

Report of CLTRI Team's
Monitoring NLEP Activities in Erode District of Tamil Nadu State

The Central Leprosy Division, DGHS, *vide No.16025/1/2011-Lep. Dt.06.09.2011*, allocated to CLTRI, four States / U.T., (Tamil Nadu, Karnataka, Kerala & Lakshadweep), for Monitoring NLEP Activities in those States. The CLD also, *vide No.16025/1/2011-Lep. Dt.28.08.2012*, directed CLTRI to monitor the high endemic (ANCDR > 10) districts of Tamil Nadu State among the 209 high endemic districts in the country.

The Director, CLTRI, deputed the following Team to visit ERODE district, during the period from 05.09.2012 to 11.09.2012 for Monitoring NLEP Activities in ERODE, the reported high endemic district of Tamil Nadu State among the 209 high endemic districts in the country.

Team

1. Dr. V. C. Giri	Assistant Director (Epid.)
2. Sri. M. Ali Khan	Junior Field Investigator
3. Sri. R. Kotteswaran	Para Medical Worker

Actual Tour Programme

05.09.2012 – Transit from CLTRI to Erode

06.09.2012 – Visit to Erode DLO's Office (Monitoring & Selection of Health Facilities);

Visit to Erode District HQ Govt. Hospital (Dermatology OPD & TH Ward);

Meeting with the Joint Director of Health Services, Erode.

Meeting with Influential Leader Dr.P.K.Gopal, President, IDEA in Erode.

07.09.2012 – Visit to Bhavani Taluk HQ Govt Hospital (Dermatology OPD & TH Ward)

Visit to Bhavani Municipal Dispensary (Urban Health Centre);

Visit to Block Govt Primary Health Centre, Jambai;

Visit to Voluntary Health Services Leprosy Hospital, Sakthi Nagar (NGO)

08.09.2012 – Visit to Block Govt Primary Health Centre, T.N.Palayam (Field Visits)

10.09.2012 – Visit to I.R.T. Medical College & Research Centre, Perundurai;

Meeting with the DLO and the Deputy Director of Health Services, Erode.

11.09.2012 – Transit from Erode to CLTRI

Tour Report – Erode DLO’s Office – 06.09.2012

1. Institution Visited:- District Leprosy Office, Erode

District Nucleus Team (DNT)

Sl. No.	Post	Sanctioned	Vacant	In-Position	Name
1	District Leprosy Officer (DLO)	1	-	1 (in-charge)	Dr. (Mrs.) T.Ramamani, Sr. Civil Surgeon & Dermatologist
2	Health Educator (HE)	1	-	1	Shri. T. Selvam.
3	Non Medical Supervisor (NMS)	1	1	-	
4	Health Inspector (HI)	3	-	3	Shri. Kasiappan, Shri. Vallavan and Shri. Vijayakumar
5	Physio Technician (PT)	1	-	1	Shri. S. Jayakumar

The vacant NMS post in DLO’s Office, being a vital one, needs to be filled at the earliest.

Erode DLO’s Field Area

Sl. No.	Areas	Taluks	Blocks	Urban	Population	Remarks
1	Erode Health Unit District (HUD)	5	14	-	14,31,535	Rural only
2	Dharapuram Health Unit District	2	6	-	10,40,243	Rural only
3	Urban Areas (in both HUDs)	-	-	5	03,58,455	
		7	20	5	28,30,233	

Erode HUD and 4 Urban Areas (Erode, Bhavani, Gobichettipalayam & Sathiamangalam) lie in the Erode Revenue District. Dharapuram HUD and 1 Urban Area (Dharapuram) lie in the Tiruppur Revenue District.

The Population reported needs to be reviewed.

2. Comments on Reports and Records:-

	2010-2011	2011-2012
New Cases Reported during the year	306	185
ANCDR	10.8	6.46
Remaining Cases at the end of the year	270	196
PR	0.95	0.63

The Maintenance of Records, Preparation and Submission of Reports need to be streamlined and strengthened.

Since the NMS post lies vacant, the HE and the HIs in the DLO's Office, who are also DNT members, have to take more responsibilities for these activities. They have to visit all Block PHCs and Urban Centres and guide the staff there in these activities.

All Health Facilities like PHCs, UHCs may be instructed to send a copy of MPR directly to the DLO, when they submit it to their concerned District Authorities.

The DLO has to submit a copy of the District MPR directly to the Director, CLTRI, when they submit it to the SLO.

The Registers for the DPMR Activities and Drug Stock are maintained up-to-date.

3. Progress in DPMR implementation:-

	2010-11	2011-12	2012-13 Till August
Gr. II Deformity Cases Reported	3	4	5
Deformity Cases Screened for RCS	5	3	5
Deformity Cases undergone RCS	2	-	2
Reaction Cases treated	3	-	*
Implementation of Ulcer and Self Care Activities	Issued Self Care Kits with Counseling		
Procurement of MCR Foot Wear	150	95	0
Distribution of MCR Foot Wear	140	45	50

Quality Testing Report of MCR Foot Wear	Received the Instructions, only recently
Screening and Referral for RCS	Referring to CLTRI, SLRTC, NGOs at Omalur (Salem) / Fathima Nagar (Trichy)
Records and Reporting Formats	Records are maintained up-to-date; but, Reports need to be improved.

* Though Reaction Cases have been treated, as per the Records and our Physical verification, the figures were not shown in the Reports. More care is required in Reporting.

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

MDT MB Adult – 288 BCPS; MDT MB Child – 6 BCPS;

MDT PB Adult – 58 BCPS; MDT PB Child – 6 BCPS;

Prednisolone – 300 Tabs.

The quality of all drugs is good and they are having good expiry period. Except MDT MB Adult, remaining MDT drugs are inadequate.

Indent and Supply System need to be improved.

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

DLO – The DLO may be deputed for the next one week DLO Training in CLTRI.

MOs – The MOs in Health Facilities may also be deputed for MO Training in CLTRI.

HIs – They may be deputed for NMS Training in CLTRI.

VHNs- They may be imparted Leprosy Training in District/Taluk HQs by CLTRI Team.

ASHAs- There is no ASHA in this District.

6. IEC Activities undertaken and Display of IEC Materials:-

IEC Activities like Hoardings, Rallies, Quiz Programme, IPC Workshop, Leaders' Meeting, NGOs Camps, Mahila Mandal Camps, and Health Mela were undertaken.

IEC Materials are displayed in Health Institutions.

7. Cases Validation:-

In the DLO's Office, the Team scrutinized only Reports and no validation of Cases.

8. Involvement of MPWs / ASHAs in NLEP:-

All VHNs / MPWs are involved in NLEP. There are no ASHAs in this District.

9. Funds Position at District level:-

The DLO told that funds allotted for POL / Hiring of Vehicles is not adequate.

10. Any other relevant points / issues:-

Team's Method of Selection of Health Facilities.

- (i) District HQ Govt. Hospital – Erode
- (ii) Taluk HQ Govt Hospital – Bhavani
- (iii) PHC with ANCDR > 10 – T.N.Palayam Block, Gobichettipalayam Taluk
- (iv) PHC with ANCDR < 10 – Jambai Block, Bhavani Taluk
- (v) NGO in Leprosy – V.H.S., Sakthi Nagar, Bhavani Taluk
- (vi) Medical College – I.R.T. Medical College & Research Centre, Perundurai

Based on the high PR, the DLO is conducting “Intensified Survey” in 3 Blocks of Erode (Modakurichi, T.N.Palayam & Thalavadi) utilizing the General Health Care Staff and Anganwadi / ICDS Workers.

As there is no Lab Technician even in the DLO's Office, no skin smear was taken even for MB cases.

11. Suggestions / Recommendations:-

Suggestions / Recommendations given in all the above-mentioned points No 1 to 5 may be implemented.

Tour Report – Erode District HQ Govt. Hospital – 06.09.2012

Institution Visited:- District HQ Govt. Hospital, Erode

The Team visited the Department of Dermatology and discussed with the Medical Officer in- charge Dr.Suganthi. Dr.V.C.Giri replied her queries about the Diagnosis of Leprosy, Treatment and Management of Reactions and also suggested for undergoing Leprosy Training.

The Team also visited the TH (Temporary Hospitalisation) Ward and found 8 Leprosy cases admitted for treatment of ulcer and neuritis

The Team visited the Physiotherapy Unit and discussed with the Physiotherapy Technician Shri. Dhamodharan. In the Physiotherapy Unit, the Registers for the DPMR Activities are maintained up-to-date. They are treating the Reaction cases; implementing the Ulcer and Self Care Activities and giving Counseling. For issue of MCR Foot Wear and for RCS, the cases are referred to the DLO's Office.

Meeting with the Joint Director of Health Services, Erode – 06.09.2012

The Team met the Joint Director of Health Services, Erode in his chamber, while he was conducting the meeting of the Medical Officers in-charge of the Block PHCs in the District. Dr.V.C.Giri explained the gathering about the high endemicity of Leprosy in Erode District, the importance of the Team's visit and the MOs' role in NLEP activities. He also requested them to undergo the Leprosy Training in CLTRI which will be useful for the individual and the programme.

Meeting with Influential Leader Dr. P. K. Gopal, President, IDEA, in Erode - 06.09.2012

The Team met Padmashree Dr.P.K.Gopal, President, IDEA in Erode; explained him about the purpose of the visit and high endemicity of Leprosy in Erode District and requested his cooperation in achieving the elimination goal in Erode District.

Tour Report – Bhavani Taluk HQ Govt. Hospital – 07.09.2012

Institution Visited:- Taluk HQ Govt. Hospital, Bhavani

The Team visited the Department of Dermatology; discussed with the Medical Officer in-charge Dr.Poornachandralekha. She is confident in the Diagnosis, Classification and Treatment of Leprosy. Dr.V.C.Giri suggested her for undergoing Leprosy Training in CLTRI.

The Team also visited the TH (Temporary Hospitalisation) Ward and found 4 Leprosy cases admitted for treatment of ulcer and neuritis.

The Team visited the Physiotherapy Unit and discussed with the Physiotherapy Technician Shri.S.A.Selva Mani. In the Physiotherapy Unit, the Registers for the DPMR Activities are maintained up-to-date. They are treating the Reaction cases; implementing the Ulcer and Self Care Activities and giving Counseling. For issue of MCR Foot Wear and for RCS, the cases are referred to the DLO's Office. The Team advised him about the preparation and submission of Reports.

Tour Report – Urban Health Centre, Bhavani – 07.09.2012

Institution Visited:- Urban Health Centre / Municipal Dispensary, Bhavani

The Team visited the Urban Health Centre; discussed with the Medical Officer in-charge Dr.Sakthi and Smt. R. Renuka, VHN, maintaining the Leprosy Registers and MDT Stock. Both are willing to undergo Leprosy training.

The Leprosy Registers and MDT Stock Register are maintained up-to-date.

As on date, 2 MB Adult cases were under treatment.

MDT MB Adult-2 BCPs and MDT PB Adult-1 BCP were available. The quality of all MDT drugs is good and they are having good expiry period. Indent and Supply System are good.

IEC Activities were undertaken and IEC Materials are displayed in the Health Centre.

Tour Report – Block Govt. Primary Health Centre, Jambai – 07.09.2012

Institution Visited: - Block Govt. Primary Health Centre, Jambai

The Team visited the Block Govt. Primary Health Centre, Jambai; discussed with the Block Medical Officer Dr. T.Menaga and Medical Officer Dr. B. Saravana Rajan. Shri.S.Mahendran, HI, is maintaining the Leprosy Registers and MDT Stock.

The Leprosy Registers and MDT Stock Register are maintained up-to-date.

As on date, 2 MB Adult cases were under treatment.

MDT MB Adult-7 BCPs were available. The quality of MDT drugs is good and they are having good expiry period. Indent and Supply System are good.

IEC activities were preformed and IEC Materials are displayed in the PHC.

One old MB RFT case, Muniappan, 63 yrs old Male, who came for treatment for complications, was given counseling by the team.

Tour Report –Voluntary Health Society, Sakthi Nagar – 07.09.2012

Institution Visited: - Voluntary Health Society Leprosy Hospital, Sakthi Nagar

The Team visited the Voluntary Health Society, Sakthi Nagar; NGO in Leprosy; met the Director Dr.N.P.Sanakaranarayan and the Health Educator cum Administrative Officer Shri.P.Muthusamy; discussed with them about their Institution's involvement in NLEP activities and visited the Leprosy Wards, Physio Block, Laboratory, Dressing Room and Operation Theatre.

As on date, 21 Leprosy cases were in the wards.

Since, now they are not having any field area, they are not supplied with any MDT Drugs. They are purchasing from outside. They requested for supply of MDT drugs, since they are still treating Leprosy and its complications.

Physical and Socio-Economic Rehabilitation activities were preformed.

They assured that they are ready to submit their Monthly Performance Reports.

Tour Report – Block Govt. PHC, T.N.Palayam – 08.09.2012

1. Institution Visited:- Block Govt. Primary Health Centre, T.N.Palayam

The Team visited the Block Govt. Primary Health Centre T.N.Palayam and discussed with the BMO Dr. J. Ramesh, MO Dr. Janardhanan, MO Dr. (Mrs) Kalaivani, NMS Shri. R.Vijayan, HI, Shri. E.Subramanian and Shri. Manoharan.

2. Comments on Reports and Records:-

As on date, 3 MB Adult, 2 PB Adult and 1 PB Child cases are under treatment.

The Leprosy Registers and MDT Stock Register are maintained up-to-date. The Team advised the NMS & HIs regarding the preparation and submission of Reports.

3. Progress in DPMR implementation:-

They are treating the Reaction cases; implementing the Ulcer and Self Care Activities and giving Counseling. For issue of MCR Foot Wear and for RCS, the cases are referred to the DLO's Office.

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

MDT MB Adult – 4 BCPS; MDT MB Child – 0 BCP;

MDT PB Adult – 6 BCPS; MDT PB Child – 1 BCP;

Prednisolone – Available in Pharmacy

(As on date, 3 MB Adult, 2 PB Adult and 1 PB Child cases are under treatment.)

The quality of all drugs is good. They are having good expiry period

Indent and Supply System need to be improved.

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

MOs – The MOs in Health Facilities may also be deputed for MO Training in CLTRI.

HIs – They may be deputed for NMS Training in CLTRI.

VHNs- They may be imparted Leprosy Training in District/Taluk HQs by CLTRI Team.

ASHAs- There is no ASHA in this PHC.

6. IEC Activities undertaken and Display of IEC Materials:-

IEC activities were performed and IEC Materials are displayed in the PHC.

7. Cases Validation:-

The Team visited 4 Sub Centres (Kondayampalayam, Bungalow Pudur, Vaniputhur and Murugan Nagar) of T.N.Palayam PHC Field Area and examined the Cases for review and validation.

Out of 6 cases under treatment, 3 MB and 1 PB cases were validated in the field. Among them, 2 MB cases are under Reaction taking Prednisolone. One MB case, who had taken treatment from Private Practitioner, was under Reaction. Advice for proper recording and treatment was given. 4 PB - RFT and 2 MB - RFS cases were reviewed. 3 cases were not available for examination.

8. Involvement of MPWs / ASHAs in NLEP:-

All MOs, NMS and HIs are involved in NLEP. There are no ASHAs in this PHC.

Tour Report – I.R.T. Medical College, Perundurai – 10.09.2012

Institution Visited:- I.R.T. Medical College & Research Centre, Perundurai

The I.R.T. Medical College & Research Centre situated at Perundurai is an Public Sector Undertaking Institution run by the Department of Transport, Govt. of Tamil Nadu.

The Team visited the Centre; met the Dean, the Heads of the Department of Dermatology, the Department of Orthopedics, the Department of Community Medicine and the Department of Laboratories.

During discussion, the following were observed.

- They are willing to conduct Operational Research in Leprosy.
- Leprosy cases were diagnosed; but, they were referred to the nearest PHC for treatment.
- No MDT is supplied by the Health Authority.
- No DPMR Activities were undertaken.
- No RCS was done, since there is no trained surgeon.

Meeting with the Deputy Director of Health Services, Erode – 10.09.2012

The Team met the Deputy Director of Health Services, Erode in his chamber, with the DLO, the HE and the PT and briefed about the observations and suggestions during the visit.

Observations / Suggestions / Recommendations

It is observed that high endemicity may be due to the following reasons.

Population reported is less. (The Population reported needs to be reviewed)

The New case figures shown are incorrect (May be inflated).

Impact of good IEC Activities.

Infection is still in the community.

It is suggested that Maintenance of Records, Preparation and Submission of Reports need to be streamlined and strengthened. The DNT have to visit all Block PHCs and UHCs and guide the staff there in these activities. All Health Facilities like PHCs, UHCs may be instructed to send a copy of MPR directly to the DLO, when they submit it to their concerned District Authorities.

The DLO has to submit a copy of the District MPR directly to the Director, CLTRI, when they submit it to the SLO.

Skin Smears have to be taken, at least for MB and Relapse cases.

The MDT drugs are inadequate. Indent and Supply System need to be improved.

Private Practitioners have to be given advice for proper treatment regimen.

The DLO, the MOs and the HIs may be deputed for MO Training in CLTRI. The VHNs may be imparted Leprosy Training in the District / Taluk HQs by CLTRI Team.

IEC Activities targeting various groups have to be conducted.

“Intensified Survey” for detecting the Lurking Leprosy cases has to be conducted to cut the chain of transmission.