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GOVERNMENT OF MAHARASHTRA

Study on the
Leprosy Problem
In
Chandrapur District

BY

Tribal Research & Training Institute,
Pune.

1977-78

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LEPROSY PROBLEM IN CHANDRAPUR DISTRICT (MAHARASHTRA)

By

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Leprosy Problem in Chandrapur District

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FOREWARD

The study is concerned with the leprosy problem in Chandrapur District. The purpose of the study is to examine the adequacy of facilities of treatment available for lepers in this district and to suggest actual requirement of different facilities. It also studies the preventive measures, which are taken at present and its expansion actually required.

The study has been conducted under the supervision of Dr. P.R. Sirsalkar, Chief Research Officer of the Institute. The report would be of great use to the Health Department and Social Welfare Department and to the dedicated social workers, who work for the lepers in Maharashtra State.

I would like to record our appreciation for the Joint Director (Leprosy), Pune; Deputy Director (Health) and Zonal Leprosy Officer, Nagpur; District Health Officer and Medical Officers of Mul, Gadchiroli and Bramhapur for making available the data for this study. I am also grateful to Shri Babasaheb Amate for his inspiration and guidance.

(G.M. GARE)
Director,
Tribal Research & Training Institute,
Maharashtra State, Pune.

Chapter One

Introduction

I

Purpose and scope of the study

Object of the study

The Government in Social Welfare, Cultural Affairs, Sports and Tourism Department have suggested to undertake a study about the adequacy of facilities of treatment available for lepers in Chandrapur District and the actual requirement of different facilities in this District after taking into account the special features of this district such as backwardness, hilly and forest area, poor transport facilities, low literacy percentage and low percentage of population per square kilometre. It was also suggested to study the preventive measures, which are taken at present and its expansion actually required.

Collection of information

The necessary statistical data and other relevant information was collected mainly from the office of the Joint Director (Leprosy), Pune,

Deputy Director (Health) and Zonal Leprosy Officer, Nagpur and District Health Officer and Medical Officers of Mul, Bramhapuri and Gadchiroli, who are implementin the scheme in the field. The information has also been collected through discussions with the concerned officials of the Health Department and Shri M.D.Amte, Secretary, Maharogi Samiti, Warora. The questionaire was issued to the concerned officers of the Health Department, working in the field to get their views about the difficulties experienced in the working of the scheme. Their suggestions for better implementation of the programme were also taken into account.

II

Facts about Leprosy

In olden days Leprosy was not considered as a disease but a visitation from God for the past sins of the sufferer. These old ideas are now being slowly replaced by true scientific facts about Leprosy. It is recognised today as a disease like any other disease. It is not hereditary nor it is conginetal. It is transmitted by an intimate and prolonged contact. It is not transmitted through food. Leprosy and Lenooderma

are two different diseases. Leucaderma is not caused by any organism or germs and is not infectious. It is the result of defective and inadequate formation of skin pigment of the affected parts.

Leprosy is a communicable disease, ~~x~~ much less infectious than Tuberculosis of the lungs. It is caused by the leprosy bacillus. It was first discovered by Hanson in 1874.

It was estimated that twenty five lakhs of people are suffering from this disease in India. Half o the cases are in Tamilnadu and Andhra Pradesh. These are high endemic states. In Maharashtra, Bihar, Orissa, West Bengal, eastern Uttar Pradesh and Mysore States, the prevalence is moderate and in the rest of India it is low.

In India about (300) million people are living in the endomic zones and are liable to risk. The statewise estimated cases are given in the following table.

Table No. (1)

Statewise estimated number of Leprosy cases

Sr.No.	Name of the State	Estimated Number of cases (Million)
1.	Madras	0-64
2.	Andhra	0.52
3.	Bihar	0.28
4.	Maharashtra	0.22
5.	Mysore	0.14
6.	Orissa	0.10
7.	Uttar Pradesh	0.14
8.	West Bengal	0.24
9.	Other remaining States	0.13
	Total	2.50

Maharashtra is having a leprosy prevalence rate ranging between 7 to 8 cases per thousand population and is considered to be a moderately endemic state. The estimated cases of Leprosy is 350,000 to 400,000 and out of them one fourth are believed to be infectious.

In Maharashtra State the prevalence rate differs from district to district and from place to place in a district. The rate has been shown in the map. Wardha District has the highest prevalence rate (18.85), and Ratnagiri District has the lowest prevalence rate (1.67). Chandrapur District stands third (15.35) according to the prevalence rate of the districts of this State.

III

General Background of Chandrapur District

Chandrapur District lies between 18° and 20° north and 78° and 81° east. This district is bounded by Wardha, Nagpur and Bhandara Districts on the north, Madhya Pradesh on the east, Andhra Pradesh on the south and the east-west, Yavatmal and Wardha Districts towards west and north-west. The whole of the western and south border is un-interuptedly bounded by the Wardha, the Pranhita and the Godawari rivers. The Indravati river flows along south east boundry of the district.

The Wainganga river cuts the district into two halves. The eastern portion comprises Sironcha and Gadchiroli Talukas, which in term of area are the largest talukas in the State, occupying together 69.1% of the total area of the district. The western portion consists of 4 talukas of Brahmhapuri, Chanda, Rajura and Warora and accounts for the remaining 40.9% of the area of the District. Administratively the district is divided into six talukas. The area, 1971 census population and the percentage of the area and the population of each taluka are shown in the following table:-

Table No.(2)

Information of area and population of Chandrapur district

Sr. No.	Taluka	Head Quarters	Area in square mile/sq. km.	No. of inhabited villages	No. of town	Population as per 1971 census	% of area to total area	% of population to total population
1	2	3	4	5	6	7	8	9
1.	Chandrapur	Chandrapur.	1174.0	388	3	400781	11.6	24.4
2.	Warora	Warora	1282.0	445	1	309798	12.7	18.2
3.	Bramhapuri	Bramhapuri.	897.0 (2323.2)	342	-	281394	8.9	17.1
4.	Sironcha	Sironcha.	3089.0 (8000.5)	556	-	140506	30.6	8.6
5.	Rajura	Rajura	776.3 (2010.6)	249	2	125935	7.7	7.7
	Total Dist. Chandrapur.		10088.3	2840	7	1640137	100.0	100.0

(Note-Figures in brackets in Col.4 denote area in sq. miles.)

The length at the north extremity from east to west is about 192 kms.,while the length from south point to the northern base is about 240 kms. In terms of area the district is the biggest in the whole of Maharashtra State.

Topography : The district is broader on the north and gradually tapers down towards south. Topographically the district can be divided into the following four zones:

1. The plain fertile region in the west in the Wardha valley.
2. The western plain hilly region.
3. The Wainganga basin, and
4. The eastern plain upland.

The whole of ~~x~~ eastern portion of the district and the south portion all along the eastern border is hilly. The important hilly ranges lie on the south. They are mainly the Tipagrah range, the Sirkunda near Sironcha, and the Gadulgatta hills to the south west of Surajgad hill. Beyond Indravati river lies the famous Bhamragadh hill which overlook confluence of three mountain rivers and is noted as an unrivelled beauty spot in the district.

Chandrapur is considered to be one of the hottest districts in Maharashtra. The immense bent combined with high percentage of humidity due to the large forest in the district makes the climate uncomfortable. Winter is equally severe. May and June are considered as the hottest months in the year. During the year 1973, the highest record was 45.5° centigrades and the minimum temparature was 13.6° centigrades.

The south western monsoon are the chief source of rain in the district. It is divided into three rain fall zones viz.:-

1. Eastern zone comprises Gadchiroli, Sironcha and Bramhapuri Taluka, having the mean rainfall of about 1524 mm. or 60 inches.
2. The central zone comprises of Chanda and Rajura Talukas having the rainfall of 1302 mm. or 50 inches.
3. The western zone comprises Warora Taluka having moderate rainfall about 1143 mm. or 45 inches.

IV

Leprosy in Chandrapur District

Tahsil level: In Chandrapur District the prevalence rate is not uniform. It differs from one tahsil to the other. The following table indicates the endemic rates in various tahsils of Chandrapur District.

Table No.(3)

Sr. No.	Name of Tahsil	Endemic rate per thousand
1.	Gadchiroli	16.6
2.	Bramhapuri	22.5
3.	Sironcha	8
4.	Chandrapur	14.8
5.	Warora	10.3
6.	Rajur	8

The estimated cases of leprosy in Chandrapur District are (25,000) out of 310,186 population examined during the year 1976.

Circle and unit level

The prevalence rate of leprosy, circlewise and unitwise is given in Table No. (4).

It appears from the table that the leprosy prevalence rate in Chandrapur District varies from 0.25 to 13.3. Out of 21 S.E.T.Units in Chandrapur District leprosy rate is more than 10 per thousand in 5 units and 5 to 10 per thousand in 8 units. It clearly indicates that the leprosy cases are quite sizeable in majority of the units in Chandrapur District.

The table given below gives leprosy prevalence rate sectorwise.

Table No.(5)

Sectorwise leprosy prevalence rate

Leprosy Control Unit	No.of sectors	Leprosy prevalence rate			
		Below 5	5-10	10-20	Above 20
Mul	19	1	8	6	4
Gadchiroli	19	1	5	5	8
Bramhapuri	19	-	2	8	9
Total	57	2	15	19	21

Out of 57 sectors in 21 sectors the leprosy prevalence rate is more than 20, in 19 sectors it is 10 to 20. If this rate is compared with taluka average, district and national average

it is alarming in its extension as per the local doctor's word. The leprosy prevalence rates of different sectors are given in Statement I, II and III. From these figures their peculiarities may appear more clearly in a broader perspective.

Table No.(4)

Statement showing the prevalence rate S.E.T. wise under S.E.T. Units in Chandrapur District.

Sr.No.	Name of S.E.T.	Prevalence rate (per thousand)
Chandrapur Circle		
1.	Wansadi	10.7
2.	Warora	3.8
3.	Madholi	12.6
4.	Chandoor	6.6
5.	Kodshi	5.7
Rajura Circle		
6.	Rajura	3.2
7.	Kadholi	5.6
8.	Chincholi	6.9
9.	Dewada	7.6
Warora Circle		
10.	Shegaon I	10.1
11.	Shegaon II	8.9
12.	Khadsangi	7.2
13.	Kosarsar	13.3
14.	Nagri	10.1
Sironcha Circle		
15.	Aheri	3.1
16.	Kamlapur	0.25
17.	Tokda	0.48
18.	Ghot	7.2
19.	Sironcha	2.1
20.	Lagan	1.9
21.	Ankisa	1.3

Statement No.I

Statement showing the prevalence rate, sectorwise under Leprosy Control Unit, Mul in Chandrapur District

Sr.No.	Name of Sector	Prevalence rate (per thousand)
1.	Mul	15.6
2.	Raj Gadh	16
3.	Vehad	23
4.	Dembal	21
5.	Saoli	20.7
6.	Chiroli	16.0
7.	Pombharna	21.1
8.	Dhaba	6.5
9.	Gond Pimpri	13.8
10.	Kothari	10
11.	Ballarsha	7
12.	Chandrapur	5.8
13.	Bhadrawati	4.4.
14.	Ghodpath	7.9
15.	Ghugue	9.2
16.	Chandankheda	8.9
17.	Mohurli	5.1
18.	Andargaon	28.7
19.	Pathari	13.0

Statement No. II

Statement showing the prevalence rate, sectorwise under Leprosy Control Unit, Gadchiroli in Chandrapur District

Sr.No.	Name of sector	Prevalence rate (per thousand)
1.	Gadchiroli West	36.5
2.	Gadchiroli East	25.6
3.	Amirsa	20.7
4.	Perla	36.8
5.	Armori	22.6
6.	Wadsa (Rural)	17.6
7.	Visora	22.5
8.	Kadholi	13.6
9.	Kurkheda	3.3
10.	Wiragad	12.4
11.	Korchi	5.1
12.	Dhanora	6.8
13.	Muramgaon	5.1
14.	Pendhari	6.2
15.	Mendhalela	9.7
16.	Chamorahi	28.8
17.	Talodhi	16.5
18.	Bhindala	29.2
19.	Konsari	13.9

Statement No.III

Statement showing the prevalence rate, sectorwise under Leprosy Control Unit, Bramhapuri in Chandrapur District.

Sr.No.	Name of sector	Prevalence rate 9per thousand)
1.	Bramhapuri	10.6
2.	Arhoe Nawargaon	22.8
3.	Kirmiti-Mendha	20.8
4.	Naghhir	16.5
5.	Changan	27.6
6.	Mendki	24.6
7.	Mudza	24
8.	Palaggaon-Jat	23.9
9.	Talochi	21.6
10.	Gangalwadi	16.2
11.	Kotgaon	19.2
12.	Nawargaon	16.2
13.	Mohadi Naleshwar	17.2
14.	Sindewahi	23.1
15.	Chimur	10.4
16.	Jambalghar	14.44
17.	Shankarpur	9.1
18.	Nari	21.1
19.	Bhisi	9.6

Chapter Two

Medical facilities and preventive measures

National Leprosy Control programme aims at 1) detecting of all leprosy cases specially in early and infectious stages, 2) educating them, their families and public, 3) putting all leprosy patients under treatment, and 4) following up these families and contacting for check up for signs of leprosy. These objectives are to be achieved through the various types of medical facilities in the given area. The Government, Zilla Parishad and Municipal hospitals including primary health centres and dispensaries also treat leprosy patients in Chandrapur District.

The District Health Officer carries out overall supervision. The Zonal Leprosy Officer and the Deputy Director of Health Services, Nagpur pay visits, inspects and guides the leprosy staff. The medical officers of Mul, Gadchiroli and Bramhapuri also supervise and guide the leprosy technicians working under them. Besides this staff, there are two non-medical assistants and nine district non-medical supervisors to supervise and inspect the work of the technicians.

In Chandrapur District the medical facilities for lepers at present are as under:-

Leprosy Control Units

There are three Leprosy Control Units at Mul, Bramhapuri and Gadchiroli, two Urban Leprosy Centres at Chandrapur and Ballarsha, one Leprosy clinic at Chandrapur with fifty beds and one Leprosy Hospital with (495) beds at Warora.

Leprosy Hospital at Warora is run by a voluntary organisation, namely the Maharogi Seva Samiti. Besides these facilities there are (18) Primary Health Centres, which are doing partial leprosy work at different places in the district.

Technicians

There are (60) Leprosy technicians working in Leprosy Control Units and (21) leprosy technicians working in survey, education and treatment centres.

Voluntary organisations

The following voluntary organisations are working for the lepers in this district:-

1. Maharogi Seva Samiti, Warora.
2. Kushtarog Nirmulan Sanstha, Madhuwan Chimur.
3. Assisi Social Service Guild Sevasadan, Nagapalli-Ettapalli.

The Maharogi Seva Samiti under the able guidance of Shri V.D.Amte runs a hospital with (495) beds and a rehabilitation centre at Warora. The Kushtarog Nirmulan Sanstha, Chimur carries out treatment work and the Assist Social Service Guild Seva Sadan runs a S.E.T.Centre covering (151) villages and (46424) population and treating (235) patients.

Survey, Education and Treatment Centre

The Survey, Education and Treatment Centres have been established at the following places in Chandrapur District.

1. Chandoor
2. Kadholi
3. Warora
4. Warsadi
5. Shegaon II
6. Rajura
7. Sironcha
8. Kosarsar
9. Aheri
10. Choti
11. Kothari
12. Kodashi
13. Madhali
14. Ghaba-Chincholi
15. Lagam
16. Shegaon I
17. Nagari
18. Bhadravati-Kalampur
19. Ankisa
20. Khadsangi
21. Tekda

The details of the Leprosy Control Units in the xxx sectors of Gadchiroli, Mul and Bramhapuri are as follows:-

Table No.2.1

Leprosy Control Units in Chandrapur District

Sector Gadchiroli	Mul	Bramhapuri
Name of the Control Unit	Name of Control Unit	Name of the Control unit
1. Gadchiroli East	Mul	Bramhapuri
2. Gadchiroli West	Raygad	Arher-Nawargaon
3. Amirga	Chiroli	Kirmitti-Mendha
4. Dhanora	Pophurna	Chaugaon
5. Murumgaon	Chasarapur	Nawargaon
6. Mendhatola	Chod Peth	Palasgaon Jai
7. Tatodhi	Bhadravati	Mudza
8. Chanorshi	Chora	Talodhi
9. Konsori	Saoli	Nagbhir
10. Bhendala	Vehod	Gangalwadi
11. Pendhari	Pathri	Sindewadi
12. Kadholi	Ghugus	Kotgaon
13. Vairagad	Ballarsal	Mendki
14. Armori	Kotnali	Mohali
15. Virora	Gond Pipri	Chimur
16. Wadsa	Dadha	Shanarpur
17. Porta	Bombal	Weri
18. Korchi	Antargaon	Jambhulghat
19. Kurkheda	Moburli	Bhishi

Coverage of population by leprosy Institutions

The following table reveals the coverage of population by the Leprosy Institutions in Chandrapur District.

Table No. (2.2)

Coverage of population by Leprosy Institute in Chandrapur District

Tahsil	Population	Leprosy Institution	Population covered
1	2	3	4
1. Warora	3,09,738	S.E.T.Unit,Warora	40,205
		S.E.T.Unit,Madhali	16,058
		S.E.T.Unit, Nagri	12,382
		S.E.T.Unit,Kosarsar	16,941
		S.E.T.Unit,Shegaon I	17,045
		S.E.T.Unit,Shegaon II,	18,035
		S.E.T.Unit,Khadsangi	18,741
		~~XX~~ L.C.UN.Mul	78,682
		L.C.U.Bramhapuri	1,00,609
2. Gadchiroli	3,81,723	S.E.T.Unit,Ghot	23,060
		S.E.T.Unit,Lagam	19,097
		L.C.U.Gadchiroli	3,39,566
3. Chandrapur	4,00,781	~~XX~~ U.L.C.Chandrapur	75,134
		L.C.U., Mul	291,379
		U.L.C.Ballarpur	34,268

1	2	3	4
4. Sironcha	1,40,506	S.E.T.Unit,Aheri	22,837
		S.E.T.Unit,Sironcha	18,400
		S.E.T.Unit,Tekda	18,597
		S.E.T.Unit,Ankisa	18,155
		S.E.T.Unit,Kamlapur	16,083
		Assi.Nagapalli	46,424
5. Rajura	1,25,935	S.E.T.Unit,Rajura	22,684
		S.E.U.Unit,Wansali	14,761
		S.E.T.Unit,Chanaur	18,375
		S.E.T.Unit,Kodsi	15,725
		S.E.T.Unit,Dewada	17,804
		S.E.T.Unit,Kadholi	20,682
		S.E.T.Unit,Chincholi	15,904
6. Bramhapuri	2,81,394	L.C.U.Mul	34,539
		L.C.U.Bramhapuri	2,46,855

Summary

	No.	Population
1. S.E.T.Centres	21	4,02,671
2. U.L.Centres	2	1,09,901
3. Voluntary Organisation(S.E.T. Centre)	1	46,434
4. Leprosy Control Units	3	10,81,130
Total		1,640,137

Out of the total population of 1,640,137 in Chandrapur District, 310,186 i.e. 19% persons have been examined upto 31-12-1976. The number of active cases detected is 23,025 i.e. 7.4%, out of which 10,699 i.e. 4.3% are receiving treatment. The number of patients (cases) is 2029 and 395 patients in Chandrapur District have been sterlised.

The following table indicates the progress made by this programme during the period 1971 to 1976 (October).

Table 2.3

Institutional Progress

Sr. No.	Name of the Institution	1971	1972	1973	1974	1975	1976 (Up to Oct)
1	2	3	4	5	6	7	8
1.	Civil Dispensary	-	-	-	-	67	67
2.	Primary Health Centre	-	-	-	-	18	18
3.	S.E.T.Centres (Gowernment)	21	21	21	21	21	21
4.	S.E.T.Centre (V.O.)	-	-	-	1	1	1
5.	Leprosy Control Units	3	3	3	3	3	3

1	2	3	4	5	6	7	8
6.	Urban Leprosy Centres	2	2	2	2	2	2
7.	Reconstrutive Surgery Unit	-	-	-	-	-	1 (yet to be esta-blished)
8.	Leprosy Hospital or colony	1	1	1	1	1	1
9.	Clinics	339	371	414	415	418	438

From the above table it is seen that the number of S.E.T.Centres (Government) has remained constant during the period 1971 to 1976. Similarly there is no increase or decrease in the number of Urban Leprosy Centres, Leprosy Hospitals and Leprosy Control Units. Thus the facilities created for lepers under these institutions did not increase during these years. The number of clinics has increased from 339 to 371 in the year 1972 and 414 in the year 1973. During the year 1974 and 1975 the increase is not remarkable. During the year 1976, (2) clinics were added. Thus, during these years the number of clinics increased by (99).

The following table indicates the progress and coverage of this programme.

Table 2.4

Coverage of leprosy programme

Item	1971	1972	1973	1974	1975	1976
Population covered	8,93,696	1178944	1421048	1439534	1508253	1544285
Village covered	1133	2287	2462	2435	2554	2822
School surveys	722	845	777	879	895	1166
Students enumerated	87056	78237	85789	99755	101070	123937
Students examined	59890	66259	58948	72891	82202	93337
Cases defects in school surveys (L)	3	18	4	7	8	7
-do- (N)	70	131	80	140	91	141
Total	73	149	84	147	99	148
Villages surveyed	129	204	100	308	595	447
Persons examined	59890	66259	58948	71891	82202	93337
Persons enumerated	87056	78237	85789	99755	101070	123937

Item	1971	1972	1973	1974	1975	1976
Cases detected						
L	123	251	57	225	306	188
N	572	1029	314	963	1645	1092
T	695	1280	371	1188	1051	1250
Active cases						
L	2914	3505	3596	31819	4143	4761
N	10586	11895	12449	13690	14696	16440
T	13500	15400	16085	17509	18839	21201
Cases under treatment						
L	2051	2290	2297	2621	2875	2513
N	6096	7039	7271	8577	9254	6868
T	8147	9329	9568	11198	12129	9381
Patients cured						
	94	240	115	553	727	542
Patients sterlised						
	38	108	91	135	103	244

L = Lepromatous

N = Non-Lepromatous

T = Total

The above table indicates yearwise progress of the cases detected, total active cases, cases under treatment, patients cured and patients sterlised.

It is seen from the table that the number of S.E.T.Centres, Leprosy Control Units, Urban Leprosy Centres and Leprosy Hospitals has remained constant in thisx period. On the record it is seen that all the villages and entire population has been covered under this programme but actually (1783) i.e. 63% of the villages have been surveyed till the year 1976 (October) and still 38% of the villages have remained unsurveyed during this period. The number of cases detected differ from year to year. The prevalence rate has remained the same inspite of the efforts made during this period.

The medical facilities have been shown in the map of Chandrapur District. It is seen from the map that the facilities appear to be inadequate in Gadchiroli, Bramhapuri, Rajura and Sironcha Tahsils of Chandrapur District. The preventive measures taken by the Health staff are also inadequate in this area.

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Chapter Three

Assessment of the health facilities and the preventive measures

In the previous chapter the medical facilities and preventive measures have been discussed. In this chapter efforts have been made to assess the medical facilities and preventive measures taking into consideration the factors like backwardness, hilly and forest areas, poor transport facilities, low percentage of literacy and low percentage of population per square kilometre.

In Chandrapur District in the year 1954-55, on an experimental basis, one leprosy control unit was established at Mul. During the year 1955 to 1962, one medical officer and four non-medical assistants were taking care of 50,000 population. During the years 1962 to 1969, one medical officer, one non-medical assistant and nine leprosy technicians were in charge of a leprosy control unit, having a population coverage of 1,50,000 to 2,00,000 under their control. After 1970 onwards, one medical officer, one non-medical officer and fifteen leprosy technicians were given for one leprosy control unit having 2 lakhs population under their control. At present one leprosy technician works for 20,000 to 25,000 population. On the basis of the study it has

been seen that practically it is not possible to cover such population by a leprosy technician in hilly and forest areas of Chandrapur District.

The Government, Zilla Parishad and Municipal Hospitals are also doing leprosy work to some extent by distributing necessary tablets to the patients once in a week and advising them to avail the medical facilities available to them. This work of the Hospitals and dispensaries need to be strengthened.

There are (21) S.E.T.Centres managed by the District Health Officer, Zilla Parishad, Chandrapur. There are three Leprosy Control Units at Mul,Gadchiroli and Bramhapuri. Each Leprosy Control Unit is devided in (19) sectors for work as mentioned in Chapter Two. Every sector has four to six sub-clinics which are visited fortnightly for clinic conduction by Leprosy technicians. Rest of the villages are ordinarily visited once in a quarter. It has been reported that the work load of a leprosy technician is more and it is not possible to give due attention to on an average (350) cases of treatment, follow up of absentee patients and frequent contact of patients by one Leprosy technician. It has also been reported that there is duplicacy of record, as a result of it, most of his time is consumed in writing reports in various forms.

With a view to accelerate the work of a leprosy technician, the paper and writing work may be reduced to the minimum, so that he can look after to the patients and maintain regular visits to the villages

Population and villages covered by S.E.Ts.

Table (3.1)

Population and villages by S.E.Ts.

Sr.No.	Name of S.E.T.	No.of villages in S.E.T.	Population covered
1.	Wansadi	41	13054
2.	Warora	27	42569 (Rural and urban)
3.	Madhali	26	15080
4.	Chandoor	33	18375
5.	Kodshi	41	
6.	Rajura	30	24135 (Rural and urban)
7.	Kadholi	28	29282
8.	Chincholi	30	15904
9.	Dewada (Patan)	25	16764
10.	Shegaon I	20	12970
11.	Shegaon II	20	13964
12.	Khadsangi	36	16575
13.	Kasarsar	37	14162
14.	Nagri	18	12382
15.	Aheri	50	24832
16.	Kamlapur	70	16083

1	2	3	4
17.	Tekda	63	18597
18.	Ghot	40	23710
19.	Sironcha	33	26979
20.	Lagam	27	21720
21.	Ankisa	38	18155
	Total	733	395688

It is seen from the above table that the population covered by each S.E.T.Unit is not uniform in all the units. It varies from (13054) to (29282). The S.E.Ts. cover (738) villages with 395688 population.

Population and villages covered by Leprosy Control Units in Chandrapur District

Table (3.2)

Population and villages covered by L.C.U. Bramhapuri

Sr.No.	Name of Sector	No.of villages	Population covered
1.	Bramhapuri	21	24460
2.	Nawargaon	15	20743
3.	Kirmendha	26	17244
4.	Nagbhir	23	18879
5.	Changan	19	14151
6.	Mondki	27	14021
7.	Mudza	20	12373

1	2	3	4
8.	Palasgaon	18	19444
9.	Talochi	23	17575
10.	Gangalwadi	17	16031
11.	Kotgaon	26	18493
12.	Nawargaon	16	19027
13.	Mohadi Nale	19	10417
14.	Sindewahi	13	16456
15.	Chimur	30	20836
16.	Jambhulghar	31	22011
17.	Shankarpur	33	18942
18.	Neri	27	21739
19.	Bhisi	30	17079
	Total	434	347464

From the above table it is seen that the population covered by the different sectors is not uniform under Leprosy Control Unit, Bramhapuri. It varies from (14021) to (24460). In this sector (434) villages with (347464) population has been brought under this programme.

Table 3.3

Population and villages covered by L.C.U.Gadchiroli

Sr. No.	Name of sector	No. of villages covered in each sector	Population covered by each sector
1.	Gadchiroli West	20	15293
2.	Gadchiroli East	14	16086
3.	Amirza	34	18729
4.	Porla	25	17049
5.	Armori	17	23114
6.	Wadsa (Rural and urban)	8	12063
7.	Visora	20	16189
8.	Kadholi	42	18178
9.	Kurkheda	57	22479
10.	Wiragad	33	17933
11.	Korchi	87	17915
12.	Dhanora	71	18125
13.	Muramgaon	100	15070
14.	Pendhari	74	12346
15.	Mendhatola	33	13275
16.	Chamorshi	15	17750
17.	Talodhi	33	15415
18.	Bhindala	23	16437
19.	Konsari	26	20229
	Total	773	335457

From the above table it is revealed that the population covered by L.C.U. is not uniform in all the sector under Leprosy Control Unit, Gadchiroli. It varies from (11783) to (23114). In this sector (773) villages with (335457) population has been covered under this programme.

Table 3.4

Population and villages covered by L.C.U.Mul

Sr.No.	Name of sector	No.of villages	Population covered
1.	Mul	17	22515
2.	Rajgaon	19	22670
3.	Vehad	24	24739
4.	Dembal	20	1859
5.	Saoli	23	23368
6.	Vhiroli	27	17631
7.	Pombhurna	35	23124
8.	Dhaba	40	18118
9.	Gondpipri	33	22024
10.	Kothari	18	16183
11.	Ballarpur	21	16711
12.	Chandrapur	32	26702
13.	Bhadravati	16	25444
14.	Ghodpeth	38	19168
15.	Ghugus	19	21701
16.	Chandankheda	29	19092

1	2	3	4
17.	Mohurli	44	19906
18.	Antargaon	33	21806
19.	Pathari	34	16999
	Total	522	379770

It is seen from the above table that the population covered by the L.C.U. is not uniform in all the sectors under Leprosy Control Unit, Mul. It varies from (1859) to (26702) . In this sector, (522) villages with 3,79,770 population has been brought under this programme.

Thus in Chandrapur District out of 2840 villages having 16,40,137 population only 1729 i.e. 61% villagex with 10,62,691 i.e. 64% population has been covered under three sectors viz. Gadchiroli, Mul and Bramhapuri.

Sectorwise progress of the Leprosy Control Programme

Leprosy Control Unit, Gadchiroli

The following table shows number of cases registered and numberof cases under treatment in each sector under Leprosy Control Unit, Gadchiroli.

Table 3.5

Sectorwise progress in L.C.U.Gadchiroli

Sr. No.	Name of Sector	No. of cases in sector				No. of cases under treatment			
		L	N	Border line cases	Total	L	N	Border Line cases	Total
1	2	3	4	5	6	7	8	9	10
1.	Gadchiroli West	94	253	6	353	65	229	4	298
2.	Gadchiroli East	72	175	3	250	47	117	3	165
3.	Amirza	99	287	1	387	80	193	1	274
4.	Porla	113	298	3	414	76	217	2	295
5.	Armori	136	374	12	522	119	223	5	347
6.	Wadsa (Rural and urban)	55	250	5	310	42	148	5	195
7.	Visora	85	296	13	394	72	207	11	290
8.	Kadholi	34	189	4	217	28	122	3	153
9.	Kurkheda	35	192	5	142	25	63	3	91
10.	Tiragad	49	170	4	223	47	114	4	165
11.	Korchi	11	61	1	79	5	31	1	37
12.	Dhanora	27	103	1	131	25	64	-	89
13.	Marumgaon	5	53	-	58	3	30	-	33
14.	Pendhari	13	36	1	50	-	-	-	-
15.	Mendhatela	26	98	1	135	18	71	1	89
16.	Chamorshi	54	318	4	376	38	158	3	199
17.	Talodhi	890	135	2	327	70	157	2	239
18.	Bhindala	74	154	8	336	55	147	5	207
19.	Konsari	27	167	7	201	18	112	5	134
	Total	1147	3932	86	5165	904	2484	60	3448

From the above table it is seen that out of 3165 cases, only 3448 cases i.e. 67% cases were under treatment and the rest 33% of the cases were not under treatment. The percentage of lepromatous cases which are under treatment is 78%.

L.C.U.Bramhapuri

The following table shows number of cases registered and number of cases under treatment in each sector underLeprosy Control Unit, Bramhapuri.

Table 3.6

Sectorwise progress in L.C.U.Bramhapuri

Sr. No.	Name of Sector	Name of cases				No. of cases under treatment			
		L	N	Border line cases	Total	L	N	Border line cases	Total
1	2	3	4	5	6	7	8	9	10
1.	Bramhapuri	76	182	8	366	65	157	7	229
2.	Ar.Nawar-gaon	59	409	5	473	44	315	5	364
3.	Kirmondha	62	297	7	369	60	251	1	311
4.	Nagbhir	70	235	8	313	58	144	6	208
5.	Chaugan	77	306	8	391	53	238	6	297
6.	Mendki	111	225	12	348	28	101	1	130
7.	Mudza	60	229	8	297	49	126	4	179
8.	Palasgaon	78	384	4	466	33	220	3	256
9.	Talodhi	62	318	-	380	50	200	-	250
10.	Gangalwadi	65	337	19	421	45	295	8	345
11.	Kotgaon	63	267	6	356	59	261	5	325

1	2	3	4	5	6	7	8	9	10
12.	Nawargaon	50	267	2	319	35	195	1	231
13.	Mohadi Nala	28	253	2	283	12	109	1	122
14.	Sindewahi	71	307	3	381	58	157	2	217
15.	Chinur	38	179	-	217	28	126	-	154
16.	Jambalghat	51	267	-	318	22	126	-	148
17.	Shankarpur	47	123	-	170	27	62	-	89
18.	Mori	74	371	5	450	26	100	-	126
19.	Dhisi	34	131	-	165	16	72	-	88
	Total	1176	5197	91	6464	767	3256	49	4972

From the above table it is seen that out of 6464 cases, only 4072 cases i.e. 63% cases were under treatment and 37% of the cases were not under treatment at Leprosy Control Unit, Bramhapuri. Of the total lepromatous cases, 65, cases are under treatment at L.C.U. Bramhapuri.

Leprosy Control Unit, Mul

The following table showing number of cases registered and number of cases under treatment in each sector under Leprosy Control Unit, Mul.

Table 3.7

Sectorwise progress in L.C.U.Mul

Sr. No.	Name of Sector	No. of cases in sector				No. of cases under treatment			
		L	N	Border line cases	Total	L	N	Border line cases	Total
1	2	3	4	5	6	7	8	9	10
1.	Mul	30	241	-	321	77	144	-	221
2.	Rajgadh	86	282	-	368	35	91	-	126
3.	Vehad	98	376	-	474	76	305	-	381
4.	Bembal	55	277	-	332	46	180	-	226
5.	Saoli	74	237	-	311	49	132	-	181
6.	Chiroli	44	212	-	256	40	122	-	162
7.	Pombhurna	52	217	-	269	44	160	-	204
8.	Dhaba	32	79	-	111	26	59	-	85
9.	Gondpipri	42	280	-	322	31	205	-	236
10.	Kothari	41	109	-	150	34	87	-	121
11.	Ballarsha	27	106	-	133	27	68	-	115
12.	Chandrapur	42	111	-	153	34	102	-	136
13.	Bhadravati	27	113	-	140	27	95	-	122
14.	Ghodpeth	72	149	-	218	44	94	-	138
15.	Ghugus	52	170	-	322	24	108	-	132
16.	Chandankheda	39	116	-	155	37	88	-	125
17.	Antargaon	125	292	-	417	55	197	-	252
18.	Pathari	57	177	-	234	22	105	-	127
	Total	1085	3693	-	4778	743	2425	-	3168

From the above table it is seen that out of (4778) cases, only (3168) cases i.e. 66% cases were under treatment and 34% of cases were not under treatment at L.C.U.Mul. It is also revealed that 32% of lepromatous cases were also not under treatment at L.C.U.Mul.

Table 3.8

Sectorwise progress of L.C.Units in Chandrapur District

L.C.U.	No.of cases in sectors				No.of cases under treatment				
	L	N	Border line cases	Total	L	N	Border line cases	Total	
Gadchiroli (19)	1147	3932	86	5165	904	2484	60	3448	66.76
Bramhapuri (19)	1176	5197	91	6464	767	3256	49	4972	63.00
Mul (19)	1085	3693	-	4778	743	2425	-	3168	66.30
Total (57)	3408	12822	177	16407	2414 (71%)	8165 (64%)	109	10688 (65%)	

From the above table it is seen that out of (3408) lepromatous cases, (2414) lepromatous cases i.e. 71% of the cases were under treatment. Out of (12822) non-lepromatous cases (8165) i.e. 64% of the

cases were under treatment. Out of (16407) total cases registered (10888) i.e. 65% of the cases were under treatment.

Leprosy Control Programme at S.E.T.Centres in Chandrapur District

/registered and No.of cases under treatment in each S.E.T. in Chandrapur Dist./

The following table shows number of cases/

Table 3.9

Progress of L.C.Programme at S.E.T.Centres

Sr. No.	Name of S.E.T.	No.of cases in S.E.T.			No.of cases under treatment		
		L	N	Total	L	N	T
1	2	3	4	5	6	7	8
1.	Wansadi	27	112	139	20	79	99
2.	Warora	57	105	162	23	65	88
3.	Madhali	43	158	201	18	73	91
4.	Chandoor	34	88	122	26	68	94
5.	Kodshi	31	60	91	28	35	63
6.	Rajura	31	63	94	15	29	44
7.	Kadholi	21	83	104	18	53	71
8.	Chincholi	28	91	119	21	61	82
9.	Dawada(Patan)	12	22	34	12	15	27
10.	Shegaon I	35	105	140	25	68	93
11.	Shegaon II	41	84	125	21	70	91
12.	Khadsangi	27	91	118	11	51	62
13.	Kasarsar	22	79	101	15	64	79
14.	Nagri	31	94	125	20	77	97
15.	Aheri	28	48	76	23	43	66

1	2	3	4	5	6	7	8
16.	Kamlapur	2	2	4	1	1	2
17.	Tekda	3	6	9	3	1	4
18.	Ghot	37	135	172	25	88	113
19.	Sironcha	18	40	58	16	32	48
20.	Lagam	17	25	42	15	24	39
21.	Ankisa	12	12	24	7	12	19
	Total	557	1507	2060	363	1019	1382

It has been observed from the above table that 67% of the cases registered were under treatment and 33% of the cases were not under treatment at S.E.T. Centres in Chandrapur District. It is also observed that 35% of the cases were not also under treatment at S.E.T.Centres.

Distance of villages from the Head Quarters place in L.C. Units

Leprosy Control Unit, Bramhapuri

The following table shown distance of villages in each sector from the Head Quarters place in Leprosy Control Unit, Bramhapur.

Table 3.10

Villages and their distance from Head Quarters place

Sr.No.	Name of Sector	Distance from H. Q. Place (Kms)
1.	Bramhapuri	Nil
2.	Ar.Nawargaon	11
3.	Kirmendha	14
4.	Nagbhir	20
5.	Chaugan	13
6.	Mendki	34
7.	Mudza	44
8.	Palasgaon	55
9.	Talochi	36
10.	Gangalwadi	20
11.	Kotgaon	28
12.	Nawargaon	58
13.	Mohadi Nala	75
14.	Sindewahi	60
15.	Chimur	40
16.	Jambalghar	45
17.	Shankarpur	46
18.	Nori	75
19.	Bhisi	66

From the table it is seen that in most of the sectors the villages are at far distance and it is not feasible to cover all the villages allotted to each leprosy technician, in the stipulated period i.e. one visit to each village in (15) days and one visit to sub clinics for clinical work in (15) days. The villages moreover are not on fair weather roads. These villages are mostly in hilly and forest area. Each village consists of number of hamlets also. The villages are visited by the staff either by bus, cycle or by foot. These peculiar geographical conditions are the obstacles in reaching the villages. In rainy season most of the villages in Bhamragad region are cut off.

Leprosy Control Unit, Gadchiroli

The following table shows distance of villages in each sector from the Head Quarters place in leprosy Control unit, Gadchiroli.

Table 3.11

Villages and their distance from Head Quarters Place

Sr.No.	Name of sector	Distance from H.Q. Place (Kms.)
1.	Gadchiroli West	12
2.	Gadchiroli East	12
3.	Amirza	15
4.	Porla	15
5.	Armori	10
6.	Wadsa (Rural and urban)	10
7.	Visora	15
8.	Kadholi	20
9.	Kurkheda	20
10.	Wiragad	20
11.	Korchi	30
12.	Muramgaon	30
13.	Dhanora	30
14.	Pendhari	40
15.	Mendhatola	25
16.	Chamorshi	10
17.	Talodhi	15
18.	Bhindala	10
19.	Konsari	15

It can be seen from the above table that the distance varies from (10) to (40) kilometres from the sector of the leprosy technicians. Frequent visits are not possible due to long distances and scattered villages. The area is hilly and is with thick forest. The transport facilities are very poor in the region. As a result of it, the frequency of visits is possible in Gadchiroli (east) and Gadchiroli (west), Waasa and Chamorshi sectors out of (19) sectors, frequency of visits is reported to be not possible in (15) sectors of Leprosy Control Unit, Gadchiroli. Even for the supervisory staff it is not possible to pay frequent to the leprosy technicians sectors and watch their work.

Leprosy Control Unit, Mul

The following table shows distance of villages in each sector from the Head Quarters place in Leprosy Control Unit, Mul.

Table 3.12

Villages and their distance from Head Quarters place

Sr.No.	Name of sector	Distance from H. Q. Place(Kms.)
1	2	3
1	Mul	46
2	Rajgaon	56
3.	Vehad	70
4	Bombal	78
5	Saoli	62

1	2	3
6	Vhiroli	46
7	Pombhurna	66
8	Dhaba	75
9	Gondpipri	60
10	Kothari	33
11	Ballarpur	15
12	Chandrapur	00
13	Bhandravati	19
14	Ghodpeth	27
15	Ghugus	19
16	Chandankheda	29
17	Mohurli	42
18	Antargaon	60
19	Pathari	76

It can be seen from the above table that the distance varies from (19) to (75) kilometres and as a result of it frequent visits are not possible in this sector also.

Table 3.13

Distance of villages from the Head Quarters place of Leprosy Control Units

Sector	Distance in kilometres				
	Below 10	10-20	21-40	Above 40	Total
Bramhapuri	1	5	3	10	19
Gadchiroli	-	14	5	-	19
Mul	1	2	4	12	19
Total	2	21	12	22	57

From the above table it is seen that out of (57) Leprosy Control Units, (34) Leprosy Control Units are at a distance of twenty kilometres and more and twenty one Leprosy Control Units are at a distance of ten to twenty kilometres.

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Chapter Four

OBSERVATIONS AND SUGGESTIONS

1) It has been observed that the medical facilities available for lepers in Chandrapur District are inadequate, taking into consideration the high prevalence rate in Gadchiroli, Mul and Bramhapuri sectors of the Leprosy Control Units and survey education and treatment centres of the district. It is, therefore, suggested that the facilities for treatment may be suitably strengthened taking into consideration the geographical area, density of population, poor means of communication, heavy rainfall etc.

2) From the study it is revealed that in the Leprosy Control Unit, Bramhapuri, (434) villages have been distributed among (19) technicians and on an average (23) villages are to be covered by one leprosy technician. In the Leprosy Control Unit, Gadchiroli, (773) villages are under the charge of (19) leprosy technicians and on an average (41) villages are to be covered by one leprosy technician. In the Leprosy Control Unit, Mul,

(522) villages are under the control of (19) leprosy technicians and on an average (27) villages are to be covered by one Leprosy technician. It has been found that the density of population per square kilometre (1971) in rural areas of Sironcha is (18), in Gadchiroli (50), and in Rajura (57). It has been also observed from the study that in most of the sectors, due to heavy rain fall, poor communication, scattered villages with less population and thick forest, neither the Leprosy technicians nor the supervisory staff is able to maintain frequent visits to the villages allotted to them. Supervision and control by the medical officers is not efficient. It is, therefore, suggested that each leprosy technician may be given the villages within the radius of (16) kms. and having 10,000 population. On this basis rearrangement of S.E.T.Centres and Leprosy Control Units may be done by the Joint Director of Health Services,(Leprosy),Pune, in consultation with the District Health Officer Zilla Parishad, Chandrapur, and the concerned medical officers. The present norm applied for this purpose may be reduced in this case taking into consideration the geographical conditions of the area.

3) The grant for medicine given to the Primary Health Centres is not sufficient and it is, therefore, proposed that the existing grant may be added by Rs. 10,000/- every year so that more facilities can be provided to the lepers by the Primary Health Centres in this district.

4) It ~~xx~~ has been observed that the Leprosy Hospital, run at Hemalkasa by Shri Babasaheb Amte, is doing good service to the lepers in this area, which is cut off for six months in a year and where Governmental agency has not so far done any service for the lepers. It is, therefore, suggested that the activity of this voluntary organisation may be strengthened by giving a grant for construction and maintenance of (20) beds hospital; one lakh for construction and thirty thousand per year for maintenance, on the basis of the grant given to the Civil Hospital, Chandrapur. This Hospital will serve the patients of Gadchiroli, Sironcha and Bramhapuri Tahsils of Chandrapur District.

5) It has been reported by the District Health Officer, Zilla Parishad, Chandrapur, that the present grant given for this purpose for medicine and equipment is not adequate. It is, therefore, suggested that an

additional grant of Rs. 20,000/- may be given to the District Health Officer, Zilla Parishad, Chandrapur, so that more facilities can be provided to the lepers through S.E.T.Centres.

6) It has been observed that the present number of Leprosy technicians is not enough to tackle this problem effectively. It is, therefore, proposed that one community level worker may be appointed to assist each leprosy technician. He will be a liaison person between the patients and the leprosy technician and will help the leprosy technician in his work of survey, education and training. Suitable number of posts of community workers may be created and willing people may be appointed for this work from the local communities of the area.

7) It has been reported by the medical officers that the present number of beds for leprosy patients in Primary Health Centres is not adequate and it is, therefore, proposed that ten beds for leprosy patients may be made available in rural hospitals at Gadchiroli, Aheri, Kurkheda, Sironcha and Ettapalli.

8) It has been reported that one male multi-purpose worker has been appointed for ten thousand population and one female multi-purpose worker for five thousand population. The male worker has to work within a radius of (15) miles and the female worker has to work with a radius of five miles. This scheme may be applied as a pilot project first in Bhamragad region, where the nature is very harsh and the people are very backward and suffering from Leprosy and Tuberculosis. If it is proved successful in that area, the same may be extended to other areas having more prevalence rate.

9) With a view to orient the medical officers and para-medical staff concerned with this programme. It is proposed that the medical officers and para-medical staff of Chandrapur District may be given orientation training from time to time, so that they can better supervise and guide the leprosy workers.

10) It has been reported that the District Health Officer is unable to give undivided attention to this issue as he is charged with the entire work of health facilities of the district. It is, therefore, proposed that one medical officer (Leprosy), Class II, may be appointed exclusively for this purpose and one senior clerk and one junior clerk may be appointed for his assistance in the office. At present the District

Health Officer is unable to concentrate on this work due his multifarious activities and, as such, there is an urgent need of one medical officer for Leprosy work in this district.

11) It has been seen that grant of Rs. one lakh has been given to the General Hospital, Chandrapur, for the construction of twenty beds for lepers. The construction work has not been started. With a view to provide hospital facilities to the lepers, it is proposed that the work of construction of building for lepers may be expedited by the District Medical Officer, Zilla Parishad, Chandrapur, and it should be ensured that the construction work is completed as early as possible.

12) It has been observed that the Head Quarters of the leprosy technicians are in the villages where there are no residential facilities. As a result of it, the staff finds it difficult to work in such villages. It is, therefore, proposed that at the Head Quarters of each leprosy technician, a phased programme of construction of houses may be taken up immediately by the Health Department to provide these people free governmental accommodation. This will serve as an incentive to serve in the area.

13) It has been reported that the Leprosy technicians have to visit villages on foot, cycle or by S.T.Bus. The poor means of communication is an obstacle in reaching villages and contacting the patients continuously. It is, therefore, proposed that lean on priority basis may be sanctioned to these workers for purchasing motor cycles.

14) It has been found that the thick forest, hilly ranges and rivers do create obstacles in visiting villages by a leprosy technician alone. The hamlets are scattered and are at a distance. With a view to provide more attention to the leper patients in forest, hilly and remote areas, it is proposed that one attendant may be provided to each leprosy technician so that both of them will travel together either on foot or on cycle or in a bus, if necessary.

15) The present scales of the medical officers and leprosy technicians are not attractive to serve in such difficult areas. It is, therefore, proposed that 20% of the basic pay may be given in addition to the existing pay to each leprosy worker in Gadchiroli, Sironcha, Rajura and Bramhapuri Tahsils of Chandrapur District on the analogy of the additional pay given to Project offficers of Tribal Welfare Department. This will serve as an incentive to serve the lepers in this difficult area.

16) It has been seen that most of the leprosy technicians are unable to cope with the present load of work regarding survey, treatment and education. It is, therefore, proposed that the number of leprosy technicians may be increased with a view to provide better facilities to the lepers.

17) A special health education unit may be created under the Medical Officer (Leprosy) at Chandrapur. This unit will take up the health education programme effective in tribal areas of this district. The objectives of the unit will be as under:-

A) To develop the correct attitude towards leprosy.

B) To enlist the active participation of the people in the implementation of the scheme.

C) To create awareness about Leprosy problem.

D) To encourage people to adopt precautions in reducing the sources of infection.

The health education programme may be taken up through posters and slides prepared in local dialects.

18) It is not possible for the existing non-medical workers to visit the prescribed villages in the prescribed time due to poor communication and geographical conditions. It is, therefore, suggested that an attendant and loan for motor cycle, on priority basis, may be provided to the non-medical workers also for effective supervision and guidance.

19) It has been found that the population coverage is not uniform in all the sectors of Leprosoy Control Units and S.E.T.Centres. It is, therefore, proposed that re-arrangement of sectors may be made, on uniform population basis, as suggested earlier in para (2).

20) It has been found that the case finding programme is not upto the mark. It has been reported by the Medical Officer, Bramhap-uri, that during the year 1972-73 there were (4218) cases in the centres from the date of starting these centres. During the year 1973-74, 1974-75, (1382) and (1518) new cases were respectively detected. In the Gadchiroli Leprosy Control Unit, there were (7721) total cases of Leprosy from the date of starting the centres. During the years 1973-74, 1974-75 and 1975-76, (104), (217) and (1303) new cases were respectively detected. In the Leprosy Control Unit, Mul, there were (2759) cases from the date of starting the centres. During the years 1973-74, 1974-75 and 1975-76, (94), (308), and (250) new cases were respectively detected. From the above statistics, it is seen that the number of detection of new cases is not satisfactory. It is, therefore, suggested that special efforts may be made by the leprosy staff to detect more number of cases in the area, where the prevalence rate is very high.

21) It has been reported that the response of the people is very poor for this programme. It is, therefore, suggested that orientation training shibirs of Sarpanch, Panch, youths, women, Gram Sevaks, Patwaris etc. may be organised at the primary health centres of the district with a view to enlist the active co-operation of the officials and non-officials working in the area.

22) It has been seen that the supervision and control by the medical officers is not effective. Lack of proper supervision and guidance results in poor performance. With a view to activise this work, it is proposed that sufficient amount for petrol may be provided to the medical officers for the work of leprosy.

23) It has been reported that due to difficult conditions, the leprosy technicians are not able to visit frequently the villages, allotted to them. As a result of it, it has been observed that the Health ~~programmexxxx~~ Education programme is not being carried out effectively by them, which makes the case detection programme and the treatment programme rather difficult. The old out dated notions about Leprosy have to be replaced by the modern concept of giving true facts about the disease to the people in simple language. It is, therefore, suggested that the Health

Education programme should be taken up effectively by the leprosy workers in their respective villages. The medical officers concerned should ensure that the programme is carried out by the sub-ordinate staff.

24) It has been observed that at present there is a Rehabilitation Training Centre at Warora managed by the dedicated and devoted social worker, Shri Babasaheb Amte. It has been stated that those persons having no deformity can work as efficiently as any other healthy person of the same calibre. Those who have some grade of demormity has a working capacity ranging from 70% to 100%. It is necessary to train the cured leprosy patients in trades and crafts, suitable to the area, such as printing, spinning, carpentary etc. It is, therefore, suggested that one leprosy hospital of ten beds and a Rehabilitation Centre may be established at Allapalli to cater to the needs of cured lepers of the area. This rehabilitation centre will also serve as training-cum-production centre.

25) It has been stated that the National Leprosy Control Programme aims at 1) detection of all leprosy cases, specially in early and infectious stages; 2) educate them, their families and public; 3) to put all leprosy patients under treatment; and 4) follow up their families and contracts for check up

for signs of leprosy. On the basis of study it has been observed that the Leprosy Control Units of Gadchiroli, Bramhapuri and Mul are not able to fulfill the derived aims due to difficult geographical conditions and scanty leprosy staff. It is, therefore, proposed that these units should be provided the required facilities for this work such as man power, sufficient funds for medicine and petrol, residential facilities and special allowance for the staff etc., so that these units can achieve the desired goals within a specific period.

26) It has been reported that the people are not co-operating with programme. With a view to motivate the people, it is suggested that the programme of medical education may be expanded through slide shows, exhibitions, seminars etc. Lectures through the Madia dialect may be arranged so that the Madia Tribals will be able to understand the information given to them.

27) It has been observed that the facilities of transport and communication are poor in this district. The road length per hundred squarek kilometre of the area in 1972-73 was 9.96 kms. in Chandrapur District where as the same in the adjoining districts of Nagpur, Amravati, Yavatmal and Akola was 19.59 kms., 11.32 kms., 25.63 kms. and 27.19 kms. respectively. In fact this is one of the main reasons for the economic

backwardness of this otherwise potentially rich district in forest and mineral resources. It is, therefore, proposed that in Gadchiroli, Bramhapuri, Sironcha and Rajura Tahsils, especially, the programme of construction of roads, bridges and culverts may be taken on priority basis, so that no area will remain out off for many months from the neighbouring areas. The net work of communication will also assist the health and development programmes to reach the weaker sections of the society living in hilly and forest areas.

28) It has been observed that in the Leprosy Control Unit, Bramhapuri, out of 6464 cases only 4072 cases i.e. 63% of the cases were under treatment and in the Leprosy Control Unit, Gadchiroli 67% cases were under treatment and 33% of the cases were not under treatment. In the Leprosy Control Unit, Mul, 66% of cases were under and 34% of cases were not under treatment. In the S.E.T.Centres also 67% cases were under treatment and 33% cases were not under treatment. It is necessary to follow the cases, which are not under treatment frequently by local visits, giving more attention to each leprosy patient and ensuring that they regularly avail of the medical facility & made available to them. The concerned medical officers should give serious thought to this issue and ensure that the follow up work is carried out by the leprosy technicians regularly.

29) It has been stated that prior to the year 1955, the Government did not take much interest in this work. From the year 1955, the Government decided to use D.D.S. in Government, municipal and aided hospitals. It has been observed that mere distribution of D.D.S. Tablets to the lepers does not solve the problem. With a view to give better attention to the lepers in these hospitals, it is proposed that this work which is attended at present, once in a week, may be taken thrice in a week, if the response of the patients is satisfactory and sufficient quantity should be placed at the disposal of the hospitals for distribution to lepers.

30) It has been observed that in S.E.T. Centres 65% of Lepromatous cases registered are under treatment and 35% of the cases are not under treatment. In the Leprosy Control Unit, Mul, 32% of Lepromatous cases are not under treatment. In the Leprosy Control Unit, Gadchiroli and Bramhapuri the percentage of Lepromatous cases which are not under treatment is 22% and 35% respectively. Thus it is seen that in these four Leprosy Control Units, on an average, 31% of the Lepromatous cases registered are not under treatment. Leprosy is not a killing disease. An infectious case, Lepromotous (bacterio-positive) is the source and reservoir of infection. This disease invalidates the sufferer by causing deformities, sinking of nose, paralysis of feet, hands and face. It is, therefore,

suggested that continuous efforts may be made by the leprosy staff to bring these Lepromatous cases under treatment and ensure that such people do not cause infection to others.

31) It has been observed that a number of beggars also suffer from Leprosy. These people move from one place to another without any restriction. It is, therefore, proposed that leper beggars may be kept in Beggar Homes where treatment facilities are made available to them.

32) It has been reported that the work load of a leprosy technician is more and it is not possible to give due attention to, on an average, (350) cases of treatment, follow up of absentee patients and frequent contacts of patients by one leprosy technician. It is, therefore, suggested that the load of work of leprosy technician may be examined by the office of Joint Director, (Leprosy) and practical and feasible load of work may be prescribed for each leprosy technician.

33) It has been reported that in paper work, there is duplicacy of record, as a result of it, most of the time of a leprosy technician is consumed in report writing. It is, therefore, proposed that this

issue may be examined by the Joint Director (Leprosy) and it is suggested that the paper work may be reduced to the minimum, so that it will leave sufficient time for a Leprosy worker for field visits.

34) It has been observed that the preventive measures to control the Leprosy in Chandrapur District are not adequate. It is, therefore, suggested that in such areas, where the prevalence rate is very high, sufficient preventive measures should be taken by the Health Authorities, ensuring that the disease is not spreading in the area and the prevalence rate is reduced, within a specific time.

35) Every year seminar on Leprosy may be organised by the Joint Director (Leprosy) in which officials and non-officials working in the field of leprosy control and treatment may be invited with a view to take stock of the problem in Leprosy in Maharashtra State.

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Chapter Five

Summary of suggestions and future plan of action

(I) Summary of suggestions

1) The facilities for treatment of lepers may be suitably strengthened taking into consideration the geographical area, density of population, poor means of communication, heavy rainfall etc.

2) Each leprosy technician may be given the villages within the radius of (16) kms. and having ten thousand population and on this basis re-arrangement of S.E.T.Centres and Leprosy Control Units may be done by the Joint Director (Leprosy), Health Services, Pune, in consultation with the District Health Officer, Zilla Parishad, Chandrapur, and the concerned medical officers. The present norm applied for this purpose may be reduced in this case, taking into consideration the geographical conditions of the area.

3) The existing grant of medicine is inadequate and same may be added by Rs. 10,000/- every year, so that more facilities can be provided to the lepers by the Primary Health Centres.

4) The activity of Loka Biradari Prakalp managed by Shri Babasaheb Amte may be strengthened by giving a grant of Rs. one lakh for construction of (20) beds hospital and Rs. thirty thousand per year for maintenance.

5) An additional grant of Rs. 20,000/- may be given for purchase of medicines to the District Health Officer, Zilla Parishad, Chandrapur, so that better facilities can be provided to the lepers in S.E.T.Centres.

6) One community level worker may be appointed to assist each leprosy technician and willing people may be appointed for this work from the local communities of the area.

7) Ten beds for leprosy patients may be made available in rural hospitals at Gadchiroli, Aheri, Kurkheda, Sironcha and Ettapalli.

8) The scheme of multi-purpose worker may be started as a pilot project in the Bhamragad region where the people are very backward. If it is proved successful in this area, the same may be extended to other areas of Sironcha, Gadchiroli, Bramhapuri and Rajura Tahsils of Chandrapur District having more prevalence rate.

9) The medical officers and para-medical staff concerned with leprosy may be given orientation training, time to time, so that they can better supervise and guide the leprosy workers.

10) One medical officer (Leprosy), Class II may be appointed exclusively for the leprosy work at Chandrapur under the District Health Officer, Zilla Parishad, Chandrapur, and one senior clerk and one junior clerk may be appointed to assist him in his office.

11) The work of construction of building for lepers at Chandrapur may be expedited by the District Health Officer and ensured that the construction work is completed as early as possible.

12) A phased programme of construction of houses for the leprosy technicians may be taken at their Head quarters.

13) Loan on priority basis may be sanctioned to leprosy technicians and non-medical workers for purchase of motor cycles for their work.

14) One attendant may be provided to each leprosy technician with a view to increase the frequency of visits to the villages.

15) Incentive at the rate of 20% of the basic pay may be given to all the medical staff in Gadchiroli, Sironcha, Rajura and Bramhapur Tahsils of Chandrapur District, on the analogy of additional pay given to the project officers of the Tribal Welfare Department.

16) The number of leprosy technicians may be increased with a view to provide better facilities to the lepers.

17) A special health education unit may be created under the Medical Officer (Leprosy) at Chandrapur.

18) One attendant may be provided to each non-medical worker so that he can increase his frequency of visits to the villages.

19) Rearrangement of sectors may be made on uniform population basis, as suggested in recommendation No.(2).

20) Special efforts may be made by the leprosy staff to detect more number of cases in the area where the prevalence rate is very high.

21) Orientation training shibirs of panch, sarpanch, youths, women, gram sevaks, patwaris etc.may be organised at the Primary Health Center level.

22) Sufficient amount for petrol may be provided to the medical x officers for the work of leprosy.

23) The Health Education Programme should be taken effectively by the leprosy workers in their respective villages. The medical officers should ensure that the programme is carried out by the subordinate staff.

24) One leprosy hospital of ten beds and a rehabilitation centre which will serve as training-cum-production centre may be established at Ettapalli.

25) The Leprosy Control Units of Gadchiroli Bramhapuri and Mul should be provided with necessary facilities for work, such as sufficient provision for petrol and medicine so that they can achieve the desired goals in the stipulated period.

26) The programme of medical education may be expanded through slide shows, exhibitions, lectures, seminars etc.

27) The programme of construction of roads, bridges and culverts may be taken on priority basis in Gadchiroli, Sironcha, Bramhapuri and Rajura Tahsils of Chandrapur District with a view to reach health and developmental programmes in hilly and forest areas.

28) The medical officers should ensure that the follow up work of the non-attending cases is carried out regularly by the leprosy technicians.

29) The work of distribution of tablets to lepers is at present attended once in a week. This

work may be expanded thrice in a week, if the response of the patients is satisfactory.

30) Continuous efforts may be made by the leprosy staff to bring lepromotous cases under the treatment and ensure that such people do not cause infection to others.

31) Leper beggars may be kept in Beggar Homes, where treatment facilities are made available to them.

32) The load of work of leprosy technicians may be examined by the office of the Joint Director, (Leprosy).

33) The paper work may be reduced, avoiding duplicacy in writing work.

34) In the areas having high prevalence rate, sufficient preventive measures should be taken by the health staff, ensuring that the disease is not spreading in the area and the prevalence rate is reduced within a specific time.

35) Every year seminar on leprosy may be organised by the Joint Director (Leprosy) in which officials and non-officials doing the work of leprosy may be invited with a view to take stock of the problems of leprosy in Maharashtra State.

(II) Future plan of action

The future plan of action regarding the problem of leprosy in Chandrapur District has been indicated in the summary of suggestions. If the recommendations are accepted by the Health Department the Joint Director (Leprosy), Health Department may send specific proposals to the Government on the basis of these specific suggestions. The leprosy problem appears to be serious in certain parts of Gadchiroli, Sironcha, Bramhapuri, Mul and Rajura areas, and therefore, it will have to be dealt with seriously. The suggestions, if taken into consideration by the Health Department early, the medical facilities for lepers in Chandrapur District will be adequate and help in controlling the disease in the areas having high prevalence rate. This report will serve to the cause of the lepers. I end the report by quotting Swami Vivekananda:-

> "The poor and the miserables are for our salvation, so that we may serve the Lord, coming in the shape of the diseased, coming in the shape of the lunatic and the leper".

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Reference

१. कुष्ठ रोग - डॉ. म. का. कापे १९६०

२. कुष्ठ रोदिपीका - विदर्भ म्हारोगी सेवामंडळ, १९५५

३. जागवेगळे जग - शरच्चंद्र गोखले, १९७२

4. Report of the Committee on Rehabilitation of Leprosy patients, Government of Maharashtra, 1965.

5. Leprosy is Curable - R.V.Wardekar.

6. Rehabilitation of Leprosy Patients- R.V.Wardekar.

7. Hints on diagnosis and treatment of Leprosy- Wardekar.

8. Samaj Seva - Special number on Leprosy- Vol.XX, Nos. 1 and 5, 1970.

9. Socio-Economic Review and District Statistical Abstract of Chandrapur District, 1972-73.

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