluk Headquarter Hospital, 2 PHCs and 1 NGO for Monitoring NLEP Activities in Thanjavur District as depicted in table below.

Health Facilities		Place
District Head Quarters Hospital	:	1. <i>Thanjavur Medical College Hospital, Thanjavur</i>
Taluk Head Quarters Hospital	:	1. <i>Kumbakonam</i>
Primary Health Centres	:	1. <i>Thamarankottai</i> 2. <i>Vadukkur</i>
Non Government Organisation	:	1. <i>Sacred Heart Leprosy Hospital, Kumbakonam</i>

1. District Nucleus Team (DNT):

Sl. No.	Post	Sanctioned	In-Position	Vacant
1.	District Leprosy Officer (DLO)	1	1 (in charge)	-
3.	Health Educator	1	-	1
4.	Non Medical Supervisor	2	0	2
5.	Health Inspector	3	2	1
6.	Physiotherapy Technician	1	-	1

There is lack of NLEP manpower in the DNT Team as well as in the District.

Thanjavur District is a vast district having 14 blocks. The present DLO is posted as in-charge and he attends the DLO duty for three days in a week only. Hence a regular DLO has to be posted for strengthening NLEP Activities.

The HE post in the DNT is vacant and needs to be filled.

2 NMS posts in the DNT are vacant. In the whole district, 11 posts of NMS, out of the sanctioned 13, are lying vacant. All these posts are vital and have to be filled for the smooth running of the programme.

2. Records and Reports:

	2011-12	2012-13	2013-14	2014-15 (till Jun 14)
New Cases during the year	162	146	103	8
ANCDR	6.74	5.98	4.16	0.32
Cases at the end of the year	106	113	106	103
PR	0.44	0.46	0.42	0.32

- Generally, Maintenance of NLEP Records and Registers needs improvement.
- In the Case Cards, Case Details (like number & site of skin lesions, nerve involvement and deformity) were partially entered in most of the visited centres. In a few centres, some columns were left blank. The team insisted them for the completeness of the Case Cards.
- The Registers for the DPMR activities and Drug Stock registers were not maintained properly in most of the visited Taluk Head Quarters Hospitals and the PHCs.
- The DNT members have to take care in the proper maintenance of NLEP Records and Preparation of Reports.

Block wise Report of ANCDR and PR at the end of February 2014

S. No.	Name of the Block	Population	PR	ANCDR
1	Thiruvaiyaru	126807	0.7	8.67
2	Papanasam	157161	0.44	3.18
3	Kumbakonam	205508	0.34	3.89
4	Thiruppaandal	118133	0.84	5.9
5	Thiruvudaimarudur	200036	0.59	4.9
6	Ammappettai	125774	0.47	2.3
7	Orathanadu	183833	0.59	4.3
8	Madukkur	92192	0.54	9.7
9	Pattukottai	149234	0.4	2.6
10	Sethubawachatram	113690	0.17	0
11	Peravoorani	123753	0.24	0.8
12	Thiruvonam	90531	0	0
13	Budalur	108630	0.18	1.8
14	Thanjavur	204775	0.014	0.9

S. No.	Name of the Urban Centre	Population	PR	ANCDR
1	Thanjavur	242011	0.28	3.7
2	Pattukottai	77704	0.58	10.2
3	Kumbakonam	153682	0.19	1.95

3. Progress in DPMR implementation:

a. DPMR Register

- DPMR Registers are not maintained properly.

b. Self Care Kits

- There are no Self Care Kits in the district.

c. Protective MCR Footwears

- Purchased from Holy Family Hansenorium, Tiruchirapalli at the rate of Rs.300/- per pair.
- 116 cases were provided MCR Footwear in 2013-2014.
- 100 cases were provided MCR Footwear in 2014-2015 till June 2014.
- MCR Footwear Requirement for the year 2014-2015 is 375 pairs.

d. Reconstructive Surgery

Presently, RCS was done in Holy Family Hansenorium, Tiruchirappali District. Last year only one RCS was done. Sacred Heart Leprosy Centre (SHLC), Kumbakonam is also a Government recognised RCS centre functioning in this District. The DLO has to take steps for performing RCS here.

A Camp for providing Disability certificate to LAPs was conducted in the SHLC, Kumbakonam and 112 LAPs were provided pension.

There is one Physiotherapist working in the District Head Quarters Medical College Hospital, whose services may fully be utilised for the RCS.

4. Availability of MDT, Prednisolone and other Supportive drugs:-

- The quality of all drugs is good and they are having good expiry period.
- Indenting and Supplying Systems need improvement.
- Care has to be taken for timely indent of MDT.
- Minimum MDT Stock as per guidelines should be available.

5. Leprosy Training of General Health Care Staff and ASHAs:

The DLO had conducted Refresher Training course for the MOs and other Health Workers working in PHCs during 2013-2014. There are no ASHAs in this district.

6. IEC Activities undertaken and Display of IEC Materials:

Generally IEC activities were fair. IEC Activities like School Group Meeting, Zilla Parishad, Mahila Mandal and Quiz Programme were undertaken; Wooden laminated Boards and Flex Boards were displayed; Leprosy slogans were printed in the Domestic Electricity Consumption Cards and Pamphlets were distributed to the public during 2013-14.

Very few Boards, Posters and Pamphlets were seen in all visited Health Facilities.

7. Cases Validation:

❖ Thanjavur Medical College Hospital

- 1 New MB Adult under Reaction - in the OPD
- 1 Old Treated Ulcer case - in the TH Ward

❖ Vadukkur PHC

- 1 MB Adult Case with Grade II Deformity- 9th Pulse MDT

❖ Thamarankottai PHC

- 1 MB Adult under Treatment

❖ Kumbakonam Urban Leprosy Centre

- 1 MB Adult Female under treatment
- 1 MB Adult Male – 9th pulse MDT (Transferred from MMC, Chennai)
- 1 MB Adult Male with Type II reaction

❖ Sacred Heart Leprosy Centre (SHLC), Kumbakonam

During the visit to the SHLC, an NGO, two new cases came to the OPD of the Hospital from Tiruvarur District. These cases were examined by the MO, SHLC and the CLTRI Team. Both cases were contact cases. The details are given below.

- 1 MB Adult (BT to BL Type)
- 1 MB Adult (BL Type) with left Ulnar claw

On validating these cases, the Team found that some of the cases are anaemic and recommended for supportive drugs to them.

8. Involvement of VHNs / MPWs / ASHAs in NLEP:

Out of 309 VHNs working in the district, 172 VHNs were given Leprosy Training. The participation and involvement of the VHNs in the NLEP activities were fair. The interaction with 25 VHNs at Thamarankottai Block PHC showed that they have knowledge about Leprosy symptoms and treatment. There are no ASHAs in this district.

9. Involvement of NGO:

Sacred Heart Leprosy Centre (SHLC), Sakkottai, Kumbakonam Taluk has been working for leprosy for the past 85 years. It is a Government Recognised Reconstructive Surgery (RCS) centre. They have facilities like OPD, Physiotherapy, Operation Theatres for RCS, Footwear Production Unit, Artificial Limbs Production Unit, Skin Smear Lab and Leprosy In-Patients Wards and Permanent Blocks.

They diagnose the cases which are reporting to them and give referral to the District Authorities with their investigation reports. The management of Ulcer and Reaction cases were undertaken. They are providing MCR Footwears to the needy patients.

10. Medical College:

There is one Government Medical College Hospital in this District. The Team visited the Department of Dermatology. Thanjavur Urban Leprosy Centre is functioning here. There is good co-operation from the department to the NLEP. They are diagnosing and treating the Leprosy patients along with Skin OP.

There is one leprosy trained Physiotherapist working in the department. He is assisting in the diagnosis and reaction management.

The Month-wise new case register was maintained and displayed in the Department of Dermatology.

Skin Smear facilities are also available. The leprosy patients were referred to this hospital for Skin Smear.

There is one 30 bedded (15 Male + 15 Female) Temporary Hospital ward in the hospital where leprosy patients along with other skin disease who need hospitalisation were admitted.

11. Funds Position at District level:

Budget Status as per Action plan

S.No	Details of Activities	% of Utilisation
1.	Service in Urban Area (Urban Leprosy Control)	91
2.	DPMR	28
3.	MCR Footwears	24
4.	Supportive drugs	99
5.	IEC / BCC	70
6.	Training	100
7.	Mobility Support (POL etc)	90

12. Suggestions / Recommendations:-

- Filling up the regular DLO, HE and vacant NMS posts has to be done in priority basis to strengthen the NLEP Activities in the district.
- Continued Capacity Building has to be undertaken. CLTRI can train the Officers and Personnel like MOs, His, Lab Technicians, etc.,
- Diagnosis, Classification and Management of Reactions need improvement.
- Care has to be taken to maintain NLEP Records and Reports. A copy of the MPR may be sent to the CLTRI regularly, so that a feedback can be provided after evaluation.
- POD and Self Care Activities need improvement. More MCR Footwears have to be procured and issued to the needy persons. In the last two years, only 2 RCS were conducted. Steps have to be taken to identify the patients fit for RCS and to conduct RCS. The SHLC, Kumbakonam has to be utilised for all these activities.
- More IEC Activities have to be conducted. Display of IEC materials need to be strengthened.
- Indenting and Supply of MDT and Maintenance of MDT Drug Stock Register need improvement. The PHCs should keep MDT Drugs as per guidelines.
- Most importantly Case Detection activities need to be carried out through School Surveys and Other methods.

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