

Guidelines for use of Treatment completion rate as an Indicator under the National leprosy Eradication Programme

Background

The Operational guidelines on “Global Strategy for further reducing the leprosy burden and sustaining Leprosy control activities (2006-2010)” had mentioned that “The proportion of patients who complete their treatment on time as a proxy for cure rate” is one of the main indicators for use for monitoring the epidemiological trends of leprosy.

The proportion of new patients who complete their treatment on time is an indication of how well the leprosy patients are being served by the health services. The rate is calculated separately for PB and MB patients, in what is known as a “cohort analysis”.

Under the National Leprosy Eradication Programme the cure rate for PB and MB cases was earlier determined during the year 2002, 2003 and 2004 in selected districts / States alongwith Leprosy Elimination Monitoring (LEM) studies. It is now decided to determine this Indicator on a regular basis, every year, all over the country, as an inbuilt component of the programme. Procedures to be adopted, records to be maintained and reports to be furnished are indicated in this guideline.

I. Revised Indicator

Treatment Completion Rate (TCR) will be ascertained for

- (a) PB and MB cases treated.
- (b) PB Male/Female and MB Male/Female cases treated.
- (c) Rural/Urban areas.

II. Cohort Analysis

- (a) A cohort is simply a group of patient who all start treatment in the same batch, usually in the same year. Selection of the group of patient in a particular year is important. The reporting year is the year during which the last of the cases under treatment in the related cohort group completes their treatment.

For the reporting year 2006-07, selection of patient should be as below :-

PB – All new cases detected and started treatment during the year 2005-06 (April 2005 till March 2006).

MB – All new cases detected and started treatment during the year 2004-05 (April 2004 till March 2005).

This time gap is necessary so that the last patient detected in a particular year, gets 9 months for PB and 18 months for MB patients to complete their treatment.

- (b) The PB treatment completion rate is calculated as follows.

$$\frac{\text{Number of New PB cases who completed MDT within 9 months}}{\text{Number of New PB cases who started MDT in the year}} \times 100$$

- (c) The MB treatment completion rate is calculated as follows.

$$\frac{\text{Number of New MB cases who Completed MDT within 18 months}}{\text{Number of New MB cases who started MDT in the year.}} \times 100$$

- (d) Calculation on similar lines will be done for Male/Female and Rural/urban area cases separately.

III. Methodology

- (a) The indicator “**Treatment Completion Rate**” is to be worked out routinely every year during the period May – June. For the current year (2007-08), the exercise may be carried out after the guideline is issued. While 2007-08 is the study year, the reporting year will be 2006-07.
- (b) All the districts will be covered and the exercise will be carried out by the District Nucleus staff who will be given specific orientation for this purpose initially and every year on need basis.
- (c) The District Nucleus will collect the Treatment Registers (LF-02) from all reporting centres for the concerned year of treatment for PB and MB cases. The works will be carried out in the District HQ office.

(d) Step to be followed

Step – I

- (i) In the register locate the new cases starting treatment in the year and mark with serial Numbers starting from 1. Male and Female groups may be given separate identification like – Male: 1m, 2m and Female: 1f,2f etc. At the end of the year a summary to be drawn up, showing total in male group and female group

separately, adding which will give the total cases of the type of the disease, that started treatment during the year

- (ii) Registers for PB and MB group will be for different year. However it is advisable that different coloured Pen/Pencil may be used while putting the serial numbers for each of PB/MB and Male/Female groups.

Step – II

After the numbering is complete, the details of the patient are to be entered in the computation form given as **cohort I (PB)** and **cohort II (MB)**. Separate format be used for each reporting centre and for Rural and Urban areas.

Step – III

Data from each reporting unit will thereafter be transferred to the **District Compilation sheet I (PB) and sheet II (MB)**.

Treatment completion rate will be worked out for Rural and Urban areas for PB / MB cases and Male / Female cases and recorded in the District compilation sheet.

Step – IV

The District will prepare the report in form NLEP/TCR-I giving Treatment Completion Rate for the reporting year with particulars on PB/MB, Male/Female and rural / urban data. The report will be sent to the SLO.

The Registers collected from the reporting centres will be returned to the concerned centre. All the compilation forms (PB&MB) alongwith the District Compilation sheets and copies of the report sent to the State office will be preserved in a file at the District Leprosy Office for further reference.

Step – V

The State Office will similarly compile the districtwise information in **State compilation Sheet I (PB) and Sheet II (MB)**.

Step – VI

The State Leprosy Office will prepare the state report in form **NLEP/TCR II** and send the same to the Central Leprosy Division by July each year.

The state will preserve the district reports received, state compilation sheets prepared and copies of the report sent to the CLD in a file for future reference.

IV Budget

The exercise will be carried out at the District Head Quarter and does not involve any separate movement of staff. Funds required for printing of forms etc. may be utilized from the printing cost available under the programme.

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