

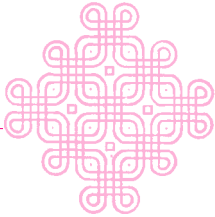
Integrating Leprosy Services into the General Health Care System

Studies from Tamil Nadu, India

Department of Community Health, Vellore
Management Services Group, New Delhi

DANLEP

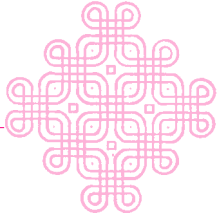
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Management Services Group	





PREFACE

It is my pleasure to write the preface to this important document, which consists of key findings of two studies, that documented the experience of Tamil Nadu in integrating leprosy with Primary Health Care services. These studies were conducted in different periods and scenarios in the context of leprosy elimination.

The first study, “NLEP-PHC Synergy: Process and impact of integration of leprosy services with Primary Health Care (PHC) Services in Tamil Nadu” was conducted by the Department of Community Health, (CHAD) Christian Medical College, Vellore in 1998, one year after the integration was done. The objectives of this study were: to document the process of integration, and to assess the impact of integration among district level administration, primary health care staff including the former leprosy staff, the patients and the community.

The second study, “Follow Up Study of Leprosy Services in Tamil Nadu”, was conducted by Management Services Group (MSG), New Delhi, jointly with NLEP and DANLEP in 2001. The specific objectives of this study were: to assess the measures taken to improve coordination, supervision and monitoring of leprosy services at state and district level; to review the system of organising and delivering leprosy services at primary health centre (PHC) level and below; to consider additional administrative and managerial requirements while integrating the leprosy cadre into the general health system; and to assess the acceptance of the present organisational set up by the different categories of staff involved in leprosy work.

During these studies, interactions and sharing of the field experiences by the research teams with the state and district level programme managers led to simultaneous addressing of the identified problems to improve integration. These studies have also enabled them to look for critical issues consciously in the field and during the review meetings and take remedial measures as per need.



Ever since the first study was conducted, continuous endeavours have been undertaken to improve and strengthen the integration process. 'The Tamil Nadu Integration Experience' is being referred at both national and international levels as a pioneering one.

Constructive suggestions and recommendations given by the recently concluded follow up study on coordination and administration, the urban leprosy programme and training have been well received by the field functionaries at various levels and followed through.

As a four-decade-old strong vertical structure is being integrated with PHC services, it needs to be emphasized that frequent field observations and monitoring as well as immediate interventions to improve the integration processes and outcomes continue to be needed. Therefore conscious efforts are being made to encourage and persuade the Medical Officers of PHC to take ownership of leprosy services with the necessary responsibility and accountability to ensure sustainability. We hope to achieve this all over Tamil Nadu within a short span of time.

This document would be very helpful and useful for other states who are about to go in for integration to ensure the effective merging of services.

My kind acknowledgements go to the Department of Community Health, (CHAD) Christian Medical College, Vellore, and the Management Services Group (MSG), New Delhi for their productive work. In addition my compliments go to the Programme Managers at State and District level and field staff of TN-NLEP, specifically those who got involved in these studies and DANLEP, Tamil Nadu for enabling the researcher teams to collect, compile and document the field findings. My special thanks go to DANLEP, New Delhi for having facilitated these important and timely studies and published this report with the vital findings of both the studies. Last but not least my thanks are reserved for the patients, the people and others who have contributed greatly for the elimination of the disease from their lives and Tamil Nadu in general.

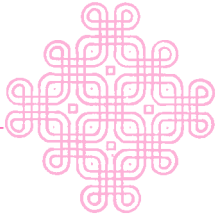


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ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
ATP	Advance Tour Programme
ANM	Auxiliary Nurse Midwife
BDO	Block Development Officer
BEE	Block Extension Educator
BHS	Block Health Supervisor
BTT	Block Training Team
CHAD	Community Health Department
CHN	Community Health Nurse
CMC	Christian Medical College
DA	Daily Allowance
Danida	Danish International Development Assistance
DANLEP	Danish Assistance to National Leprosy Eradication Programme
DC	District Collector
DDFW	Deputy Director of Family Welfare
DDHS	Deputy Director of Health Services
DDL	Deputy Director of Leprosy
DDTB	Deputy Director of Tuberculosis
DHS	Director Health Services
DOTS	Directly Observed Treatment - Short Course
DMS	Director of Medical Services
DPH	Director of Public Health
DPH&PM	Director of Public Health and Preventive Medicine



FTA	Fixed Tour Allowance
GO	Government Order
GW/M&F)	General Workers (Male and Female)
HE	Health Educator
HI G1A	Health Inspector Grade 1A
HI G1B	Health Inspector Grade 1B
HI G2	Health Inspector Grade 2
HSC	Health Sub Centre
HUD	Health Unit District
IEC	Information Education Communication
JDHS	Joint Director of Health Services
KAP	Knowledge, Attitudes and Practices
LCU	Leprosy Control Unit
LW	Leprosy Worker
MB	Multi Bacillary
MCR	Micro Cellular Rubber
MCH	Maternal and Child Health
MDT	Multi Drug Therapy
MIS	Management Information System
MLEC	Modified Leprosy Elimination Campaigns
MNA	Male Nursing Assistant
MO	Medical Officer
MPR	Monthly Progress Report
NCD	New Case Detection
NCDR	New Case Detection Rate
NGO	Non Government Organisation
NLEP	National Leprosy Eradication Programme
NMS	Non Medical Supervisor



OPD	Out Patient Department
OR	Odds Ratio
PA	Personal Assistant
PB	Pauci Bacillary
PHC	Primary Health Centre
POD	Prevention of Deformities
PR	Prevalence Rate
RFT	Release From Treatment
RNTCP	Revised National Tuberculosis Control Programme
ROM	Rifampicin Ofloxacin Minocyclin
RPOID	Rehabilitation, Prevention of Impairment and Disability
SHN	Sector Health Nurse
SLO	State Leprosy Officer
SSL	Single Skin Lesion
TB	Tuberculosis
UNCDR	Unified New Case Detection Rate
VHN	Village Health Nurse
VKT	Varumun Kappom Thittam

