

WHO-GOI-ILEP-NIHFW

**Leprosy Elimination Monitoring (LEM)  
in India, 2004**

**Field Guidelines for Monitors**



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## Abbreviations

<b>AP</b>	Andhra Pradesh
<b>BCP</b>	Blister Calendar Pack (MDT drugs)
<b>CHC</b>	Community Health Centre
<b>CMO</b>	Chief Medical Officer
<b>DLO</b>	District Leprosy Officer
<b>DLS</b>	District Leprosy Society
<b>DTST</b>	District Technical Support Team
<b>FDT</b>	Fixed Duration of Treatment
<b>ILEP</b>	International Federation of Anti Leprosy Associations
<b>GOI</b>	Government of India
<b>LCA</b>	Left Control Area
<b>LEM</b>	Leprosy Elimination Monitoring
<b>MB</b>	Multi Bacillary
<b>MB(A)</b>	Multi Bacillary(Adult)
<b>MB(C)</b>	Multi Bacillary (Child)
<b>MDT</b>	Multi Drug Therapy
<b>MLEC</b>	Modified Leprosy Elimination Campaign
<b>MO</b>	Medical Officer
<b>MOHFW</b>	Ministry of Health and Family Welfare
<b>MP</b>	Madhya Pradesh
<b>NCDR</b>	New Case Detection Rate
<b>NIHFW</b>	National Institute of Health & Family Welfare
<b>NLEP</b>	National Leprosy Eradication Programme
<b>NLR</b>	Netherland Leprosy Relief
<b>PB</b>	Pauci Bacillary
<b>PB(A)</b>	Pauci Bacillary (Adult)
<b>PB(C)</b>	Pauci Bacillary (Child)
<b>PHC</b>	Primary Health Centre
<b>PMW</b>	Paramedical Worker
<b>POD</b>	Prevention of Disability
<b>PR</b>	Prevalence Rate
<b>SC / ST</b>	Scheduled Caste / Scheduled Tribe
<b>SIS</b>	Simplified Information System
<b>SLO</b>	State Leprosy Officer
<b>SLS</b>	State Leprosy Society
<b>TLM</b>	The Leprosy Mission
<b>TN</b>	Tamil Nadu
<b>UP</b>	Uttar Pradesh
<b>WB</b>	West Bengal
<b>WHO</b>	World Health Organisation

## Glossary of common terms

<b>Leprosy case</b>	A leprosy patient is one who has a skin patch or patches with a definite loss of sensation and has not completed a full course of treatment with multi drug therapy (MDT).
<b>New case of Leprosy</b>	A leprosy patient who has never taken MDT drugs anywhere in the past
<b>Re-registered case</b>	A case of leprosy, partly or fully treated with MDT in the past at any health facility and who is re-registered again as a new case for treatment
<b>Leprosy defaulter</b>	A patient who has not collected treatment for 12 consecutive months is a defaulter and should be removed from prevalence
<b>Cure</b>	A patient who has completed a full course of fixed duration MDT ( 6 doses for PB and 12 doses for MB) is cured
<b>Fixed duration of treatment</b>	6 doses (pulses) of MDT in PB and 12 doses (pulses) of MDT in MB
<b>Released from Treatment</b>	A cured person is released from treatment (RFT)
<b>Multi-bacillary Case</b>	6 or more skin lesions, with loss of sensation
<b>Pauci-bacillary Case</b>	Up to 5 skin lesions, with loss of sensation
<b>MB Cohort for present survey</b>	MB cases started MDT during the period between 1 <sup>st</sup> May, 2001 to 30 <sup>th</sup> April, 2002
<b>PB Cohort for present survey</b>	PB cases started MDT between 1 <sup>st</sup> January 2002 to 31 <sup>st</sup> December 2002.
<b>Disability grade-II</b>	Visible deformity or damage of hand and/or foot; or person cannot count fingers at a distance of 6 feet, lagophthalmos, iridocyclitis, and corneal opacity
<b>Prevalence rate</b>	Number of reported new cases of leprosy per 10,000 population, in a given point of time (31 <sup>st</sup> March)
<b>Prevalence rate after applying standard definition</b>	Prevalence rate as calculated after applying the standard definitions of a new case, defaulter and cured case of leprosy.
<b>MDT Blister pack for MB</b>	Contains Rifampicin, Dapsone and Clofazimine
<b>MDT Blister pack for PB</b>	Contains Rifampicin and Dapsone
<b>Unacceptable blister pack</b>	MDT pack which is torn, discoloured, damaged or expired
<b>Accompanied MDT</b>	Giving full course of MDT pack(s) to patient in advance anticipating his/her inability to come the following month(s), regularly due to various reasons (stigma, employment, distance, relocation, etc.)

## **INTRODUCTION**

The Government of India launched the leprosy control activities in 1955. In 1983, a new strategy based on MDT was introduced, and the programme was renamed as National Leprosy Eradication Programme (NLEP). The national prevalence of leprosy declined from 57/10,000 in 1983 to 2.3/10,000 in February 2004. During 2001-2004, it is envisaged to consolidate the achievements of leprosy elimination, decentralise and integrate the programme with general health services. In order to follow the trends of the leprosy situation in the country, a third annual consecutive Leprosy Elimination Monitoring (LEM) exercise has been planned in 2004.

## **PURPOSE OF LEM**

The routine information system is the principal and essential tool for monitoring the progress of the leprosy elimination programme. Since the routine system tracks only a limited number of indicators, the proposed monitoring exercise will serve as a complement by measuring specific aspects, through a standardized set of indicators that will allow the programme managers to take corrective actions. The proposed LEM 2004 would be carried out in a standardized manner in 13 endemic States of the country (Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Tamil Nadu, Uttaranchal, Uttar Pradesh and West Bengal).

## OBJECTIVES

The overall aim of the project is to assist the decision-makers and programme managers to assess the progress towards leprosy elimination.

- To assess NLEP activities on specified elimination indicators in 13 endemic states in the country.
- To assess the progress of integration of leprosy control activities with the general health care system, on specified key indicators.
- To assess the quality of MDT services provided at field level.
- To assess the implementation of the Simplified Information System (SIS)
- To assess the awareness about Leprosy, on specified key indicators.
- To assess the validity of the diagnosis, among newly detected cases. (see separate protocol)
- To identify potential issues of programme implementation and make practical recommendations for further improvements.



## QUALITIES OF A GOOD MONITOR

Monitors will be working in a team of two (One of them being NIHFW Monitor and the other from collaborating agencies like WHO, ILEP agencies).

Both the monitors in the team should jointly discuss and plan each days' activities in advance and at the end of the day again discuss the information collected, difficulties faced and other related issues. They should ensure that all the desired information is complete, accurate and properly entered in the data collection instruments.

It is also planned that supervision and support to monitors will be provided by LEM Core group experts, during the data collection work in the states.

A good and effective monitor is expected to have the following qualities:

- ❑ The attitude of monitors should be positive and they should clearly indicate that they are not supervisors or inspectors.
- ❑ They should involve local health personnel in the LEM exercise after explaining them the objectives and the procedures to be followed.
- ❑ They should always give positive comments, even if they are facing difficulties in obtaining the information they need to collect.

- They should list all the available leprosy documents with local health facilities and should explain the local health personnel what they are doing and for what purpose.
- The leprosy patients to be interviewed should be decided in consultation with local health personnel.
- They should record the information on the data collection instruments with pencil, so that if some changes are required in view of new information, may be incorporated.
- The handwriting should be readable.
- No cell in the instruments should be kept empty. In case the information is not available, reason should be mentioned, or write N.A. (Not available).
- They should familiarise themselves with the records and registers related to leprosy at various levels during their training and field visits at NI HFW, New Delhi, before the start of the data collection.
- They should be prepared to meet unforeseen circumstances in the field during data collection, such as when the health facility visited is closed or the concerned officers are not available, or the records are not complete or records are not available, or other issues related to travel and stay arrangements.

To a large extent these can be met with proper prior review and planning after discussions with local health personnel.



## TASKS OF MONITORS AT STATE LEVEL

The monitors visiting the state head quarters are also expected to collect information from State Leprosy Officers/Public health authorities at state level ( Data collection instrument-I). In case more than one team is visiting state head quarter, only one of them need to collect this information from the state.

The various tasks for monitors at state level are as follows:

- ❖ Although all the concerned State Leprosy offices have been informed about the LEM exercise, yet it is important that monitors interact with them, explain them the objectives and tasks to be performed in the state for LEM exercise.
- ❖ Discuss with them the districts to be visited and collect all the relevant information about the logistics, transport, District leprosy officers and other personnel involved in leprosy activities, etc.
- ❖ Monitors may also collect photocopies of the relevant official letters/ correspondence issued from State Leprosy Officers to the concerned District Leprosy officers regarding the LEM exercise.
- ❖ The transport arrangements to the districts are being made through the rail or road. The funds for which will be made available to the monitors. Efforts may be made to use official vehicles available with local authorities by providing POL out of the funds provided to the monitors. In case such arrangements are not possible local private transport may be arranged as per the guidelines (see Annexure- 5).

- ❖ All the information is recorded on the survey instrument-I about the state.
- ❖ Debriefing of the State leprosy Officers/Public health authorities at state level should also be done after the end of the visit by the LEM teams departing from the state headquarter for Delhi.



**COMPLETION OF DATA  
COLLECTION INSTRUMENT-I,  
AT STATE LEVEL**

The data collection instrument for the state should be filled as follows:

1. After completing the identification data about the state in items 1.1 to 1.4 of the survey instrument-I, write the population of the state as on 31<sup>st</sup> March 2004. In case this is not available, write the projected population of the state for the year 2004 (Given in Annexure- 6), Write this in item 1.5.1. Please mention the sources of population filled in the instrument-I (state figures given by local authorities or use of projected figures).
  
2. **Item 1.5.2:** Please ask the state leprosy officer to list major difficulties faced by them in MDT stock management, integration of MDT services with general health services, in implementation of the SIS and in implementation of leprosy related IEC activities on the state, or any other related issue. Write this in item no. 1.5.2. Please make your own remarks on these issues.
  
3. **Item 1.6:** In case the population of the state is not available for the year 2004, refer to the Annexure-6 and complete this information for the item 1.6 of the survey instrument-I.
  
4. Refer to the monthly Report for the month of March 2004 for the state and complete the prevalence and detection figures in the state and complete the rest of the item 1.6

Write the total number of registered cases as on 31<sup>st</sup> March, 2004  
From this calculate the prevalence rate for this year.

For calculation of detection, refer to the new cases of leprosy detected during the year 2003-2004 (1<sup>st</sup> April to 31<sup>st</sup> March). and write the total new MB cases detected, total new child cases detected, total new female cases detected, and new disability grade-II cases detected out of the total new cases detected during the year.

Also write the total new SC and new ST cases detected during the year.

5. **Item 1.7** Refer to the status of stock of MDT (BCP) at time of visit and complete the information on survey instrument-I: stock of undamaged and un-expired BCP; Damaged BCP and Expired BCP. (The unacceptable MDT (BCP) pack is the one which is expired, or damaged or discolored or torn out). Monitor should physically check and count atleast 100 blister packs (BCP) by random sample in each category (MBA, MBC, PBA, PBC) from different boxes in the store to check for quality of MDT stock and should not merely rely on the MDT stock register.



**CHECK POINTS BEFORE LEAVING THE  
STATE HEADQUARTER**

- Ensure that you have interacted with SLO/public health authorities and explained him the objectives and tasks to be performed in the state for LEM exercise.
- Have all the relevant information about the logistics, transport, District leprosy officers and other personnel involved in leprosy activities, etc. for visit to districts for survey
- Collected photocopies of the relevant official letters/ correspondence issued from State Leprosy Officers to the concerned District Leprosy officers regarding the LEM exercise.
- The transport arrangements to the districts have been made.
- The information desired in the survey instrument-I is completed and no cell is empty. If information is not available write reasons.
- Debriefing of the State leprosy Officers/public health authorities should also be done after the end of the visit by the LEM teams departing from the state headquarter for Delhi.



## TASKS OF MONITORS AT DISTRICT LEVEL

Although all the concerned District Leprosy offices have been informed about the LEM exercise, yet it is important that monitors interact with them explain them the objectives and tasks to be performed in the district for LEM exercise.

- ❖ Discuss with them the health facilities to be visited and collect all the relevant information about the logistics, transport, health officers and other personnel involved in leprosy activities, etc.

Health facility in urban area should be selected from the district head quarter town and may include urban hospital, urban dispensary or Leprosy NGO working in the area. Health facility from the rural area may include Primary Health Centre, Block Primary Health Centre which has adequate number of leprosy cases as mentioned in the LEM protocol. At least one urban health facility and 3 rural health facilities are to be visited by monitoring team in each district (5 rural health facilities in low endemic districts [ $PR < 3.5/10,000$ ]). In case the number of cases is less, more Primary Health Centers, Block Primary Health Centers need to be visited. The selection of health facilities is done by Random sampling proportional to the population and considering number of leprosy cases.

For simple random sampling of urban facilities, use digit of note (last) & select the facility. If number of cases is less, choose another digit on note & select again till you have the desired number of Leprosy cases in the health facility.

- ❖ It is desirable that monitors should request District Leprosy Officer to accompany them in the health facilities selected for data collection.
- ❖ Ensure that the District Leprosy Officer has informed the concerned health facilities for adequate number of leprosy cases and making available all relevant record and reports on the day of visit of the survey team
- ❖ Monitors may also collect photocopies of the relevant official letters/ correspondence issued from District Leprosy Officers to the concerned Medical officers of health facilities selected for the LEM exercise, in case District Leprosy Officer is not available for visit to health facilities.
- ❖ The transport arrangements to the health facilities can be made by use of official vehicles available with local authorities and monitors providing POL out of the funds provided to the monitors. In case such arrangements are not possible local private transport may be arranged as per the guidelines (given in Annexure- 5).
- ❖ Collection of information on the survey instrument-I I
- ❖ Debriefing of the District leprosy Officers should also be done after the end of the visit by the LEM teams on various health facilities in the district.
- ❖ Please leave a copy of your plan for visiting to various health facilities in the districts indicating date and tentative time for visit to these facilities at district headquarter so that the supervisors can know your programme and meet you in health facility.



**COMPLETION OF DATA COLLECTION  
INSTRUMENT-II, AT DISTRICT LEVEL**

The data collection instrument for the district should be filled as follows:

1. After completing the identification data about the district in items 2.1 to 2.5, write the population of the district as on 31<sup>st</sup> March 2004 in item 2.6.1 of the survey instrument-II. In case this is not available, write the projected figure from Annexure - 6.

**Item 2.6.2:** Please ask the District Leprosy Officer to list major difficulties faced by him in MDT stock management, integration of MDT services with general health services, in implementation of SIS, and in implementation of leprosy related IEC activities in the district. Also list his suggestions in item No. 2.6.2. Please make your own remarks on these issues.

2. **Item 2.7:** Refer to the monthly progress report of March 2004 for the district and complete the prevalence and detection figures in the district.

Write the population of the district in 2004 in item 2.7. In case the population figures are not available then write the projected figures based on the census population, (refer to Annexure-6).

Write the total number of registered cases as on 31<sup>st</sup> March, 2004. From these calculate the prevalence rate for this year.

For calculation of detection figures, refer to the new cases of leprosy detected during the year (1<sup>st</sup> April, 2003 to 31<sup>st</sup> March, 2004) and

- write the total new MB cases detected, total new child cases detected, total new female cases detected, and new disability grade-II cases detected out of the total new cases detected during the year. Also write the total number of new SC and ST cases detected during the year. Complete the item 2.7
3. **Item 2.8:** a) Refer to the status of the district as on 31<sup>st</sup> March 2004, and write the total number of urban and rural Government institutions in the districts such as hospitals, urban & rural dispensaries, NGO, Primary Health Centres, Community Health Centres and other institutions, and out of these how many are providing MDT services at item 2.8.
- b) Among the health facilities providing MDT services, ask the DLO to provide the last available Monthly Reports (LF-04 - from block) sent to the district. Check, how many of them are in SIS format? Fill item 2.8.
- c) By looking at the last available Monthly Report (LF-04), assess if the data on MDT drug stock and expiry dates are mentioned. In how many reports? Fill item 2.8.
- d) How many block Monthly Reports (LF-04) for **April 2004** were received at the district headquarter at the time of the visit)? Write the answer on item 2.8.
4. **Item 2.9:** Refer to the status of stock of MDT (BCP) at time of visit on the drug register and record the stock position (for each category: MBA, MBC, PBA, PBC) as entered in the register. The monitor should count physically the entire available stock as in the store and complete the information on as mentioned in survey instrument-II. For assessment of quality of MDT (BCP) monitor should physically check random sample of atleast 100 blister packs (BCP) from different boxes in each category.

5. **Item 2.10:** a) Ask DLO to give number of Monthly Reports (LF-04 from block) this district is supposed to receive from health facilities under its jurisdiction. Write the answer on space provided.  
b) Mention (after actual observation), out of these how many had sent the monthly April, 2004 report to the district?
  
6. **Item 2.11:** Ask the DLO if the last Monthly Report of the District (LF-05 of April 2004) has been sent to the State. Please check the answer by looking at the copy kept at the district (If you are not able to see the April, 2004 LF-05 Report, the answer should be NO).



## CHECK POINTS BEFORE LEAVING THE DISTRICT HEADQUARTER

- ❖ You have the final list of health facilities to be visited and collected all the relevant information about the logistics, transport, Medical Officers and other personnel involved in leprosy activities, etc. in the health facilities to be visited. Ensure that the DLO has informed Medical Officers of PHC/CHCs to collect leprosy cases under treatment for interview by monitors on the time & day of visit to the respective health facilities.
- ❖ You have the District Leprosy Officer or other person deputed by him to accompany you in the health facilities selected for data collection.
- ❖ The concerned health facility has been informed about the day & time of visit of survey team and to ensure adequate number of cases of leprosy and availability of all relevant records and reports.
- ❖ Collected photocopies of the relevant official letters/ correspondence issued from District Leprosy Officers to the concerned Medical Officers of health facilities selected for the LEM exercise, in case District Leprosy Officer is not available for visit to health facilities.
- ❖ Transport arrangements have been made.
- ❖ You have collected all information on the survey instrument-I I .
- ❖ Debriefing of the District Leprosy Officers should also be done after the end of the visit by the LEM teams to various health facilities in the district.



## TASKS OF MONITORS AT HEALTH FACILITY LEVEL

### A. Health Facility

- ❖ Interact with Medical Officer-in-charge of the health facility explain him the objectives of LEM exercise.
- ❖ Observe the records, reports, registers and patient treatment cards as required to complete the information on survey instrument -III.
- ❖ Observe the stock of MDT in health facility stores.
- ❖ Interview the leprosy cases to complete information on survey instrument-IV.
- ❖ Interview of community members on survey instrument-V.

### B. Selected Health Facility found not providing MDT services

In case, a selected health facility is found by the monitors to be not providing any leprosy services, due to another nearby health institution (e.g. NGO), the monitors should record the observation about the selected health facility. Secondly, monitors should visit the nearby health institution which is providing leprosy services and fill all the survey instruments III, IV & V.

- ❖ Observe the records, reports, registers and patient treatment cards as required to complete the information on survey instrument -III.
- ❖ Observe the stock of MDT in health facility stores.

- ❖ Interview and examination of the leprosy cases to complete information on survey instrument-IV.
- ❖ Interview of community members on survey instrument – V.



**COMPLETION OF DATA  
COLLECTION INSTRUMENTS-III,  
IV, and V, AT HEALTH FACILITY  
LEVEL**

**Completion of survey instrument-III**

1. Collect information on type of health facility, urban/rural, providing MDT, population covered (in case of rural health facility definite population is available, where as for urban health facility write the population to which it caters as mentioned by the medical officer in-charge of the health facility ). Complete items 3.1-3.6 of the survey instrument-III.
2. For **items no. 3.7 to 3.16**, monitors should check the OPD register, the leprosy treatment register, the MDT drug register, as well as SIS formats and complete these items. **Answers to items 3.7 to 3.16 should not be obtained from interview of any PHC staff, but rather only from monitor's observations.**
3. **Item 3.17:** Observe the leprosy treatment register for cases diagnosed between 1<sup>st</sup> April 2003 to 31<sup>st</sup> March 2004, and the 12 monthly progress reports from April-2003 to March-2004. Write the number of new cases of leprosy detected and put on MDT at item 3.17.

Analyze by putting tally marks, the cases of leprosy among children (<15 years), Total number of disability grade-II, Total number of female cases, Total number of scheduled caste and scheduled tribe cases detected during the year, and complete the item 3.17.

4. **Item 3.18:** Refer to the monthly progress report of the health facility for March-2004 and treatment register. Compare the number of cases with the one calculated after applying the

standard definitions, for calculating prevalence using the tally sheet 3.18. Complete the item-3.18.

5. **Item 3.19:** Refer to the status of stock of MDT at time of visit and complete the information on cases, stock of undamaged and un-expired MDT. (The unacceptable MDT pack is the one which is expired, or damaged or discoloured or torn out). Calculate the stock availability in Patient-Months. A minimum MDT stock of three months is advisable at all levels. **Monitor should physically check and count all the MDT (BCP) packs in the store and should not merely rely on the MDT stock register** and use the tally sheet 3.19. This should be entered in item 3.19.
  
6. **Item 3.20:** For calculation of cure rate & defaulter rate for MB cases refer to the treatment registers or sometimes even patient treatment cards, for the MB cases registered during the period from 1<sup>st</sup> May 2001 to 30<sup>th</sup> April 2002. Analyze these records and tally mark on tally sheet 3.20 and complete the survey instrument at item-3.20, total number cases, total number cured, total number defaulted and total number still on treatment after completion of 12 doses.
  
7. **Item 3.21:** For calculation of cure rate & defaulter rate for PB cases refer to the treatment registers or sometimes even patient treatment cards, for the PB cases registered during the period from 1<sup>st</sup> January 2002 to 31<sup>st</sup> December 2002. Analyze these records and tally mark on tally sheet 3.21 and complete the survey instrument at item-3.21, total number cases, total number cured, total number defaulted and total number still on treatment after completion of 6 doses.

(The standard definitions of case, cured and defaulter for MB & PB cases are given in the beginning of this document under the head Glossary of terms).

8. **Item 3.22:** Please ask the Medical Officer in-charge and list major difficulties faced by him in MDT stock management, integration of MDT services with general health services, implementation of SIS, and in implementation of leprosy related IEC activities in the area. Please also write his suggestions at the item no. 3.22. Please give your own remarks on these issues.

#### **Completion of survey instrument-IV**

1. Complete the identification data at items no.4.1 to 4.3 of the survey instrument-IV.
2. At health facility visited, interview of leprosy cases currently under going treatment.
3. **Item 4.4:** Ask the patient where he/she usually come to take his/her MDT drugs. It could be either at Health Sub-Centre, PHC/CHC, hospital, NGO institution, at home or a volunteer. If other, please specify, and write this at item 4.4.
4. **Item 4.5:** Ask the case how much distance in kms he/she has to travel one way from his/her house to place of MDT collection (current health facility). In case the patient is not able to tell the distance in Kilometers, ask more questions to get an idea of the distance traveled in Kms and write this at item 4.5.
5. **Item 4.6:** Ask the patient how much money is spent as travel cost both ways to collect MDT from the current health facility from his/her house. Write this in rupees at item 4.6. This does not include expenses for relative accompanying the patient.
6. **Item 4.7:** Ask the patient how long did he/she had the disease before treatment with MDT was started. Write this period in months at item 4.7.

7. **Item 4.8:** Ask him/her whether MDT services are available on fixed days or on all days by asking the question mentioned in item 4.8 and write the response.
8. **Item 4.9:** Ask the question in item 4.9 and write the response. The question is to know about the re-registered (old) cases of leprosy. Please make sure that the response is correct.

### **Completion of survey instrument-V**

1. Visit the village where health facility is located. Each monitor should select randomly nearly 15-20 households. Interview the head or an adult member of the household in privacy (not in the presence of health staff accompanying you). Community members should not be interviewed at the health facilities.
2. Collect information on items 5.1 to 5.7 and record in the survey instruments.
3. If the person does not know, it is considered as **NO**, except for question 5.6.2 and 5.7 where a "Don't Know" box is specified.
4. If the answer is "NO" or "Don't know", skip to the next question, without asking intermediate questions.
5. After a "Yes" at the main questions (5.4 to 5.7), do not prompt the answers and let the questions opened. Several answers can be given by the interviewee. Tick all the boxes mentioned by the interviewee. If other, please specify.

### **Completion of Summary Sheets**

**Summary sheets to be completed at the end of data collection in each district.**



## CHECK POINTS BEFORE LEAVING THE HEALTH FACILITY

All the information on the survey instruments III, IV and V is completed as per the LEM protocol.

Give feed back to the health staff of the health facility.

Compile the data on summary forms given in the annexure.

- Summary form-3.1 (2 pages) is for compilation of information collected from monitor's observations at the health facility, related to questions at item 3.7 to 3.16 in survey instrument-III.
- Summary form-3.2 is for compilation of information collected on case finding activities of the survey instrument-III, at item 3.17.
- Summary form-3.3 is for compilation of information on item 3.18 of survey instrument III.
- Summary form-3.4 (2 pages) is for compilation of information on MDT stock collected on survey instrument-III at item 3.19.
- Summary form-3.5 is for compilation of case holding indicators for MB, collected at item, 3.20 of survey instrument-III.
- Summary form-3.6 is for compilation of case holding indicators for PB collected at item 3.21. of survey instrument-III.
- Summary forms-4.0 & 5.0 are for compilation of information collected from interview of leprosy cases and community members in survey instruments-IV and V respectively.



## SOLUTIONS FOR UNFORESEEN CIRCUMSTANCES

### **What if records & registers are incomplete?**

You may have to discuss with the local health personnel and try to collect information from other sources such as patient record cards, etc. The details & reasons for the missing data may be mentioned in survey instrument. In case the records are incomplete to an extent that most of the information desired can not be collected then you may have to shift to other health facility.

### **What if records and registers are not available for some period.**

In case the records are not available to an extent that most of the information desired can not be collected, you have to record this information and then you have to shift to other health facility

### **What if the health facility is closed?**

This may be due to lack of communication from District Leprosy Officer. And proper discussions at district will avoid such situation. However, in such a situation, you may visit the nearby health facility.

**What if Health personnel are not available?**

This may be due to lack of communication from District Leprosy Officer. And proper discussions at district will avoid such situation. However, in such a situation, you may visit the nearby health facility.

**What if cases/ patient record are not available as per the desired sample size?**

Prior information from District Leprosy Officer indicating the day and time of visit of survey team will avoid such a situation. In case the health facility does not have the desired number of cases, then complete the available records and indicate reasons for your observation on the survey instrument. If possible, go to the nearest health facility and complete the survey instruments.

**What if transport problems?**

An attempt will be made to ensure proper government transport for survey team. If this is not possible private transport can be hired as per the guidelines for contingency expenditure provided to the monitors from NI HFW (Annexure- 5).

**What if accommodation problems?**

An attempt will be made to ensure proper government accommodation for survey team. Discussion with local health authorities would solve this problem.

**What if health problems of monitors?**

This can be avoided by taking precautions in the field regarding water and food. Each monitor should take some emergency drugs. The local health authorities will be helpful for medical advice.

**Survey Instrument- I, Collection of Information from State**

Date:

Serial No.:

- 1.1. Name of state
- 1.2. Name of State Leprosy officer
- 1.3. Phone No., Email Address, Fax
- 1.4. Address of State Leprosy officer

1.5.1 Population of the state as on 31<sup>st</sup> March 2004:

1.5.2. Please ask from state leprosy officer the followings:

Difficulties being faced by him and suggestions for the state in following

**a) MDT stock management in terms of**

- Shortage
- Surplus
- Expiry
- Damaged stock
- Transportation
- Indenting procedure
- Stores: Common/Separate

Remarks of Monitor

- b) **Integration of MDT services** with general health services (in terms of implementation of Govt. of India order for integration; Reduction of vertical staff to 25% of the original level in the state, dismantling of vertical infrastructure – LCU, ULC, LEU etc.)

Remarks of Monitor

- c) **Implementation of SIS** in terms of

Availability of Guidelines  
Forms available  
Report received  
Indicators calculated  
Use for interpretation  
Difficulties  
Suggestions

Remarks of Monitor

- d) Leprosy related **IEC activities** in the state in terms of

IEC Plan  
Implementation of IEC Plan  
IEC Material  
IEC funds  
Difficulties  
Suggestions

Remarks of Monitor

- e) Any other

## 1.6. Prevalence & Detection in the State

	<b>31.3.2004</b>
<b>Total Population</b>	
<b>SC Population</b>	
<b>ST Population</b>	
<b>Total Cases on record as on 31st March 2004</b>	
<b>Prevalence Rate</b>	
<b>DETECTION</b>	<b>2003-2004</b> (1 <sup>st</sup> April to 31 <sup>st</sup> March)
<b>Total new cases detected</b>	
<b>Total new MB cases detected</b>	
<b>Total new disability grade-2 detected</b>	
<b>Total new child cases detected</b>	
<b>Total new female cases detected</b>	
<b>Total new SC cases</b>	
<b>Total new ST cases</b>	

Source for data: Please refer to the Monthly Progress Report for the month of March 2004, projected population figures for the state

**1.7. Quality of MDT Stock (BCP) at the State HQ. as on the day of visit**

<b>Category</b>	<b>No. of BCP Examined by monitors</b>	<b>No. of BCP packs not expired &amp; not damaged</b>	<b>No. of BCP* damaged</b>	<b>No. of BCP expired</b>
MB (A)				
MB (C)				
PB (A)				
PB (C)				

- Blister pack damaged, torn, discoloured

**Source for data:      Stores stock records & personal observation of monitors**

## Survey Instrument- II, Collection of Information from District

Date:

Serial No.:

- 2.1. Name of State
- 2.2. Name of District
- 2.3. Name of District Leprosy officer
- 2.4. Phone No. Email Address, Fax No
- 2.5. Address

2.6.1. Population covered by the district as on 31<sup>st</sup> March 2004:

2.6.2. Please ask difficulties/suggestions by district leprosy officer for the following:

**c) MDT stock management in terms of**

Shortage  
Surplus  
Expiry  
Damaged stock  
Transportation  
Indenting procedure  
Stores: Common/Separate

Remarks of Monitor

- b) Integration of MDT services** with general health services (has the district received the Govt. Order for integration; Has the reduction of vertical staff to 25% of the original level in the District complete; has the dismantling of vertical infrastructure – LCU, ULC, LEU etc. completed)  
Role played by District CMO in NLEP?

Remarks of Monitor

c) **Implementation of SIS in terms of:**

Availability of Guidelines  
Forms available  
Report received  
Indicators calculated  
Use for interpretation  
Difficulties  
Suggestions

Remarks of Monitor

d) Leprosy related **IEC activities** in the District

Does district has a IEC Plan  
Implementation of IEC Plan  
IEC Material  
IEC funds

Difficulties  
Suggestions

Remarks of Monitor

Any other

## 2.7. Prevalence & Detection in the district

	<b>31.3.2004</b>
<b>Total Population</b>	
<b>SC Population</b>	
<b>ST Population</b>	
<b>Total Cases on record as on 31st March 2004</b>	
<b>Prevalence Rate</b>	
<b>DETECTION</b>	<b>2003-2004</b> (1 <sup>st</sup> April to 31 <sup>st</sup> March)
<b>Total new cases detected</b>	
<b>Total new MB cases detected</b>	
<b>Total new disability grade-2 detected</b>	
<b>Total new child cases detected</b>	
<b>Total new female cases detected</b>	
<b>Total new SC cases</b>	
<b>Total new ST cases</b>	

**Source for data:** Please refer to the Monthly Progress Report for the month of March 2004, Projected population figures given for the district.

**2.8. Refer to the District Status as on 31<sup>st</sup> March, 2004**

<b>Institution</b>	<b>Total number functioning</b>	<b>Number providing MDT services*</b>	<b>No. of Health facilities which had sent last MPR to district HQ in SIS format</b>	<b>No. of Health facilities which mentioned drug stock &amp; its expiry date in last MPR</b>	<b>No. of Health facilities which had sent their MPR of April to district HQ as on day of visit</b>
Urban hospitals					
Urban dispensaries allopathic					
Urban dispensaries ISM**					
Others in urban areas					
<i>Total Urban</i>					
Rural Hospitals					
Rural dispensaries allopathic					
Rural dispensaries ISM					
Community Health Centre					
Primary Health Centre					
<i>Total rural</i>					
Leprosy NGOs					

**\***

Health facilities where leprosy diagnosis is made, treatment initiated, record maintained & from where reports are sent to district leprosy officer

\*\* Indigenous System of Medicine such as Ayurveda, Siddha, Yunani, Homeopathy

**Source for data: Information from District Leprosy office/ Chief Medical Officer and direct observation of monitors (for last 3 columns)**

**2.9. Stock of MDT as on the day of visit**

Category	Stock (No. of BCP) mentioned in the drug register	Stock {No. of Blister Calendar Pack (BCP)} actually available	No. of BCP Examined by monitors	No. of BCP packs not expired & not damaged	No. of BCP* damaged	No. of BCP expired
MB (A)						
MB (C)						
PB (A)						
PB (C)						

\* Blister pack damaged, torn, discoloured

**Source for data: Stores stock records & personal observation of monitors**

**2.10 Completeness of reporting**

a) How many Monthly Reports (LF04), this district is supposed to receive from all health facilities under its jurisdiction? ----- No. of reports  
*(Collect this information by asking the DLO office staff)*

b) How many **reports of April 2004** (LF04) were actually received by the district? ----- No. of reports  
*(Collect this information by direct observation)*

**2.11 Timeliness of reporting**

Has this district sent the Monthly Report (LF05) **of April 2004** to the State?  
 Yes/NO

*(Collect this information by direct observation)*

### Survey Instrument -III, Collection of Information from Selected Health Facility in the District

Date:

Serial No.

- 3.1. Name of State
- 3.2. Name of District
- 3.3. Type of health Facility: Urban Hospital, Urban Dispensary/ CHC/ PHC/ Leprosy NGO/Other (***please encircle appropriate one***)
- 3.4. Name of Health Facility
- 3.5. Address of health facility
  
- 3.6. Population covered by the health facility
  - Schedule Caste
  - Schedule Tribe
  - Others
  - Total

For items no.3.7 to 3.12, the monitors should check the OPD register, the leprosy treatment and MDT registers should encircle the appropriate answer.

**Answers should not be obtained from interview of the PHC staff, but only from monitor's observation.**

- 3.7. Is the health facility providing MDT services (Leprosy diagnosis made, treatment initiated) by any one in health facility? Yes/ NO
  
- 3.8. Is the option of accompanied MDT provided? (Providing more doses of MDT in case patient is not likely to come for next collection – By looking at the treatment register over the past 12 months.) Yes/ NO
  
- 3.9. How often the health facility is providing MDT Services? (Daily /once a week/twice a week/twice a month/once a month) -----  
By looking at the OPD and treatment registers, and checking the dates.
  
- 3.10. At this health facility, is the MO making the diagnosis of leprosy and initiating treatment? Yes/ NO  
By looking at the OPD register over the past 3 months.
  
- 3.11. At this health facility, are the leprosy registers and records maintained and report sent to the district? Yes/ NO

- 3.12. At this health facility, is the MDT drug register maintained? Yes/ NO
- 3.13 At this health facility, is the new SIS guidelines available? Yes/ NO  
(seen by monitors)
- 3.14 At this health facility, are the new SIS formats available? (seen by monitors)
- Patient card:** Yes/ NO  
**Treatment register:** Yes/ NO  
**MDT register:** Yes/ NO  
**Monthly Report:** Yes/ NO
- 3.15 At this health facility, was the last Monthly Report sent to the district on the new SIS format? (seen by monitors) Yes/ NO
- 3.16 a. At this health facility, where **at least three** NLEP indicators being computed? Yes/ NO  
To say YES, look for the following: **1.** Prevelence Rate, **2.** Patient-Month BCP and **3.** Any one of the following:  
(NCDR, Child %, Deformity %, MB %, Female %, ST/SC rate)
- b. At this health facility, where all required data (including MDT stock with expiry dates) have been mentioned in the last Monthly Report? YES/NO

**3.17. Case Finding Activities**

Parameter	Leprosy register from 1 <sup>st</sup> April 2003 to 31 <sup>st</sup> March 2004	12 Monthly Progress reports from April, 2003 to March 2004
No. of New Cases of leprosy		
No. of New cases registered for treatment (put on MDT)		
No. of New MB cases		
No. of New Disability grade-2 cases		
No. of New Child cases (<15 years)		
No. of New female leprosy cases		
No. of New SC Leprosy cases		
No. of New ST Leprosy cases		

### 3.18. Prevalence

Leprosy cases	Registered Number as on 31 March, 2004	Number as After applying standard definitions (*)
MB		
PB		
<b>Total</b>		

**Note:** The RFT (Released From Treatment), LCA (Left the Control Area) or drop-out cases should not be included in both of these columns, since it is a point prevalence as on March 2004.

**Source:** Treatment registers of leprosy cases

**(\*) Standard definitions:**

**Case =** person with clinical signs of leprosy (with or without bacteriological examination), who has yet to complete full course of treatment

**New Case=** Persons with clinical signs of Leprosy (with or without bacteriological examination) who has never taken MDT in the past, from anywhere

**Cured =** A patient has completed a full course of MDT (12 doses for MB, 6 doses of PB)

**Defaulter =** A patient who has not taken treatment consecutively for at least 12 months (irrespective of PB or MB case)

**Released from Treatment =** A cured patient is released from Treatment (RFT)

**Left the Control Area =** A patient who has left the area where he/she used to come for MDT treatment and has migrated somewhere else. This patient should be removed from the register (and therefore from the prevalence)

**Beyond FDT =** Patient who had received longer MDT than the fixed duration of treatment (6 or 12 doses).

**3.19. Stock of MDT as on the day of visit**

Blister Pack (BCP) Available	Cases on record	No. of BCP packs not expired and not damaged	BCP damaged (*)	BCP expired	Availability of BCP in Patient-Months (**)
1	2	3	4	5	6
MB (A)					
MB (C)					
PB (A)					
PB (C)					

(\*): Blister pack damaged, torn, discoloured,

(\*\*): Divide column 3 by 2

**Source for data: Stores stock, records & personal observation of monitors**

### 3.20. Case holding indicators for MB

- Case =** A person with clinical signs of leprosy (with or without bacteriological examination), who has yet to complete full course of treatment
- Cured =** A patient who has completed a full course of MDT (12 doses for MB)
- Defaulter =** A patient who has not taken treatment consecutively for more than 12 months.
- Left the Control Area =** A patient who has left the area where he/she used to come for MDT treatment and has migrated somewhere else. This patient should be removed from the register (and therefore from the prevalence)

Number of cases of MB from 1 <sup>st</sup> May, 2001 to 30 <sup>th</sup> April 2002	Number of MB cases cured	Number of MB cases defaulted	Number of MB cases still on treatment after completion of 12 doses of MDT	Left control area	Died
Registered in Area					
<b>Total =</b>					

**Note:** MB patients who had received more than 12 doses should be included in both columns (cured & still on treatment after completion of 12 doses)

**Source of data:** Leprosy treatment register and/or patient card for the period from 1<sup>st</sup> May, 2001 to 30<sup>th</sup> April 2002

### 3.21. Case holding indicators for PB (\*)

- Case =** A person with clinical signs of leprosy ( with or without bacteriological examination), who has yet to complete full course of treatment
- Cured =** A patient has completed a full course of MDT (6 doses for PB)
- Defaulter -** A patient who has not taken treatment consecutively for more than 12 months .
- Left the Control Area =** A patient who has left the area where he/she used to come for MDT treatment and has migrated somewhere else. This patient should be removed from the register (and therefore from the prevalence)

<b>Number of PB of cases from 1<sup>st</sup> January 2002 to 31<sup>st</sup> December 2002</b>	<b>Number of PB cases cured</b>	<b>Number of PB defaulted</b>	<b>Number of PB still on treatment after completion of 6 doses of MDT</b>	<b>Left the control area</b>	<b>Died</b>
<b>Registered in area</b>					
<b>Total =</b>					

(\*): If a Single Skin Lesion (SSL) case is treated with 6 MDT doses of PB as a PB case, he/she should be included in the cohort.

**Note:** PB patients who had received more than 6 doses should be included in both columns (cured & still on treatment after completion of 6 doses)

**Source of data:** Leprosy treatment Register and/or patient card for the period from 1<sup>st</sup> January 2002 to 31<sup>st</sup> December 2002.

**3.22. What are the difficulties faced by medical officer/incharge and his suggestions for the health facility.**

**a. MDT stock management**

- Shortage
- Surplus
- Expiry
- Damaged stock
- Transportation
- Indenting procedure
- Stores: Common/Separate

Remarks of Monitor

**b. Integration of MDT services with general health services**

- Has the *vertical staff* been redeployed for other general health care activities sharing their skill and knowledge and other staff working for Leprosy?
- Is the *General Health Care staff* involved in NLEP activities?

Remarks of Monitor

c. **Implementation and Interpretation of SIS**

Remarks of Monitor

d. Implementation of leprosy related **IEC activities** in the health facility

Remarks of Monitor

e. Any other

## Survey Instrument-IV, for collection of information from leprosy cases

4.1. Name of health facility: \_\_\_\_\_

4.2. District: \_\_\_\_\_

4.3. State: \_\_\_\_\_ Date: \_\_\_\_\_

S.No.	4.4. Where do you usually take your medicine?(Second dose onwards) (Health Sub-Centre PHC/CHC, Hospital, NGO, At home, Volunteer, if other specify)	4.5 . How much distance in <u>Kms</u> you have to travel from house to place of MDT collection? (one way)	4.6. How much money you have to spend to reach the place of MDT collection? ( <u>both way</u> )	4.7. How long did you have the disease before treatment with MDT was started? ( <u>in months</u> )	4.8. When do you collect your monthly drugs?		4.9. Have you taken MDT drugs anywhere before registering with the present health facility	
					Fixed days	Any day	Yes	No
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
	<b>Total =</b>							

## Survey Instrument – V, For Collection of Information from the Head Adult Member of Household in the Community

5.1. Name of health facility \_\_\_\_\_ 5.2. District & State \_\_\_\_\_

5.3. Urban/Rural \_\_\_\_\_ Date: \_\_\_\_\_

["Don't know" will be included as "No"]

S.No.	5.4) Do you know the signs of leprosy? Yes/No (if No, skip to Question No. 5.5)	<i>If Yes,</i> 5.4.1) Name at least one sign*: 1) skin lesion, 2) skin patches, 3) skin patches with loss of sensation, 4) painful and thickened nerve, 5) deformity of hands/ feet/ face	<i>If Correct,</i> 5.4.2) How did you come to know about it? * 1) Health Worker, 2) Friends/ Relatives, 3) Poster, 4) Handbills/ Leaflets, 5) Billboard/ Hoarding, 6) Mela/ Haat 7) Miking, 8) Newspaper add/article, 9) Radio, 10) TV, 11) other (specify	5.5) Do you know that leprosy is curable?  Yes/ No  (if No, skip to Question No. 5.6)	<i>If Yes, How did you come to know about it? *</i> 1) Health Worker, 2) Friends/ Relatives, 3) Poster, 4) Handbills/ Leaflets, 5) Billboard/ Hoarding, 6) Mela/ Haat 7) Miking, 8) Newspaper add/article, 9) Radio, 10) TV, 11) other (specify)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

(\* Please mark the corresponding number(s) in the appropriate box. More than one answer is allowed.

S.No.	5.6) Do you know that leprosy treatment is available free of charge? Yes/No (If No, skip to Q. 5.7)	If Yes, 5.6.1) How did you come to know about it?*	If Yes, 5.6.2) Where the treatment is available? *	5.7) What is the cause of leprosy?	5.8) How did you come to know about it?*(Ask only when answer is germ/microbiological agent)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

(\* Please mark the corresponding number(s) in the appropriate box. More than one answer is allowed.

**Summary Sheet - 3.1 For Compilation Of Information Collected From Health Facilities In The District (Refer To Item 3.7-3.12) Of Survey Instrument III**

Name of district \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Name of Health facility Visited	MDT services provided at health facility	Option of Accompanied MDT provided at health facility	Provision of MDT at health facility (Number of days per month)					Diagnosis of leprosy made and treatment initiated	Leprosy registers and records maintained	MDT drug register Maintained
			Daily	Once a week	Twice a week	Twice a month	Once a month			
	Y/N	Y/N	Tick (v) which ever is appropriate					Y/N	Y/N	Y/N
<b>Total =</b>										

**Summary Sheet- 3.1 (cont'd) For Compilation Of Information Collected From Direct Observation of Records/Reports Of Health Facilities In The District (Refer To Item 3.13-3.16) of Survey Instrument III**

Name of district: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Name of health facility visited	SIS guideline available? Yes / No	New SIS formats available? Yes / No				Last Monthly Report on SIS format?	At least 3 indicators computed? 1. Cure rate 2. BCP Patient-Month 3. Any other	All required data mentioned on last Monthly Report (LF04) ?
		Patient card	Treatment register	MDT register	Monthly Report			
<b>Total "Yes"</b>								

**Summary Form- 3.2 For Compilation Of Information From Health Facility On Case Finding (Refer To Item 3.17) of Survey Instrument-III**

Name of District: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Health facility	Any Discrepancy between reported and registered cases (YES/NO)	All new cases detected during the year 2003-04							
		All New Cases of leprosy	New cases put on MDT	New MB cases	New Disability grade-2 cases	New Child cases (<15) years	New female leprosy cases	New SC Leprosy cases	New ST Leprosy cases
<b>Total</b>									

**Summary Sheet-3.3 For Compilation Of Information Collected From Health Facilities In The District (Refer To Item 3.18) Of Survey Instrument - III**

Name of district: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Health facility Visited	Population as on 31 March 2004	Total numbers of registered leprosy cases as on 31 March 2004	Total number of leprosy cases as after applying standard definitions
1			
2			
3			
4			
5			
6			
7			
8			
<b>Total=</b>			



**Table 3.4 (b) Status of MDT drug stock available at Health Facilities (Please Refer To Item 3.19 Of Survey Instrument-III)**

Health Facility	MBA				MBC			PBA			PBC					
	Drugs examined	Not damage/Not expired	Drug Expired	Drug Damaged	Drugs examined	Not damage/Not expired	Drug Expired	Drug Damaged	Drugs examined	Not damage/Not expired	Drug Expired	Drug Damaged	Drugs examined	Not damage/Not expired	Drug Expired	Drug Damaged
<b>Total</b>																

**Summary Form-3.5 For Compilation Of Information From Health Facility On Case Holding (MB) (Refer To Item 3.20) of Survey Instrument-III**

Name of District: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Health facility	Total Number of registered cases of MB from 1 <sup>st</sup> May, 2001 to 30 <sup>th</sup> April, 2002	Total Number of MB cases cured	Total Number of MB cases defaulted	Total Number of MB cases still on treatment after completion of 12 doses of MDT	Others	
					Left control area	Died
<b>Total =</b>						

**Summary Form- 3.6 For Compilation Of Information From Health Facility On Case Holding (PB) (Refer To Item 3.21) Of Survey Instrument-III**

Name of District: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Health facility	Total Number of registered PB cases from 1 <sup>st</sup> January 2002 to 31 <sup>st</sup> December 2002	Total Number of PB cases cured	Total Number of PB defaulted	Total Number of PB still on treatment after completion of 6 doses of MDT	Others	
					Left control area	Died
<b>Total =</b>						

**Important Contact Persons**

Dr. G.P.S. Dhillon DDG (Leprosy) Room No.343, A Wing, Nirman Bhawan New Delhi	Tele. 011-23012401(O) Fax. 011-23012401
Dr. Inder Parkash Assist. DDG(L) Nirman Bhawan New Delhi	Tele. 011- 23018109 (O) Room NO.531-C Wing
Dr. B.N. Barkakaty Consutant (Leprosy) Room No.343, A Wing, Nirman Bhawan New Delhi	Tele. 011-23018148(O) Fax. 011-23018148
Dr. M.C. Kapilasharami Director National Institute of Health & Family Welfare, Munirka New Delhi	Tele. 011-26100057(O) Fax- 011-26101623
Dr. A.K. Sood Nodal Officer National Institute of Health & Family Welfare Munirka New Delhi	Tele. 011-26165959 (O) Fax- 011-26101623 Mob: 09810683052

### Addresses of State Leprosy Officers

S.No.	State	Name & Address	Code	Phone No. Office	Phone No. Res.	Fax & E-Mail
1.	Andhra Pradesh	Dr. T.V.Venkateswarlu, Addl. Dir of Health Services (Lep), Directorate of Health Services, Sultan Bazar, Kothi, Hyderabad – 500195 Andhra Pradesh.	040	24601050	23811979 9848068845	24601050 <a href="mailto:apslo@rediffmail.com">apslo@rediffmail.com</a>
2.	Bihar	Dr. D. K. Raman State Leprosy Officer, Directorate of Health Services, Swasthaya Bhavan, Sultanganj, Patna – 800 006, Bihar.	0612	2370434	2351822	2370434 <a href="mailto:slobihar@sancharnet.in">slobihar@sancharnet.in</a>
3.	Chhattisgarh	Dr. H. L. Ratre Jt. Director of Health Services (Lep) Dte. of Health Services, Old Nurses Hostel Old D. K. Hospital Campus, Rajpur (Chattisgarh)	0771	2221623 2235655	2411911	2235227  <a href="mailto:dhs_chhattisgarh@hotmail.com">dhs_chhattisgarh@hotmail.com</a>
4.	Delhi	Dr. K. S. Baghotia State Leprosy Officer, Dir. of Health Services Govt. of Delhi Swasthya Seva Bhawan, F-17 Karkardooma, New Delhi –110 032.	011	22304362 22304577	25252522 25276886	22304577 <a href="mailto:slodelhi@hotmail.com">slodelhi@hotmail.com</a>  <a href="mailto:baghotia@hotmail.com">baghotia@hotmail.com</a>
5.	Jharkhand	Dr. A.K. Singh, State Leprosy Officer 25 Vikas Bhawan Kutchery Road Ranchi – 834001	0651	2510364 9431102503 (M)		2503185 <a href="mailto:slojharkhand@rediffmail.com">slojharkhand@rediffmail.com</a>
6.	Karnataka	Dr. T.Parthasarathy Joint Director (Leprosy)/Member Secretary, KSLS, Directorate of Health & Family Welfare Ananda Rao Circle, Bangalore – 560 009 Karnataka.	080	2207815 2351568		2207815 <a href="mailto:karsls@vsnl.net">karsls@vsnl.net</a>

7.	Madhya Pradesh	Dr. M.K.Joshi Jt. Dir. of Health Services (Lep), Directorate of Health Services, Satpura Bhavan, Bhopal Madhya Pradesh	0755	2551285		2551285 2554548 <a href="mailto:slesmpbhopal@rediffmail.com">slesmpbhopal@rediffmail.com</a>
8.	Maharashtra	Dr. S.C.Gupta Jt. Dir. of Health Services (Lep), Raja Bahadur Motilal Mills Road Pune – 411001, Maharashtra	020	26120680 26126308	26362009 26340371	26111757 <a href="mailto:jths_leprosy@vsnl.net">jths_leprosy@vsnl.net</a>
9.	Orissa	Dr. (Mrs.) Anjali Chhotray State Leprosy Officer Directorate of Health Services, Heads of Deptt. Building, Unit – 5, Bhubaneswar, Orissa – 751001	0674	2400271	2414072	2401589 <a href="mailto:jdlep_orissa@rediffmail.com">jdlep_orissa@rediffmail.com</a>
10.	Tamil Nadu	Dr. S. Meeralakshmi Addl. Dir of Med & F.W. Services (Lep), 259, Anna Salai, DMS Campus – 600006, Tamil Nadu	044	24334933 24337544	24994761	24333314 <a href="mailto:nlep-tn@eth.net">nlep-tn@eth.net</a>
11.	Uttar Pradesh	Dr. R.P. Mall Jt. Dir. of Health Services (Lep), Dte. of Medical Health & F.W., Swasthaya Bhavan, Lucknow Uttar Pradesh – 226001.	0522	2611884 9839030206		2611884
12.	Uttaranchal	Dr. R.C.Nautiyal State Leprosy Officer Directorate of Health Services, Chandranagar, Govt. of Uttranchal, Dehra Dun, Uttranchal	0135	2728155	2656585 2714382	2728155
13.	West Bengal	Dr. B.P.Pradhan State Leprsoy Officer, Dte. of Health Services (Lep) P-16, CIT Building Annexe, 4 <sup>th</sup> Floor, India Exchange Place Extension, Calcutta – 700073, West Bengal	033	22250336	25644762	22250343 <a href="mailto:slskolkata@rediffmail.com">slskolkata@rediffmail.com</a>

**Check list for Monitors**

Kindly ensure the following before leaving NI HFW for field visits:

1. You have all the required survey instruments in adequate numbers with some spare forms.
2. The copy of letter from GOI to State Leprosy Officers.
3. Travel plan for districts.
4. Air/ train Tickets for travel.
5. The LEM protocol, Guidelines for Monitors, Summary sheets, Maps of districts, etc
6. Pencil, rubber, sharpener, papers, calculator etc.
7. Contingency money for official expenses for communication, POL and local visit in the district.

**Guidelines for Contingency Expenses**

1. The money can be spent for transport, fax, phone, photocopy, local travel in train/taxi, POL for Government vehicles used during field visits.
  2. For use of Govt. vehicles please get original bill in the name of Director, NI HFW, duly signed by driver & a copy of log book page showing entry.
  3. For use of private taxi, get taxi which is approved by government. The bill should be in the name of Director, NI HFW it should indicate taxi number, place visited & signature of driver on proper bill invoice.
  4. For fax, telephone, please get computerized print out indicating date, time & phone number.
  5. For photocopy the bill should be in the name of Director, NI HFW.
- Accommodation, meals etc are meant to be paid out of the per diem given to participants, contingency money cannot be used for this purpose.

## States and selected Districts projected Populations

## I. States:

Sr.No.	State	Projected Population
1.	Andhra Pradesh	78719475
2.	Bihar	89251397
3.	Chhattisgarh	21848880
4.	Delhi	15419155
5.	Jharkhand	28632158
6.	Karnataka	55289574
7.	Madhya Pradesh	64421022
8.	Maharashtra	102795098
9.	Orissa	38360947
10.	Tamil Nadu	64106973
11.	Uttar Pradesh	177776052
12.	Uttaranchal	8935209
13.	West Bengal	84233135

## II. Districts Projected Population 2003-04

State	Districts	Projected Population
<b>Andhra Pradesh</b>	Chittor	3882777
	Guntur	4579580
	Kurnool	3651033
	Rangareddy	3645216
<b>Bihar</b>	Araria	2288211
	Darhanga	3538095
	Jehanabad	
	Katihar	2573266
	Kishenganj	1393564
	Nalanda	2550429
	Patna	5071994
	Saran	3501482
<b>Chhattisgarh</b>	Bastar	1368188
	Bilaspur	2093952
	Kanker	684311
	Kawardha	614269
<b>Delhi</b>	East	1620753
	South	2526458
	Central	720456
<b>Jharkhand</b>	Bokaro	1889659
	Dhanbad	2547727
	Garhwa	1100357
	Hazaribagh	2422888
	Ranchi	2961781
	West Singhbhum	1164621
<b>Karnataka</b>	Bagalkot	1732303
	Bangalore (R)	1968400
	Chamrajnagar	1011006
	Hassan	1804738
	Koppal	1251336
	Mysore	2752121

<b>State</b>	<b>Districts</b>	<b>Projected Population</b>
<b>Madhya Pradesh</b>	Balaghat	1542389
	Datia	669779
	Jabalpur	2312334
	Narsingpur	1021388
	Sehore	1150870
	Shahdol	1677864
<b>Maharashtra</b>	Bhandara	1206776
	Buldana	2365378
	Gondiya	1275109
	Latur	2208037
	Nanded	3047294
	Sangli	2743089
<b>Orissa</b>	Angul	1190680
	Balasore	2114216
	Cuttack	2446158
	Ganjam	3278289
	Kendrapara	1360518
	Mayurbhanj	2321896
<b>Tamil Nadu</b>	Kanchipuram (Cheng)	2962237
	Virudhanagar (Kamar)	1808306
	Padukottan	1498665
	Cuddalore (S.A.Vellal)	2353275
	Theni	1130191
	Tiruchirappalli	2465778

<b>State</b>	<b>Districts</b>	<b>Projected Population</b>
<b>Uttar Pradesh</b>	Agra	3866256
	Ambedkar Nagar	2168363
	Banda	1606170
	Bareilly	3852766
	Chitrakoot	857113
	Etawah	1434636
	Gorakhpur	4051918
	Ghazipur	3264618
	Kanpur (R)	1695869
	Kushi Nagar	3096101
	Lucknow	3941321
	Muzafar Nagar	3792011
	Shahjaanpur	2729448
	Sant Ravidas Nagar	1447510
<b>Uttaranchal</b>	Dehradun	1347814
	Hardwar	1521817
	Pauri Garhwal	734296
	Udhamsingh Nagar	1300886
<b>West Bengal</b>	24 Parganas (North)	9376911
	Bankura	3354599
	Calcutta	4809623
	Hooghly	5292106