COVER STORY

New approaches to address disability in leprosy

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Prevention of Impairement and Disability (POID) project is implemented in E. Godavari and Guntur districts.We are pleased to share the following activities done in the project.

NLEP Coordinator at PHC level

It was observed that the vertical NLEP staff i.e. Assistant Paramedical Officers (APMO) were available in less than 30% of the PHCs in both the districts. In the remaining PHCs,there was no staffresponsible and accountable for NLEP activities. Based on the direction of District Health and Medical Officer (DMHO),one staff of the cadre of multipurpose health supervisor (MPHS) was nominated by the PHC Medical Officer in each PHC.

Capacity-Building

All the NLEP Coordinators were provided induction training by the NGOs at the district level addressing the NLEP programme requirements as well as deliverables of the POID project.

All the ASHAs were trained through Training of Trainers Programme using the ASHA Coordinators from each PHC. This was intended to encourage referral of suspects of leprosy to the PHCs and promote early diagnosis of leprosy.

Considering the importance of the Nerve Function Assessment (NFA) in early detection of neuritis and in prevention of disability, hands-on training programs for the PHC Medical Officers and the Deputy Paramedical Officers (DPMOs) were organized involving patients and providing practical exposure in recording of the NFA finding in the NLEP prescribed P-II form.The DPMOs subsequently trained the APMOs on the same subject in their respective project areas.

Under the project,the newly recruited PHC Medical Officers between 2011 and 2012 were trained on NLEP with the help of the DLO and POID project resource persons.

Cadre of Health Staff trained under the project at E. Godavari and Guntur Districts

NLEP Coordinators (Health Supervisors) 220, Medical Officers 70, Training on nerve function assessment, neuritis and its management for MOs, APMOs and DPMOs 307, ASHAs and ASHA co-ordinators trained on Basic facts of leprosy, role of ASHAs in NLEP and referral and line-listing are 5234.

Line-listing

The ASHA workers were trained for generating this line-list for their jurisdiction and later it was compiled at PHC level. For the first time in the history of NLEP, the line-list further facilitated our understanding of the burden of the Leprosy at PHC level as well as District level closer to reality.

The baseline number of disabled cases was 6,410 at the time of launching of the project in the 2 districts and during the 2 years of implementation, another 126 new disability cases were reported. Comparing the performance of 2010-11 and 2011-12, the disability rates of reported Grade-I and II cases show an increase in both the districts except for Grade-II rate in Guntur.

As part of the project intervention, we had initiated the administration of Prednisolone to the neuritis cases presenting with Grade-I and II disability of recent development. The patients after the intervention were being followed up for any change in their disability status. Line-list was also useful in documenting the status before

and after the intervention and was providing valuable information about the intervention.

Services provided in E.Godavari and Guntur districts during 2010-12:

- RCS done: Guntur 93; EG:238
- Ulcer care: Guntur: 1534; EG:2684
- MCR provided: Guntur: 4995;EG: 5744
- Cataract surgeries done: Guntur: 126; EG: 27 (2012 year)
- No. of persons benefitted through Social welfare schemes: Guntur: 1133; EG: 2114

The Mobile Action teams screened the eligible leprosy-affected persons for RCS, ulcer cases needing special in-patient care and referred them to the referral hospitals maintained by RISDT in Kathipudi, East Godavari and GRETNALTES in Morampudi, Guntur. Our teams also facilitated the issue of disability certificate and pension to 3,247 Leprosy affected persons through the SADAREM camps conducted at the district level.

Mobile Action Teams

Two mobile teams were placed by the NGOs in each of the districts comprising a physiotherapist, counsellor, dresser, shoe technician and driver. A schedule of visit to the PHCs was prepared in consultation with the District Leprosy Officers.

PHC nurse dressing the ulcer

The team used to provide on-the-job training to the PHC staff in counselling leprosy patients, maintenance of records, ulcer-dressing, screening of patients for RCS and cataract, generation and updating the line-list.

Training on self-care practices was undertaken for the persons affected by leprosy and self-care kits, and MCR footwear and spectacles were provided to the eligible persons.Eligible persons were identified for various government welfare schemes.

Synergy with Government Programmes

Following the internal review by the end of year-1, self-help groups (SHGs) of the leprosy-affected persons were formed with the help of District Rural Development Agency (DRDA) steps were taken to identify the affected disabled persons, and link them with banks for availing financial assistance to undertake certain income-generation activities.

Mainstreaming of eye care for the leprosy-affected could be done in collaboration with National Programme for Control of Blindness (NPCB) through their Government and Non-Government stakeholders for the persons affected by leprosy in both the districts.Cataract operations, vision correction, provision of spectacles were done.

Streamlining availability of Prednisolone

Prednisolone availability in the PHCs for management of reaction/ neuritis was streamlined. A circular from Central Leprosy Division, Government of India, was issued and used as a tool to decentralize the procurement of Prednisolone tablets from the NRHM funds at PHC level and continuous availability was ensured in all the PHCs with the PHC pharmacist.

Backstopping assignment

A senior international leprologist having wide experience was appointed as the backstopper for the POID project, to evaluate the quality of the services in selected PHCs, interact with cluster and district level officials and identify areas for further improvement.

Monitoring and Evaluation

The project underwent 2 internal evaluations at the end of 1st year (separately for medical and CBR components) and one internal evaluation at the end of 2nd year. There was joint monitoring of the project once yearly by State Leprosy Officer and the Swiss Emmaus India National Technical Coordinator to review the project performance. This was besides all the backstopping exercise that was undertaken during the same period.

The Primary Health Care system in Andhra Pradesh is well-established in terms of infrastructure and personnel. However, with reference to NLEP implementation, there were certain areas needing improvement, especially in DPMR component.

The two years of project experience in the two districts has been quite encouraging and we are hopeful of demonstrating a sustainable and replicable model of prevention of disability among leprosy-affected persons through strengthening the primary health care system.

The findings related to the outcome indicators would be available after completion of the project by end of 2013. ■

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