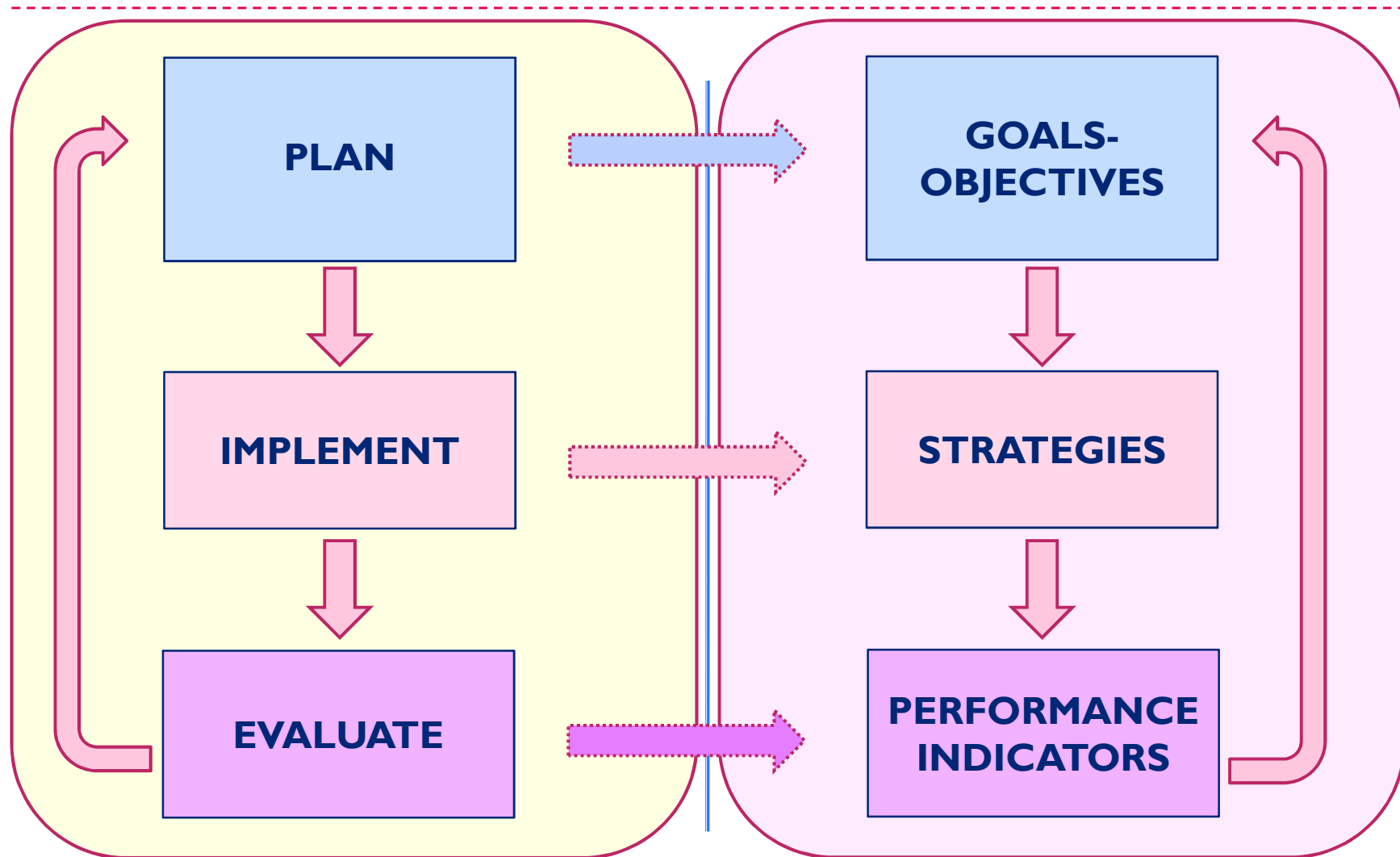# Supervision, Monitoring & Evaluation of NLEP

DR. VIJAY BHAGAT

Learning objectives

Preparing & maintaining master file	General & specific parameters
NLEP Monitoring: Routine/Specific activity	Case detection-Management, Training, DPMR, Mobility, PIP, BCP, NGO/PPP, ACDRS
Programme Performance: Quantitative & Qualitative Indicators	PR, ANCDR, G2D/M, % (F, Child, MB, G2D) Default rate, TCR, Correct diagnosis, G2D during t/t
Programme Performance: Other Indicators	Burden in SC/ST, Contact Exam, G2D – Children, G1D: G2D, % (Relapse, Referred..)
Training & capacity building	Assess competencies, Preparing the training calendar, Organize / coordinate trainings
Programme Management: Specific issues	Drugs inventory & logistics management, PIP, advocacy, Pvt. Sector involvement,
Home work	Feedback

Value of Monitoring-Evaluation

MnE_NLEP_DLO_VMB

Master File

General parameters

- Comprehensive Map
- Socio-demographic characteristics
- Basic health profile indicators
- Health infrastructure
- Manpower & resources
- Adm/Tech/KOL Members list

Specific parameters

- PHI wise performance indicators
- PHI wise strategy specific report
  - Case detection & management
  - Training
  - IEC & counselling
  - DPMR & RCS
  - Supervision & Monitoring
  - Partnerships
- Special areas
- Innovations
- Challenges
- Future /planned activities (PIP)

Master File: General parameters

Comprehensive Map
- Health facilities
- Administrative offices
- Transit facilities
- Public utilities
- Educational institutions
- Leprosy settlements

Institutional profile
- Municipal Corporation
- Zones/Wards Details
- CHCs & FRUs
- Medical Colleges
- NGO hospitals

Socio-Demo info
- Age Structure
- Vulnerable Populations
- Educational Status
- SE-Marginalized
- Major Occupations
- Geographic characteristics

Basic health indicators
- Birth rate
- Death rate
- Specific morbidities (PEM)
- IMR/MMR
- Burden of inf. dis. (TB, Malaria)

Master File: General parameters

Health infrastructure

- PHC & HSC
- CHC/FRU
- Block PHCs
- Sub-district & Dist. Hosp. NGO health facilities
- Dermatologists
- GP with high Skin OP

Manpower & Resources

- ASHA/Village level HW
- PMW
- Supervisors
- Tech. workforce
- Medical officers &
- Specialists

Master File: NLEP Specific parameters

▶ **PHI wise performance indicators**

  ▶ PR, ANCDR, G2D/M, NCDR (SC-ST)

  ▶ % F-Children-MB-G2D

  ▶ Indicators in Hot spots/ High risks

▶ **PHI wise strategy specific indicator**

  ▶ Case detection & management
  ▶ Training
  ▶ IEC & counselling
  ▶ DPMR & RCS
  ▶ Supervision & Monitoring
  ▶ Partnerships

Strategy specific PHI listing

Indicator	PHC 1	PHC2	PHC3	PHC4	PHC5
Case detection & Management	□	□			
Prevalence indicators (Low)			√	√	√
Deformity cases (Low)	√	√	√	√	√
False diagnosis (Low)	√	√	√	√	√
High Cure rate/ low default	√	√	√	√	√
Training	□				
Trained MO, HS,PMW	√	√	□	√	□
Good support of HW		√	□	√	□
IEC & Counseling		□			
Low stigma & Discrimination	√		√	√	√
No resistance to other Govt. prog.	√	√	√	√	√
DPMR					
Support for DPMR services	√	√	□	√	√
RCS centres (Functional/Non-functional)	√	√	√	NF	NF
Supervision & Monitoring					
Areas with no HS	√	√	√	□	√
ASHA in (High Risk) areas	√	√	√	√	√
Partnerships	√	□	□	√	√

NLEP specific indicators

- Special areas
  - Hilly /Tribal
  - Draught/Flood/Conflict prone
  - High migrants
- Innovations
- Challenges
- Future /planned activities (PIP)

Leprosy doesnot kill!
Discrimination does!!
Draw the line!
Tear the veil of Ignorance!!

Monitoring of NLEP

▶ Routine monitoring

- Case Detection Activities
- Case Management activities
- Management of Record & reports
- Mobility support
- Tour prog. & visit report
- PIP & SOE
- Training needs & accomplishment
- DPMR Activities
- Drugs and inventory management
- Special Activity Plan (SAP)
- Private sector involvement
- Involvement of ASHA/Village HW
- Contribution of Higher centres
- Involvement of NGOs.

▶ Monitoring of specific activity

▶ Micro-planning

▶ Training

▶ Implementation of h-t-h activity

▶ Supervision

▶ Reporting

▶ Monitoring

Routine monitoring of NLEP

▶ Case Detection Activities
- ▶ Active case detection?
- ▶ Case detection activities Med. Colleges?
- ▶ Community based activities (ASHA/USHA)?
- ▶ Contacts survey (G2D, MB, Child case)?

▶ Case Management activities
- ▶ Accuracy (Diagnosis, Classification, Validation).
- ▶ Screening of contacts, PEP for NCL?
- ▶ Counselling for new cases for compliance and Lepra R^n?
- ▶ Defaulter retrieval mechanism?
- ▶ Medical Officer is able to diagnose and manage Lepra R^n ?

▶ Management of Record & reports
- ▶ Patient Case Cards complete and up to date?
- ▶ Any mismatch/discrepancies ?
- ▶ T/t register updated/maintained?
- ▶ Disability reg. updated/maintained?
- ▶ Correct & timely MPR submission?

▶ Mobility support
- ▶ Mobility support available, Working, funds available?
- ▶ Position of regular/contractual driver or funds for POL?
- ▶ If no vehicle-Proposed?
- ▶ Provision for hiring of the vehicle for field visit?

Routine monitoring of NLEP

▶ PIP & SOE
- ▶ Budgetary allocation for NLEP last year?
- ▶ Activities of NLEP proposed/conducted as per PIP?
- ▶ Any follow up of proposed activities in PIP ?
- ▶ Head wise budget spent in last year?
- ▶ Statement of Expenditure available at the PHC?

▶ Training needs & accomplishment
- ▶ MO-PHC is trained in NLEP, if yes when and how long?
- ▶ Supervisors trained in NLEP since last five year?
- ▶ ANM/MPW staff is trained in NLEP since last five year?
- ▶ HW trained in NLEP, if yes.. What objective & duration?
- ▶ Refresher training?

▶ DPMR Activities
- ▶ Nerve function assessment at Diagnosis & f/u ? Physiotherapy to early deformity cases?
- ▶ No. of RCS done in last year? Any constraints?
- ▶ Aids/appliances, MCR FW, self care kits for PAL?
- ▶ Update in disability register ?

▶ Drugs and inventory management
- ▶ Sufficient stock of MDT is available?
- ▶ Sufficient stock of Prednisolone is available?
- ▶ The Drugs are within the expiry date and are stored appropriately

Routine monitoring of NLEP

▶Special Activity Plan (SAP)
  - ▶Case detection planned/conducted this/last year?
  - ▶Proportion of suspects examined by the MO?
  - ▶Any high risk area identified for ACD ?

▶Private sector involvement
  - ▶Private practitioners involved in NLEP activity?
  - ▶Whether private practitioners were sensitized for diagnosis and referral of leprosy suspects?
  - ▶NGOs involved in leprosy care services?

▶Involvement of ASHA / Village level worker in NLEP
  - ▶Proportion of trained ASHA ?
  - ▶Proportion of cases confirmed out of ASHA referral?
  - ▶Incentives to ASHA given complete & in time?
  - ▶ASHA/USHA are working for NLEP in urban areas.

▶Contribution of Medical College & Dist Hosp. in NLEP
  - ▶Diagnosis and Management ?
  - ▶Ulcer care, RCS
  - ▶Aids & Appliances
  - ▶Teaching ,Training & Research
  - ▶Awareness and alleviation of stigma/ discrimination

Monitoring of H-t-H case detection activity

▶Micro-planning
- ▶ <u>A.</u> Area/locality/with landmark,
- ▶<u>B.</u> PHC,
- ▶<u>C.</u> Team details,
- ▶<u>D.</u> Supervisor details,
- ▶<u>E.</u> HR area for special attention
- ▶<u>F.</u> Day wise details
  - ▶<u>F1.</u> first household,
  - ▶<u>F2.</u> Last household,
  - ▶<u>F3.</u> No. households,
  - ▶<u>F4.</u> Details of KOL,
- ▶<u>G.</u> Institutional support,
- ▶<u>H.</u> Supervisor's map,
- ▶<u>I.</u> Supervisor's checklist,
- ▶<u>J.</u> IEC material,
- ▶<u>K.</u> Suspect info.

▶Training
- ▶Key personnel
- ▶Less than 30
- ▶Role Play
- ▶Importance of Team
- ▶Entry into the house
- ▶IPC

▶Implementation of h-t-h activity
- ▶Control room
- ▶Time convenient to people
- ▶Repeat activity
- ▶Relevant info of suspects
- ▶Plan of managing suspects

Monitoring of H-t-H case detection activity ^{Cont'd}

▶**Supervision**
    ▶Planning, training, implementation & reporting
    ▶1 supervisor per 5 teams (workload)
    ▶Second level of supervision

▶**Reporting**
    ▶Team→ Supervisor→ MO
    ▶DLO→ SLO→ CLD
    ▶Initial → Daily→ End

▶**Monitoring**
    ▶Internal & External
    ▶Coordination
    ▶Feedback
    ▶Corrective action

▶**Feedback mechanism**
    ▶Monitoring Reports
    ▶Service providers perspectives
    ▶Beneficiary satisfaction & FAQ

Assessment of programme Performance

▶ Quantitative indicators

- Prevalence Rate (PR)
- Annual New Case Detection Rate (ANCDR)
- Among newly diagnosed cases
- % G1D, G2D, MB cases, children, female cases
- MPR based assessment

▶ Quality service indicators

- Defaulters Rate
- Proportion of new cases correctly diagnosed
- New disabilities rate among cases under t/t
- Treatment Completion Rate (TCR)

Quantitative indicators

Prevalence Rate

$$PR = \frac{\text{No. of balance new cases under treatment as on 31st. March}}{\text{Population as on 31}^{st}\text{ March}}$$

Annual New Case Detection Rate

$$ANCDR = \frac{\text{No. of new cases detected during the year}}{\text{Population as on 31}^{st}\text{ March}}$$

% of female cases

$$\text{Proportion of Females among new cases} = \frac{\text{No. of female cases detected in a year}}{\text{Total New cases detected in a year}}$$

% MB cases

$$\text{Proportion of MB cases among new cases} = \frac{\text{No. of MB cases detected in a year}}{\text{Total New cases detected in a year}}$$

Quantitative indicators

▶ % of Child cases

Proportion of Child among new cases	=	No. of Child cases detected in a year
		Total New cases detected in a year

▶ % G1D cases

Proportion of G1D cases among new cases	=	No. of G1D cases detected in a year
		Total New cases detected in a year

▶ % G2D cases

Proportion of G2D cases among new cases	=	No. of G2D cases detected in a year
		Total New cases detected in a year

▶ G2D Per Mil Pop

G2D Per Million Population	=	No. of female cases detected in a year
		Total New cases detected in a year

Quality service indicators

Defaulter Rate

$$\text{Defaulter rate (PB)} = \frac{\text{No. of PB cases defaulted (continuous absence for >3 months)}}{\text{Total New cases detected in a year}}$$

$$\text{Defaulter rate (MB)} = \frac{\text{No. of MB cases defaulted (continuous absence for >6 months)}}{\text{Total New cases detected in a year}}$$

New Disabilities among under treatment cases

$$\text{New disability among the under treatment cases} = \frac{\text{No. of cases who developed new disability during treatment}}{\text{No. of cases put under MDT in a year (cohort)}}$$

Treatment completion rate

$$\text{Treatment Completion rate (PB)} = \frac{\text{No. of PB cases completed MDT in 9 months}}{\text{No. of new PB cases started MDT in cohort}}$$

$$\text{Treatment Completion rate (MB)} = \frac{\text{No. of MB cases completed MDT in 18 months}}{\text{No. of new MB cases started MDT in cohort}}$$

Proportion of correctly diagnosed new cases

$$\text{Proportion of correctly diagnosed new cases} = \frac{\text{No. of correctly diagnosed leprosy cases}}{\text{No. of new cases validated}}$$

Other Indicators

- **Burden among SC/ST**
- **% Contact exam.**
- **G2D among children**
- **G1D : G2D**
- **% (Relapse, Reclassified, Referred, Re-entered)**
- **% T/t Completion (RFT) among New & Other cases**
- **Adequate MDT Stock**

- **Case detection thr ASHA**
- **Referral thr ASHA**
- **T/t completion thr ASHA**
- **% referral of fit cases for RCS**
- **% RCS among referred**
- **G2D**
  - **% investigated**
  - **Reasons for delay**
  - **Sources of knowledge**

Training and capacity building

Assess competencies
- While supervision
- SWOT analysis

Preparing the training plan
- No. & type of personnel
- Whether new /refresher
- Duration of training
- Alternate duty arrangements

Organize / coordinate trainings
- Identify the training centre
- Faculties for training
- Other resources
- Assessment of effectiveness of training (short/long term)

Drugs inventory & logistics management

Drugs inventory management

- Arrangement of MDT
- Indenting mechanisms
- Stocking & distribution
- FEFO
- Management of supplies & internal adjustments

Logistics management

- Aids & appliances
- Patient utility & customization
- Enlist possible suppliers
- Documentation
- Budget & expenditure management

PIP & SOE

G.1 Case detection and Management
  G 1.2 Service in Urban Areas
  G 1.3 ASHA Involvement
  G 1.4 Materials & Supplies
  G 1.5 Services through NGO
G 2 DPMR
G 3 IEC/BCC
G 4 HR & Capacity building
  G 4.1 Capacity building
  G 4.2 Human Resource on contract
  G 4.2.1 Contractual staff at State level
  G 4.2.2 Dist Leprosy Societies (Contract)
  G 4.2.3 Special Provisions
  G 4.2.4 High endemic Blocks
G 5 Programme Management
  G 5.1 Travel Cost
  G 5.2. Review meetings
  G 5.3 Office operation and maintenance
  G 5.4 Consumables
  G 5.5 Mobility support
  G 5.6: Others
G6 Annual Increment (Contract staff)
G7 EPF (Employee's contribution)

Appropriate mgt of funds-NLEP

- Meticulous preparation
- Timely submission
- Follow up
- Compliance
- Monthly assessment of balance sheet
- Feedback of previous year

Advocacy: Govt. & Private sector

- **Programatic**
- **Regular appraisal to the stakeholders**
  - Dist. Collector/CEO
  - Tahsildar/SDO
  - DDG/ADG/CLD/ GoI institutes
  - DHS/SLO
  - Inter-sectoral involvement
  - Dean/Supdt.: Medical College
  - ILEP
  - Doctor's associations
  - Individual medical practitioner

- **In general**
- Under treatment patients
- Community awareness programme
- Cured/ Deformed/ empowered persons
- Industrial settlements
- Schools and residential hostels
- Temporary settlements (Circus, Fairs, Religious congregations etc.)
- Institutional residential areas (Residential quarters, Prisons, Old age homes, orphanages etc)

Expected actions: Home work

Preparing & maintaining master file	Prepare & Send the format
NLEP : Routine monitoring format	Prepare & send the M&E Report
NLEP : H-t-H activity monitoring format	Prepare & send monitoring plan & report
Programme Performance: Quantitative, Qualitative Indicators	Calculate & send performance indicators
Programme Performance: Other Indicators	Calculate & send performance indicators
Programme Management: Specific issues	Effective management of NLEP
Home work	Feedback

Contact

Dr. Vijay Bhagat MD PhD

Deputy Director & Head, Division of Epid. & Stat.,

Central Leprosy Teaching & Research Institute, Chengalpattu.

Ministry of Health & FW, Govt. of India

Phone: (O)044 27426065, 9444549698

Email: vijaydr100@gmail.com, vijay.bhagat77@gov.in

Web.: www.cltri.gov.in

....thank you