

Glossary of Common Terms

Prevalence rate: Number of reported cases of leprosy per 10,000 populations at a given point of time

Leprosy case: A leprosy case is person who has a skin patch with definite loss of sensation and/or involvement of one/more nerve and who has not completed a full course of treatment with Multi Drug Therapy.

Multi-bacillary Case: A patient with 6 or more skin lesions, with definite loss of sensation and/or 2 or more nerve involvement

Pauci-bacillary Case: A patient with up to 5 skin lesions, with definite loss of sensation and/or 1 nerve involvement

MDT Blister Pack for MB

Contain Rifampicin, Dapsone and Clofazimine

MDT Blister Pack for PB

Contain Rifampicin and Dapsone

Unacceptable blister Pack

MDT pack which is torn, discolored, damaged or expired.

Abbreviations

CHC	Community Health Center
CMO	Chief Medical Officer
DLO	District Leprosy Officer
DNL	District Leprosy Nuclus
DH	District Hospital
GHS	General Health service
GOI	Government of India
GHS	General Health Services
GOI	Government of India
HF	Health facility
HA	Health assistant
IEC	Information, Education and Communication
MPW	Multipurpose worker
MB	Multi Bacillary
MBA	Multi Bacillary (Adult)
MBC	Multi Bacillary (Child)
MDT	Multi Drug Therapy
MO	Medical Officer
PIP	Programme Implementation Plan
PT	Physiotherapist
PHC	Primary Health Center
PBA	Pauci bacillary (Adult)
PBC	Pauci bacillary (Child)
PR	Prevalence Rate
SIS	Simplified Information System
SC	Sub center
UH	Urban Hospital
UHC	Urban Health Centre
VS	Vertical staff

Executive summary

Operational research on function of GHS staff was planned on directive of Central Leprosy Division of Directorate General of Health service. RLTRI Raipur worked as nodal agency for status for the study in collaboration with RLTRI Aska.

At the outset, 9 States were identified for the survey by the Central Leprosy Division, keeping into consideration operational feasibility and leprosy endemicity. Each of the research s involved in the study surveyed one state, 2 districts- 2 District Hospital, 2 Block PHC/CHC, 2 Urban Hospital/Urban Health Center/Dispensary, 4 PHC and 12 Sub-centers. Overall 9 researchers have collected information/data from 9 States, 18 districts-18 district hospital, 18 Block PHCs/CHCs, 18 Urban Hospital/Urban Health Center/Dispensary, 36 PHCs and 108 sub-centers and 149 clients were interviewed for the satisfaction of the quality of the services. Information was collected on specially designed format about the status of training level of General Health Care Services staff in Leprosy and Vertical staff in General Health Care delivery, extent of Health Facilities providing MDT as per guidelines., management of MDT stock, Simplified Information System ,involvement of Sub-Centers and client satisfaction.

Prevalence Rate

- Prevalence Rate of the Surveyed District ranged from 0.14 /10,000 in *Dausa* district of *Rajasthan* to 3.9/10000 in *Bargarh* district of Orissa state.

District Nucleus as per PIP

- Of the surveyed districts only 22.2% had district nucleus as per PIP guideline. In *Madhya Pradesh* all the surveyed districts had District nucleus as per PIP Guidelines in while 50.0% in *Kerala* and *Rajasthan*

Training of the Medical officers, Health Supervisors and Field worker and Others

- Overall training status of Medical Officer in 9 states was found 36.6% in leprosy. However, 60.0% of field workers and more than 50% Health Supervisors were trained in Leprosy Work. 80% of the media staff and 10.7% of other staff were trained in leprosy.

Integration of Vertical staff to General Health Services

- The vertical staff was extensively trained for 6 months in General Health Care services in 51.2 % health facilities.
- Overall 90% of the vertical staff was posted on regular basis in Kerala followed by Andhra Pradesh (75%). Only 10.0% of the vertical staff was posted on regular basis in Rajasthan. In remaining state, the Vertical staff was posted on regular basis ranges from 30-70%.

Leprosy case diagnosis by Medical officers in the surveyed Health facility

- The diagnosis of leprosy was done by 68.1% of the medical officers in the Health facilities, where as diagnosis was done by specific medical officer's in 15.0% of the Health Facilities.
- The medical officers of 15.9% of the health Facilities do not diagnose Leprosy.

MDT services

- In 81.8% of the health facilities, MDT was distributed on all working days, 13.6% of health facilities MDT were distributed on fixed days whereas in remaining 4.6%, they had their separate arrangement.
- Only in 56.0% of the health facilities, MDT blister packs were disbursed with other medicines whereas in 27.0% of the health facilities, this were disbursed separately, in remaining 17.0% of Health facilities, MDT blister packs were not available.

- As per the guidelines, MDT stock management was not found in the surveyed health facilities. 14.7% of Health facilities had adequate MDT stocks of MB Adult and 5.6% have adequate stock of MB child blister packs. Only 9.0% of the health facilities had adequate stock of PB Adult blister packs and only 3.4% of Health facilities have adequate stock of PB child.

SIS Guidelines

- On the average, 90.9% of the health facilities visited by Researchers had SIS guidelines. In the state of Andhra Pradesh, Karnataka Tamilnadu, Orissa and West Bengal the availability of SIS guidelines ranges from 60-100%.
- Overall in 47.7% of the Health facilities, MDT stock registers were maintained.

Counseling Guidelines:

- 42.0% of the health facilities visited had counseling guidelines.

Involvement of Subcenters in the Leprosy elimination

- Overall 60.0% of the sub-centers were involved in leprosy patient care. 34.3% suspected cases were referred to the higher centers. Only 33.3% of the subcenters maintaining the patient cards.

Client satisfaction

- Overall 97.9% clients were satisfied with the behavior of health staff. 95.3% staff was available for dispensing the MDT at the time of visit of patients to the health facilities. Almost 83.8% clients were getting MDT near to their home.
- Almost in all surveyed states, all the clients were satisfied with the behavior of health staff.
- In states of West Bengal, Chhattisgarh and Karnataka MDT were available to the clients near to their home. Only in Rajasthan state the client responded that they were getting MDT from Medical College only.

Recommendations

Based on survey findings following recommendation have been formulated.

- There is a need to fulfill the staff of District Nucleus as per PIP guidelines in all state except Madhya Pradesh.
- There is a need of reorientation of Medical officers more so in states which are heading towards elimination. There is also need for training of field workers and Health Supervisors. The Medical officers seem to be less confident in diagnosing cases of leprosy in certain state.
- Improve the MDT stock management at health facility based on case load under treatment for all categories. Maintain buffer stocks for drugs and re-deploy excess of MDT to other health facility, based on the patient-months indicator and destroy expired MDT drugs.
- Use the principle of FIFO (First In – First Out) in drug management. First use the blister packs with the shortest expiry date. Keep updated MDT drug register at the health facility and district levels.
- All the Health facility should regularly monitor the programme through essential SIS indicators and provides constructive feedback for improvement.
- The services provided in regards to the leprosy patients through subcenters should be strengthen. Health workers should play a more active role in not only spreading correct knowledge related to leprosy but also bringing out positive change in attitude and behaviour of community members.

Introduction

The NLEP was conceived of as a Control Program and launched in 1954-55. In 1983, the program was changed to NLEP. From the beginning the program was run through a vertical set up of specially trained staff for leprosy. However, with declining P.R. integration of Leprosy services into General Health Care Services has been undertaken in India also as a part of global strategy.

In India Integration of the leprosy services into General Health Care Services has been undertaken with the assistance of World Bank. In the initial phase low and moderately endemic states were targeted which completed in the year 2002.

During the second phase all remaining states were also targeted. The phase ended in December 2004. Hence all the States and U.T.'s are expected to have achieved integration by this time.

Leprosy Division of the Directorate General of Health Services, New Delhi has earlier undertaken an Operational Research to assess the level of integration of Leprosy services into General Health Care System in 24 Low moderately Endemic States in the year 2004.

The Central Leprosy Division has given the responsibility to Regional Leprosy Training and Research Institute, Raipur to plan a repeat study following similar methodology covering all the States and U.T.'s of India (Both low and high endemic states).

AIM/GENERAL OBJECTIVE

The study is planned with the aim to assess the current status of Structural and Functional Integration of NLEP activities into General Health Care System in all the States and U.T.'s of India.

OBJECTIVES

To assess:

- Extent of structural integration.
- Training level of General Health Care Services staff in Leprosy and Vertical staff in General Health Care delivery.
- Extent of Health Facilities providing MDT as per guidelines.
- Management of MDT stock.
- Implementation of Simplified Information System.
- Involvement of Sub-Centers in Leprosy Control.
- Level of client satisfaction

Methodology

I) Study area-

This study was carried out covering all the States and Union Territories of India where integration is supposed to be completed and was carried out during the period from 2-19 December 2006.

Selection Procedure

Selection of survey units were done in following stages-

STAGE-1

At the outset, 9 States were identified for the survey by the Central Leprosy Division, keeping into consideration operational feasibility and leprosy endemicity.

- i) Kerala
- ii) Rajasthan
- iii) Madhya Pradesh
- iv) Tamilnadu
- v) West-Bengal
- vi) Chhattisgarh
- vii) Andhra Pradesh
- viii) Karnataka
- ix) Orissa

STAGE-2

Nodal agency i.e. RLTRI, Raipur selected 2 districts from each state randomly for survey.

Sr. No.	Name of the State	Name of the Districts
1	Kerala	Thiruvananthapuram Kollam
2	Rajasthan	Dausa Jaipur
3	Madhya Pradesh	Sehore Hoshangabad
4	Tamilnadu	Kanchipuram Vellore
5	West-Bengal	Jalpaiguri Darjeeling
6	Chhattisgarh	Mahasamund Rajnandgaon
7	Andhra Pradesh	Ranga Reddy Mahboob Nagar
8	Karnataka	Kolar Mysore
9	Orissa	Sambalpur Bargarh

STAGE-3

In each identified district, following 5 health facilities were again identified randomly by Nodal agency-

- 1 District Hospital,
- 1 Block PHC/CHC,
- 1 Urban Hospital/Urban Health Center/Dispensary and
- 2 PHC's

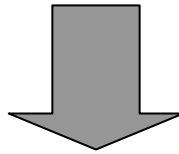
STAGE-4

From each of the selected PHC and CHC, 2 sub-centers were selected randomly. Thus, each researcher has surveyed One State, 2 districts-2 District Hospital, 2 Block PHC/CHC, 2 Urban Hospital/Urban Health Center/Dispensary, 4 PHC and 12 Sub-centers. Overall 9 researchers have collected information/data from 9 States, 18 districts-18 district hospital, 18 Block PHCs/CHCs, 18 Urban Hospital/Urban Health Center/Dispensary, 36 PHCs and 108 sub-centers.

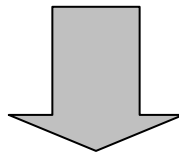
Information obtained from each level was recorded on formats specially prepared for the study.

MULTISTAGIC SAMPLING FLOW CHART

Selection of State
Survey by the Central Leprosy Division, keeping into consideration operational feasibility and leprosy



Selection of District
2 Districts from each state
Randomly for survey.



Selection of Health Facilities
5 health facilities were again identified randomly by Nodal agency-2 District Hospital, 2 Block PHC/CHC, 2 Urban

II) Data collection formats: -

Separately specially designed format were used for data collection at different levels as follows: -

Used Formats	Levels	Office/persons
Format-1	State levels	State HQ from the existing records
Format-2	District level	Chief Medical Officer/District Leprosy Officer office
Format-3	District Hospital, Block PHC or CHC, PHC and UHC or Urban Hospital schedule	Medical officer of Health facility and verification by the interviewer
Format-4	Sub-Center (SC)	Existing records and observing actual stock position
Format-5	Sub-Center/any suitable point in the community.	Cases (Client)

III) Data compilation format

Data compilation was done on specially designed compilation sheets for each level of information. The following compilation sheets were used.

1. **DCF-1**

For compilation of data recorded in Format-3.

2. **DCF-II**

To transfer the data from Format-2.

3. **DCF-III**

To compile the data recorded in the Format-4 and 5 i.e. Sub-Center level information and Client satisfaction information.

4. **DCF-IV**

Final compilation sheet. All data recorded by the individual team on format 2-4 was transferred on this sheet.

Data Interpretation sheets: -

Data interpretation sheets on DCF-V was done by the nodal agency i.e. RLTRI, Raipur. 11 sheets was used one for each indicator.

iv) Reporting format: -

All the indicators calculated on interpretation sheets were compiled on reporting format

Data Collection and Compilation

Data were collected by officers of RLTRI, Raipur and Aska on specifically designed format at different level. The data was entered in Microsoft Excel and Compilation .The analysis of the data has been done at RLTRI, Raipur and indicators were calculated.

V) INDICATORS USED FOR THE STUDY

Following indicators were used-

- Proportion of districts where district nucleus is formed as per PIP Guidelines
- Proportion of Health facilities where vertical staff is posted on regular basis
- Proportion of General Health care staff trained in Leprosy
 - Medical officers
 - Health Supervisors (Male)
 - Health Supervisors (Female)
 - Multipurpose Worker (Male)
 - Multipurpose Worker (Female)
 - Media Staff
 - Other Staff
- Proportion of vertical staff (Leprosy staff) trained in General Health Care delivery
- Proportion of Health facilities where diagnosis is available
 - Done by all Medical Officer
 - Done by specific Medical Officer
 - Done by None
- Proportion of Health facilities providing treatment of leprosy
 - On daily basis
 - On fixed days
 - Having other arrangements
- Proportion of Health facilities dispensing MDT
 - With other Medicines
 - Separately
 - Not dispensing

- Proportion of Health facilities having adequate MDT stocks as per current guidelines
 - MB (Adult)
 - MB (Child)
 - PB (Adult)
 - PB (Child)
- Proportion of Health facilities having reporting/maintaining formats (LF-2 to LF-4) as per Simplified Information System (SIS) guidelines
- Proportion of Health facilities having current counseling guidelines
- Proportion of Health facilities where General Health Care staff are maintaining records (Leprosy)
 - Treatment Register (LF-2)
 - MDT stock register (LF-3)
 - Monthly Reporting Format (LF-4)
- Proportion of Health sub-centers involved in Leprosy care
 - No. of sub-centers having cases
 - Proportion referring suspects to PHC's
 - Proportion maintaining patient card
 - Proportion providing subsequent doses
- Proportion of clients satisfied with MDT services (Client's Interviewed=149)
 - Getting free MDT supply
 - Having staff available
 - Satisfied with the staff behaviour
- Proportion of clients getting MDT near to their home (Sub-Center/Health Facilities)

Survey was undertaken in 9 States (18 randomly selected districts).

Following information was collected from office of the Chief Medical and Health Officer.

Sl. No.	Name of the State	Name of the districts	Population of surveyed districts (01.04.2006)	PR of Surveyed districts (01.04.2006)
1.	Andhra Pradesh	Mahabubnagar	3513934	0.58
		Rangareddy	3716606	0.20
2.	Chhattisgarh	Mahasamund	933981	3.26
		Rajnandgaon	1391792	1.35
3.	Karnataka	Kolar	2730498	0.68
		Mysore	2840333	0.34
4.	Kerala	Thiruvananthapuram	3356580	0.70
		Kollum	2703000	0.26
5.	Madhya Pradesh	Sehore	1201595	0.51
		Hoshangabad	1208547	0.65
6.	Orissa	Sambalpur	986803	1.60
		Bargarh	1448239	3.64
7.	Rajasthan	Dausa	1414500	0.14
		Jaipur	5489100	0.50
8.	Tamilnadu	Kanchipuram	3025370	0.47
		Vellore	3671554	0.41
9.	West Bengal	Darjeeling	1741974	0.95
		Jalpaigudi	3691571	1.32
Total			45065977	

As shown in the above table, the total population of all surveyed districts was 4,50,65,977 this included low population district like Mahasamund (933981) in Chhattisgarh and high population district of Jaipur (5489100) in Rajasthan. The Prevalence rate of the districts ranged from 0.14 /10,000 in *Dausa* district of *Rajasthan* to 3.64 in Bargarh district of Orissa. All the surveyed districts had district leprosy nucleus in existence with varying staff pattern. However, only 4 had staffing pattern as per PIP (guidelines of Government of India).

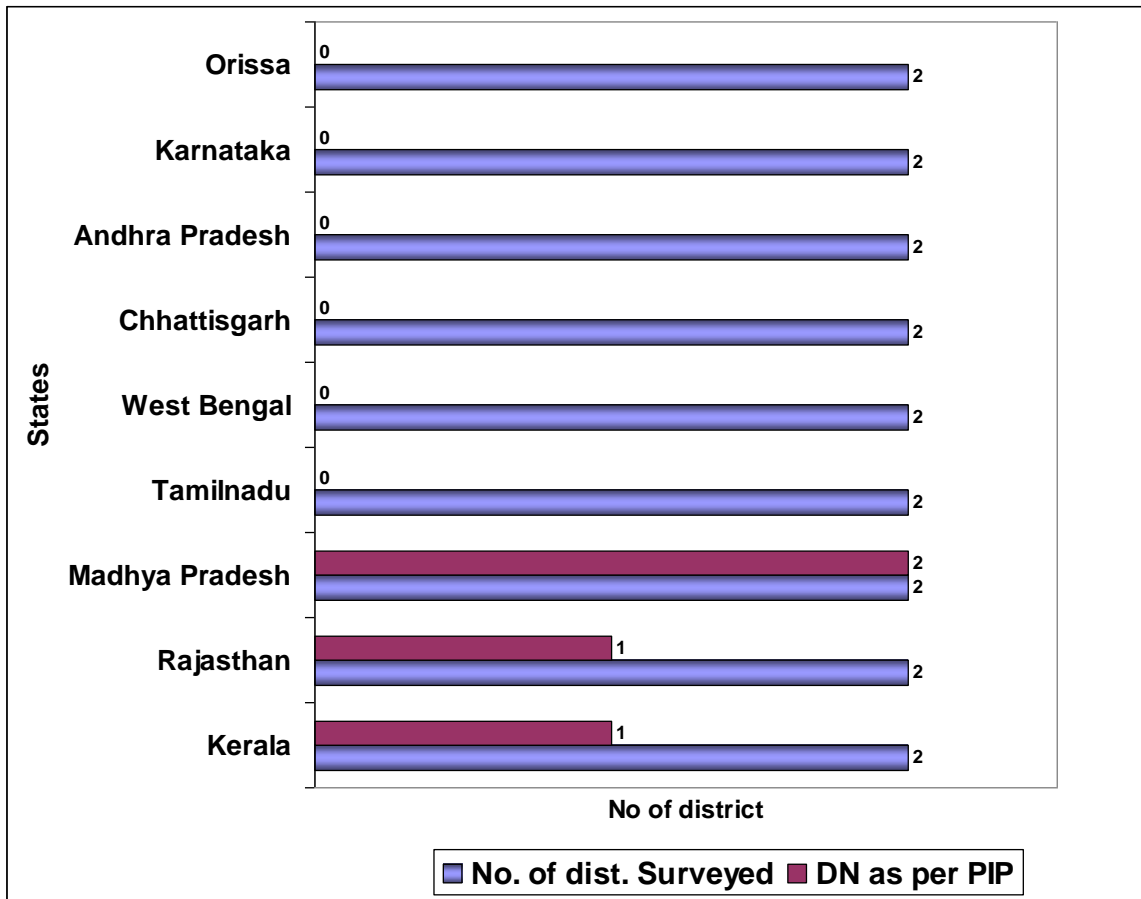
Table I. showing the proportion of the districts in the surveyed states where district nucleus was formed as per PIP guidelines

Sr No	State (N=2)	DN as per PIP	Percentage
1	Kerala	1	50
2	Rajasthan	1	50
3	Madhya Pradesh	2	100
4	Tamilnadu	0	0
5	West Bengal	0	0
6	Chhattisgarh	0	0
7	Andhra Pradesh	0	0
8	Karnataka	0	0
9	Orissa	0	0
Total		4	22

{0= Not as per Guidelines, 1= As per PIP Guidelines)

22.0% of the surveyed district had district nucleus as per PIP guidelines. In Madhya Pradesh all surveyed district had District nucleus, while only one district in Rajasthan and Kerala had district nucleus as per guidelines. The remaining surveyed state do not have district nucleus as per PIP Guidelines.

Graph I .Showing the proportion of districts where district nucleus is formed as per PIP guidelines



Training status of GHS staff in leprosy

Table II: Training status of GHS staff in leprosy

SR No	State	Medical Officer	HS(M)	HS(F)	MPW(M)	MPW(F)	Media staff	Other
1	Kerala	50 (24.5)	7 (87.5)	4 (66.7)	28 (65.1)	39 (66.1)	1 (100)	15 (3.8)
2	Rajasthan	14 (19.7)	2 (100)	4 (80)	5 (62.5)	4 (28.6)	0 (0)	1 (4.2)
3	Madhya Pradesh	25 (26.3)	1 (4.5)	1 (6.3)	5 (8.5)	18 (19.4)	0 (0)	11 (13.6)
4	Tamilnadu	26 (44.8)	10 (100)	15 (100)	17 (94.4)	78 (92.9)	8 (100)	14 (35.9)
5	West Bengal	59 (29.9)	8 (47.1)	7 (63.6)	10 (71.4)	111 (89.5)	0 (0)	5 (7.)
6	Chhattisgarh	52 (98.1)	1 (100)	9 (90)	9 (90)	19 (95)	2 (100)	6 (4.1)
7	Andhra Pradesh	4 (6.9)	2 (25)	1 (25)	4 (36.4)	11 (19.6)	0 (0.0)	2 (4.9)
8	Karnataka	41 (60.3)	8 (88.9)	13 (92.9)	15 (100)	79 (100)	1 (100)	22 (78.6)
9	Orissa	49 (70)	3 (60)	8 (88.9)	23 (92.0)	58 (95.1)	0 (0.0)	16 (47.1)
Total		320 (36.6)	42 (51.2)	62 (68.9)	116 (57.1)	417 (70.7)	12 (80)	92 (10.7)

*(Figure in parenthesis indicates the Percentage)

Training of Medical officers:

- A total of 63.6% of medical officers were trained in leprosy in the Surveyed states, however, there was wide interstate variation. Highest proportion of medical officers was trained in *Chhattisgarh* (98.1%). while *Andhra Pradesh* had only 6.9% Medical officers trained.
- In remaining state training level ranged from 19.7% to 70%.

Training of Health Supervisor

Health supervisor (male)

- Overall training status was 51.2%
- All Health Supervisors in states like *Rajasthan, Tamilnadu and Chhattisgarh* were trained while more than 50.0% Health Supervisors (Male) were trained in Kerala, Karnataka and Orissa in leprosy
- In Madhya Pradesh, West Bengal and Andhra Pradesh less than 50.0% HS (M) were trained.

Health supervisor (Female)

- In Tamilnadu state all (100%) HS (F) were trained.
- In 4 states including Rajasthan, Chhattisgarh, Karnataka and Orissa, more than 80.0% of HS (F) was trained while low level of training was noted in state of *Andhra Pradesh and Madhya Pradesh*.

Training of Multipurpose workers

- More than 60.0% of MPW (Male and Female) were trained in 6 states of Kerala, Tamilnadu, West Bengal, Chhattisgarh, Karnataka and Orissa.
- Madhya Pradesh had low level of training of MPW Male (8.4%) and MPW female (19.4%).

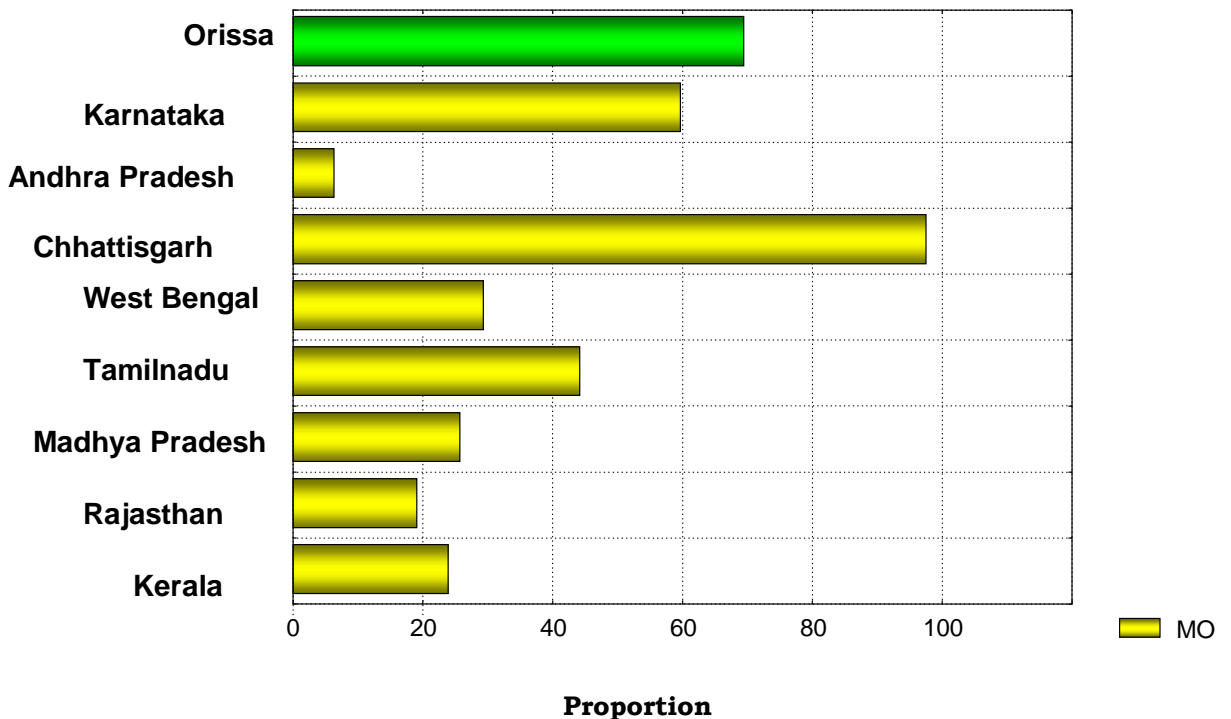
Training of media staff given at least one day IEC training

- In Kerala, Tamilnadu, Chhattisgarh and Karnataka all the media staff were trained.
- In Rajasthan, Madhya Pradesh, West Bengal, Andhra Pradesh and Orissa, none of media staff were trained in any of surveyed HF.

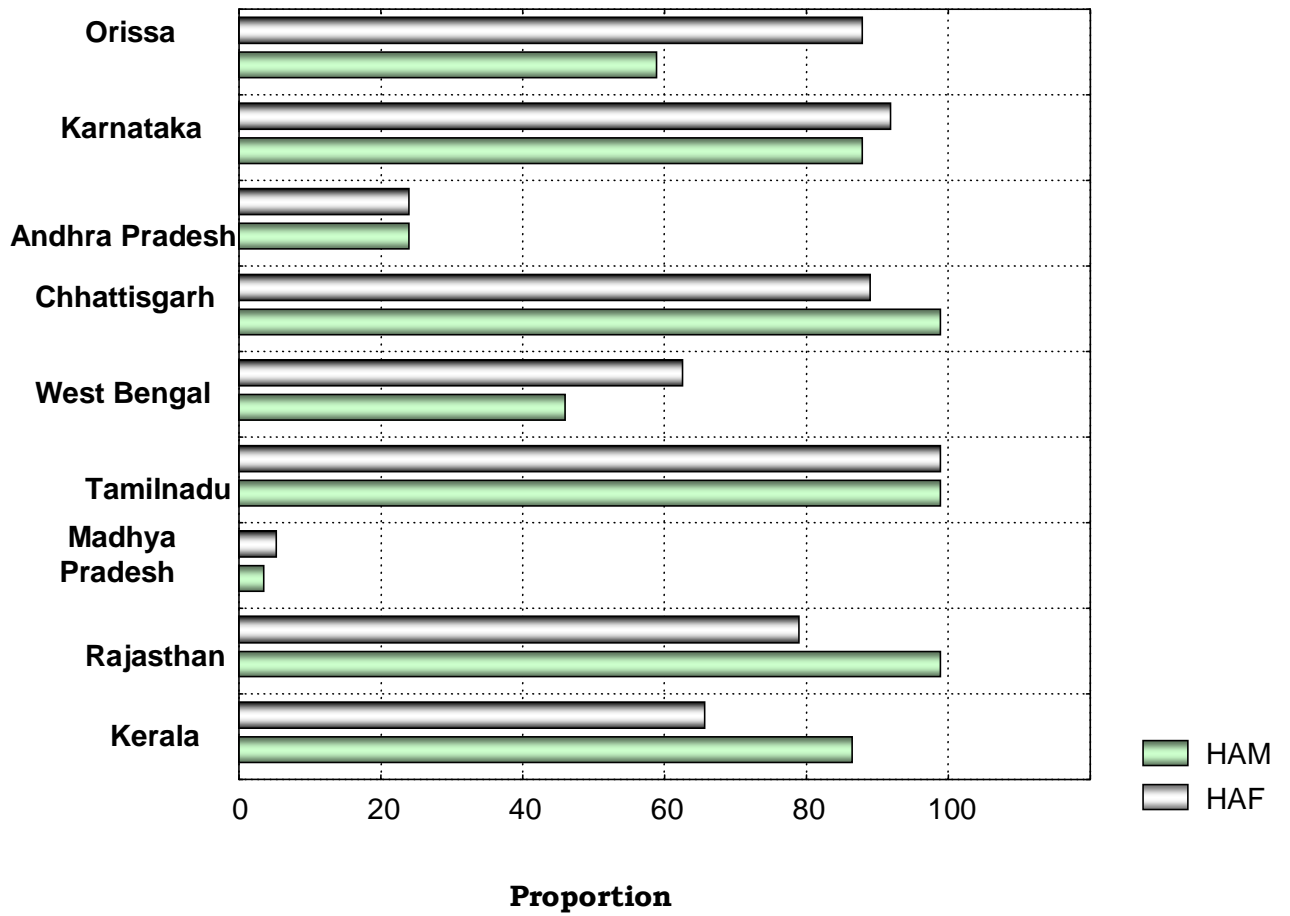
Training of other persons

- Training of the other person in Leprosy like ANM ,Village Health Guide was more in Karnataka state i.e 78.6%
- Training of other persons in leprosy ranges from 3% to 47% in other states.

Graph II. Showing the Proportion of MO's trained in Leprosy



Graph III. showing the Proportion of HA (M) and HA (F) trained in Leprosy



Graph IV. Showing the Proportion of MPW (M) and MPW (F) trained in Leprosy

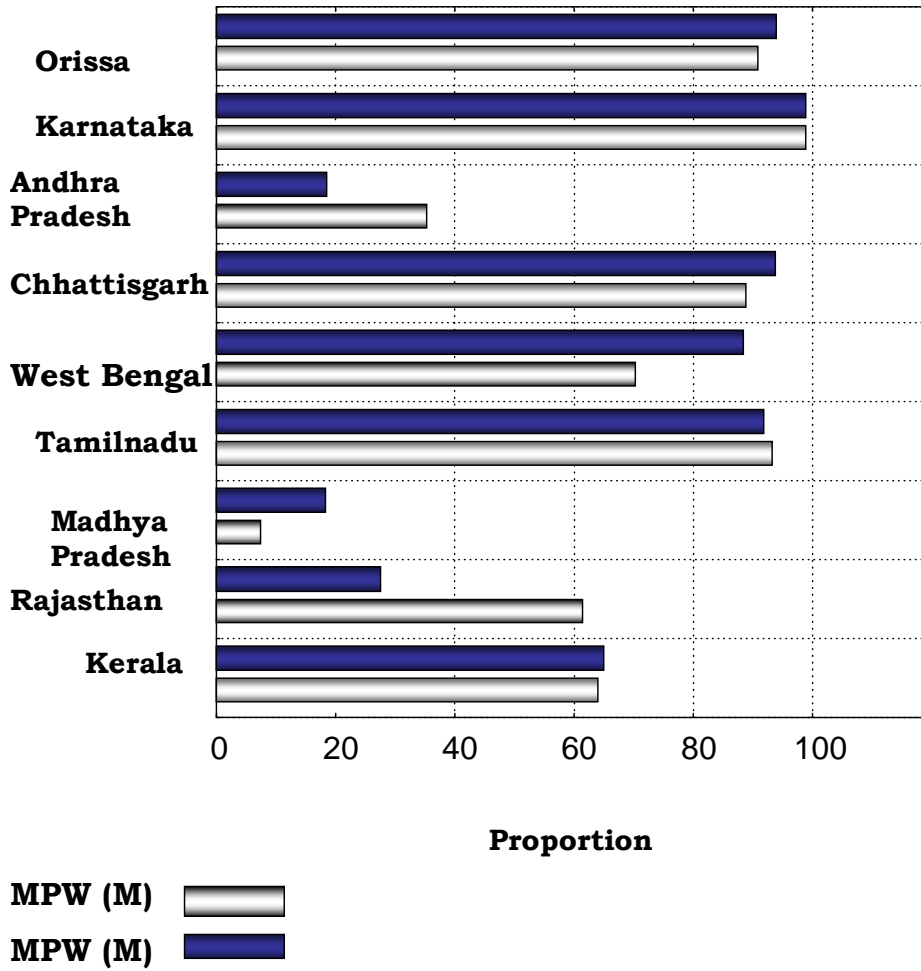


Table III. State wise health facilities where diagnosis of leprosy is available and done by- Medical Officers

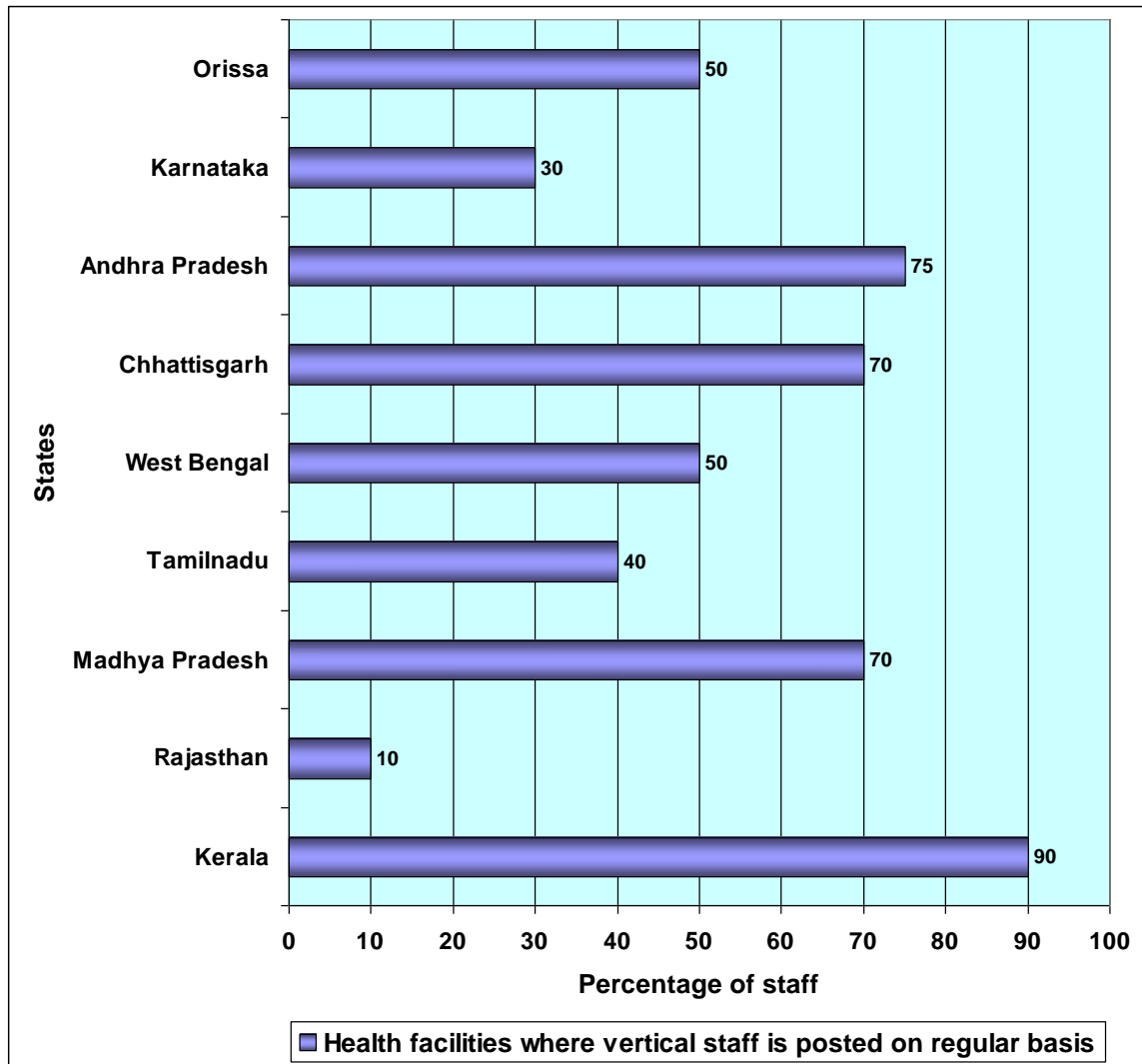
Sr no	State# *	MO Diagnose Leprosy Cases		
		All	Specific	None
1	Kerala	5 (50)	4 (40)	1 (10)
2	Rajasthan	7 (70)	3 (30)	0 (0)
3	Madhya Pradesh	1 (10)	2 (20)	7 (70)
4	Tamilnadu	9 (90)	0 (0)	1 (10)
5	West Bengal	9 (90)	1 (10)	0 (0)
6	Chhattisgarh	7 (70)	2 (20)	1 (10)
7	Andhra Pradesh*	6 (75)	1 (13)	1 (13)
8	Karnataka	7 (70)	0 (0)	3 (30)
9	Orissa	9 (90)	1 (10)	0 (0)
Total@		60 (68.2)	14 (15.9)	14 (15.9)

(Figure in parenthesis indicates the Percentage)

{ # N=10, *N=8 ,@N=88}

The diagnosis of leprosy was done by all the medical officers in 68.2% of the Health facilities, where as diagnosis was done by specific medical officer's in 15.9% of the Health Facilities. But the medical officers of 15.9% of the health Facilities do not diagnose Leprosy cases.

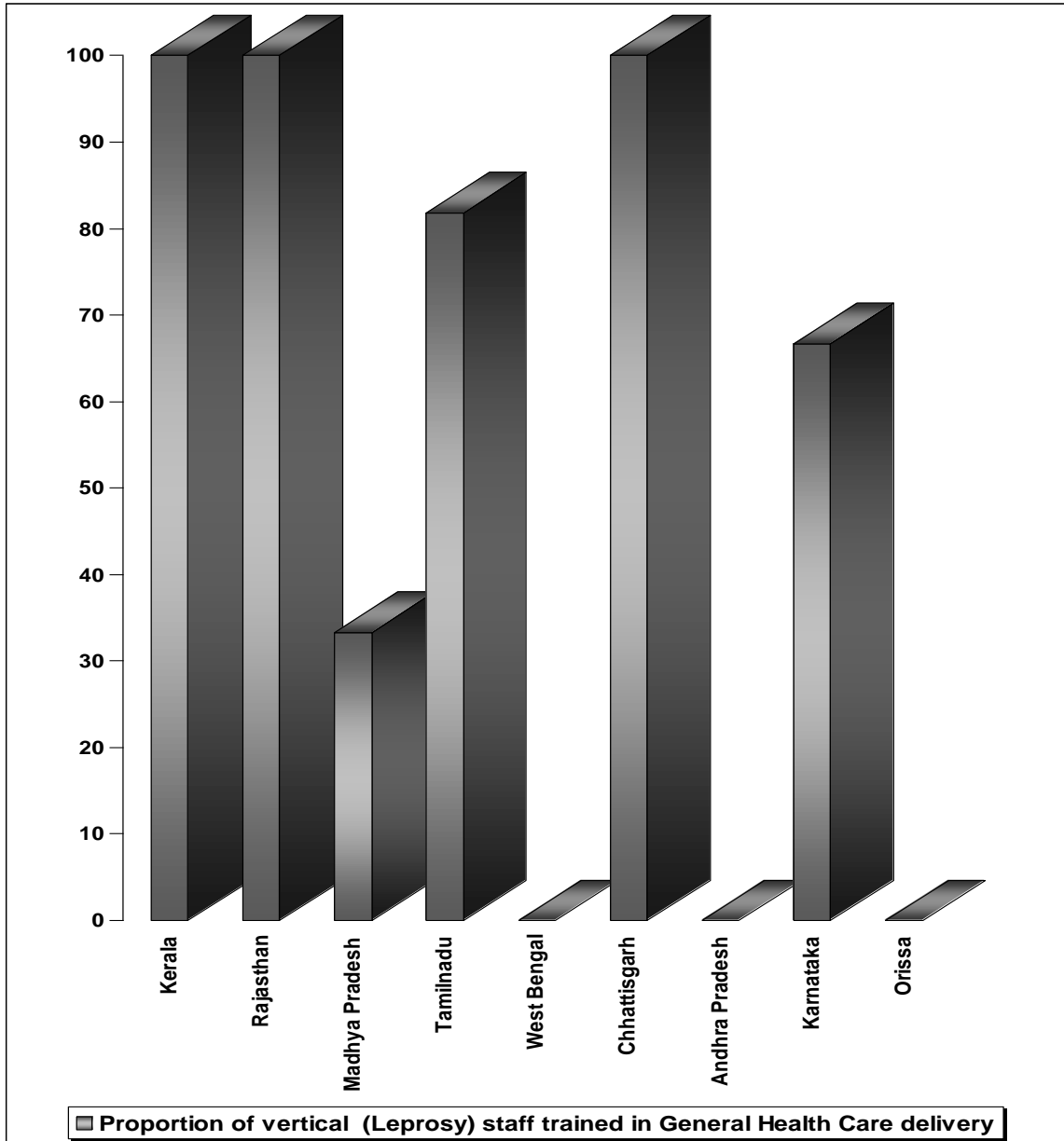
Graph V. showing the health facilities where vertical staff was posted on regular basis



In surveyed state health facilities, 53.4% of the vertical staff was posted on regular basis. In Kerala state 90% of the vertical staff was posted on regular basis while only 10% of the vertical staff was posted on regular basis in Rajasthan.

In remaining state the Vertical staff posted on regular basis ranges from 30-70%.

Graph VI. Shows the statewide proportion of vertical (Leprosy) staff trained in General Health Care delivery



The overall 50.2% of the vertical staff was trained in the General Health Care delivery. All the existing vertical staff was trained in the General Health Care delivery in Kerala, Rajasthan and Chhattisgarh while none of the vertical staff was trained in General Health Care delivery in state of West Bengal, Andhra Pradesh and Orissa.

Availability of MDT stock

Table IV. Availability of MB Adult Stock Position stocks in surveyed Health facilities

Sr no	State#*	MB Adult Stock Position		
		Adequate	Inadequate (Less stock)	Excess
1	Kerala	0 (0)	4 (40)	0 (0)
2	Rajasthan	2 (20)	1 (10)	2 (20)
3	Madhya Pradesh	2 (20)	4 (40)	3 (30)
4	Tamilnadu	1 1(0)	2 (20)	3 (30)
5	West Bengal	0 (0)	7 (70)	2 (20)
6	Chhattisgarh	2 (20)	3 (30)	5 (50)
7	Andhra Pradesh*	3 (37.5)	4 (50)	0 (0)
8	Karnataka	3 (30)	2 (20)	1 (10)
9	Orissa	0 (0)	2 (20)	7 (70)
Total @		13 (14.7)	29 (32.9)	23 (26.1)

(Figure in parenthesis indicates the Percentage)

{# N=10, *N=8 ,@N=88}

Adequate MB Adult stock: In 14.7% of the surveyed health facilities, MB adult stock was adequate.

Inadequate MB adult stock: In 32.9% of the surveyed health facilities MB adult MDT stock was inadequate.

Excess stock: There was excess MB child stock in 26.1% of the Health facilities.

No case no Stock: In 12.5% of the surveyed Health facilities there was no case and no stock.

No case but BP available: In 7.9% of the Health facilities had no cases but BP stock was available.

Case present but no stock: In 5.6% of the Health facilities had case present but no BP stock available.

Table V: Availability of MB child Stock Position stocks in surveyed Health facilities

Sr No	MB CHILD STOCK POSITION			
	State#*	Adequate	Inadequate (Less stock)	Excess
1	Kerala	0 (0)	1 (10)	0 (0)
2	Rajasthan	2 (20)	0 (0)	0 (0)
3	Madhya Pradesh	0 (0)	0 (0)	1 (10)
4	Tamilnadu	0 (0)	0 (0)	0 (0)
5	West Bengal	0 (0)	1 (10)	3 (30)
6	Chhattisgarh	2 (20)	1 (10)	3 (30)
7	Andhra Pradesh*	1 (12.5)	0 (0)	0 (0)
8	Karnataka	0 (0)	0 (0)	0 (0)
9	Orissa	0 (0)	0 (0)	0 (0)
Total@		5 (5.6)	3 (3.4)	7 (7.9)

(Figure in parenthesis indicates the Percentage)

{ # N=10, *N=8 ,@N=88)

Adequate MB Adult stock: In 5.6% of the surveyed health facilities, MB adult stock was adequate.

Inadequate MB adult stock: In 3.4% of the surveyed health facilities MB adult MDT stock was inadequate.

Excess stock: There was excess MB child stock in 7.9% of the Health facilities.

No case no Stock: In 63.6% of the surveyed Health facilities there was no case and no stock.

No case but BP available: In 18.1% of the Health facilities had no cases but BP stock was available.

Case present but no stock: In 1.1% of the Health facilities had case present but no BP stock available.

Table VI: Availability of PB adult Stock Position stocks in surveyed Health facilities

PB ADULT STOCK POSITION				
Sr No	State#*	Adequate	Inadequate (Less stock)	Excess
1	Kerala	1 (10)	1 (10)	1 (10)
2	Rajasthan	0 (0)	0 (0)	3 (30)
3	Madhya Pradesh	0 (0)	2 (20)	3 (30)
4	Tamilnadu	2 (20)	1 (10)	4 (40)
5	West Bengal	0 (0)	3 (30)	5 (50)
6	Chhattisgarh	3 (30)	3 (30)	4 (40)
7	Andhra Pradesh*	0 (0)	3 (37.5)	1 (12.5)
8	Karnataka	0 (0)	1 (10)	1 (10)
9	Orissa	2 (20)	3 (30)	2 (20)
Total@		8 (9)	17 (19.3)	24 (27.2)

(Figure in parenthesis indicates the Percentage)

{ # N=10, *N=8 ,@N=88)

Adequate MB Adult stock: In 9% of the surveyed health facilities, MB adult stock was adequate.

Inadequate MB adult stock: In 19.3% of the surveyed health facilities MB adult MDT stock was inadequate.

Excess stock: There was excess MB child stock in 27.2% of the Health facilities.

No case no Stock: In 23.8% of the surveyed Health facilities there was no case and no stock.

No case but BP available: In 18.1% of the Health facilities had no cases but BP stock was available.

Case present but no stock: In 2% of the Health facilities had case present but no BP stock available

Table VII: Availability of PB adult Stock Position stocks in surveyed HF

PB CHILD STOCK POSITION				
Sr No	State#*	Adequate	Inadequate (Less stock)	Excess
1	Kerala	1 (10)	0 (0)	2 (20)
2	Rajasthan	0 (0)	0 (0)	0 (0)
3	Madhya Pradesh	0 (0)	0 (0)	0 (0)
4	Tamilnadu	1 (10)	0 (0)	1 10
5	West Bengal	0 (0)	1 (10)	2 20
6	Chhattisgarh	0 (0)	1 (10)	3 (30)
7	Andhra* Pradesh	1 (12.5)	1 (13)	0 (0)
8	Karnataka	0 (0)	0 (0)	0 (0)
9	Orissa	0 (0)	1 (10)	3 (30)
Total@		3 (3.4)	4 (4.5)	11 (12.5)

(Figure in parenthesis indicates the Percentage)

{ # N=10, *N=8 ,@N=88)

Adequate MB Adult stock: In 3.4% of the surveyed health facilities, MB adult stock was adequate.

Inadequate MB adult stock: In 4.5% of the surveyed health facilities MB adult MDT stock was inadequate.

Excess stock: There was excess MB child stock in 12.5% of the Health facilities.

No case no Stock: In 57.3% of the surveyed Health facilities there was no case and no stock.

No case but BP available: In 19.3% of the Health facilities had no cases but BP stock was available.

Case present but no stock: In 5.0% of the Health facilities had case present but no BP stock available.

Availability of MDT services in health facilities

Table VIII. Availability of MDT services in Health facilities

Sr No	State# *	Proportion of health facilities where treatment of leprosy was available		
		Daily	Fixed	Other Arrangements
1	Kerala	6 (60)	2 (20)	2 (20)
2	Rajasthan	10 (100)	0 (0)	0 (0)
3	Madhya Pradesh	4 (40)	5 (50)	1 (10)
4	Tamilnadu	9 (90)	1 (10)	0 (0)
5	West Bengal	9 (90)	1 (10)	0 (0)
6	Chhattisgarh	10 (100)	0 (0)	0 (0)
7	Andhra* Pradesh	5 (62.5)	2 (25)	1 (12.5)
8	Karnataka	10 (100)	0 (0)	0 (0)
9	Orissa	9 (90)	1 (10)	0 (0)
Total@		72 (81.8)	12 (13.6)	4 (4.54)

(Figure in parenthesis indicates the Percentage)

{# N=10, *N=8, @N=88}

MDT was available on all working days in all the health facilities of Rajasthan, Chhattisgarh and Karnataka.

Overall 81.8% of the health facilities had daily availabilities of MDT services while 13.6% had availability on fixed day as per local arrangement made by health facilities.

Graph VII Proportion of health facility Daily availability of MDT services

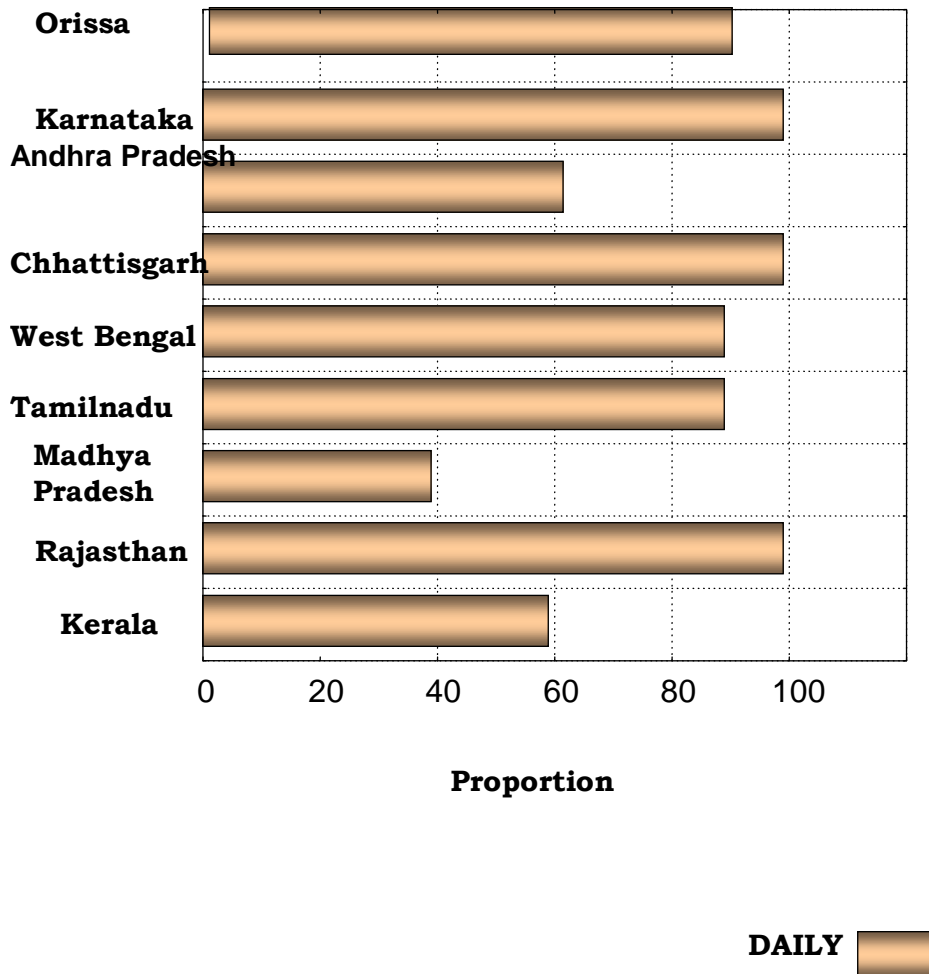


Table IX State wise proportion of health facilities dispensing MDT

Sr No	State#*	Proportion of health facilities where MDT is dispensed		
		With other medicines	Separately	No MDT
1	Kerala	1 (10)	8 (80)	1 (10)
2	Rajasthan	3 (30)	4 (40)	3 (30)
3	Madhya Pradesh	2 (20)	4 (40)	4 (40)
4	Tamilnadu	9 (90)	0 (0)	1 (10)
5	West Bengal	9 (90)	1 (10)	0 (0)
6	Chhattisgarh	5 (50)	5 (50)	0 (0)
7	Andhra* Pradesh	4 (50)	0 (0)	4 (50)
8	Karnataka	7 (70)	1 (10)	2 (20)
9	Orissa	9 (90)	1 (10)	0 (0)

(Figure in parenthesis indicates the Percentage)
{# N=10 *N=8}

HF Dispensing MDT with Other Medicine:

In Tamilnadu, Orrisa and West Bengal state, 90.0% of the Health facilities were dispensing MDT along with other medicine.

In state of Chhattisgarh and Andhra Pradesh 50.0% of the Health facilities were dispensing the MDT along with other Medicine.

HF Dispensing MDT Separately

In 80.0% of the Health facilities in Kerala dispensing the MDT separately. The remaining state (i.e. Rajasthan, Karnataka and Madhya Pradesh) there was variation in health facilities dispensing the MDT.

HF not Dispensing MDT

In Andhra Pradesh 50.0% of health facilities were not having MDT dispensing facilities.

State of implementation of SIS in Health Facilities

Table X. showing state wise HF where the treatment register was maintaining by vertical and GHS staff

Sr no	State#*	VS	VS	VS	GHS	GHS	GHS
		(LF-2)	(LF-3)	(LF-4)	(LF-2)	(LF-3)	(LF-4)
1	Kerala	9 (90)	9 (90)	9 (90)	1 (10)	1 (10)	1 (10)
2	Rajasthan	1 (16.7)	1 (16.7)	1 (16.7)	5 (83.3)	5 (83.3)	5 (83.3)
3	Madhya Pradesh	7 (77.8)	7 (77.8)	7 (77.8)	2 (22.2)	2 (22.2)	2 (22.2)
4	Tamilnadu	4 (40)	1 (10)	4 (40)	6 (60)	9 (90)	6 (60)
5	West Bengal	0 (0)	0 (0)	0 (0)	10 (100)	10 (100)	10 (100)
6	Chhattisgarh	6 (66.7)	6 (66.7)	6 (66.7)	3 (33.3)	3 (33.3)	3 (33.3)
7	Andhra* Pradesh	8 (100)	8 (100)	8 (100)	0 (0)	0 (0)	0 (0)
8	Karnataka	4 (50)	4 (50)	4 (50)	4 (50)	4 (50)	4 (50)
9	Orissa	1 (10)	1 (10)	1 (10)	9 (90)	9 (90)	9 (90)
Total		40 (50.1)	37 (46.8)	40 (50.1)	40 (49.9)	43 (53.2)	40 (49.9)

(Figure in parenthesis indicates the Percentage)

{# N=10 *N=8}

{VS -LF2, LF3, LF4=No. of HF where LF register maintained by Vertical Staff}

{GHS- LF2, LF3, LF4=No. of HF where LF register maintained by General Health Staff}

- In all the surveyed Health facilities in Andhra Pradesh, treatment register were maintained by vertical staff and none by General Health staff while situation was dissimilar in West Bengal.
- In Kerala 90.0% of the vertical staff maintains the leprosy register while remaining by GHS.

- In Karnataka state 50.0% of the leprosy registers maintained by both vertical and GHS while in remaining state the leprosy registers were maintained by both vertical as well as GHS.

Graph VIII. Proportion of Health facility maintains the L2 to L4 Registers.

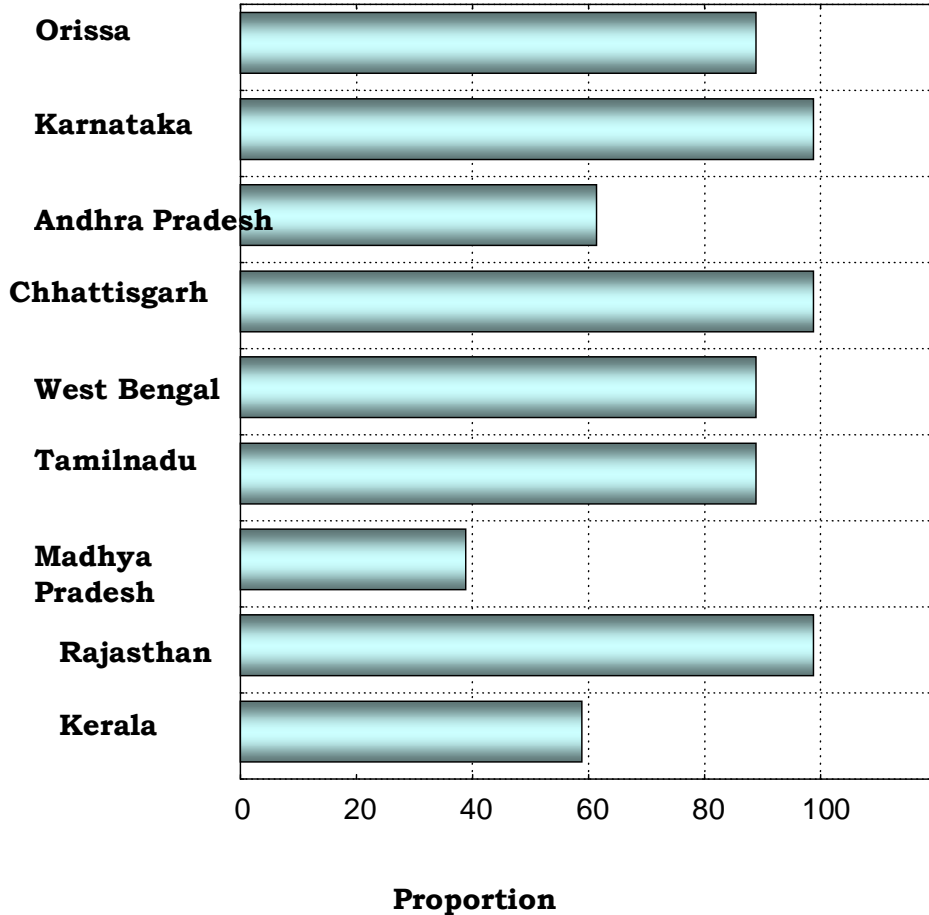


Table XI. Availability of SIS documents

Sr no	Indicators	KERALA	RAJASTHAN	MADHYA PRADESH	TAMIL NADU	WEST BENGAL	CHHATTISGARH	ANDHRA PRADESH	KARNATAKA	ORISSA
Proportion (%) of Health Facilities with availability of SIS:										
1	(SIS) guidelines	100	60	90	100	100	90	100	80	100
2	Current counselling guidelines	0	20	90	90	10	100	37.5	10	20
3	Treatment Register	10	50	20	60	100	30	0	40	90
4	MDT stock register	10	50	20	90	100	30	0	40	90
5	Monthly Reporting Format	10	50	20	60	100	30	0	40	90

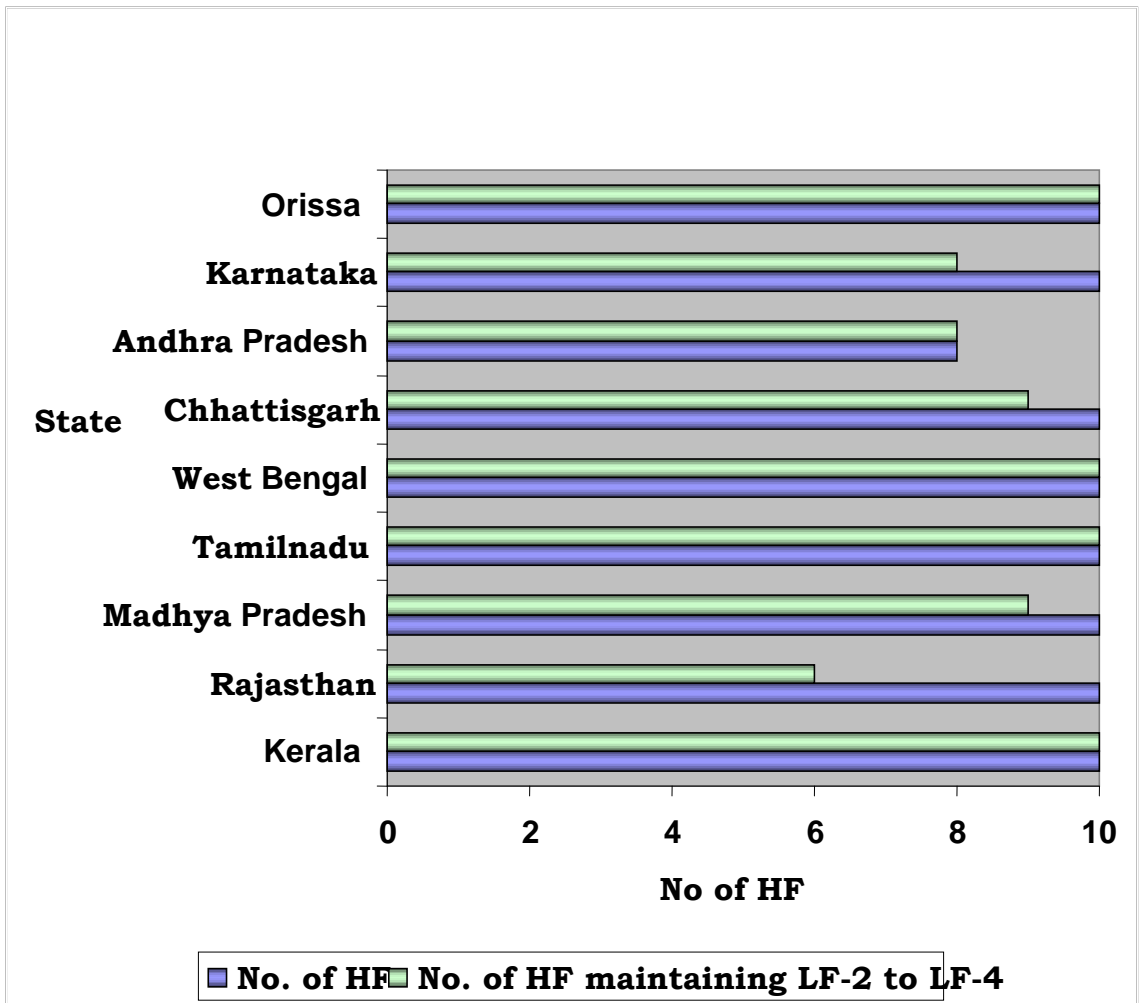
The NLEP Simplified Information System (SIS) implemented in November 2002. But the pace of implementation varied widely from one state to another. Therefore, one of the objective of the LEM 2004 were to assess the progress made towards availability of various documents at health facility level, as well as the use of some of them.

SIS guidelines: On an average, 91.1% of the health facilities visited by researchers had SIS guidelines. 100% availability of SIS guidelines observed in Andhra Pradesh, Karnataka Tamilnadu, Orrisa and West Bengal whereas 60-90% in the remaining surveyed states.

Treatment registers. This proportion was good in West Bengal and Orrisa while very poor in Andhra Pradesh state.

MDT stock register: Overall 47.7% of the Health facilities were maintaining MDT stock registers.

Graph IX. Showing state wise proportion of health facilities maintaining LF registers



In Kerala, West Bengal, Tamilnadu, Andhra Pradesh and Orrisa state (100%) HF maintained LF registers.

Table XII. State wise health facilities having current counselling guidelines

Sr No	State#*	No. of HF having counselling guidelines	Percentage of HF having counselling guidelines
1	Kerala	0	0.0%
2	Rajasthan	2	20.0%
3	Madhya Pradesh	9	90.0%
4	Tamilnadu	9	90.0%
5	West Bengal	1	10.0%
6	Chhattisgarh	10	100.0%
7	Andhra Pradesh*	3	37.5%
8	Karnataka	1	10.0%
9	Orissa	2	20.0%
Total		37	42.0%

{# N=10 *N=8}

In surveyed states 42% of the health facility had counselling guidelines. In Chhattisgarh state all the surveyed health facilities had counselling guidelines for leprosy patients while in Kerala state none of the health facilities had counselling guidelines .There was interstate variation in the counselling guidelines at the health facilities which ranges from i.e. 0 to 100%.

Availability of MDT at SC level

Table XIII. Showing the state wise involvement of sub-centers in leprosy care

Sr No	State# *	Proportion of Sub-Centers involved in Leprosy care			
		SC having cases	SC referring suspects	SC maintaining patient cards	SC giving subsequent doses
1	Kerala	1 (8.3)	0 (0)	0 (0)	0 (0)
2	Rajasthan	0 (0)	0 (0)	0 (0)	0 (0)
3	Madhya Pradesh	6 (50)	8 (6.3)	5 (41.7)	5 (41.7)
4	Tamilnadu	7 (58.3)	7 (100)	3 (25)	3 (25)
5	West Bengal*	11 (78.6)	0 (0)	10 (71.4)	11 (78.6)
6	Chhattisgarh	10 (83.3)	7 (58.3)	11 (91.7)	5 (41.7)
7	Andhra Pradesh	10 (83.3)	3 (25.0)	2 (16.7)	2 (16.7)
8	Karnataka	12 (100)	7 (58.3)	6 (50)	5 (41.7)
9	Orissa	8 (7.4)	5 (41.7)	8 (66.7)	5 (4.6)
Total		65 (60.2)	37 (34.3)	45 (41.7)	36 (33.3)

(Figure in parenthesis indicates the Percentage)

{# N=12 *N=14}

Involvement of the Subcenters

In surveyed states 60.2% sub centers had leprosy cases. In Karnataka all surveyed sub-centers had leprosy cases. In Rajasthan, involvement of subcenters was not noticed. The involvement of the sub center in treatment of leprosy in other states varies from 7.4% to 83.3%.

SC referring suspects

The overall referring of the suspected leprosy cases in surveyed states were 34.3%. In Kerala, and West Bengal, the suspected cases of the leprosy were not being referred to the PHC while in Tamilnadu all the suspected cases of leprosy were referred to the nearest higher centers.

SC maintaining patient cards

In Kerala and Rajasthan, the Sub centers were not maintaining the patient cards. In Chhattisgarh state 91.7% of the subcenters maintain the patient cards while in other states the maintaining of patient cards varies from 16.7% to 71.4%.

SC giving subsequent doses

In Kerala and Rajasthan the Subcenters were not giving subsequent dosage. There were variations in the state regarding the subcenters giving the MDT dosage.

Client Satisfaction.

Table XIV. Showing the responses from the Clients to MDT facility in surveyed states

States	N=	A	B	C	D	E	F	G	H
Kerala	10	10 (100)	10 (100)	10 (100)	1 (10)	9 (90)	0 (0)	0 (0)	0 (0)
Rajasthan	11	11 (100)	8 (72.7)	10 (90.9)	7 (64)	0 (0)	0 (0)	4.0 (36.4)	0 (0)
Madhya Pradesh	25	25 (100)	25 (100)	25 (100)	10 (40)	0 (0)	8 (32)	0 (0)	7 (28)
Tamilnadu	16	16 (100)	15 (93.8)	15 (93.8)	14 (88)	0 (0)	0 (0)	0 (0)	2 (12.5)
West Bengal	14	14 (100)	13 (92.9)	14 (100)	14 (100)	0 (0)	0 (0)	0 (0)	0 (0)
Chhattisgarh	18	18 (100)	17 (94.4)	18 (100)	18 (100)	0 (0)	0 (0)	0 (0)	0 (0)
Andhra Pradesh	14	13 (92.9)	14.0 (100)	13.0 (92.9)	10 (71)	0 (0)	0 (0)	0 (0)	4 (28.5)
Karnataka	25	25 (100)	25.0 (100)	25.0 (100)	25 (100)	0 (0)	0 (0)	0 (0)	0 (0)
Orissa	16	16 (100)	15 (93.8)	16.0 (100)	13 (81)	0 (0)	1 (6.3)	0 (0)	1 (6.2)
	149	148 (99.3)	142 (95.3)	146 (98)	112 (75)	9 (6)	9 (6)	4.0 (2.6)	14 (9.3)

(Figure in parenthesis indicates the Percentage)

A=Proportion of clients getting free MDT supply, **B**=Availability of staff for dispensing MDT, **C**=No. of clients satisfied with the behaviour of staff

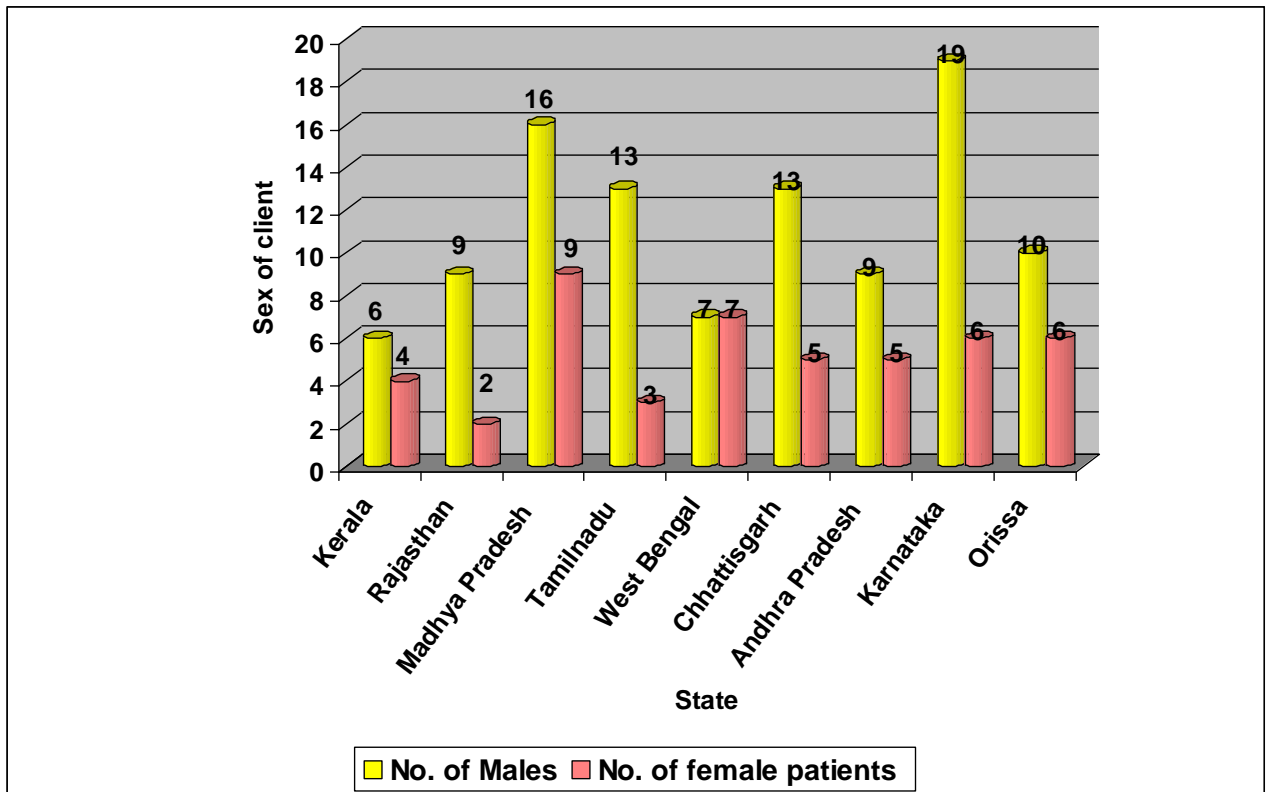
D=Availability of MDT to the clients near to their home, **E**=Availability of MDT to the clients near to their home, **F**=Availability of MDT to the clients getting home delivery=Getting MDT from Medical College, **H**=Getting MDT from other sources/places viz. school

- In almost all the states, clients were getting free MDT supply, and the staffs in the health facilities were available for dispensing the MDT to the leprosy patients.
- In almost all surveyed states all the clients were satisfied with the behaviour of staff.
- In states of West Bengal, Chhattisgarh and Karnataka MDT to the clients were available near to their home.
- Only in Rajasthan state, the Client responded that they were getting MDT from Medical College.

- In Andhra Pradesh, Madhya Pradesh, Tamilnadu and Orissa state the client responded that they were getting MDT from other places viz. school.

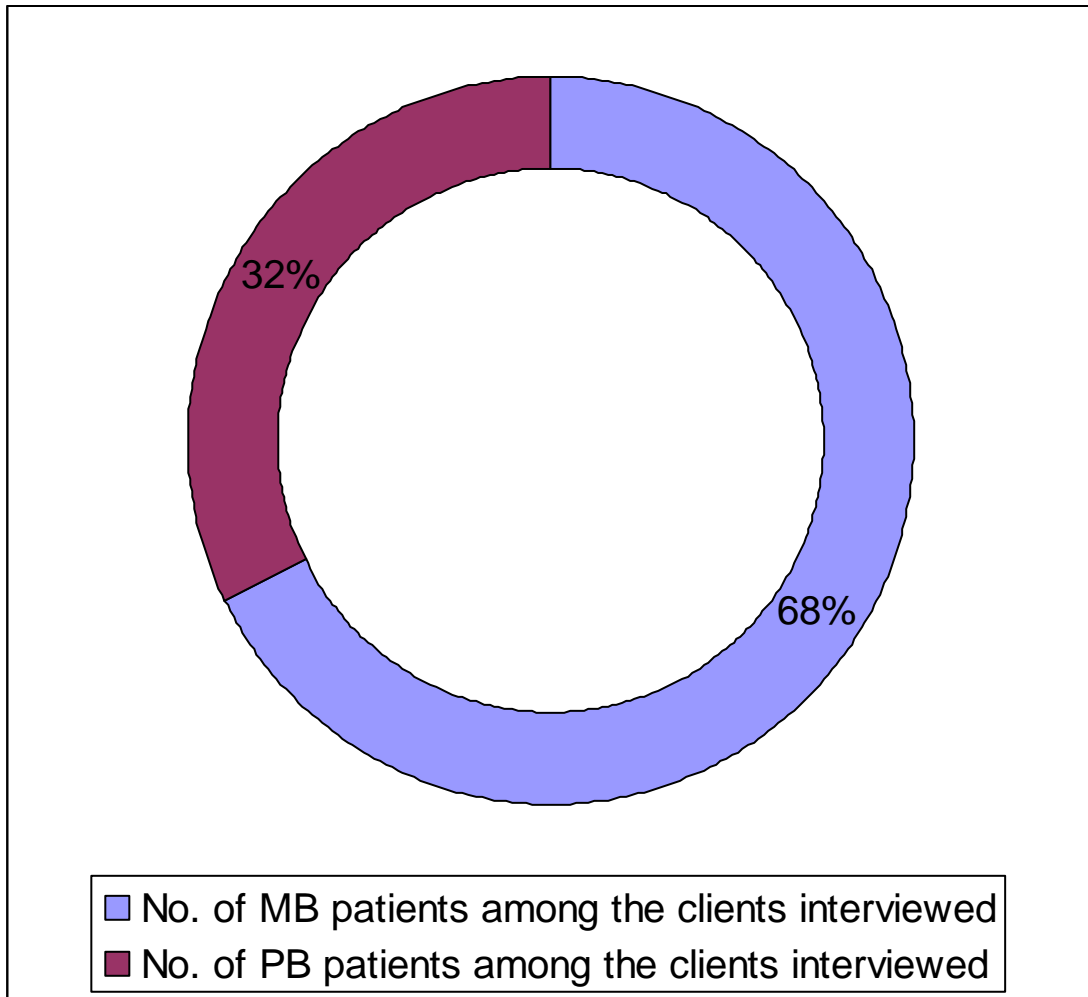
Profile of client interviewed

Graph X. The client interviewed as per Sex



In surveyed state 149 clients were interviewed of them 68.0% were male while 32.0% were female. The mean age of the clients was 36 years

Graph XI. Showing the Client as per Type of cases



In interviewed clients during the survey, 68% were MB cases while 32% were PB cases.

I) KERALA

VALUE OF THE INDICATORS
KERALA

Sl. No.	Indicator	N	Value of indicator
1.	Proportion of districts where district nucleus is formed as per PIP Guidelines	2	50
2.	Proportion of Health facilities where vertical staff is posted on regular basis	10	90
3.	Proportion of General Health Care staff trained in Leprosy	204	24
	• Medical Officers	8	87
	• Health Supervisors (Male)	6	66.6
	• Health Supervisors (Female)	43	65.1
	• Multipurpose Worker (Male)	59	66.1
	• Multipurpose Worker (Female)	1	100
	• Media Staff • Other staff	395	3.7
4.	Proportion of vertical staff trained in General Health Care delivery	17	100
5.	Proportion of health facilities where diagnosis is done by all Medical Officers	10	50
6.	Proportion of health facilities providing treatment on daily basis	10	60
7.	Proportion of health facilities dispensing MDT with other medicines	10	10
8.	Proportion of health facilities having adequate MDT stocks as per guidelines		
	• MB (Adult)	10	0
	• MB (Child)	10	0
	• PB (Adult)	10	10
	• PB (Child)	10	10
9.	Proportion of Health facilities reporting as per SIS (LF-2 to 4)	10	100
10.	Proportion of Health facilities having current counseling guidelines	10	0
11.	Proportion of Health facilities where GHC staff are maintaining all records	10	10
12.	Proportion of SHCs involved in leprosy care		
	Referring suspects to PHC's	12	0
	Maintaining patient card	12	0
	Providing subsequent doses	12	0
13.	Proportion of clients satisfied with MDT services		
	Getting free MDT supply	10	100
	Getting MDT near to their home (SHC/HF)	10	10
	Staff available at the time of visit	10	100
	Satisfied with the staff behaviour	10	100

(N=No. of dist./Nos. in position)

Assessment of Status of Structural and Functional Integration of NLEP activities into GHS

Kerala is the state with low endemicity for leprosy, surveyed district included *Thiruvananthapuram* with a population of 33,56,580 and PR of 0.70 per 10,000 population and *Kollam* with a population of 27,03,000 and PR of 0.26 per 10,000 population.

SUMMARY OF INDICATORS

- Both the districts have functional District Leprosy Nucleus (DLN). Staff strength in DLN ranges from 3-4, but in the Kollam staffing pattern was as per guidelines whereas in Thiruvananthapuram one staff short of PIP guidelines.
- 90% of the health facilities had posting of vertical staff.
- Training level of Medical Officers was quite low as less than 1/4th of them were trained in leprosy. However, for field level workers, the situation was better as 66-88% of MPWs and Health Supervisors were trained in Leprosy Work.
- All the vertical staffs were trained extensively for 6 months in General Health Care services.
- In 50.0% of the Health Facilities all the Medical Officers were diagnosing leprosy cases. In 40.0% of Health facilities, diagnosis was done by specific Medical Officers and in remaining 10%, none was diagnosing the cases.
- In 60.0% of the health facilities MDT was distributed on all working days, in 20.0% it was done on fixed days whereas in remaining 20% they had their separate arrangement.
- Only in 10.0% of the health facilities MDT blister packs were disbursed with other medicines whereas in 80% of the health facilities this were disbursed separately, in remaining 10% of Health facilities MDT blister packs were not available.
- MDT stock was poorly managed, only 10% of Health facilities had PB adult and child blister packs as per guidelines. None of the health facilities had MB blister packs availability as per guidelines.

- Recording and reporting format as per SIS guidelines were available in all the health facilities but only in 10% of Health facilities this were maintained by General Health care staff.
- None of the health facilities had counseling guidelines.
- None of the sub-center was involved in leprosy care.
- All the interviewed patients were getting MDT free of charge; all were satisfied with the behaviour of health staff. All staff was available at the time of patients visit.

II) RAJASTHAN

VALUE OF THE INDICATORS
RAJASTHAN

Sl. No.	Indicator	n	Value of indicator
1.	Proportion of districts where district nucleus is formed as per PIP Guidelines	2	50
2.	Proportion of Health facilities where vertical staff is posted on regular basis	10	10
3.	Proportion of General Health Care staff trained in Leprosy	71	19.7
	• Medical Officers	2	100
	• Health Supervisors (Male)	5	80
	• Health Supervisors (Female)	8	62.5
	• Multipurpose Worker (Male)	14	28.5
	• Multipurpose Worker (Female)	0	0
	• Media Staff • Other staff	24	4.1
4.	Proportion of vertical staff trained in General Health Care delivery	1	0
5.	Proportion of health facilities where diagnosis is done by all Medical Officers	10	70
6.	Proportion of health facilities providing treatment on daily basis	10	100
7.	Proportion of health facilities dispensing MDT with other medicines	10	10
8.	Proportion of health facilities having adequate MDT stocks as per guidelines		
	• MB (Adult)	10	20
	• MB (Child)	10	20
	• PB (Adult) • PB (Child)	10 10	0 0
9.	Proportion of Health facilities reporting as per SIS (LF-2 to 4)	10	60
10.	Proportion of Health facilities having current counseling guidelines	10	20
11.	Proportion of Health facilities where GHC staff are maintaining all records	10	50
12.	Proportion of SHCs involved in leprosy care		
	Referring suspects to PHC's	10	0
	Maintaining patient card	10	0
	Providing subsequent doses	10	0
13.	Proportion of clients satisfied with MDT services		
	Getting free MDT supply	11	100
	Getting MDT near to their home (SHC/HF)	11	100
	Staff available at the time of visit	11	72.7
	Satisfied with the staff behaviour	11	90.9

(N=No. of dist./Nos. in position)

Assessment of Status of Structural and Functional Integration of NLEP activities into GHS

Rajasthan is the state with low endemicity for leprosy, surveyed district included Dausa with a population of 14,14,500 and PR 0.14 of per 10,000 population and Jaipur with a population of and PR 54,89,100 of and PR 0.50 per 10,000 population.

SUMMARY OF INDICATORS

- Both the districts have functional District Leprosy Nucleus (DLN). Staff strength in DLN range from 3-4, but the post of Medical officer, PMW and Physiotherapist Vacant in Jaipur District and post of NMS and Physiotherapist Vacant in Ajmer District.
- 10% of the health facilities had posting of vertical staff.
- Training level of Medical Officers was quite low 19% of them were trained in leprosy. However 46%, for field level workers and Health Supervisors were trained 90% in Leprosy Work.
- The vertical staff was not trained in General Health Care services.
- In 70% of the Health Facilities all the Medical Officers are diagnosing leprosy cases. In 30% this was done by specific Medical Officer.
- In all the health facilities MDT was distributed on all working days.
- Only in 30% of the health facilities, MDT blister packs were disbursed with other medicines, whereas, in 40% of the health facilities this were disbursed separately, in remaining 30% of Health facilities MDT blister packs were not dispensed.
- MDT stock was not managed as per guidelines, only 20% of Health facilities had MB adult and child blister packs, none of the health facilities had PB blister packs availability as per guidelines.
- 60% of the health facilities had reporting and recording format as per SIS guidelines, but only in 10% of Health facilities this were maintained by General Health care staff.
- 20% of the health facilities had counseling guidelines.
- None of the sub-center was involved in leprosy care.
- All the interviewed patients were getting MDT free of charge; 90% were satisfied with the behaviour of health staff. 72% of staff was available at the time of patients visit.

III) MADHYA PRADESH

VALUE OF THE INDICATORS
MADHYA-PRADESH

Sl. No.	Indicator	N	Value of indicator
1.	Proportion of districts where district nucleus is formed as per PIP Guidelines	2	100
2.	Proportion of Health facilities where vertical staff is posted on regular basis	10	70
3.	Proportion of General Health Care staff trained in Leprosy <ul style="list-style-type: none"> • Medical Officers • Health Supervisors (Male) • Health Supervisors (Female) • Multipurpose Worker (Male) • Multipurpose Worker (Female) • Media Staff • Other staff 	95	26.3
		22	4.5
		16	6.2
		59	8.4
		93	19.3
		1	0.0
		81	13.5
4.	Proportion of vertical staff trained in General Health Care delivery	12	33.3
5.	Proportion of health facilities where diagnosis is done by all Medical Officers	10	10
6.	Proportion of health facilities providing treatment on daily basis	10	40
7.	Proportion of health facilities dispensing MDT with other medicines	10	20
8.	Proportion of health facilities having adequate MDT stocks as per guidelines <ul style="list-style-type: none"> • MB (Adult) • MB (Child) • PB (Adult) • PB (Child) 	10	20
		10	0
		10	0
		10	0
9.	Proportion of Health facilities reporting as per SIS (LF-2 to 4)	10	90
10.	Proportion of Health facilities having current counseling guidelines	10	90
11.	Proportion of Health facilities where GHC staff are maintaining all records	10	20
12.	Proportion of SHCs involved in leprosy care		
	Referring suspects to PHC's	12	66.6
	Maintaining patient card	12	41.6
	Providing subsequent doses	12	41.6
13.	Proportion of clients satisfied with MDT services		
	Getting free MDT supply	25	100
	Getting MDT near to their home (SHC/HF)	25	72
	Staff available at the time of visit	25	100
	Satisfied with the staff behaviour	25	100

(N=No. of dist./Nos. in position)

Assessment of Status of Structural and Functional Integration of NLEP activities into GHS

Madhya Pradesh is the state with low endemicity for leprosy, surveyed district included Sehore with a population of 12,01,595 and PR 0.5 of per 10,000 population and Hoshangabad with a population of 12,08,547 and PR of 0.65 per 10,000 population.

SUMMARY OF INDICATORS

- Both the districts have functional District Leprosy Nucleus (DLN). Staff strength in DLN as per guidelines in Surveyed districts.
- 33.3% of the health facilities had posting of vertical staff.
- Training level of Medical Officers was quite low 26.3% of them were trained in leprosy. However, for field level workers and Health Supervisors were trained less than 10% in Leprosy Work.
- 33.6% of the vertical staff was trained in General Health Care services.
- In 10% of the Health Facilities all the Medical Officers were diagnosing leprosy cases. In 20% this was done by specific Medical Officer. In remaining 70% none was doing it.
- **In 40.0% of health facilities MDT was distributed on all working days, whereas in 10% they had their separate arrangement.**
- Only in 20% of the health facilities MDT blister packs were disbursed with other medicines whereas in 40.0% of the health facilities, this were disbursed separately, in remaining 40% of Health facilities MDT blister packs were not available.
- MDT stock not managed as per guidelines, only 10% of Health facilities had adequate number of MB adult and child blister packs. None of the health facilities had adequate PB blister packs.
- All the health facilities had reporting and recording format as per SIS guidelines but only in 22.2% of Health facilities this were maintained by General Health care staff while 77.8% Health facilities this were maintained by vertical staff.

- 90.0% of the health facilities had counseling guidelines.
- 50.0% of the sub-center was involved in leprosy care and 83.3% of the subcenters maintain the Patient Cards.
- All the interviewed patients were getting MDT free of charge; all were satisfied with the behaviour of health staff. At every visited health facilities, staffs were available at the time of patients visit.

IV) TAMIL NADU

VALUE OF THE INDICATORS
TAMILNADU

Sl. No.	Indicator	N	Value of indicator
1.	Proportion of districts where district nucleus is formed as per PIP Guidelines	2	0
2.	Proportion of Health facilities where vertical staff is posted on regular basis	10	40
3.	Proportion of GHC staff trained in Leprosy		
	• Medical Officers	58	44.8
	• Health Supervisors (Male)	10	100
	• Health Supervisors (Female)	15	100
	• Multipurpose Worker (Male)	18	94.4
	• Multipurpose Worker (Female)	84	92.8
	• Media Staff	8	100
	• Other staff	39	35.8
4.	Proportion of vertical staff trained in General Health Care delivery	11	81.8
5.	Proportion of health facilities where diagnosis is done by all Medical Officers	10	90
6.	Proportion of health facilities providing treatment on daily basis	10	90
7.	Proportion of health facilities dispensing MDT with other medicines	10	90
8.	Proportion of health facilities having adequate MDT stocks as per guidelines		
	• MB (Adult)	10	10
	• MB (Child)	10	0
	• PB (Adult)	10	20
	• PB (Child)	10	10
9.	Proportion of Health facilities reporting as per SIS (LF-2 to 4)	10	100
10.	Proportion of Health facilities having current counseling guidelines	10	90
11.	Proportion of Health facilities where GHC staff are maintaining all records * (90% maintaining LF-3)	10	60
12.	Proportion of SHCs involved in leprosy care		
	Referring suspects to PHC's	7	100
	Maintaining patient card	7	42.8
	Providing subsequent doses	7	42.8
13.	Proportion of clients satisfied with MDT services		
	Getting free MDT supply	16	100
	Getting MDT near to their home (SHC/HF)	16	87.5
	Staff available at the time of visit	16	93.8
	Satisfied with the staff behaviour	25	93.8

(N=No. of dist./Nos. in position)

Assessment of Status of Structural and Functional Integration of NLEP activities into GHS

Tamilnadu is the state with low endemicity for leprosy, surveyed district included Kanchipuram with a population of 3025370 and PR 0.47 of per 10,000 population and Vellore with a population of 3671554 and PR of 0.41 per 10,000 population.

SUMMARY OF INDICATORS

- Both the districts have functional District Leprosy Nucleus (DLN). Staff strength in DLN ranges from 2-3 but in Kanchipuram district post of Medical officer was vacant and in Vellore the post of DLO and Medical officer was vacant.
- 40% of the health facilities had posting of vertical staff.
- 45% of Medical Officers trained in leprosy. However more than 90% of field level workers and all Health Supervisors were trained in Leprosy Work.
- 82% of the vertical staff was trained extensively for 6 months in General Health Care services.
- In 90% of the Health Facilities all the Medical Officers are diagnosing leprosy cases. In remaining 10 % none was doing it.
- In all of health facilities MDT was distributed on all working days,
- Only in 70% of the health facilities MDT blister packs were disbursed with other medicines whereas in 10% of the health facilities this were disbursed separately, in remaining 20% of Health facilities MDT blister packs were not available.
- as only 20% of Health facilities had MB adult and child blister packs as per guidelines. None of the health facilities had PB blister packs availability as per guidelines.
- All the health facilities had reporting and recording format as per SIS guidelines but only in 60% of Health facilities this were maintained by General Health care staff.
- None of the health facilities had counseling guidelines.
- 58% of the sub-center was involved in leprosy care. All the referring the suspect cases were referred to the higher centers. 25% of the subcenters maintain the patients cards.

- All the interviewed patients were getting MDT free of charge; all were satisfied with the behaviour of health staff. 93% staff was available at the time of patients visit.

V) WEST BENGAL

VALUE OF THE INDICATORS
WEST-BENGAL

Sl. No.	Indicator	N	Value of indicator
1.	Proportion of districts where district nucleus is formed as per PIP Guidelines	2	0
2.	Proportion of Health facilities where vertical staff is posted on regular basis	10	40
3.	Proportion of GHC staff trained in Leprosy		
	• Medical Officers	197	29.9
	• Health Supervisors (Male)	17	47
	• Health Supervisors (Female)	11	63.6
	• Multipurpose Worker (Male)	14	71.4
	• Multipurpose Worker (Female)	124	89.5
	• Media Staff	8	100
	• Other staff	39	35.8
4.	Proportion of vertical staff trained in General Health Care delivery	13	0
5.	Proportion of health facilities where diagnosis is done by all Medical Officers	10	90
6.	Proportion of health facilities providing treatment on daily basis	10	90
7.	Proportion of health facilities dispensing MDT with other medicines	10	90
8.	Proportion of health facilities having adequate MDT stocks as per guidelines		
	• MB (Adult)	10	0
	• MB (Child)	10	0
	• PB (Adult)	10	0
	• PB (Child)	10	0
9.	Proportion of Health facilities reporting as per SIS (LF-2 to 4)	10	100
10.	Proportion of Health facilities having current counseling guidelines	10	10
11.	Proportion of Health facilities where GHC staff are maintaining all records	10	100
12.	Proportion of SHCs involved in leprosy care		
	Referring suspects to PHC's	11	0
	Maintaining patient card	11	90.9
	Providing subsequent doses	11	100
13.	Proportion of clients satisfied with MDT services		
	Getting free MDT supply	14	100
	Getting MDT near to their home (SHC/HF)	14	100
	Staff available at the time of visit	14	92.8
	Satisfied with the staff behaviour	14	100

(N=No. of dist./Nos. in position)

West Bengal is the state with low endemicity for leprosy, surveyed district included Darjeeling with a population of 1741974 and PR 0.95 of per 10,000 population and Jalpaiguda with a population of 3691571 and PR of 1.32 per 10,000 population.

SUMMARY OF INDICATORS

- Both the districts have functional District Leprosy Nucleus (DLN). Staff strength in DLN ranges from 3-4, but PMW and physiotherapists are vacant in surveyed districts.
- 50% of the health facilities had posting of vertical staff.
- Training level of Medical Officers was quite low 29.95% of them were trained in leprosy. However, 80% for field level workers and Health Supervisors were trained 55.60% in Leprosy Work.
- All the vertical staff was not trained in General Health Care services.
- In 90% of the Health Facilities all the Medical Officers are diagnosing leprosy cases. In 10% this was done by specific Medical Officer.
- In 90% of health facilities MDT was distributed on all working days, in 10% was available on Fixed/Specific arrangement.
- Only in 90% of the health facilities MDT blister packs were disbursed with other medicines whereas in 10% of the health facilities they were disbursed separately.
- MDT stock management was very poor as only 5% of Health facilities had PB adult and child blister packs as per guidelines. Only 5% the health facilities had MB blister packs availability as per guidelines.
- All the health facilities had reporting and recording format as per SIS guidelines but only in all of Health facilities this were maintained by General Health care staff.
- Only 10% of the health facilities had counseling guidelines.

- 78% of the sub-center was involved in leprosy care. All the suspect cases were not referred to the higher centers. 71.4% of the subcenters maintain the patient cards.
- All the interviewed patients were getting MDT free of charge; all were satisfied with the behaviour of health staff. Overall 94% staff were available at the time of patients visit and all the clients getting the MDT near their home.

VI) CHHATTISGARH

VALUE OF THE INDICATORS
CHHATTISGARH

Sl. No.	Indicator	N	Value of indicator
1.	Proportion of districts where district nucleus is formed as per PIP Guidelines	2	0
2.	Proportion of Health facilities where vertical staff is posted on regular basis	10	70
3.	Proportion of GHC staff trained in Leprosy		
	• Medical Officers	53	98.1
	• Health Supervisors (Male)	1	100
	• Health Supervisors (Female)	10	90
	• Multipurpose Worker (Male)	10	90
	• Multipurpose Worker (Female)	20	95
	• Media Staff	2	100
	• Other staff	145	4.1
4.	Proportion of vertical staff trained in General Health Care delivery	9	100
5.	Proportion of health facilities where diagnosis is done by all Medical Officers	10	70
6.	Proportion of health facilities providing treatment on daily basis	10	100
7.	Proportion of health facilities dispensing MDT with other medicines	10	50
8.	Proportion of health facilities having adequate MDT stocks as per guidelines		
	• MB (Adult)	10	20
	• MB (Child)	10	20
	• PB (Adult)	10	30
	• PB (Child)	10	0
9.	Proportion of Health facilities reporting as per SIS (LF-2 to 4)	10	90
10.	Proportion of Health facilities having current counseling guidelines	10	100
11.	Proportion of Health facilities where GHC staff are maintaining all records	10	30
12.	Proportion of SHCs involved in leprosy care		
	Referring suspects to PHC's	10	70
	Maintaining patient card	10	100
	Providing subsequent doses	10	50
13.	Proportion of clients satisfied with MDT services		
	Getting free MDT supply	18	100
	Getting MDT near to their home (SHC/HF)	18	100
	Staff available at the time of visit	18	94.4
	Satisfied with the staff behaviour	18	100

(N=No. of dist./Nos. in position)

Assessment of Status of Structural and Functional Integration of NLEP activities into GHS

Chhattisgarh is one of the high endemic state for leprosy as both the surveyed districts has higher rate of leprosy prevalence i.e. *Mahasamund* (PR-3.26/10,000 population) and *Rajnandgaon* (PR-1.35/10,000 population). The Population of the *Mahasamund* was 933981 and *Rajnandgaon* was 1391792.

SUMMARY OF THE INDICATORS-

- Both the districts had functionally active district leprosy nucleus, but nowhere it was as per PIP guidelines. This was due to non-availability of Physiotherapist in both the districts.
- 70% of the surveyed Health Facilities had posting of vertical staff.
- More than 98% of Medical Officers and more than 90% of field level workers (MPW's and Health Supervisors) were trained in Leprosy.
- All the vertical staff was trained in GHC delivery.
- In 70% of Health facilities, diagnosis of leprosy was done by all Medical Officers, while in 10% none of the medical officers was doing it. Remaining 20% had specially assigned Medical Officers for this work.
- All the health facilities are distributing MDT on all working days.
- In half of the health facilities MDT blister packs was disbursed with other medicines and where as in remaining half medicines were disbursed separately.
- MDT Stock management was quite poor. As only 20-30% were having PB/MB blister packs as per guidelines. None of the health facilities had PB child blister packs as per guidelines.
- Recording and Reporting format as per SIS guidelines were available in 90% of the health facilities but only in 30% of the health facilities, this were maintained by General Health Care Services staff.
- All the surveyed health facilities had the counseling guidelines.
- Involvement of sub-centers was much better than other states as 70% of sub-centers were referring suspects to PHCs, all were

maintaining patient cards and 50% were involved in providing subsequent doses of MDT.

- All the patients were interviewed were getting MDT free of charge from the Health Facilities/Sub-centers; staff availability was about 95%. However, all the patients were satisfied with the behaviour of the health staff.
- All the patients were getting MDT near to their home i.e. from Sub-center/PHC.

VII) ANDHRA PRADESH

VALUE OF THE INDICATORS
ANDHRA PRADESH

Sl. No.	Indicator	N	Value of indicator
1.	Proportion of districts where district nucleus is formed as per PIP Guidelines	2	0
2.	Proportion of Health facilities where vertical staff is posted on regular basis	8	75
3.	Proportion of GHC staff trained in Leprosy		
	• Medical Officers	58	6.8
	• Health Supervisors (Male)	8	25
	• Health Supervisors (Female)	4	25
	• Multipurpose Worker (Male)	11	36.3
	• Multipurpose Worker (Female)	56	19.6
	• Media Staff	1	0
	• Other staff	41	4.8
4.	Proportion of vertical staff trained in General Health Care delivery	6	0
5.	Proportion of health facilities where diagnosis is done by all Medical Officers	8	75
6.	Proportion of health facilities providing treatment on daily basis	8	62.5
7.	Proportion of health facilities dispensing MDT with other medicines	8	50
8.	Proportion of health facilities having adequate MDT stocks as per guidelines		
	• MB (Adult)	8	37.5
	• MB (Child)	8	12.5
	• PB (Adult)	8	0
	• PB (Child)	8	12.5
9.	Proportion of Health facilities reporting as per SIS (LF-2 to 4)	8	100
10.	Proportion of Health facilities having current counseling guidelines	8	37.5
11.	Proportion of Health facilities where GHC staff are maintaining all records	8	0
12.	Proportion of SHCs involved in leprosy care		
	Referring suspects to PHC's	10	30
	Maintaining patient card	10	20
	Providing subsequent doses	10	20
13.	Proportion of clients satisfied with MDT services		
	Getting free MDT supply	14	92.8
	Getting MDT near to their home (SHC/HF)	14	71.4
	Staff available at the time of visit	14	100
	Satisfied with the staff behaviour	14	92.8

(N=No. of dist./Nos. in position)

Assessment of Status of Structural and Functional Integration of NLEP activities into GHS

The surveyed district included Mahbubnagar with a population of 3513934 and PR of 0.58 per 10,000 populations & Ranga Reddy with a population of 3716606 and PR of 0.20 per 10,000 populations.

SUMMARY OF INDICATORS

- Both of these districts have district leprosy nucleus but staff was much in excess compared with PIP guidelines. For e.g. Mahbubnagar district had 100 staff including 77 Para Medical Workers, 19 NMS, 2 Physiotherapists and 2 Doctors.
- 3/4th of Surveyed Health Facilities had posting of vertical staff. Although more than 90% of these re-deployed staff were engaged in leprosy record keeping and case management.
- Training status of Medical Officers was less than 7% , However, for lower level staff it was a bit higher i.e. 25% for Health Supervisor, 20-36% for Multi-purpose workers (MPW).
- None of the vertical staff were trained in General Health Care Services.
- In 75 of surveyed facilities, diagnoses of leprosy cases were done by all the Medical Officers.
- In 1/8th of health facilities it was done by specific Medical Officers where as in other remaining 1/8th none of the medical officers were diagnosing leprosy cases.
- 62.5% of the Health facilities were providing MDT on daily basis, another 1/4th were giving it on fixed day of the week and remaining health facilities had separate arrangements.
- Only half of the surveyed health facilities were dispensing MDT with other medicines. Remaining half didn't have any MDT.
- MDT stock management was poor for all categories of MDT as none had PB adult blister packs and only 38% had MB adult blister packs as per guidelines.
- All the health facilities had reporting format as per SIS guidelines, but nowhere this were maintained by General Health Care staff.

- Only 38% of the health facilities had counseling guidelines available.
- Involvement of sub-center were also quite low as only 30% were involved in referring suspects to PHCs and 20% were giving subsequent MDT doses and maintaining patient cards.
- All the health facilities had availability of staff at the time of patient visit and 93% of the cases were satisfied with the behaviour of the staff.
- In one of the surveyed health facilities, patients have to pay charges for the MDT. In all other facilities it was given free of charge.
- More than 70% of the cases were getting MDT near to their home i.e. from Sub-center, health facilities.

VII) KARNATAKA

VALUE OF THE INDICATORS
KARNATAKA

Sl. No.	Indicator	N	Value of indicator
1.	Proportion of districts where district nucleus is formed as per PIP Guidelines	2	0
2.	Proportion of Health facilities where vertical staff is posted on regular basis	10	30
3.	Proportion of GHC staff trained in Leprosy		
	• Medical Officers	68	60.2
	• Health Supervisors (Male)	9	88.8
	• Health Supervisors (Female)	14	92.8
	• Multipurpose Worker (Male)	15	100
	• Multipurpose Worker (Female)	79	100
	• Media Staff	1	100
	• Other staff	28	78.5
4.	Proportion of vertical staff trained in General Health Care delivery	3	66.6
5.	Proportion of health facilities where diagnosis is done by all Medical Officers	10	90
6.	Proportion of health facilities providing treatment on daily basis	10	100
7.	Proportion of health facilities dispensing MDT with other medicines	10	70
8.	Proportion of health facilities having adequate MDT stocks as per guidelines	10	30
	• MB (Adult)	10	0
	• MB (Child)	10	0
	• PB (Adult)	10	0
	• PB (Child)	10	0
9.	Proportion of Health facilities reporting as per SIS (LF-2 to 4)	10	80
10.	Proportion of Health facilities having current counseling guidelines	10	10
11.	Proportion of Health facilities where GHC staff are maintaining all records	10	40
12.	Proportion of SHCs involved in leprosy care		
	Referring suspects to PHC's	12	58.3
	Maintaining patient card	12	50
	Providing subsequent doses	12	41.6
13.	Proportion of clients satisfied with MDT services		
	Getting free MDT supply	25	100
	Getting MDT near to their home (SHC/HF)	25	100
	Staff available at the time of visit	25	100
	Satisfied with the staff behaviour	25	100

(N=No. of dist./Nos. in position)

Assessment of Status of Structural and Functional Integration of NLEP activities into GHS

The surveyed district included Kolar with a population of 2730498 and PR of 0.68 per 10,000 populations & Mysore with a population of 2840333 and PR of 0.34 per 10,000 populations.

SUMMARY OF INDICATORS-

- Both the districts had functional District Leprosy Nucleus, but nowhere it was as per PIP guidelines. Although staff strength ranged from 3-4, but there was scarcity of PMWs in both of the District nucleus.
- Only 30% of the Health facilities had vertical staff posted.
- Training status of Medical Officers in Leprosy was 60%, but all the MPW's and about 90% of the Health Supervisors were trained in Leprosy.
- Two of three vertical staff were trained in General Health Care delivery.
- In 90% of the Health facilities diagnosis of leprosy cases were done by all the Medical Officers and in remaining 10%, it was done by specific Medical Officers.
- All the health facilities were distributing MDT on daily basis and 70% were dispensing with other medicines. However, in 20% of the Health Facilities NO MDT drugs were available.
- MDT stock management was even poorer than other states as only 30% had MB adult blister packs available as per guidelines. None of the health facilities had availability of any other blister packs as per guidelines.
- 80% of Health facilities had recording and reporting formats as per SIS guidelines but in only 40% these were maintained by General Health Care staff.
- Counseling guidelines were available in only one of the 10 surveyed health facilities.
- Involvement of sub-center was better as more than 58% were referring suspects to PHCs. About 42% were providing subsequent doses of MDT and 50% were maintaining patient cards.

- All the interviewed patients were getting free MDT supply and all are satisfied with behaviour of available staff and every where staff are available at the time of patients visit.
- All the cases were getting MDT near to their homes i.e. from sub-center or PHC.

IX) ORISSA

VALUE OF THE INDICATORS: ORISSA

Sl. No.	Indicator	N	Value of indicator
1.	Proportion of districts where district nucleus is formed as per PIP Guidelines	2	0
2.	Proportion of Health facilities where vertical staff is posted on regular basis	10	50
3.	Proportion of General Health Care staff trained in Leprosy	70	70
	• Medical Officers	5	60
	• Health Supervisors (Male)	9	88.9
	• Health Supervisors (Female)	25	92
	• Multipurpose Worker (Male)	61	95
	• Multipurpose Worker (Female)	1	0
	• Media Staff	34	47
4.	Proportion of vertical staff trained in General Health Care delivery	8	0
5.	Proportion of health facilities where diagnosis is done by all Medical Officers	10	70
6.	Proportion of health facilities providing treatment on daily basis	10	90
7.	Proportion of health facilities dispensing MDT with other medicines	10	90
8.	Proportion of health facilities having adequate MDT stocks as per guidelines		
	• MB (Adult)	10	0
	• MB (Child)	10	0
	• PB (Adult)	10	20
	• PB (Child)	10	0
9.	Proportion of Health facilities reporting as per SIS (LF-2 to 4)	10	100
10.	Proportion of Health facilities having current counseling guidelines	10	20
11.	Proportion of Health facilities where GHC staff are maintaining all records	10	90
12.	Proportion of SHCs involved in leprosy care		
	Referring suspects to PHC's	8	62.5
	Maintaining patient card	8	100
	Providing subsequent doses	8	62.5
13.	Proportion of clients satisfied with MDT services		
	Getting free MDT supply	16	100
	Getting MDT near to their home (SHC/HF)	16	87.5
	Staff available at the time of visit	16	93.7
	Satisfied with the staff behaviour	16	100

(N=No. of dist./Nos. in position)

Assessment of Status of Structural and Functional Integration of NLEP activities into GHS

Orissa is the state with *low endemicity* for leprosy, surveyed district included Sambalpur with a population of 986803 and PR of 1.6 per 10,000 population and Bargarh with a population of 1448239 and PR of 3.64 per 10,000 population.

SUMMARY OF INDICATORS

- Both the districts have functional District Leprosy Nucleus (DLN). Staff strength in DLN ranges from 2-3, whereas the post of physiotherapist was vacant in both districts.
- 50% of the health facilities had posting of vertical staff.
- Training level of Medical Officers was 70% of them were trained in leprosy. However, for field level workers and Health Supervisors were trained more than Health facilities this was maintained by General Health care staff a 70% in Leprosy Work.
- None the vertical staff was trained in General Health Care services.
- In 70% of the Health Facilities all the Medical Officers are diagnosing leprosy cases. In remaining 30 % none was doing it.
- In 90% of health facilities MDT was distributed on all working days, whereas 10% by fixed arrangement.
- Only in 90% of the health facilities MDT blister packs were disbursed with other medicines whereas in 10% of the health facilities this were disbursed separately,
- MDT stock management was very poor as only 10% of Health facilities had PB adult and child blister packs as per guidelines. None of the health facilities had MB blister packs availability as per guidelines.
- All the health facilities had reporting and recording format as per SIS guidelines but only in 90% of Health facilities this were maintained by General Health care staff.
- 20% of the health facilities had counseling guidelines.

- 66.67% of the sub-center was involved in leprosy care. All the health facilities were maintaining the patient cards.
- All the interviewed patients were getting MDT free of charge; all were satisfied with the behaviour of health staff. 94% staff was available at the time of patients visit.

**X) COMBINED INDICATOR
FOR ALL
SURVEYED STATES**

VALUE OF THE COMBINED INDICATORS FOR ALL SURVEYED STATES

Sl. No.	Indicator	N	Value of indicator
1.	Proportion of districts where district nucleus is formed as per PIP Guidelines	18	22.2
2.	Proportion of Health facilities where vertical staff is posted on regular basis	88	53.4
3.	Proportion of General Health Care staff trained in Leprosy	874	36.6
	• Medical Officers	82	51.2
	• Health Supervisors (Male)	90	68.8
	• Health Supervisors (Female)	203	57.1
	• Multipurpose Worker (Male)	590	70.6
	• Multipurpose Worker (Female)	15	80.0
	• Media Staff	858	10.7
	• Other staff		
4.	Proportion of vertical staff trained in General Health Care delivery	80	51.2
5.	Proportion of health facilities where diagnosis is done by all Medical Officers	88	68.1
6.	Proportion of health facilities providing treatment on daily basis	88	81.8
7.	Proportion of health facilities dispensing MDT with other medicines	88	55.6
8.	Proportion of health facilities having adequate MDT stocks as per guidelines		
	• MB (Adult)	88	14.7
	• MB (Child)	88	5.6
	• PB (Adult)	88	9.0
	• PB (Child)	88	3.4
9.	Proportion of Health facilities reporting as per SIS (LF-2 to 4)	88	90.9
10.	Proportion of Health facilities having current counseling guidelines	88	42
11.	Proportion of Health facilities where GHC staff are maintaining all records	88	42
12.	Proportion of SHCs involved in leprosy care		
	Referring suspects to PHC's	108	34.2
	Maintaining patient card	108	41.6
	Providing subsequent doses	108	33.3
13.	Proportion of clients satisfied with MDT services		
	Getting free MDT supply	149	99.3
	Getting MDT near to their home (SHC/HF)	149	83.8
	Staff available at the time of visit	149	95.3
	Satisfied with the staff behavior	149	97.9

(N=No. of dist./Nos. in position)

Assessment of Status of Structural and Functional Integration of NLEP activities into GHS

SUMMARY OF INDICATORS

- Only 22.2% of the surveyed district had DN as per PIP guidelines.
- 53.4% of the health facilities had posting of vertical staff.
- Training level of Medical Officers was 36.7% of them were trained in leprosy. However, 63% for field level workers and Health Supervisors were trained less than more than 50% in Leprosy Work. The media and other staff were trained in leprosy 80% and 10.7% respectively.
- The vertical staffs were trained extensively for 6 months in General Health Care services in 51 % health facilities.
- In 68.1% of the Health Facilities all the Medical Officers are diagnosing leprosy cases.
- In 82% of health facilities MDT was distributed on all working days, 13.6% of health facilities MDT was distributed on fixed days whereas in remaining 4.54% they had their separate arrangement.
- Only in 56% of the health facilities MDT blister packs were disbursed with other medicines whereas in 27% of the health facilities this were disbursed separately, in remaining 17 0% of Health facilities MDT blister packs were not available.
- MDT stock management was very poor as only 6.4% of Health facilities had MB adult and child blister packs as per guidelines. Only 6.2% the health facilities had PB blister packs availability as per guidelines.
- On the average, 91.1% of the health facilities visited by monitors had SIS guidelines. The range was Rajasthan 60% in to 100% in Andhra Pradesh, Karnataka Tamilnadu, Orrisa and West Bangal. The treatment registers. This proportion was good in West Bengaland Orrisa of the state except Andhra pradesh (0), Uttaranchal (84.1%)
- Overall 47.7% of the Health facilities MDT stock registers were maintains

- Of the visited districts, 42% of the health facilities had counseling guidelines in surveyed states.
- 60% of the sub-center was involved in leprosy patient care. 34.3% suspect cases were referred to the higher centers. 33.3% of the subcenters maintain the patient cards.
- Among the 99.3% of patients were getting MDT free of charge. Overall 97.9% were satisfied with the behaviour of health staff. 95.3% of the staff was available at the time of patients visit and 97.9% the clients getting the MDT near their home.

Annexure - I

INFORMATION TO BE COLLECTED AT STATE LEVEL

1. Name of the State :

2. Population (as on 01.04.05) :

3. P.R. (as on 1st April 2005) :

4. No. of districts in the state :

5. No. of districts with District Leprosy :
_____ Nucleus
6. No. of health facilities in the State :

(Information from all the existing district to be furnished)
7. Status of following infrastructures in the state (Information from all the existing district to be furnished)

Infrastructure	No. at present	Present role / functions
CHC		
PHC		
Urban Hospital/Dispensary		
Urban Health Centre		
Any other		

7. Status of CMO & DLO in the districts (from all the existing districts):
(See Proforma overleaf)

NAME & SIGNATURE OF RESEARCHER

Operational Research on working of General Health Care Staff

State ----- District -----

District Hospital / Block PHC or CHC / PHC / UHC or Urban hospital level compilation format

Name of health facility visited	No. of S. C.'s	Pop n.	GHS Staff trained in leprosy																			
			4																			
			1		2		3		4		5		6		7		8		9		10	
No		Tr		No		Tr		No		Tr		No		Tr		No		Tr		No	Tr	
1. District Hospital	NA	NA																				
2. UHC/ UH	NA	NA																				
3. Block PHC																						
4. PHC (A)																						
5. PHC (B)																						
Total																						

Vertical Leprosy Staff				MO diagnose (Y/N)	MDT all days (Y/N)	MDT service provided (Y/N)	MDT Stock 3 Months (Y/N)						Cases with regular treatment				Defaulter cases					
5				6	7	8	9						10 a				10 b					
1		2					3		4		1	2	3	4	5	6	1	2	3	4	1	2
No	Tr	No	Tr	No	Tr	No	Tr															

Treatment record (G/V)	MDT drug register (G/V)	Lep. Rep. prep. (G/V)	Rep. as per SIS (Y/N)	Media Staff trained		Accompanied MDT		Satisfied with MDT		MO able to diag and treat correctly	
11	12	13	14	15		16		17		18	
				No.	Tr.	No.	Taken	No.	Satisfied	No	Correctly diag.

Abbreviations: G = GHS, V = Vertical, Tr = Trained, No = Number, Y = Yes, N = No

District level format

Format-2A

A: CMO office / DLO office

1. Name of the District _____
2. Population of district (as on 01.04.05)
3. PR (2004-05) per 10,000 pop.
4. (i) Is there any district leprosy nucleus (as per PIP)? Yes / No
If Yes give staffing pattern and functions.

Category	No	Functions
DLO / Dy CMO	.	
MO		
NMS		
PMW		
Physiotherapist		

5. Status of health facilities in the district:

Health facilities	No.	No. Providing MDT services	Daily / Fixed day
District Hospital(s) ¹			
Block PHC/CHC ²			
Urban Hospitals or UHC excluding Distt. Hosp. ³			
PHC			
SC			

6. GHS staff trained in leprosy work:

Category (Designation)	No. in position	Trained	Category (Designation)	No. in position	Trained
Medical Officer ¹			Health Supervisor (Female) ⁶		
Specialist ²			Multipurpose Worker (Male) ⁷		
Nurse ³			Multipurpose Worker (Female) ⁸		
ANM ⁴			Pharmacist ⁹		
Supervisor (Male) ⁵			Other specify ¹⁰ (Lab tech Radiographer)		

7. Leprosy staff trained & involved in General Health Care Delivery:

Category	No. of leprosy staff (in-position)	No. Posted in GHCS	No. of leprosy staff trained in general health care delivery	No. of leprosy staff delivering in General Health care
Non Medical Supervisor ²				
Para Medical Worker ³				
Physiotherapist ⁴				

8. Number of Media staff in-position & trained for at least one day in IEC for leprosy:

Category	No. (in position)	No. (trained)
Distt. Education & Media Officer / Mass Media Officer ¹		
Health Educator ²		
Others (If any) ³		

Name & Signature of Researcher

District level format

B: District Hospital

Respondent's designation:

1. Name of District _____
2. Name of Hospital:
3. No. of GHS staff trained in Leprosy work:

Category (Designation)	No. in position	Trained	Category (Designation)	No. in position	Trained
Medical Officer ¹			Health Supervisor (Female) ⁶		
Specialist ²			Multipurpose Worker (Male) ⁷		
Nurse ³			Multipurpose Worker (Female) ⁸		
ANM ⁴			Pharmacist ⁹		
Health Supervisor (Male) ⁵			Other specify ¹⁰ (LT,)		

4. Is there any vertical leprosy staff (NMS / PMW / PT) posted ? **Yes /No**
If **yes**, fill following:

Category (Designation)		Total No. in position	No. Trained in GHS	Present duties
Earlier	Present			
NMS ¹				
PMW ²				
Physiotherapist ³				
Any other specify ⁴				

5. Any of your MO diagnose and treat leprosy cases: **Yes/No**

5.1. If **Yes**: whether daily / on fixed days / Other specify -----
-(verify from patient cards)

6. Is MDT available at dispensing counter on all working days (with other medicines):

Yes/No (Verify from ground stock)

7. Detail of leprosy cases and MDT stock;

Type of Leprosy/MDT	No. of cases on record	MDT stock position	Cases given AMDT	Write case wise treatment detail (P/D)
MBA ¹				
MBC ²				
PBA ³				
PB C ⁴				

8. Status of maintenance of records

Category	P/A	Entries filled correct (Y/N)	If no, give defect / deficiencies	Sign by MO (Y/N)	Report sent	
					When	Whom
Treatment register (LF2)						
Drug Register (LF3)						
Reporting (LF4)						

9. No. of media staff in position & those trained for at least one day (IEC training in Leprosy).

Category	No. in position	No. trained
Block Extension Educator (BEE)		
Any other		

10. Number of cases satisfied with MDT services.

Number sampled ----- Number satisfied -----

11. No. of cases given counselling

Number sampled ----- Number counselled ----- By whom -----

Is counselling guideline available (Yes/No)

Name and Signature of Researcher

Block PHC or CHC/PHC/UHC or Urban hospital level format

Respondent's designation: Medical Officer-In-charge/any other specify B MO

2. Name of Block PHC or CHC/PHC/UHC or Urban hospital CHC

2. No. of Sub-centers:

3. Population:

4. No. of GHS staff trained in Leprosy work:

Category (Designation)	No. in position	Trained	Category (Designation)	No. in position	Trained
Medical Officer ¹			Health Supervisor (Female) ⁶		
Specialist ²			Multipurpose Worker (Male) ⁷		
Nurse ³			Multipurpose Worker (Female) ⁸		
ANM ⁴			Pharmacist ⁹		
Health Supervisor (Male) ⁵			Other specify ¹⁰ (LT,)		

5. Is there any vertical leprosy staff (NMS / PMW / PT) posted ? **Yes /No**
If **yes**, fill following:

Category (Designation)		Total No. in position	No. Trained in GHS	Present duties
Earlier	Present			
NMS ¹				
PMW ²				
Physiotherapist ³				
Any other specify ⁴				

6. Any of your MO diagnose and treat leprosy cases: **Yes/No**6.1. If **Yes**: whether daily / on fixed days / Other specify -----
-(verify from patient cards)

7. Is MDT available at dispensing counter on all working days (with other medicines):

Yes/No (Verify from ground stock)

8. Detail of leprosy cases and MDT stock;

Type of Leprosy/MDT	No. of cases on record	MDT stock position	Cases given AMDT	Write case wise treatment detail (P/D)
MBA ¹				
MBC ²				
PBA ³				
PB C ⁴				

9. Status of maintenance of records

Category	P/A	Entries filled correct (Y/N)	If no, give defect / deficiencies	Sign by MO (Y/N)	Report sent	
					When	Whom
Treatment register (LF2)						
Drug Register (LF3)						
Reporting (LF4)						

10. No. of media staff in position & those trained for at least one day (IEC training in Leprosy).

Category	No. in position	No. trained
Block Extension Educator (BEE)		
Any other		

17. Number of cases satisfied with MDT services.

Number sampled ----- Number satisfied -----

18. No. of cases given counselling

Number sampled ----- Number counselled ----- By whom -----

Is counselling guideline available (Yes/No)

Name and Signature of Researcher

Sub-Center Schedule

Name of PHC -----

Name of district - -----

1. Name of Sub-center : _____
2. No. of villages under Sub-center: _____
3. Population covered by Sub-center:
4. Health Staff in position and trained in Leprosy:

Health Staff	No. in Position	No. trained in Leprosy
Multi-Purpose Worker (Male)		
Multi-Purpose Worker (Female) ANM		

5. **Status of Leprosy patients (under treatment) and MDT stock (Verify from registers and ground stock).**

Leprosy/ MDT Type	No. of patients under treatment				Follow-up	
	No. of cases	Regular	Irregular	Left after taking 1-2 doses	Y/N	Action
MBA						
MBC						
PBA						
PBC						

6. Number of suspected cases referred to PHC during last 3 months and confirmed by Medical Officer

	PBA	PBC	MBA	MBC
No. referred				
No. confirmed				
Patient card present				
MDT blister packs present				
Subsequent doses given				
Blister Pack present				

Name and Signature of Researcher

QUESTIONNAIRE FOR MEDICAL OFFICERS

MATCH THE FOLLOWING:-

- | | | |
|-----|-------------------------|-------------------------------|
| (a) | MB Leprosy | Thickened Nodules |
| (b) | PB Leprosy | More than 3 peripheral nerve |
| (c) | Type-I Lepra Reactions | B.I. 1 + |
| (d) | ENL | Skin pigmentation |
| (e) | Lateral popliteal Nerve | Grade-II deformity |
| (f) | Posterior tibial | Anaesthesia on dorsum of foot |
| (g) | Lagophthalmos | Clofazimine |
| (h) | PB Child | Fever joint pain fatigue |
| (i) | MB | Prednisolone |
| (k) | PB | 6/9 blister packs |
| (l) | ENL | Pure Neuritis Rifampicin |

Name of the district	Population as on 01.04.2005	Prevalence rate (2004-05)	CMO in position (Y/N)	DLO in position (Y/N)
1				
2				
3				
4				
5				
6				
7				
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11				
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ANNEXURE II

Regional Leprosy Training and Research Institute Raipur (Chhattisgarh)

1. Dr H Rathod, Chief Researcher
2. Dr A.Pandey
3. Dr AK Misra
4. Dr R N Sabat

Regional Leprosy Training and Research Institute Aska (Orrisa)

1. Dr V Santharam
2. Dr M Behera

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