सत्यमेव जयते

National Leprosy Eradication Programme

Guidelines for ASHA based Surveillance for Leprosy Suspects

Central Leprosy Division
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India

Introduction:

After the achievement of elimination at the National level during 2005, the financial year 2016-17 witnessed the successful implementation of several innovations i.e., introduction of three pronged strategy under NLEP i.e., i) Leprosy Case Detection Campaign (specific for high endemic districts), ii) Focussed Leprosy Campaign (for hot spots i.e., rural and urban areas where grade ii disability is detected), iii) Special plan for hard to reach areas. Further, to make a dent on the prevalent stigma against leprosy and to reach village level, Sparsh Leprosy Awareness Campaign on the Anti Leprosy Day i.e., 30th January, 2017 was introduced first time, to give boost to the voluntary reporting. Furthermore, in order to cut the transmission chain of disease in the community,chemoprophylaxisadministration was followed to the contacts of cases detected in the districts where LCDC was conducted.In addition, various other initiatives taken are use of GIS mapping, publication of NLEP Newsletter, launch of Nikusth a web based reporting system for leprosy cases, introduction of MIP vaccine in project mode etc.

In order to further strengthen the above mentioned initiatives and to achieve the envision of National Health Policy, 2016 for NLEP i.e**., "Leprosy Elimination: To carry out Leprosy elimination the proportion of grade-2 cases amongst new cases will become the measure of community awareness and health systems capacity, keeping in mind the global goal of reduction of grade 2 disability to less than 1 per million by 2020. Accordingly, the policy envisages proactive measures targeted towards elimination of leprosy from India by 2018,"**surveillance system involving ASHA(Accredited Social Health Activist), is proposed to be established by Central Leprosy Division (CLD) for National Leprosy Eradication Programme (NLEP), India.ASHA who is the representative of the community to the health systemand accountable to the health conditions of people of approximately two hundred households will detect & report suspected leprosy cases in the community.

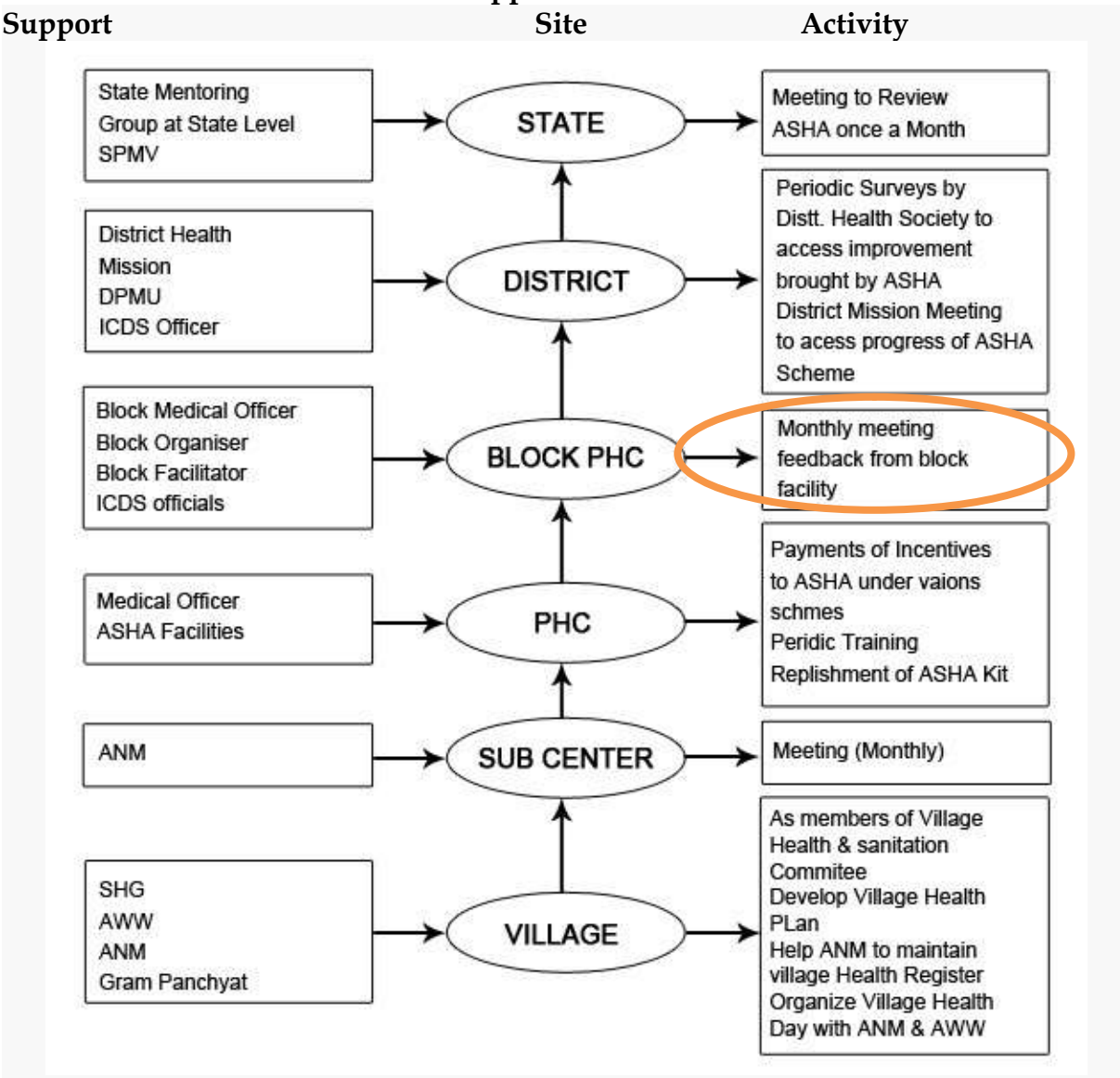
Background:

One of the key strategies under the National Health Mission (NHM) is having a Community Health Volunteer i.e. ASHA (Accredited Social Health Activist) for every village with a population of 1000. As specified under NHM guidelines, ASHA is trained to work as an interface between the community and the public health system.They receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other **healthcare programmes,** and construction of household toilets. Under National Leprosy Eradication Programme (NLEP), ASHAs are being involved to bring out leprosy cases from villages for diagnosis at Primary Health Centre (PHC) and follow up of confirmed cases for treatment completion. Incentives being paid to ASHAs after leprosy case confirmation are Rs. 250 for case without disability and Rs. 200 for case with disability. In addition, they are supposed to follow up the confirmed case for treatment completion and incentives being given for same are Rs.

400 for PB case and Rs. 600 for MB case follow up. At present this ASHA scheme is in place in 33 states (except Goa, Chandigarh & Puducherry).

NHM has also established a support system for ASHAs which is as under:

Flow Chart for Support Mechanism for ASHA



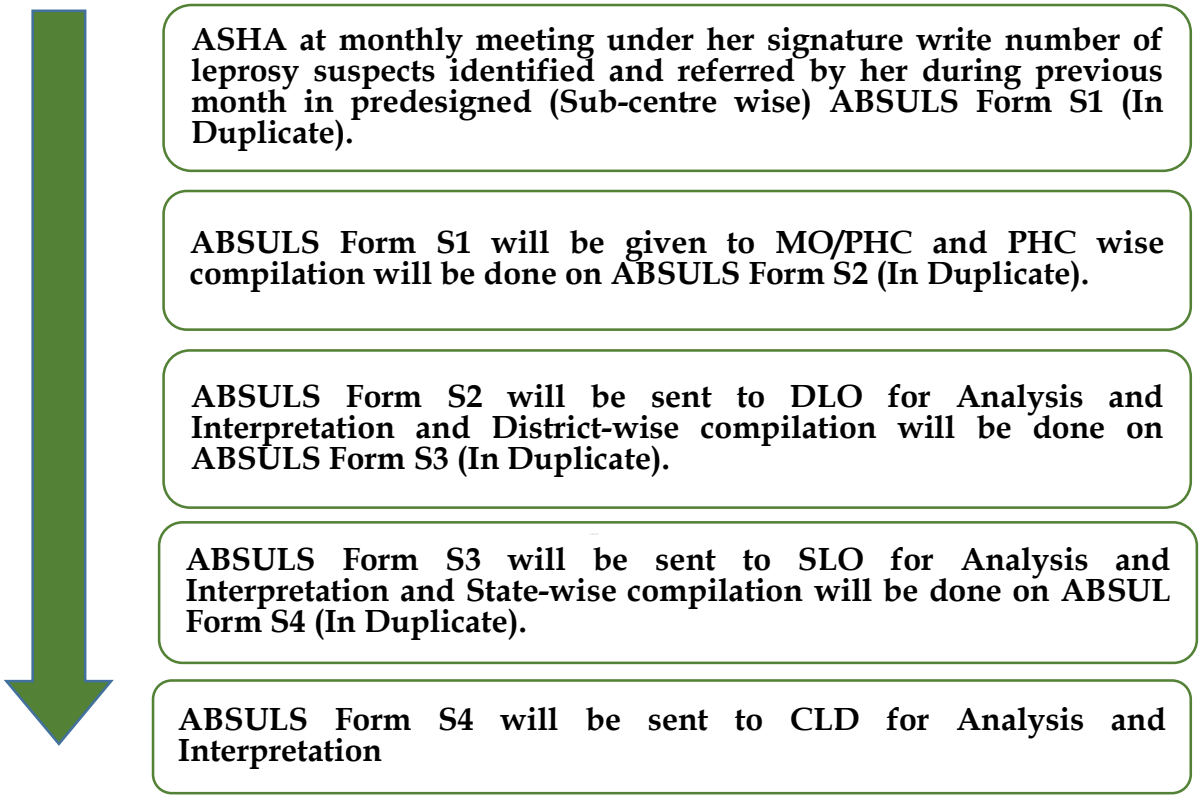
Under the before mentioned support mechanism chart provided by NHM to ASHAs, it is given in the encircled stepthat Medical Officer In-charge of the PHC hold a monthly meeting which is attended by ANMs and ASHAs, LHVs and Block Facilitator. Wherein, ASHAs are given opportunity to share their own experience, problems, etc. In these meetings the health status of the villages is reviewed, issues of ASHAs regarding payment of incentive to ASHAs under various schemes is discussed and the support received from the Village Health and Sanitation Committee and their involvement in all activities are also assessed.The existing monthly meeting of ASHAs will be utilised to collect the data on suspects of leprosy detected & referred by her during previous month.

Description of ASHA based Surveillance for Leprosy Suspect (ABSULS)

The objectives of **ASHA based Surveillance for LeprosySuspect (ABSULS) are to:**

1. Conduct active surveillance of leprosy suspects including NIL reporting
2. Prioritiseleprosy case detection by ASHA
3. Improve monitoring and supervision of leprosy cases detection activities at village level

The steps to be followed for ABSULS are as under:



There are total four Surveillance formats, ABSULS S1 (Annexure I), ABSULS S2 (Annexure II), ABSULS S3 (Annexure III) and ABSULS S4 (Annexure IV) specifically designed for the purpose. These must be filled/compiled, strictly by the designated personnel mentioned in the format.

For example: In ABSULS S1 first three columns will be filled by ANM of the sub centre and last two by ASHAs. Every format has to be filled in duplicates, one copy will be retained with the ANM and one will be submitted to Medical Officer, PHC, after encircle of the name of ASHA whose name is selected randomly for village visit.

Similarly, the other surveillance formats which are simplified and self-explanatory will be filled by the designated authorities of each level in duplicates, in order to

retain one copy of the same at the level where it is filled and forwarding the other copy to higher level in hierarchy.

ABSULS will be monitored at various levels by immediate supervisors as per the mechanism given below:

Step 1

ANMs will randomly select one ASHA village under her Sub-centre, through chit method (One chit will be drawn once, until all villages allocated to the ANM has been visited at least once). Five locations of the selected village will be visited by ANM (By 10th of every month) to

1. Confirm if the ASHAs have visited households during one month time period
2. Validate the findings submitted by the ASHA
3. Detect additional cases if any

Information will be shared with MO/PHC on **ABSULS M1**

Step 2

The Medical Officer will randomly select one ANM through chit method (One chit will be drawn once, until names of all ANMs coming under the PHC area has been drawn once) and visit the village visited by that ANM (By 20th of every month) to

1. Confirm if the ANM visited households during one month time period
2. Validate the findings submitted by the ANM
3. Detect additional cases if any.

Information will be shared with DLO on **ABSULS M2**

Step 3

District Leprosy Officer, will randomly select one MO/PHC through chit method (One chit will be drawn once, until names of all PHC area has been drawn once) and visit the village visited by that MO/PHC. (By 30th of every month) to

1. Confirm if the MO/PHC visited households during one month time period
2. Validate the findings submitted by the ANM
3. Detect additional cases if any.

Information will be shared with SLO on **ABSULS M3**

Step 4

SLOs and CLD officials during routine visits will also visit villages earlier visited by DLOs to validated information.

In order to crosscheck and validate the information submitted, monitoring at each level is necessary. Hence, total three monitoring formats, ABSULS M1 (Annexure V), ABSULS M2 (Annexure VI) and ABSULS M3 (Annexure VII) specifically designed for the purpose. Same must be filled during the visit, strictly by the designated personnel mentioned in the format in duplicates, in order to submit one format as report to immediate reporting officer in hierarchy and to retain one copy of the format with oneself.

For example: ABSULS M1 will be filled by ANM of the sub centreduring visit to the village randomly selected by her, one copy will be retained with the ANM and one will be submitted to Medical Officer, PHC with signature.

Similarly, the other formats which are simplified and self-explanatory will be filled by the designated authorities of each level in duplicates, in order to retain one copy of the same at the level where it is filled and forwarding the other copy to higher level in hierarchy. **State Leprosy Officer (SLO) will compile report based on ABSULS M3 forms and share the same to CLD monthly along with the MPRs.**

It is to be noted that this surveillance system is meant for suspects only, which will increase the detection of suspects by ASHAs in the village. The confirmation process, registration and treatment after confirmation will be followed as per the guidelines given under NLEP without modification. The Medical officer will be the key person to confirm and classify the leprosy patients and after confirmation the patient information will be entered and registered in the health system as being followed under NLEP.

Additional activities for effective implementation of ABSULS:

1) Sensitization of ASHAs on suspect case definition given at Annexure VIII,must be provided in first monthly meeting after implementation of ABSULS.
2) Ensure availability of referral slips to ASHAs and referral of suspects identified by ASHAs during the month. (Annexure IX)

Annexure I

ABSULS S1 **Format to be filled by ASHA during monthly meeting**				
Name of ANM: **Sub centre:**			**Report for Month**	
To be filled by ANM			**To be filled by ASHA**	
S. No.	Name of ASHA*	Village/ area	Suspects identified and referred during month	Signature
*** ANM has to encircle the name of ASHA whose area/ village is randomly selected for the visit**				

Annexure II

ABSULS S2 **Format to be filled by MOPHC Based on ABSULS S1 in his/her jurisdiction**	
Name of PHC: **Name of MOPHC:** **Report for Month:**	
Suspects identified and referred during month	Signature

Annexure III

ABSULS S3 **Format to be filled by DLO Based on ABSULS S2 in his/her jurisdiction**	
Name of District: **Name of DLO:** **Report for Month:**	
Suspects identified and referred during month	Signature

Annexure IV

ABSULS S4 **Format to be filled by SLO Based on ABSULS S3 in his/her jurisdiction**	
Name of State: **Name of SLO:** **Report for Month:**	
Suspects identified and referred during month	Signature

Annexure V

ABSULS M1 **Format to be filled by ANM during monitoring visit**					
Name of ANM: **Sub centre:** **Report for the Month:** **Date of Visit**					
Name of Village Visited	Name of ASHA	Confirmation of visit by ASHA for leprosy	Confirmation of suspects identified and referred	Additional Suspects identified	Signature

Annexure VI

ABSULS M2 **Format to be filled by MO PHC during monitoring visit**					
Name of MOPHC: **Name of PHC:** **Report for the Month:** **Date of Visit:**					
Name of Village Visited	Name of ANM	Confirmation of visit by ANM for leprosy	Confirmation of suspects identified and referred	Additional Suspects identified	Signature

Annexure VII

ABSULS M3

Format to be filled by DLO during monitoring visit

Name of DLO:

Name of District:

Report for the Month:

Date of Visit:

Name of Village Visited	Name of MOPHC	Confirmation of visit by MOPHC for leprosy	Confirmation of suspects identified and referred	Additional Suspects identified	Signature

Annexure VIII

Case definition to be followed by ASHA for suspect identification on field	
The case definition to be followed for suspect identification in the field is **"Any person with discoloration of skin and/or thickened and/or shiny and/or oily skin and/or nodules and/or inability to close eyes and/or ulceration in hands and/or feet and/or clawing of fingers and/or foot drop** **And/or informs tingling and/or numbness in hands and/or feet and/or loss of sensation in palms and/or soles and/or inability to feel cold or hot objects and/or weakness in hands and/or feet for holding/ grasping objects."**	कुष्ठ रोग के संदेह वाले व्यक्ति की पहचान के लिये केस की परिभाषा इस प्रकार है: 'कोई व्यक्ति जिसकी चमड़ी बदरंग हो और/या चमड़ी में मोटापन हो या चमक अथवा दाने हो और/या आँख बंद करने में कठिनाई हो, कहीं हाथ या पैर में छाले हो और /या उंगलियों में टेड़ापन या पैर में लकवा हो। और/या हाथ पैरों में झुनझुनी या सुन्नपन बताता हो और/या जिसकी हथेली या तलवों में सुन्नपन हो और/या ठंडी या गरम वस्तु का अनुभव न हो पा रहा हो और/या हाथ या पैर में कमजोरी हो जिससे पकड़ कमज़ोर हो या चलने में कठिनाई हो।'

*The print out of the above mentioned case definition must be circulated during first monthly meeting after implementation of ABSULS.

Annexure IX

Referral slip format to be used while referring suspects to PHC by ASHA

National Leprosy Eradication Programme **Suspect referral slip**	**National Leprosy Eradication Programme** **Suspect referral slip**
Month/ Year: _____ _____/ ____ _____ S. No. for month _____ Date: _____ Name of suspect:_____ Age: _____ Sex (F/M)_____ Father's/ Husband's name:_____ Address:_____ _____ _____ _____ _____ Mobile No.:_____ Sub Centre:_____ Primary Health Centre:_____ _____ Name and signature of ASHA: _____	Month/ Year: _____ _____/ ____ _____ S. No. for month _____ Date: _____ Name of suspect:_____ Age: _____ Sex (F/M)_____ Father's/ Husband's name:_____ Address:_____ _____ _____ _____ _____ Mobile No.:_____ Sub Centre:_____ Primary Health Centre:_____ _____ Name and signature of ASHA: _____