

Integration of MDT Delivery for Leprosy Treatment in the General Health System

Studies from Orissa, India

DANLEP

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Contents

<i>Foreword</i>	iv
<i>List of abbreviations</i>	vi
Part I: Involvement of Sub-Centres in the Delivery of Multi-Drug Therapy Services under the Revised Operational Strategy (NLEP) in Orissa: An Evaluation	1
Part II: Involvement of Anganwadi Workers in MDT Service Delivery in Joda Municipality, Keonjhar District, Orissa	43



Foreword

Leprosy continues to be a serious problem in eight endemic states of India, including Orissa. This challenge can only be overcome by focused and comprehensive interventions targeted at the appropriate level. In this context decentralization of MDT services to the primary health care level and beyond has been tried with varying degrees of success.

It is my pleasure to write this foreword to the monograph on “Integration of MDT delivery for leprosy treatment in the general health system” which, I am sure, is a step towards augmenting leprosy elimination in the state of Orissa. This book contains the key findings from two studies carried out in Orissa on a particularly important aspect of the integration of leprosy services under the National Leprosy Eradication Programme (NLEP) with the general health system, namely, access to multi-drug therapy (MDT) which is essential for the treatment and cure of leprosy.

One study was carried out in six randomly selected districts representing plains, coastal and remote hilly areas during October 2000–January 2001. This study evaluates the involvement of sub-centres in the provision of MDT services one year after the issue by the Government of Orissa of the order for the implementation of a revised operational strategy for the integration of selected NLEP functions in primary health centres (PHCs) and sub-centres. While the key findings indicate that 78% of the patients received their drugs regularly and on time from the sub-centres one year after the order, and that most health workers and patients accepted the involvement of sub-centres in MDT delivery, the study identifies the specific need for follow-up action in terms of training and further stabilizing of new responsibilities, particularly ensuring timely and

sufficient drug supplies, supervision of staff and record-keeping and reporting.

The other study, carried out in Joda Municipality during June–December 2002 evaluates the impact of an intervention, whereby *Anganwadi* workers (AWWs) became directly involved in leprosy work, including MDT delivery and record-keeping and reporting. In this study, the Geographical Information System technique has been used to measure the distance from patients to the MDT delivery point. Prior to the intervention, MDT drugs were only available at the Government Hospital in Joda, with an average distance for patients of >2 km. Six months after the intervention, it was found that MDT drugs were available at 26 of the 31 *Anganwadi* centres. Data collection was done immediately before the replenishment of stocks was to take place. It was concluded that the easy availability of MDT drugs close to the homes of the patients, as well as the close interaction of AWWs with the households, was likely to enhance the rate of completion of treatment as well as reduce the delay in treatment, which on average was 10.7 months prior to the intervention. While the study recommends replication of the new system in other comparable urban areas, the need for refresher training of AWWs and strengthening of IEC activities has been emphasised.

It is hoped that the sharing of experiences with regard to improving access to MDT drugs, which is the purpose of this book, will be useful when furthering the process of integrating NLEP services with the general health system throughout the state of Orissa and elsewhere.

My grateful thanks go to both the research teams, the facilitators, DANLEP and district health system personnel and others associated with leprosy elimination in Orissa for their sincere efforts and valuable support in the struggle against one of the most dreaded diseases in the history of mankind.



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List of abbreviations

AFB	Acid fast bacilli
AWC	<i>Anganwadi</i> Centre
AWW	<i>Anganwadi</i> Worker
BCP	Blister calendar pack
CDPO	Child Development Project Officer
CHC	Community Health Centre
CR	Child rate
DANLEP	Danish Assistance to the National Leprosy Eradication Programme
DDC	Drug Delivery Centre
DR	Deformity rate
ENL	Erythema nodosum leprosum
GOI	Government of India
GOO	Government of Orissa
HW	Health Worker
HW(F)	Health Worker (Female)
HW(M)	Health Worker (Male)
ICDS	Integrated Child Development Scheme
IEC	Information, education and communication
KAP	Knowledge, attitudes and practices
LEC	Leprosy Elimination Campaign
LEU	Leprosy Elimination Unit

LS	Lady Supervisor
MB	Multibacillary
MDT	Multi-drug therapy
MLEC	Modified Leprosy Elimination Campaign
MO	Medical Officer
MPR	Monthly progress report
NCDR	New case-detection rate
NGO	Nongovernmental organisation
NLEP	National Leprosy Eradication Programme
NSS	National Social Service Scheme
PB	Paucibacillary
PH	Public health
PHC	Primary Health Centre
PHI	Primary health institutions
PMW	Paramedical Worker
PR	Prevalence rate
SC	Scheduled Caste
SC	Sub-centre
SHG	Self-help Group
SSL	Single skin lesion
ST	Scheduled Tribe
TSRDS	Tata Steel Rural Development Scheme
UT	Under treatment
VRC	Voluntary Reporting Centre

