

Report of Monitoring NLEP Activities in
Perambalur District of Tamil Nadu State

S.No	Indicators	Yes/No
1	Establishment of District Nucleus	No
2	Making correct diagnosis with classification	Yes
3	Referral and feedback system appropriate	Yes
4	Management of Reactions	Yes
5	POD and Self care activities	Yes
6	Capacity building of in house staff	Yes
7	Maintenance of register	Yes
8	Timely submission of MPR by 5 th of every month	Yes
9	Stock Register maintained	Yes
10	IEC material displayed properly	Yes
11	Involvement of MPHWS in leprosy	No MPHWS in the District
12	Availability of MDT as per guidelines	Yes
13	Availabilities of Prednisolone and supportive medicine	Yes
14	Timely indenting of MDT	Yes
15	Physical verification of quantity and date of expiry of Medicine	Yes
16	MDT stock register maintained properly	Yes
17	Involvement of ASHA on NLEP	No ASHAs in the District
18	RCS conducted/referred	Yes
19	Involvement of NGO	NGO from the adjacent District is involved
20	Availability of mobility	No
21	Submission of SOE in time	Yes
22	Any other Relevant point	

1. District Nucleus Team (DNT)

There is no separate District Nucleus Team (consisting of DLO, HE, NMS, HI and PT) in Perambalur District. The District Leprosy officer, Trichy District (with her Team) is also the in charge DLO of Perambalur District.

We recommend that a separate District Nucleus Team has to be created for Perambalur District.

Perambalur DLO Field Area

S.No.	Revenue District	Blocks	Population
1	Perambalur	4	537242
2	Ariyalur	6	775087
		10	1312329

Perambalur DLO's Report and Field Area consist of Perambalur Revenue District and Ariyalur Revenue District.

Perambalur Revenue District contains 4 Blocks (Ammapalayam, Karai, Valikondapuram and Labbaikudikadu). Ariyalur Revenue District contains 6 Blocks (Kadugoor, Thirumanur, Kamiliyam, Andimadam, Meensurutty and T. Palur). Each Block is having one Block PHC.

There is no separate report prepared for Ariyalur Revenue District.

There is no Government Medical College in Perambalur District.

We recommend separate Reports for Perambalur District and Ariyalur District.

2. Comments on Reports and Records:-

	2010-2011	2012-2013
New Cases Reported during the year	100	66
ANCDR*	7.48	4.9
Remaining Cases at the end of the year	94	75
PR*	0.70	0.56

* Based on 10 blocks

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

Since the report is prepared based on 10 blocks (including 6 blocks from Ariyalur District) the report is not correct.

The HE and the HIs in the DLO's Office, have to take more responsibilities for these activities. They have to visit all Block PHCs and guide the staff there in these activities.

The Registers for the DPMR Activities and Drug Stock are maintained up-to-date. Description of the Disease is not entered in the case sheet. So, the team insisted them to write the details of disease like site of lesion, no. of lesion and deformity site etc in the Case Sheet itself.

(a). District wise Annual New case Detection as March 12

District	Population	No. of New cases shown in the Report	Actual New Cases	ANCDR in the NLEP District wise Report	Actual ANCDR
Perambalur	537242	102	29	17.83	5.39
Ariyalur	775087	0	73	0	9.42
Total	1312329	102	102		14.81

The higher ANCDR(17.83) in the last year report is an error. Since the ANCDR in the District Report was calculated by taking the Total no of New Cases in the Both District (i.e Perambalur and Ariyalur District) and dividing by the Perambalur Population itself. This reporting Error occurred because there is no separate report for Ariylaur District.

Team Suggested the District authority to prepare separate reports for the both the District.

(b). Block wise Report as on March 2012

Perambalur District

Sl. No.	Blocks	Population	Total New Cases during 2011-12
1	Ammapalyam	135368	5
2	Karai	106110	5
3	Labbikudikadu	145133	10
4	Valikandapuram	150631	9
		537242	29

Ariyalur District

Sl. No.	Blocks	Population	Total New Cases during 2011-12
1	Kadugur	151829	4
2	Thirumanur	124647	3
3	Kamiliyam	110562	9
4	Andimadam	120981	21
5	Meensurutty	160556	28
6	T Palur	106512	8
	Total	775087	73

3. Progress in DPMR implementation:-

	2011-12	2012-13 Till Jan 2013
Gr. II Deformity Cases Newly Reported	0	3
Deformity Cases Screened for RCS	15	7
Deformity Cases undergone RCS	8	3
Procurement of MCR Foot Wears (in pairs)	133	360
Distribution of MCR Foot Wears (in pairs)	10	189
Screening and Referral for RCS	Referred to the NGO (Holy Family Hansenorium, Fathima Nagar, Trichy)	
Records and Reporting Formats	Records are maintained up-to-date; but, Reports need to be improved.	

- MCR footwear's were supplied to the DLO, Trichy from Holy Family Hansenorium, Fatima Nagar at the rate of Rs.275/-

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

- MDT drugs were supplied through the DLO Trichy to all PHCs and the Private Medical College.
- The quality of all drugs is good and they are having good expiry period.
- Indenting and Supplying System are also good.

Dhanalakshmi Srinivasan Medical college Hospital

PB Adult - 3 Blister packs Expiry date – 07/2015

MB Adult - 7 Blister packs Expiry date – 09/2013

Ammapalayam PHC

MB Adult – 13 Blister Packs Expiry Date – 02/2016

PB Adult – 1 Blister Packs Expiry Date – 05/2014

PB Adult – 1 Blister Packs Expiry Date – 07/2013

Prednisolone – 400 Tabs.

Ladapuram PHC

MB Adult – 6 Blister Packs Expiry Date – 11/2015

PB Adult – 1 Blister Packs Expiry Date – 07/2015

Valikondapuram PHC

MB Adult – 3 Blister Packs Expiry Date – 02/2016

PB Adult – 4 Blister Packs Expiry Date – 10/2015

Anukkur PHC

MB Adult – 1 Blister Pack

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

DLO – The DLO, Trichy already attended 5 days DLO training in CLTRI.

MOs – The DLO, Trichy had conducted one Day Refresher Training course for the MOs working in PHCs. Anyhow, for better capacity building, all MOs in the Health Facilities may also be deputed for MO Training in CLTRI.

HIs – All HIs involved in Leprosy 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:-

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

Awareness Programme was conducted among the Medical and Para Medical students at Rovers College and Dhanalakshmi Srinivasan Medical college Hospital, Perambalur during 2012-13.

S.No	IEC Activities	Activities undertaken during 2012-13
1.	Group Meeting (IPC workshop)	1
2.	School IEC	5
3.	Quiz Programme	3
4.	Health Mela	1
5.	Zilla Parishad	3
6.	Mahila Mandal	2
7.	NGO Meeting	1
8.	Poster	120

- Wall paintings about leprosy were painted in the walls of the PHCs during 1989-90.
- IEC Materials displayed in PHCs were less in number.

7. Cases Validation:-

In Ammapalayam PHC, one case was validated by the Team.

In Ladapuram PHC, Retrieval measure for regularity of patient was not appropriate (One Registered Patient was default for 5 months, though he is residing within 100mtrs of Ladapuram PHC). After discussion, we insisted them to conduct a special survey or contact based survey in Ladapuram PHC area, since 2 MB cases were Reported voluntary in that place. (One case is 60 years old and another is 23 years old, college students).

8. Involvement of MPWs / ASHAs in NLEP:-

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

9. Funds Position at District level:-

Budget Status as per Action plan

S.No	Details of Activities	% of Utilisation
1.	Incentive of ASHA	0 (since No ASHA)
2.	MCR footwear	100.00
3.	Aid and Appliance (Blankets)	99.8
4.	Welfare Allowance	75.00
5.	Supportive Drugs	99.82
6.	Printing works	100.00
7.	Mass Media	60.60
8.	Health Mela	100.00
9.	Rural Mela	95.00
10.	Advocacy Media	100.00
11.	Refresher training for MOs	61.36
12.	Health Supervisors/Health workers Training	100.00
13.	Physiotherapist Training	0
14.	Management Training for District Nucleus	100.00

10. Any other relevant points / issues:-

Team's Method of Selection of Health Facilities.

- (i) District HQ Govt. Hospital – Perambalur
- (ii) PHC with ANCDR > 5 – Valikondapuram Block
- (iii) PHC with ANCDR < 5 – Ammapalyam Block
- (iv) Medical College – Dhanalakshmi Srinivasan Medical College Hospital, Perambalur

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

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Involvement of NGO and Private Medical Institutions:-

NGO

- There is no NGO working for Leprosy in Perambalur but Holy Fatima Honosarium an NGO in Trichy is working in Perambalur District. The Deformity, Complicated cases were referred to this NGO.
- MCR footwear were supplied to DLO Trichy from Holy Family Hansenorium, Fatima Nagar at a rate of Rs.275/- (189 pairs were supplied to 189 patients as on 31.03.2012)
- Reconstructive Surgery was conducted in Holy Fatima Honosarium, Fatima Nagar, Trichy.

Private Medical College

- There is one Private Medical College: - Dhanalakshmi Srinivasan Medical College Hospital.
- MDT were supplied to the Private Medical College through the DLO Trichy
- Physiotherapy is also available in the Medical College.
- Skin Smear was taken by the Doctor in Dhanalakshmi Srinivasan Medical College Hospital, Perambalur

DLO authorities have good coordination with the Private Medical College and NGOs

11. Suggestions / Recommendations:-

- A separate District Nucleus Team has to be created for Perambalur District.
- Separate Reports for Perambalur District and Ariyalur District have to be prepared.
- The Maintenance of Records, Preparation and Submission of Reports need to be streamlined and strengthened.
- For Better capacity building, all MOs in the Health Facilities may also be deputed for MO Training in CLTRI. All HIs involved in Leprosy may be deputed for NMS Training in CLTRI. All VHNs may be imparted Leprosy Training in District / Taluk HQs by CLTRI Team
- More IEC Materials have to be displayed in PHCs.
- Separate vehicle is required for NLEP activities in Perambalur District.