

Monitoring & Evaluation of NLEP Activities in
Chamarajanagar District, Karnataka State

1

S.No	Indicator	Yes/No
1.	Establishment of District Nucleus	Yes
2.	Making correct diagnosis with classification	Yes
3.	Referral and feedback system appropriate	Yes
4.	Management of reactions	Yes
5.	POD and Self care activities	Yes
6.	Capacity building of in house staff	Yes
7.	Maintenance of register	Yes
8.	Timely submission of MPR by 5 th of every month	Yes
9.	Stock Register maintained	Yes
10.	IEC material displayed properly	Yes
11.	Involvement of MPW in leprosy with availability of MDT as per guidelines	Yes
12.	Availabilities of Prednisolone and supportive medicine	Yes
13.	Timely indenting of MDT	Yes
14.	Physical verification of quantity and date of expiry of Medicine	Yes
15.	MDT stock register maintained properly	Yes
16.	Involvement of ASHA on NLEP	Yes
17.	RCS conducted/referred	No
18.	Involvement of NGO	No
19.	Availability of mobility	Yes
20.	Submission of SOE in time	Yes
21.	Skin Smear Facility	No

CHAMARAJANAGAR DISTRICT:

Chamarajanagar is the southernmost district in the state of Karnataka. Chamarajanagar District is about 180 kms from Bangalore. The District is endemic to leprosy with prevalence rates as high as 89/10000 population at the time of beginning MDT. It is one of few endemic districts which had prevalence in the range of 0.80 to 1.10 per 10000 and ANCDR ranges from 12 to 19 per 1,00,000 during the last 5 years. Chamarajanagar District has four Taluk (Chamarajanagar, Kollegal, Yalandur & Gundlupet).

A total of 1 District Hospital and 2 Taluk Headquarter Hospital, 1 NLCC, 1 CHC, 5 PHC and 2 Sub Centres were visited during the Monitoring Visit by the CLTRI Team as depicted in table below.

Health Centres	Place
District Headquarter Hospital	: 1. Chamarajanagar
Taluk Headquarter Hospitals	: 1. Yelandur 2. Gundlupet
National Leprosy Control Centre (NLCC)	: 1. Kollegal
Community Health centre	: 1. Beguru
Primary Health centre	: 1. Kuderu 2. Sathegala 3. Kamagere 4. Gumbali 5. Bannithalapura
Sub Centres	: 1. IkdaHalli 2. Y K Mole

1. District Nucleus Team (DNT)

Sl. No.	Post	Sanctioned	In-Position	Vacant
1.	District Leprosy Officer (DLO)	1	1	-
2.	Medical Officer	1	1	-
3.	HE	1	-	1
4.	Non Medical Supervisor	2	2	-
5.	NMA	6	2	4
6.	Driver	1	-	1

2. Comments on Reports and Records:-

	2011-12	2012-13	2013-14	2014-15 (till May 14)
New Cases Reported during the year	121	150	198	12
ANCDR	12.26	14.27	18.56	1.12
Remaining Cases at the end of the year	89	102	117	101
PR	0.86	0.97	1.10	0.95

- The Maintenance of Records, Preparation and Submission of Reports were good.
- The Registers for the DPMR activities and Drug Stock registers were maintained properly in most of the visited Taluk Headquarter Hospitals, PHCs and Sub centres.
- In the Case Cards, Case Details (details of disease like site, number of lesion, nerve involvement and deformity) were properly entered in most of the visited centres. In few centres, some columns were left blank so, the team insisted them for completeness of the Case Cards.

- The DLO, Chamarajanagar is regularly sending Circulars/ instructions to all CHCs, PHCs and Sub centres to maintain following records and registers.

IEC/IPC Monthly Progress Chart

Suspect Register

New Case Register

Contact Survey Register

IEC/IPC Activity File

ASHAs Performance Register

Indent Forms

- ASHA workers are also maintaining Suspect Records properly.
- PHCs had appropriate referral & a feedback system in the District.

(a) Block wise Report of ANCDR and PR of Chamarajanagar District as on May 2014

S. No.	Name of the Block	Population	PR	ANCDR
1	Chamarajanagar	432803	0.90	1.39
2	Kollegal	373494	0.82	2.14
3	Yelandur	252573	0.79	1.19
4	Gundlupet	82393	0.97	1.21

S. No.	Name of the Urban Centre	Population	PR	ANCDR
1	Chamarajanagar	78365	-	-
2	Kollegal	62380	0.80	1.60

3. Progress in DPMR implementation:-

a. Reconstructive Surgery:

	2013-2014		
	New	Old	Total
Gr. I Deformity Cases	20	66	86
Gr. II Deformity Cases	14	197	211
No. of RCS done	-	-	-

There is no recognised RCS centre in this District. There are a number of cases requiring RCS. In 2013-14, 5 cases were screened for RCS during 2013-14 and were sent to Victoria Hospital Bangalore for Surgery but in vain Last RCS was done in the year 2006-07 for 4 patients. There is no functional physiotherapy facility available in the district.

b. MCR Footwear

- Productive MCR Footwears were purchased from Dr. Babu Jagjivan Ram Leather Industries Development Corporation Ltd. (LIDKAR), Government of Karnataka at the rate of Rs.275/- per pair.
- In 2013-2014, No. of cases provided MCR Footwear were 145 (upto Feb 2014)
- In 2014-2015, No. of cases provided MCR Footwear were 22 (upto May 2014)
- Now, 201 pairs of MCR Footwear are available in DLO Office.
- MCR Requirement for the year 2014-2015 is 350 pairs

c. Self Care Kits

The DLO,Chamarajanagar is providing Self Care kits to the needy cases. Each Self care kit box consists of 11 items and cost of the kit is Rs.210/-. As on date the available Self Care kits at DLO Office are 60 boxes.

In 2013-14, No. of cases provided self care kits = 89 boxes

In 2014-15, No. of cases provided self care kits = 13 boxes

d. DPMR Register

DPMR Registers are maintained properly.

4. Availability of MDT, Prednisolone and other supportive drugs:-

- The quality of all drugs is good and they are having good expiry period.
- Indenting and Supplying Systems are proper.
- Most of the visited Health centres were having timely indent of MDT.
- Most of the visited Health centres had MDT as per guidelines.
- Supportive drug are also in good quality and having a good expiry period.

5. Leprosy Training of General Health Care Staff and ASHAs:-

MOs –The DLO, Chamarajanagar had conducted Refresher Training course (2 days) for the 30 MOs working in PHCs during 2013-2014

Others- The DLO had conducted Leprosy Training for 30 Female / Male Health workers during 2013-14.

ASHAs – 229 ASHAs were sensitized during 2013-14.

ASHA involvement in case finding, referral and patient counselling are good. The Incentives to ASHAs for case findings and regular treatment were provided promptly. The Incentives were deposited in the ASHA's bank account.

Generally, there is proper capacity building of in house staff in the district.

6. IEC Activities undertaken and Display of IEC Materials:-

Generally IEC activities were good. IEC Activities like Group Meeting, Gram Panchayat Meeting, Shtree Sakthi Sanga, Anganavadi and Quiz Programme were undertaken.

Boards, Posters and pamphlets were displayed in all the visited Health Centres. IEC/IPC monthly progressive Charts and IEC Activity Registers were maintained in the PHC. Labels bearing Leprosy Awareness were given to the Schools students. The Pamphlets containing leprosy awareness and other health awareness were distributed to the people.

7. Cases Validation:-

❖ 8 PB cases and 4 MB cases were validated by the CLTRI Team.

❖ 1 MB case was confirmed by the Team.

All Visited Health centre are diagnosing leprosy correctly with correct grouping.

8. Involvement of VHNs / MPWs / ASHAs in NLEP:-

The Participation and involvement of the ASHAs and Male /Female Health workers in the NLEP activities were found good. There are 680 ASHAs working in the District; 229 were trained in Leprosy (as on 31.03.2014). 50 cases (37 PB & 13 MB) cases were diagnosed as Leprosy, out of the suspects referred by the ASHAs during 2013-14. 10 (5 PB & 5 MB) cases were diagnosed as Leprosy, out of the suspects referred by the ASHAs in April 2014 to May 2014.

9. Involvement of NGO

There is no NGO working in this District for Leprosy.

10. Government / Private Medical College

There are no government / private Medical colleges in this District.

11. Funds Position at District level:-

Budget Status as per Action plan

S.No	Details of Activities	% of Utilisation
1.	Specific plan for high endemic District	96.26
2.	Sensitization of ASHA	100.00
3.	Incentives to ASHA	54.74
4.	MCR Footwear	99.00
6.	Supportive drugs	100.00
7.	IEC/BCC	92.21
8.	Training	78.73
9.	Contract Staff	62.72

12. Special Activities

Special Situational Activity;

Special situational Activity was conducted in all 4 taluks from September 2013 to February 2014 in selected 2 PHCs (1 PHC with PR >1 & 1 PHC with PR <1) using MOs, PHC Staffs and ASHA workers. 37 Cases were detected; among them 6 were PB Child cases.

Contact Survey

Contact Survey was conducted in this district; 750 contacts of 102 cases were screened and one case was detected.

13. Any other relevant point / issue:-

Team's Method of Selection of Health Facilities.

- District Headquarter Government Hospital, Chamarajanagar
- National Leprosy Control Centre (NLCC), Kollegal and Taluk Head Quarter Hospital, Yalandur.
- PHC:- Since all 4 Blocks/ Taluks were high endemic, the team visited all 4 Block/Taluk and visited 6 PHCs & 1 CHC.

- The Reports and Records were maintained properly.
- Relapse cases were sent to KR Hospital Mysore for confirmation and taking Skin Smear.
- Monitoring Activities by the DNT Team was timely and proper.
- Cooperation General Health Care Staff towards NLEP is good.
- All the visited Health centres were maintaining NLEP records properly.

14. Suggestions / Recommendations:-

- Lack of manpower in the DNT Team and as well as in the District. 3 PMW, Senior NMS, ASO, BHE, Physiotherapist and Group D posts were lying vacant. These posts are to be filled. The PMWs and NMS post which are vital for NLEP, should be filled as earlier as possible.
- There are a no of cases requiring RCS. Last RCS was done in the year 2006-07. RCS activities have to be started either in the State Capital / District headquarter. For conducting RCS in the District Headquarter, The CLTRI is ready to conduct RCS Camp in the District Headquarter.
- Skin Smear Facility was not available. The laboratory facilities at the District Hospitals for smear examination to diagnose difficult cases should be developed. The Facilities of Laboratory of the Taluk Headquarter Hospitals and PHCs were good. PHC Lab Technicians can be given training in Skin Smear Training.
- MPR Copy should to be sent to the CLTRI while sending to the SLO, Karnataka.

(Dr. M. K. Showkath Ali)
Director, CLTRI