

**IN THE HIGH COURT OF ORISSA : CUTTACK**

**WP(C) No.13403 of 2015**

Bipin Bihari Pradhan ..... Petitioner

-Versus-

State of Orissa & others ..... Opp. Parties

**REPLY TO THE REJOINDER FILED ON BEHALF OF**

**OPPOSITE PARTY NO.1 & 3**

I, Dr. Dillip Kumar Sarangi, aged about 62 years, Son of Late Krushna Charan Sarangi, Bijaya Talkies Road, Sundargarh at present working as Director, Health Services, Odisha, Heads of Department, Bhubaneswar, Dist-Khurda do hereby solemnly affirm and state as follows:-

1. That, I have gone through this rejoinder and understood the contents thereof. I am also otherwise acquainted with the facts of the present case and competent to swear this affidavit. I have been duly authorized by the Opposite Party No.1 to swear this affidavit on his behalf.

2. That, in replies to the averments made by the petitioner in

*D. Sarangi*  
**P. K. MOHANTY**  
**NOTARY CUTTACK TOWN**

*Dillip Kumar Sarangi*  
**Director of Health Services**  
**Odisha, Bhubaneswar**

para-2 of the Rejoinder Affidavit, it is humbly submitted that the Opp. Parties have nothing to comment in the matter.

3. That, in replies to the averments made by the petitioner in paras- 3 to 5 of the rejoinder affidavit, it is humbly submitted that the OP No-3 has not ignored to respond this paragraphs as alleged by the petitioner. It is pertinent to mention here that there is no preventive measures for leprosy contact persons they emerged as new cases during this long incubation period (5 to 10 Years sometimes it 30 years) and detected subsequently resulting in increased number of new cases. It is not a fact that the cases increased in number is due to non availability of Para Medical Worker (PMW) trained leprosy workers but it is due to involvement of ASHA workers in all villages who are responsible for taking the health care of 500 to 1000 population and identifying more number of leprosy suspects who are examined by the Medical Officers and diagnosed as new leprosy cases. As per the averments made by the petitioner, increase of Deformity Rate from 2006-07 to 2018-19 is not based on facts and records. The year wise deformity rate as given below shows that the rate 5.8 % in the year 2015-16 has been decreased to 3.16 % in the year 2018-19.

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Director of Health Services  
Odisha, Bhubaneswar

Year	Grade 2 Deformity Rate
2015-16	5.8
2016-17	5.2
2017-18	4.87
2018-19	3.16

*by 20/11/19*  
**F. K. MOHANTY**  
NOTARY CUTTACK TOWN

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4. That, in replies to the averments made by the petitioner in para-6 of the rejoinder affidavit, it is humbly submitted that the allegations made by the petitioner is not based on facts and records. It is humbly submitted that in the year 2006-07, the State of Odisha has been declared as leprosy elimination State with Prevalence Rate (PR) 0.65 per 10000 population, but the persons coming in contact with leprosy have been detected as new cases during subsequent years. The training of Multi Purpose Health Workers and Block Leprosy Nodal Workers is conducted at State level by experienced resource persons with theoretical and practical trainings with demonstration of Leprosy Affected Persons (LAP). The Health Workers have adequate experience to carry out the activities. It is not the facts that Amputation of limbs, eyes becoming blind, ulcers getting maggots turns to cancer. However the govt. is taking all the measures for LAP with disability are managed in DPMR Clinics and Deformity is corrected by Reconstructive Surgery (RCS). The DPMR activities is annexed at **Annexure-3**.

5. That, in replies to the averments made by the petitioner in para-7 of the rejoinder affidavit, it is humbly submitted that the claim of the petitioner is not based on facts and records. It is pertinent to mention here that the year wise deformity rate as given at para-3 above shows that the rate 5.8 % in the year 2015-16 has been decreased to 3.16 % in the year 2018-19. Further, the increased number of Leprosy cases is immediately put up with Multi Drug Therapy (MDT) and the course completion

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 Director of Health Services  
 Odisha, Bhubaneswar

*M. K. Mohanty*  
**P. K. MOHANTY**  
 NOTARY CUTACK TOWN

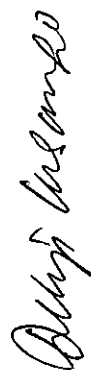
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is monitored by ASHA and Health Workers after taking first dose of MDT 99.9 percent bacteria are killed and the person affected with leprosy becomes non-infectious. Hence, the aim is to detect the undetected leprosy cases shall reduce the transmission of disease in the community. MDT is plentifully available in free of cost in all Government health institutions of the State as per their requirements.

6. That, in replies to the averments made by the petitioner in para-8 of the rejoinder affidavit, it is humbly submitted that the allegations of the petitioner are not based on facts and records. It is submitted that the Block Nodal Leprosy Worker (BNLW) have been appointed in all Blocks of the State to dress and clean the wounds of the Leprosy patients along with all kinds of services required for them. Besides, DPMR (Disability Prevention and Medical Rehabilitation) services are provided to all leprosy affected persons with disabilities in all Govt. health Institutions up to block level which includes ulcer dressing, self care practices, Reaction & Complication Management, distribution of MCR (Micro Cellular Rubber) footwear & Ulcer dressing kits etc.

7. That, in replies to the averments made by the petitioner in paras 9 to 10 of the rejoinder affidavit, it is humbly submitted that the allegations of the petitioner are not based on facts and records. In order to prevent the stigma and discrimination of leprosy, the Gram Sabha is being conducted at District level and

  
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conducted the rallies, quiz completion at School and village level Anti-leprosy week from 1st Jan-15 Jan of every year and awareness through TV & Radio. As regards, the averments of the petitioner on the information for RCS, it is not based on facts.

8. That, in replies to the averments made by the petitioner in para 11 of the rejoinder affidavit, it is humbly submitted that after integration of NLEP in General Health Care system the following services are being provided for proper care, protection to the people affected with leprosy through National Leprosy Eradication Programme (NLEP) regularly as detailed below :

- i) M.D.T. (Multi Drug Therapy) is provided free of cost to all leprosy patients at all Govt. health facilities of the State.
- ii) DPMR (Disability Prevention and Medical Rehabilitation) services are provided to all leprosy affected persons with disabilities in all Govt. health Institutions up to block level which includes ulcer dressing, self care practices, Reaction & Complication Management, distribution of MCR (Micro Cellular Rubber) footwear and Ulcer dressing kits etc.

*Aditya Kumar*  
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- iii) Sensitizing the Community and general public for stigma reduction through different IEC Programmes via News Papers, Electronic Media, ShambaRath movement, Rally etc. IPC (Inter Personal Communication) is done by the ASHAs and Health workers during Leprosy Case Detection Campaign (LCDC) and counselling is also done by the Medical Officers (M.O.s) to generate awareness and teach self care practices to the Persons affected by leprosy, which is meticulously followed to reduce / prevent disability, Stigma and discrimination.
- iv) Since 2008 to March 2019, 5982 persons with disability due to leprosy have undergone reconstructive surgery enabling them to manage their livelihood and live in the families and re-integrated in the mainstream of Society.
- v) The Leprosy affected persons have also been included to get the Pension under Madhubabu Pension Yojana.
- vi) Provision of basic health care, electricity, water supply, safety latrine, sanitary facilities has been made available to the inhabitants of the leprosy colonies in different districts of the State.
- vii) All the actual facts are reported and there is no question of tarnishing and misleading reports.

*Dilip Kumar*  
Director of Health Services  
Odisha, Bhubaneswar

*P. K. Mohanty*  
**P. K. MOHANTY**  
NOTARY CUTTACK TOWN

9. That, in reply to the averments made by the petitioner in Paras-12 & 13 of the Rejoinder affidavit, it is humbly submitted that as decided, out of the total MPW (M) engaged in each Block, one MPHW (M) has already been selected as Block Nodal Leprosy Worker, who will look after the care of leprosy patients in that Block. Hence, the claim of the petitioner in this para is not justified in view of the facts and records. Hence, it is strongly denied.

10. That, in reply to the averments made by the petitioner in Para-14 of the Rejoinder affidavit, it is humbly submitted the Government will take appropriate action against the staffs if they have actually misplaced the records as claimed by the petitioner.

11. That, in reply to the averments made by the petitioner in Paras-15 & 16 of the Rejoinder affidavit, it is humbly submitted the petitioner has raised the issues regarding engagement of more manpowers in the health institutions for the purpose of eradication of leprosy. It is pertinent to mention here that the Government is taking measure steps for providing the manpowers to each Government health institutions to provide better health services to the leprosy affected persons keeping in view to eradicate the leprosy in the State. It is the duty of the Government to provide better livelihood to each citizen of the State, for which several programmes are being conducted in

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each level for more awareness of the people. Hence, the claim of the petitioner regarding rising trends of new detected leprosy cases is not based on facts and records. The year wise deformity rate as given at para-3 above shows that the rate 5.8 % in the year 2015-16 has been decreased to 3.16 % in the year 2018-19. Hence, it is strongly denied.

12. That, in reply to the averments made by the petitioner in Para-17 of the Rejoinder affidavit, it is humbly submitted the claim of the petitioner is not based on facts and records. It is pertinent to mention here that the awareness campaign through IEC materials brochures street play and in print and electronic media is only meant for reducing Stigma and Discrimination against persons affected by Leprosy. The Government is well aware to reduce the leprosy affected persons in the State and accordingly, providing all kinds of facilities to them for eradication of leprosy.

13. That, in view of the above submissions made by this deponent, the writ petition and Rejoinder Affidavit filed by the petitioner deserves no merit for consideration and the same is liable to be dismissed.

14. That, the answering the Opp. Parties craves for leave of the Hon'ble Court to make further affidavit in the interest of Justice and for effective adjudication by the Hon'ble Court.

*Dr. P. K. Mohanty*  
Director of Health Services  
Odisha, Bhubaneswar

*P. K. Mohanty*  
**P. K. MOHANTY**  
NOTARY CUTTACK TOWN



15. That, the facts stated above are true to best of my knowledge and based on official records and rest are humble submission before the Hon'ble Court.

Identified by

Prakash Ch Sahoo (A.S.O)  
Bhubaneswar  
Dated 30.11.19

*[Signature]*  
30.11.19  
DEPONENT  
Director of Hearing Services  
Odisha, Bhubaneswar

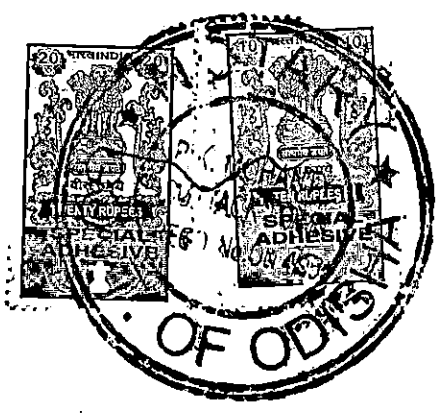
**CERTIFICATE**

Certified that Cartridge Papers are not <sup>readily</sup> available

Cuttack

DATE : 30.11.19

*[Signature]*  
ADDL. GOVT. ADVOCATE



solemnly Sworn before  
me by D.K. Sarangi  
being identified by P.C. Sahoo, A.S.O A.G's office  
at cuttack dated 30/11/19  
*[Signature]*  
P.K. Mohanty, Notary, Cuttack own


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## RCS INFORMATION - ODISHA

Annexure - 3

Sl. NO	Name of the institution	Vertical	Integration mode														
		1994-2006	2006	2007	2008	2009	2010	2011	2012 (3 Months)	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	Total
1	HOINA funded by LEpra	2705															2705
2	RLTRI, Aska		10														10
3	SCB Medical College, Cuttack		9														9
4	Hi-tech, Bhubaneswar		11		1												12
5	NITAR, Olatpur, Cuttack				5	0	0	0	0								5
6	VSS Medical College, Burla				2	5	0	0	0								7
7	Leprosy Home & Hospital, Cuttack		16	57	111	108	74	77	17	77	82	83	86	82	62	55	987
8	MKCG MC /City Hospital, Berhampur		9	30	33	48	13	21	6	14	1	15	17	13	16	22	258
9	Mission Hospital, Bargarh		21	127	103	57	0	0		0	0	0	29	29	12	22	400
10	Jharsuguda Dist. Hospital					46	43	25	6	25	20	24	19	11	5	5	229
11	Baripada Dist. Hospital						26	38	5	29	29	34	32	24	15	15	247
12	Sonepur, Dist. Hospital,						89	51	22	72	55	60	54	42	46	22	513
13	Koraput, Dist. Hospital							18	0	4	18	37	13	16	11	15	132
14	Bolangir, Dist. Hospital							23	5	25	21	22	21	25	9	13	164
15	Dhenkanal, Dist. Hospital									3	16	22	32	31	17	22	158
16	Nuapada, Dist. Hospital												16	10	8	0	34
17	Sundargarh DHH												11	9			20
18	Keonjhar, Dist. Hospital												9	9	11	2	31
19	CHC, Umerkote (N.Pur)													12	10	0	22
20	Samabalpur, DHH													6	20	13	39
<b>Total</b>		<b>2705</b>	<b>76</b>	<b>214</b>	<b>255</b>	<b>264</b>	<b>245</b>	<b>253</b>	<b>64</b>	<b>262</b>	<b>248</b>	<b>307</b>	<b>338</b>	<b>305</b>	<b>247</b>	<b>199</b>	<b>5982</b>

ANNEXURE-3

  
 Addl. Director of Health Services (Leprosy)  
 Odisha, Bhubaneswar