

R.No,110663/Epi/97/S4-01/

Office of the Director of Public  
Health and Preventive Medicine,  
Chennai - 600 006.

Dated:30.6.1997.

Sub: Public Health - Health and Family Welfare  
Integration of leprosy control scheme with  
Multipurpose Health Worker Scheme  
Implementation in Tamil Nadu - orders  
issued - copy communicated.

Ref: G.O. (Ms) No.320/H&FW (G1) Dept. dt. 27.6.97.

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A copy of the reference cited is  
communicated for information and necessary action.

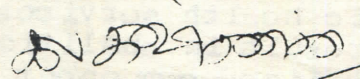
G. RATHINASAMY,  
for DIRECTOR OF PUBLIC HEALTH AND  
PREVENTIVE MEDICINE CHENNAI-600 006.

To

All Programme Officers at Headquarters ,

Copy to: All The Deputy Directors of Health Services,  
The Deputy Director, I.P.H. Poonamallee, Chennai-56.  
The Joint Director (IVC) Hosur,  
The Administrative Officer, (M.P.) (CASH) and (O.A)  
of this Directorate.  
P.C. to D.P.H & P.M. Chennai-6,  
M.P.2 Section of this Directorate.  
Stock file/spare-10.

/ true copy forwarded by order /

  
SUPERINTENDENT  
21.7.97

S.R.30.6.



Copy of G.O.(Ms)No.320 Dated: 27.06.1997, Health and Family  
(G-1) Department of Government of Tamil Nadu.

- .....
- Sub: Health and Family Welfare - Intogration of  
Leprosy Control Scheme with Multi Purpose  
Health Workers Scheme - Implementation in  
Tamil Nadu - Orders Issued.
- Read: 1. From the Director General of Health Services  
Letter No.A.11000/2/88-Lep (Coord.) dt.8.3.91  
2. G.O.Ms.No.1705 Health and Family Welfare  
dt. 18.12.96.  
3. Government letter No.78353/G1/96 Health  
dt.30.12.96.  
4. From the Director of Public Health and  
preventive Medicine letter No.187500/MP2  
/96/s2 dt.28.2.97.  
5. From the Director of Medical and Rural  
Health Services letter No.98049/Lep.II/  
1/96 dt.30.3.97.

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ORDER:

The National Leprosy Eradication Programme is in operation in Tamil Nadu from 1955. With the introduction of the Multi Drug Therapy (MDT) comprising three drugs, DAPSONH, RIFAMPICIN and CLOFAZIMINE, incidence of leprosy has been brought down considerably. Tamil Nadu has done a commendable work in the leprosy control programme over the years. The prevalence of leprosy in Tamil Nadu was 118 per 10,000 in 1983 which has been reduced to 7 per 10,000. The reduction in prevalence rate for the last two years is not very significant. Recently, India hosted an International Meet on Eradication of leprosy, and the Prime Minister has set a goal that the leprosy should be eradicated from India by 2000 AD. The WHO has also taken similar efforts globally. The eradication of leprosy means bringing down the prevalence rate to 1 per 10,000.

2. The Government of India in 1990-91 had suggested ~~ix~~ integration of leprosy services with general health services with effect from 1st April, 1991. One of the parameters set out is that the districts where MDT is in operation for 5 years or more, and where the prevalence rates has come down to 15 or less per 10,000 will be taken up for intogration. The statistics available now show that the prevalence of loproxy in all the districts covered under MDT have come down to less than 10 per 10,000 population. It is felt that in order to sustain leprosy services at the operational level its integration with public health services will be desirable. Integration would not result in abolition of special services. On the contrary, specialized component will continue to be available within the general health services at the State and District level for planning and evaluation, provision of training, technical supervision, advice, referral services and research. The purpose of this Intogration, is, to involve the Leprosy Field Staff



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in public health work and Health Inspectors in the Leprosy ~~xxx~~ work, so that Leprosy Inspector will cover a population of 5,000 to 10,000 as against 25,000 being covered now by the Leprosy Inspectors.

3. The Government have also been considering for quite some time the question of integrating the leprosy services with Multipurpose Health workers Scheme, under the Primary Health Care Services. Towards this end, the Government constituted a Committee in the G.O. second read above to go into the various aspects of the integration and submit a report. Accordingly the Committee after considering the views/ suggestions of its members submitted its recommendation to the Government.

4. The Government have examined the report of the Committee and have decided to accept its recommendations with some modifications. The Government accordingly issue the following orders:

- i) The Administrative control of the National Leprosy Eradication Programme shall be vested with the Director of Public Health and Preventive Medicine who will be responsible for the successful implementation of the National Leprosy Eradication Programme activities in the State. At the District level, the Deputy Director of Medical Services (L) will be incharge of the hospital based units and will be the programme Officer, assisted by Deputy Director (Health Services) will be the Additional Programme Officer and will be responsible for the successful ~~xxxxxxx~~ implementation of the programme through the Primary Health Centres / Health Sub-Centres.
- ii) The Salary and other components of the programme staff under the control of Deputy Director of Medical Service (L) will be met from the existing allotment under Demand-18 and in respect of the staff attached to the Directorate of Public Health and Preventive Medicine, the Director of Public Health and Preventive Medicine, is authorised to operate the funds from the existing allotment under Demand 18 towards the salary and other requirements of the above staff.
- iii) All the Hospital based units like Leprosoria, Temporary Hospitalisation wards, Leprosy Rehabilitation and Promotion unit, Tambaram Training Centres, Research Centres City based units and all the hospital clinical research and training based units shall continue to be under the control of Director of Medical and Rural Health Services. The Salary and allowances of these staff will be met by the Director of Medical and Rural Health Services from the existing allotment under Demand - 18.



- iv) The ~~a/o~~ Additional Director (L) *in the cadre of* Additional Director of Medical and Rural Health Services, Joint Director (L) Joint Director of Medical and Rural Health Services, (L) Deputy Director of Medical and Rural Health Services (L) Civil Surgeon Medical Officer, attached to the Additional Director's office and all the Deputy Director (L) in the Districts will be under the control of Director of Public Health and Preventive Medicine for programme implementation, but their establishments matters will be as of Director of Medical and Rural Health Services.
- v) The voluntary organisations involved in the Leprosy Programme will come under the control of Director of Public Health and Preventive Medicine, who will receive the reports and render the head account G.O. No. 18 Medical.
- vi) The Director (L) shall be the programme officer at the state level and shall report to and come under the control of the Director of Public Health & Preventive Medicine in all the matters concerning National Leprosy Eradication Programme.
- vii) The posts of Health Educator, Non Medical Supervisor and Leprosy Inspectors (re-designated as) Health Inspector Grade IB are brought under the control of Director of Public Health and Preventive Medicine for programme implementation. However, seniority shall be maintained for these staff, and the promotions of the respective categories will continue in the existing channels.
- viii) The promotion, posting and transfer of all the personnel except the staff referred to in para (vii) above shall be effected by Director of Medical and Rural Health Services in consultation with the Director of Public Health and Preventive Medicine. However, the postings of Health Educators, Non Medical Supervisor and Health Inspector Grade IB will be effected by Director of Public Health and Preventive Medicine.
- ix) The Deputy Director (Health Services) at Districts shall have the complete administrative control over the Health Educators, Non Medical Supervisor and Health Inspector Grade IB in the Primary Health Centres/Health Sub Centres in their HD and shall review their performance in leprosy and also that of Medical Officers of Primary Health Centres.
- x) The Deputy Director (L) shall monitor, collect reports about progress of National Leprosy Eradication Programme from Deputy Director of Health Services, and all the urban based units and voluntary organisations. They shall inspect the various units in the Districts and shall monitor and review the Leprosy work. They shall also review the work of Non Medical Supervisor and other such personnel engaged in the Leprosy work in the whole district apart from Deputy Director (Health Services).



xi) The Deputy Director of Health Services shall assist the Deputy Director of Medical and Rural Health Services(L) in carrying out survey, Camps, training etc. for achieving the goal of elimination of leprosy.

5. The Government also issue the following orders:

i) Medical Officers: Out of 176 Medical Officers sanctioned under Leprosy Eradication Programme; 118 posts are transferred to the Director of Medical and Rural Health Services for postings in the Medical Institutions under his control. These transferred posts are over and above the total number of posts of Medical Officers sanctioned in the general side. Further, 31 posts of Medical Officers are ordered to be redeployed for the proposed District Training Teams under DANIDA, and 27 posts of Medical Officers will be posted to the existing 22 offices of the Deputy Director (L) including two for the newly proposed 2 offices at Namakkal and Theni and 3 Medical Officers for the office of the Deputy Director (L) Chennai to monitor the work of the Health Inspectors in the Chennai Corporation area. The above 58 Medical Officers are allotted and transferred along with the posts to the Director of Public Health and Preventive Medicine who shall draw the pay and allowance and incur other expenditure under Demand 18 Medical. The Temporary Hospitalisation Wards functioning in the Medical College Hospitals shall continue to be under the Director of Medical Education and the salary of these staff will be met from the existing allotment under Demand 18 Medical.

ii) Health Educator: There are 86 posts of Health Educators of which 27 Health Educators will work in the office of the Deputy Director (L) and 31 posts will be redeployed in the proposed District Training Teams under the control of Director of Public Health and Preventive Medicine. The balance of 27 posts of Health Educators will be absorbed by Director of Medical and Rural Health Services for the TB Control Programme and their salary and allowance ~~shall~~ will be met from the budget allotment under TB Control Programme.

iii) Non Medical Supervisor: There are 423 posts of Non Medical Supervisor of which 25 posts will be transferred to office of the Deputy Director (L) and 387 posts will be allotted to Block Primary Health Centres at the rate of one Non Medical Supervisor per block. The balance 9 Non Medical Supervisor shall be posted to Chennai City to supervise the Leprosy Control Work. The Additional Director (L) shall issue order on actual deployment of the above staff.

iv) Leprosy Inspectors: The Leprosy Inspectors will be redesignated as Health Inspector Grade IB and will be transferred to the Directorate of Public Health and Preventive Medicine. They will be posted to the Health Sub Centres covering a population of about 10,000 at one for 2 Health Sub Centres or at one of 5000 population in problem areas. The scale of pay of these category of staff will continue to be in the existing scale of pay of Rs. 1200-30-1560-40-2040. However, in order to protect their present emoluments they will be allowed special allowance of Rs. 50/- per month and the existing Health Inspector Grade I



iv) contd.

Under the control of Director of Public Health and Preventive Medicine will be redesignated as Health Inspector Grade IA in the scale of pay Rs. 1350-30-1440-40-1800-50-2200. The Health Inspector Grade IB will attend to and undertake various Public Health activities as per the job chart for Health Inspector Grade IA in addition to Leprosy Control Programme. Similarly the Health Inspectors Grade IA and Grade II will also attend to leprosy control work apart from their existing duties after necessary training. The Director of Public Health and Preventive Medicine will issue necessary further orders prescribing revised job chart for the Health Inspector Grade IA, Health Inspector Grade IB, and Health Inspector Grade II.

v. (a) Laboratory Technician Grade II: Out of 186 posts of Laboratory Technician Grade II, 60 posts will be transferred to and absorbed by the Director of Medical and Rural Health Services for improving the Laboratory Services in the Taluk Hospitals under his control in addition to the existing posts. The remaining 126 posts shall be transferred to the Department of Public Health and Preventive Medicine for use in Block level Primary Health Centres. The 126 Laboratory Technician will be trained to do common laboratory examinations as well and consequently, the existing posts of Laboratory Assistants under Director of Public Health and Preventive Medicine in the above 125 Primary Health Centres will be redeployed to the other Primary Health Centres where the posts of Laboratory Assistant are not available now but are required for better service to the public.

(b) Leprosy Smear Technicians: The existing 19 posts of smear Technician will be transferred to and absorbed in the Director of Public Health and Preventive Medicine side and will be posted to the Primary Health Centres where posts of Laboratory Assistant are not available at present. Their services will be utilised for blood, sputum, smear examination etc., after proper training. They will be designated as Laboratory Assistants in the existing scale of pay of Rs. 950-20-1150-25-1500.

vi) Physiotherapy Technician: 106 posts of Physiotherapy Technician will be retained by the Director of Medical and Rural Health Services of which 54 posts will be utilised for community based rehabilitation and in the Government Hospitals for physiotherapy. The remaining 52 posts will be utilised in the Temporary Hospitalisation Wards. Such of the Physiotherapy Technician who are in possession of Diploma (two years either Private or Government Institutions) will be considered for the post of Physiotherapist Grade II separately for which Director of Medical and Rural Health Services will send proposals to Government.

xix(x)(x)



vii) (a) Sample survey and Assessment Units: The Sample Survey and Assessment Unit at Salem and Madurai will stand disbanded with effect from 31-7-97. The staff available will be posted at the newly formed offices of Deputy Director (L) at newly formed Districts of Namakkal and Thanj respectively, since there is no office at present in Namakkal and Thanj.

The Sample Survey and Assessment Unit and Epidemiological Team attached to the Office of the Additional Director of Medical and Rural Health Services (L) in the Head quarters will come under the control of Director of Public Health and Preventive Medicine along with the existing infrastructure for the purpose of taking sample to assess the prevailing status of the disease in the community periodically. This will help in assessing and estimating the prevalence rate for planning future strategy to detect and estimate the hidden cases in the community.

viii) Programme for Urban Areas: For the urban population the technical staff such as Medical Officer, Non Medical Supervisor, Health Inspector Grade I B and Laboratory Technician attached to the Office of the Deputy Director of Medical Services (L) in the Districts are responsible to carry out the survey case detection, case holding, treatment of leprosy cases. Chennai is a major Metropolitan City with about 40 lakh population. At present 40 Divisions are covered by the Leprosy Inspectors attached to the Gramaltes, a voluntary organisation. The additional staff allotted for Chennai City are directed to undertake leprosy work, along with other works which may be assigned by Director of Public Health and Preventive Medicine from time to time. The remaining 115 divisions will be looked after by Health Inspectors Grade I B in the Office of the Deputy Director (L), Chennai under the overall control supervision of Additional Director (L). These 115 Health Inspector Grade I B shall undertake leprosy work along with any other work which the Director of Public Health and Preventive Medicine may assign from time to time. To supervise the work of Health Inspectors Grade I B, 10 posts of Non Medical Supervisor and 3 posts of Medical Officers are allotted to the Office of the Deputy Director (L) Chennai to cover the entire city population.

6. Ministerial Staff: One of the two sections at State Headquarters will be transferred to the Office of the Director of Public Health and Preventive Medicine to look after the service matters of the Leprosy staff other than those coming under Director of Medical and Rural Health Services. Further one Assistant will be transferred from the Office of the Deputy Director (L) to the Deputy Director of Health Services in the Districts. The administrative control of the above staff will vest with the Director of Public Health and Preventive Medicine. The remaining ministerial staff sanctioned for leprosy control programme will be transferred and posted to the Institutions under the control of Director of Medical and Rural Health Services. The establishment matters of all the ministerial staff including the staff attached to the Director of Public Health and Preventive Medicine will, however, continue to be with the Director of Medical and Rural Health Services for the purpose of future promotions in the respective categories.



The salary and allowances of the ministerial staff attached to the Director of Public Health and Preventive Medicine will be met from the existing budget allotment under Demand-18, Medical by Director of Public Health and Preventive Medicine. In respect of other ministerial staff, salary and other allowances will be met by Director of Medical and Rural Health Services from the Budget allotment under Demand-18 Medical.

7. The Government also direct that the deployment of posts of Pharmacist and other categories sanctioned under Leprosy Control Programme now under the control of Additional Director(L) as given in Annexure to this Government order will be decided separately and until then they will continue to be under the Director of Medical and Rural Health Services.

8. The Government direct that the 102 vehicles along with drivers working in the Leprosy Control Units shall be transferred to the Director of Public Health and Preventive Medicine.

9. The Government will examine the issue of absorbing the daily wage workers who were engaged in the MDT Programme and issue orders separately. The Director of Medical and Rural Health Services is requested to send a report with necessary details for orders of the Government. Similarly the issue of absorbing the 52 candidates who have undergone Leprosy Inspectors Training and waiting for appointment/postings will be examined and necessary orders issued separately. The Director of Public Health & Preventive Medicine is requested to send necessary proposals for orders of the Government.

10. The Government also direct that all the Government buildings occupied by the GLCU shall be under the control of the Director of Medical and Rural Health Services along with the equipments and furniture for the expansion of Taluk Hospitals except in places where the buildings are required for the office of the Deputy Director of Health Services, which are functioning in rented buildings, so that the above offices can be shifted to the building vacated by the GLCU.

11. The Director of Public Health and Preventive Medicine is also directed to take immediate action to impart necessary training to the Leprosy staff in various Public Health activities. Similarly, the Public Health staff shall also be trained in Leprosy Control activities.

12. The Director of Public Health & Preventive Medicine and Director of Medical and Rural Health Services are further directed to take action to redeploy the various categories of staff as ordered above by giving suitable placements and send compliance report to Government early. The Government also direct that consequent on the integration of the Leprosy field staff with the Public Health staff, the Leprosy staff shall be given postings as far as possible in the areas nearer to their present stations.



13. The Government also direct that integration of Leprosy Control Programme with the Director of Public Health and Preventive Medicine will take effect from 1.7.1997. The Government further direct that the process of integration, placement of various categories of staff shall however be completed within one month i.e., before 31.7.97.


14. This order issues with the ~~XXXXXXXXXX~~ concurrence of Personnel and Administrative Reforms/Finance Department. vide its U.O.No.889/Secy/97 and 3176/FS/P/97 dt.26.6.97 respectively.

(BY ORDER OF THE GOVERNOR)

S. RAMKRI SHANN  
Secretary to Government.

/true copy/

pvs.1.7.

  
superintendent



ANNEXURE

S.No.	Designation of the post	No.of post
1.	Pharmacist	27
2.	Theatre Assistant	22
3.	Office Assistant	145
4.	Hospital Worker	102
5.	Male Nursing Assistant	100
6.	Sweeper	84
7.	Sanitary Worker	59
8.	Watchman	30
9.	Gardener	4
10.	Dhobi	4
11.	Aux.Nursing Midwife	3
12.	Dark Room Assistant	1
13.	Motor Mechanic	14
14.	Cook	1
15.	Weaving Instructor	1
16.	Carpenter	2
17.	Binder	1
Total		597

/ true copy /