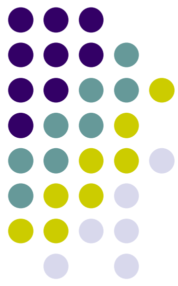
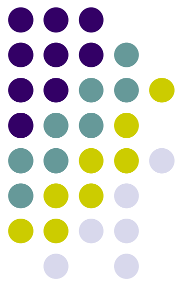


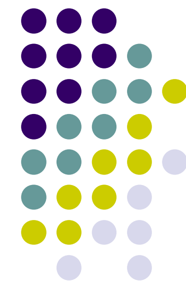
Monitoring

Learning Objectives



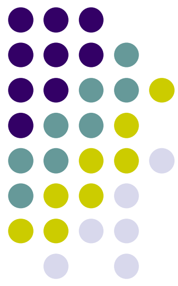
- ☞ Describe monitoring and its process
- ☞ Describe different records to be maintained and reports to be generated.
- ☞ Enumerate, calculate & interpret indicators for monitoring the progress of the programme
- ☞ Describe analysis of reports and sending of feedback.

Topics to be covered



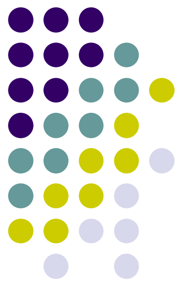
- ☞ Introduction
- ☞ Monitoring the Planned Activities
- ☞ Monitoring the Programme
  - ☛ Records to be maintained & Reports to be generated
  - ☛ Epidemiological Indicators for monitoring the programme
  - ☛ Monitoring of Stock and Store
  - ☛ Meetings and feedback

Monitoring



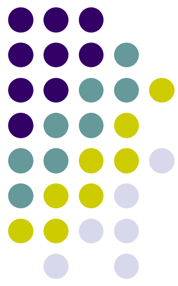
- ☞ Continuous process by which one keeps the track of all the activities being undertaken in the programme.
- ☞ To know whether the activities being carried out are proceeding according to the plan and requisite results are being achieved
- ☞ Immediate corrective action in case of any deficiencies / deviation in the process or result (out put)

At PHC: Two aspects of monitoring
Monitoring of Planned activity



Medical Officer should

- Monitor the implementation of approved Project Implementation Plan (PIP) under NRHM
- Ensure that the activities are carried out within time frame following operational guidelines.
- Ensure utilization of activity wise earmarked budget, which can be verified from component wise SOE.



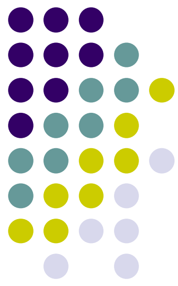
Cont……..

- Share the responsibilities of conduction of activities with his other supporting staff like BPO, BEE, PMW, HS etc.

- Activities carried out should aim to improve quality of services

- Monitored by field visits and feedbacks.

- Ensure implementation of activities in a integrated manner under other initiatives of NRHM.



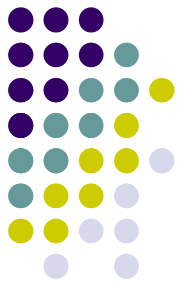
Monitoring the Programme

Monitor continuously

- Whether programme objective/outcomes are being achieved
- Reports being complied and submitted
- Progress made in the field in terms of reduction in disease burden, high treatment completion, reduction in transmission of disease and
- Improvement in quality of service delivery to people affected with leprosy.

Programme is monitored, by closely following the variation in the selected indicators, which are used to measure the progress made.

Epidemiological Indicators for monitoring the programme



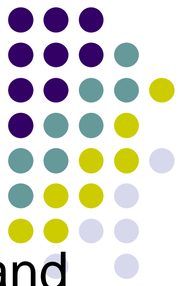
I. Main Indicators

☞ **Annual New Case Detection Rate (ANCDR)**

ANCDR is main indicator for NLEP monitoring which is to be calculated as below –

ANCDR = No. of new cases detected during the year × 100,000
Population as on 31st March

The indicator is assessed on 31st March every year. However Quarterly ANCDR in June, September and December each year is also worked out. To have useful information from this indicator, the definition of new case should be strictly followed, which is "A case with signs of leprosy, who has never being treated before".



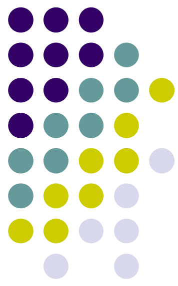
☞ Treatment Completion Rate (TCR)

Under NLEP, TCR is to be calculated for PB/MB, Male/Female and Urban/Rural areas separately, every year in the months of May-June. Calculation of TCR is done as below:

PB TCR = Number of new PB cases who completed MDT in 9 months×100 / Number of new PB cases who started MDT in cohort of one year back.

MB TCR = Number of New MB cases who completed MDT in 18 months×100 / Number of new MB cases who started MDT in a cohort of two years back.

When the treatment completion rate is low, the medical officer should monitor and assess the factors responsible for this low completion of treatment.

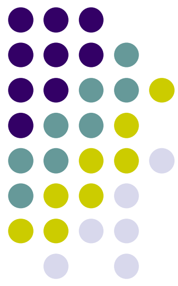


- ☞ **Prevalence Rate (PR)**

The prevalence rate is to be calculated as a point prevalence as on 31st March, every year and not on monthly basis as below:

PR = No. of balance new cases under treatment as on 31st. March × 10,000 / Population as on 31st March

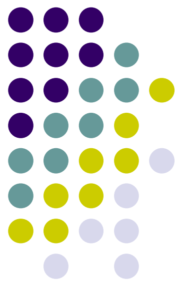
The Prevalence Rate is not a good indicator for use, where the elimination of leprosy has been achieved as a public health problem



- **Proportion of Grade 1 & 2 disability**
  - **Proportion of Grade 1 disability = No. of Grade 1 disabled cases detected in a year × 100 / Total New cases detected in a year**

    The proportion of Gr-1 disability cases will help programme to develop plan to prevent further worsening of disability in the affected persons, need of MCR foot wears and need for self care practices and supply of self care kit to patient.
  - **Proportion of Grade 2 disability = No. of Grade 2 disabled cases detected in a year × 100 / Total New cases detected in a year**

    The proportion of grade 2 disability amongst new cases detected in a year, gives a rough indication of how early the leprosy cases are coming forward for diagnosis.

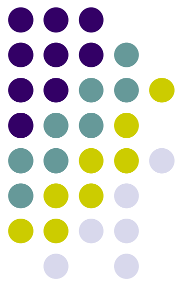


- **Proportion of female cases**

  The indicator is calculated as below:-

  Proportion of female cases = No. of female cases detected in a year × 100 / Total New cases detected in a year

  Indicates whether the women have adequate access to diagnostic services. The ratio of 2 males to every 1 female is commonly seen. Very low proportion of female cases needs some action to improve access

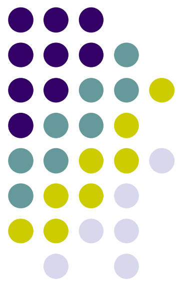


- **Proportion of MB cases**

  The indicator is calculated as:-

  Proportion of MB cases = No. of MB cases detected in a year × 100 / Total New cases detected in a year

  Means that the detection is late, quantum of infection in the community is high. It is a useful guide to know that the risk of complications is also high



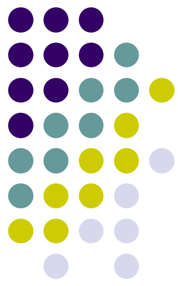
- **Proportion of child cases**

  The indicator is calculated as:

  Proportion of child cases = No. of child cases detected in a year × 100 / Total New cases detected in a year

  High proportion of children among new cases indicates high transmission. The proportion of child cases (under 15 years of age) among new cases when monitored over several years may show a trend. If the transmission of leprosy is being reduced in an area, it is expected that the proportion of children affected will also decrease.

Quality of services Indicators

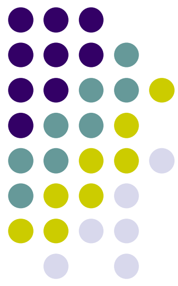


- **Defaulters Rate**

The indicator is to be calculated as below:-

Defaulters Rate = Number of cases defaulted (continuous absence for >3 months in PB and >6 months in MB) from taking treatment × 100 / Total Number of new cases started treatment as a cohort.

The purpose of calculating the proportion of defaulter is to assess the case holding at the centre i.e. whether the workers and the staff is sensitive to ensure that none of the cases under treatment default (remain absent for >3 or >6 months as the case may be).

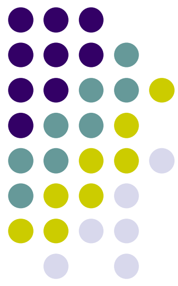


- **Proportion of new cases correctly diagnosed (*for discussion*)**

  The indicator should be calculated as below:-

- **Proportion of new cases correctly diagnosed = No. of correctly diagnosed × 100/ No. of new cases validated**

  Wherever problem is identified after validation, additional training and supervision are needed.

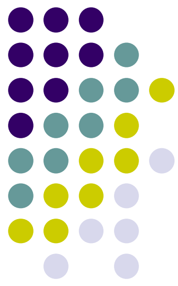


- **New disabilities rate among cases under treatment**

  This indicator should be calculated as below.

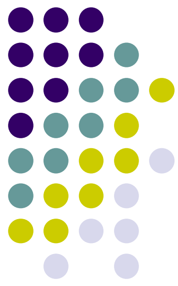
  New disability rate = No. of cases who developed new disability during treatment x 100/ No. of cases put under MDT in a year (cohort).

  This indicator is a measure, how well new nerve damage is detected and treated by the programme



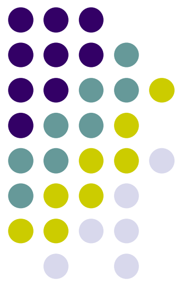
You must try to interpret these indicators in relation to the other indicators to get an indication of cause of the problem that can be investigated further to take a corrective action.

How monitoring should be done



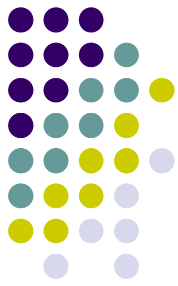
- Following the Gantt chart (PIP approved)
- Checking the records whether they are maintained and updated regularly
- No discrepancy between records and reports,
- Checking the reports are correctly generated, complete in all respects and timely submitted, analysed and interpreted
- Calculating, Analysing and Interpretation of indicators,
- Paying field visit and observing the activities,
- Checking drug stocks, adequacy quality, expiry dates,
- Conducting meetings,
- Feedback and corrective measures

Records and reports under NLEP

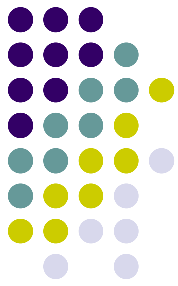


☞ Patient card	LF – 01
☞ PHC treatment record	LF – 02
☞ Leprosy drug stock record	LF – 03
☞ NLEP monthly reporting form	MLF – 04
☞ Disability Register	Form - P.I
☞ Assessment of Disability and Nerve Function	Form - P.II

Records and reports under NLEP

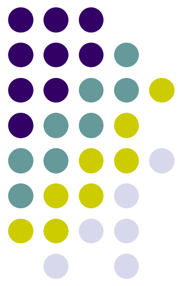


☞	Record of Lepra Reaction/ Neuritis (LRN) cases	Form - P.III
☞	Prednisolone Card	Form - P.IV
☞	Referral Register	Form - P.V
☞	Referral Slip for health workers to refer to PHC	Form - P.VI
☞	Referral Slip for MO PHC	Form - P.VII
☞	Profile of disabled leprosy cases at PHC.	Form - P.VIII



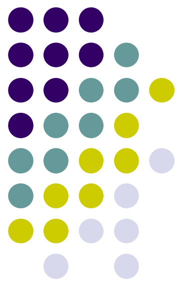
Collection of data/ information

- ☞ Checking the reports and records
- ☞ Interaction with staff
- ☞ Interaction with Supervisors
- ☞ Interaction with Community members/leaders
- ☞ Interaction with Client/beneficiary



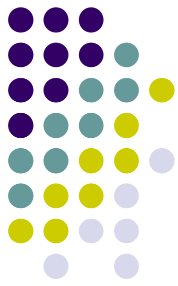
Analysis of the data

- ☞ Compare the information with the previous information
- ☞ Correlate different information to know the progress
- ☞ Identify any deviation from the normal
- ☞ Find the cause for deviation



Monitoring of Drug Stock

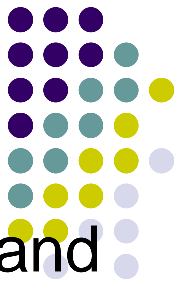
- Regular availability of MDT
- Buffer stock for one / two month
- PHC with no PAL for any of the category (PB/MB for Child/adult) for 6 months, need not keep any stock for that particular category
- Indent based on registered PAL including “other cases” and sent timely
- Provision for A- MDT made especiaaly for difficult terrains
- Reports are being sent timely & are complete



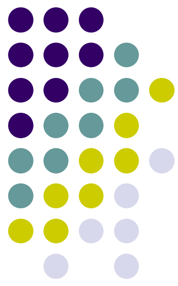
Monitoring of drug stock

- ☞ Drugs are stored in dry and dark place
- ☞ Drugs do not expire in the drug store
- ☞ FEFO (First Expiry First Out).
- ☞ Drugs with shorter expiry are kept on top/ in the beginning
- ☞ Redistribution of drug with short expiry
- ☞ Expired drug not kept in the store
- ☞ Return the expired drug to the district office for its safe disposal.

Meetings & Feedback



- Regular staff meeting should be held at sector PHC and Block PHC to discuss the progress made in implementation of planned activities, bottlenecks encountered, discuss possible solutions, seek guidance from Districts / State.
- Depending on the discussion in the meeting modifications should be made in the planning schedule.
- During meeting feedbacks should be given to the staff in relation their functioning.
- Feedback should not be critical but in discussion mode and staff should be encouraged to perform better.
- Progress in achievement of programme objectives can also be discussed with appropriate measures to be taken to improve the outcomes.



Thanks !!!