

Guidelines for Performance based Payment for ASHA under National Leprosy Eradication Programme

Introduction:

Under Health System, Multi-purpose Workers (MPW- Male & Female) at the sub- centre act as the contact between Health Care Delivery System and community. As per norms, MPWs cover a population of 5,000 but under field conditions they serve much larger population due to growth in population and shortage of MPWs. One MPW is expected to cover approximately 4-5 villages and visit a village once in a fortnight.

All the National Disease Control Programmes including National Leprosy Eradication Programme are being integrated under NRHM for implementation at primary level and a new category of functionaries named Accredited Social Health Activists (ASHA), a women resident of the village has been introduced to act as a link person between community and the health system for every village in the country with a population of 1000. For the services in the community, she is given incentive, based on her performance.

Leprosy is a chronic disease with a long incubation period (average 5-7 years). Although the disease has been eliminated at the National Level, there are Districts & Blocks which are still having prevalence rate $>1/10,000$ population. Besides this the new cases would continue to occur for few more years on account of long incubation period of the disease. Therefore, creating awareness for self reporting, timely diagnosis and complete MDT treatment of leprosy cases is crucial for ultimate eradication of the disease. Another aspect of the programme is gender imbalance as seen in new cases detection.

ASHA being an inhabitant of the same community/ village and covering a smaller population may be very helpful in generating awareness regarding leprosy to reduce stigma, encouraging self reporting or refer suspected leprosy cases and its complications to the nearest PHC, monitoring regularity of treatment, encouraging self care for

prevention of disability and completion of treatment, holding the case by counseling the leprosy affected persons and family members as per their needs.

Proposed Scheme for incentive to ASHA:

Under NLEP, a suspected case of leprosy is diagnosed, registered and put on MDT by Medical Officer, PHC. On completion of the recommended pulses of MDT i.e. six pulses in nine consecutive months for a case of Paucibacillary (PB) leprosy and twelve pulses in eighteen months in case of Multibacillary (MB) leprosy, patient is taken as cured and released from the treatment. Early diagnosis and timely completion of treatment is important as it reduces the risk of development of disability. It has been observed that some of the patients do not complete the treatment due to various reasons. It is felt that the problem could be addressed by involvement of ASHA for ensuring compliance of complete treatment by the patient.

It is proposed that after training /sensitization of ASHA in NLEP related activities a performance based incentive of Rs. 300/- (Rs. Three hundred only) and Rs. 500/- (Rs. Five Hundred only) may be paid to ASHA per PB and MB case respectively. An amount of Rs. 100/- will be paid after registration for treatment of a referred case and the balance amount on completion of treatment of a registered case.

The scheme will be initiated in five States viz. Chhattisgarh, Jharkhand, Bihar, West Bengal and Uttar Pradesh which require acceleration of timely diagnosis and treatment of leprosy cases.

Guidelines for involvement of ASHA under leprosy programme :

1. Training-

Half day training/sensitization for ASHA in leprosy case diagnosis and treatment will be organized under NLEP by the state programme officer under the programme budget.

2. Case identification, diagnosis, validation and treatment initiation-

During her house visits, ASHA will refer suspect cases of leprosy to the nearest health facility for diagnosis. After confirmation of diagnosis by medical officer, treatment will be initiated at the PHC. Subsequent monthly BCP will be provided to the patient at the PHC/ Subcentre. ASHA will monitor daily drug intake by patient on a regular basis and motivate the patient to complete the treatment in time.

3. Case card for monitoring -

Patient card for monitoring of cases under supervision of ASHA (enclosed) will be filled up and maintained at the PHC.

4. Amount to be paid to ASHA –

An amount of Rs. 300/- (Rs. Three Hundred only) and Rs. 500/- (Rs. Five Hundred only) will be paid to ASHA per PB and MB case respectively. The payment will be made as follows-

- Rs. 100/- on registration for treatment of a referred case and Rs. 200/ - for completion of treatment for PB case.
- Rs. 100/- on registration for treatment of a referred case and Rs. 400/ - for completion of treatment for MB case.

5. Payment procedure -

For making payment, an imprest advance of Rs. 3,000 / - to 5,000/- will be sanctioned from the State NLEP budget to Medical Officer of PHC, as registration of newly diagnosed patient is done in treatment register kept at PHC. However, the amount may vary depending upon the new case detection rate in the area. The District Health Society will therefore decide on the amount of imprest to be sanctioned for each PHC in the district. Payment will be made to ASHA on registration of patient after confirmation of diagnosis by MO at PHC and on completion of treatment. To replenish the amount paid as incentive to ASHA, a

claim of reimbursement will be submitted by the concerned MO, PHC to District Programme Authorities.

6. Source of funding:

The expenditure for making such payment to ASHA will be met from the component 'Involvement of ASHA/USHA' of NLEP budget.

7. Identified measurable performance indicator -

Indicator - Number of registered leprosy cases referred by ASHA and number of referred cases completed treatment.

Cases referred by ASHA who have registered for treatment should complete the treatment i.e. Six pulses in nine consecutive months duration for PB cases and twelve pulses in eighteen consecutive months for MB cases.

However it is advisable that the patients complete treatment in 6 months in PB cases and in 12 months in MB cases. For monitoring the work done by ASHA, the district authorities may verify 10% of treated cases on random basis, referred by ASHA.

Patient Card for Monitoring Cases under Supervision of ASHA under NLEP

Name of Patient : Address:
 Age : Date of Diagnosis :
 Sex : Date of onset of Treatment :
 Type of cases : MB/PB
 Regd. No. :
 Name of the ASHA :
 Village :
 Sub centre :
 PHC :

	Treatment Provided (MDT BCP)											
	1	2	3	4	5	6	7	8	9	10	11	12
Date of Supervised dose given												
Signature of ANM/MO PHC												
Date of RFT												

Receipt

(I) Payment of Rs. 100/- received on _____

Signature of MO, PHC

Signature of ASHA

(II) Payment of Rs. 200/400 received on _____

Signature of MO, PHC

Signature of ASHA