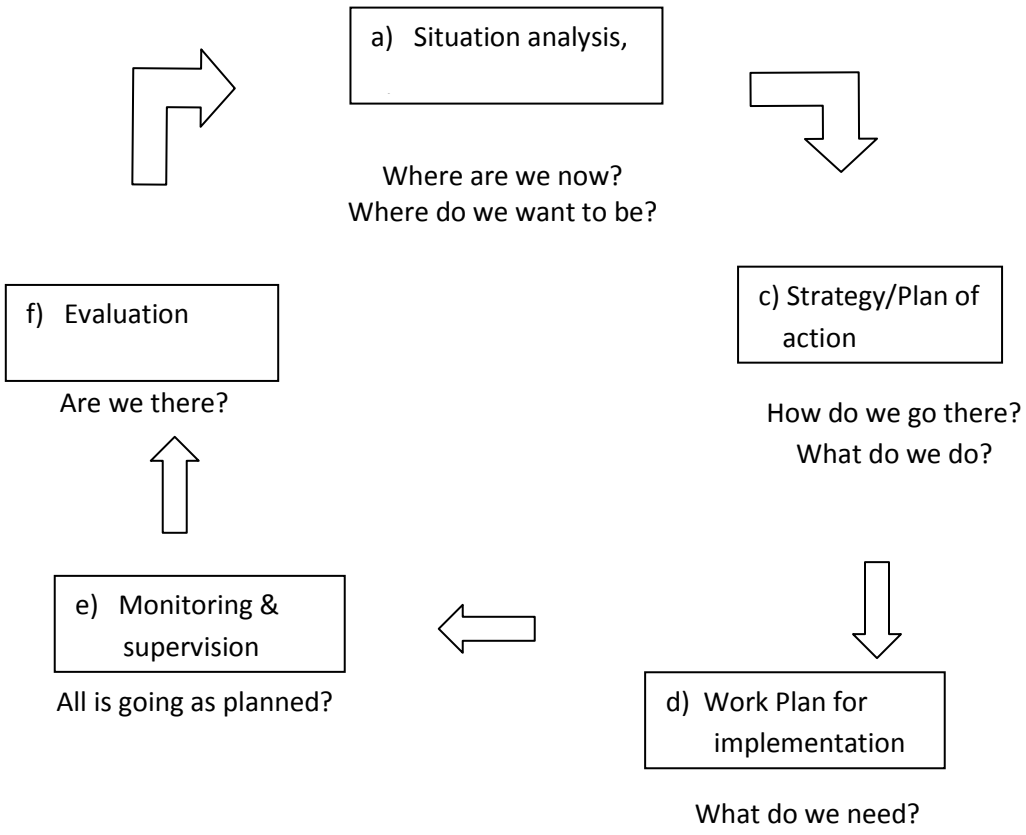
Guidelines for Decentralized Planning under National Leprosy Eradication Programme

Introduction:

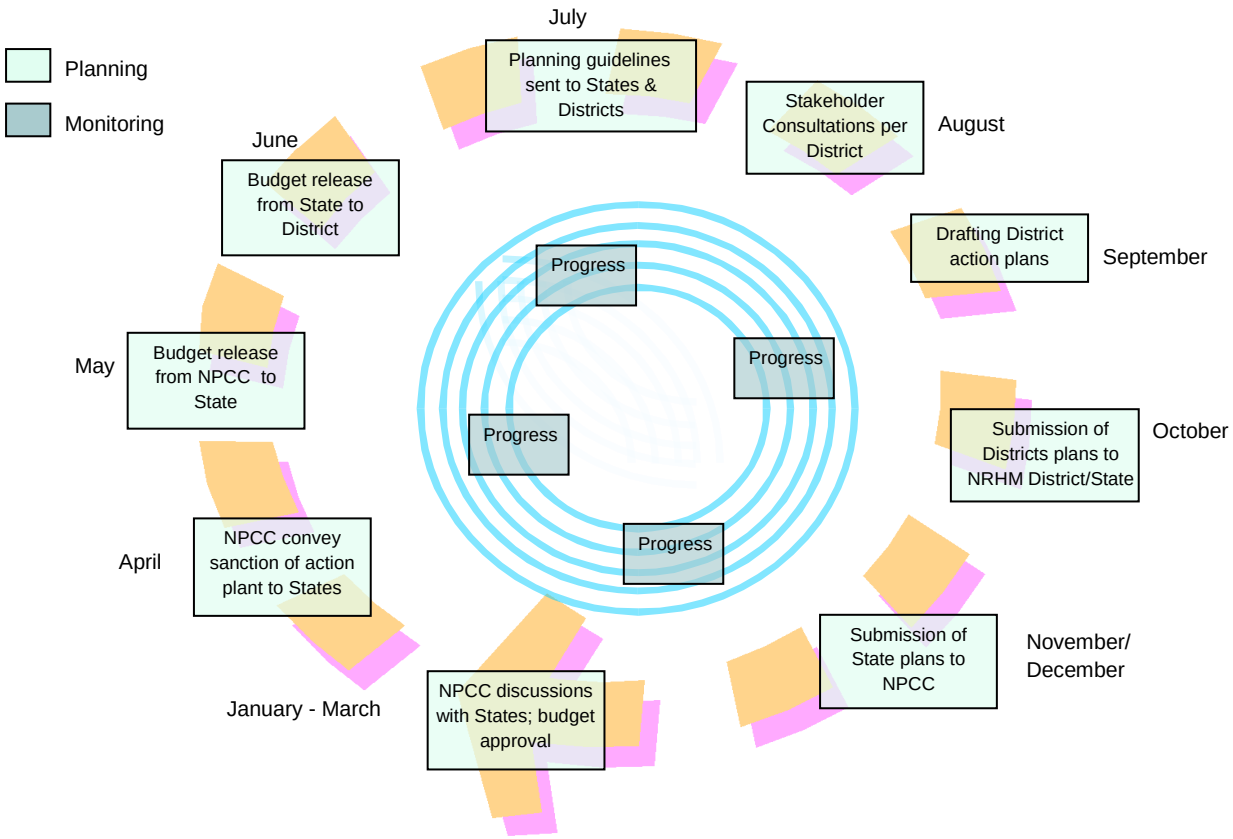
With the introduction of National Rural Health Mission (NRHM), all the activities of a National Program will be planned, implemented and monitored under the umbrella of NRHM. It is envisaged in the NRHM that the district health plan will be formulated through bottom up and result oriented planning process. General steps in planning & management cycle can be seen below:



As indicated in the diagram above, Planning of health activities is a cyclical process, which should start by analyzing the situation of the district. On the basis of situation analysis, we should set our objectives/results and then the activities should be planned to achieve these objectives/results. During implementation of these activities, we should monitor and supervise the activities and then, at the end of the project or a planning cycle, we should evaluate whether we have achieved what we wanted. This evaluation gives an insight into where we went wrong, and lessons learnt during monitoring and evaluation become part of your situation analysis for next planning process and the cycle continues. Detailed description of planning process is given in the document "Decentralised Planning" (Annexure I).

Outline of steps to be undertaken to prepare a District Health Action Plan (DHAP) in line with NRHM is given below -

Simplified NRHM annual planning process: Many preparations are required before submitting a plan for approval. For the activities to be undertaken from April next year, a plan should be submitted to NPCC by November/December this year, and the planning process should start in August itself. Diagram below gives an outline of the steps to be taken month wise:



Month wise desired steps:

August: Consultation with Stakeholders at District level: To make the planning process participatory, meetings and consultations should be organized at village, block and district level, in the month of August. Purpose of these meetings is to involve every stakeholder (Medical Officers, Traditional healers, Community/religious leaders, Multipurpose workers, AWW, ASHA Community members, patients etc.), in identifying problems of the district in relation to health and health related services (refer Annexure 1 page 1, Situation Analysis). Stakeholders should also be involved in deciding what results/objectives should be achieved as a solution to the problems.

September: Drafting District Action Plan: This can be done by discussion among the planning group members. In states where results/objectives have already been identified, at the state level, activities can be planned to achieve these results/objectives. In those states, where objectives/results are not identified, a discussion should be held with stakeholders to identify results/objectives on the basis of the problems identified (refer Annexure 1 page 2, Formulation of Objectives). Indicators should be designed for monitoring the progress in achieving those objectives/results (refer Annexure 1 page 3, How to measure whether the results are achieved). As examples, a list of identified results and indicators are attached at Annexure II, which could act as a guide to decide for your state and District. Activities at state & district level could be planned for achieving each objective/result identified. Activities should be realistic and doable, taking into account various disturbances, delays, time spent/required etc. Budget should be calculated as per prescribed norms under GOI guidelines. Schedule of activities month wise can be depicted in Gantt chart (refer Annexure I, page 5, Format for activity scheduling).

October: Submission of planning document to NRHM: After the draft document is ready with details of activities and budget, it can be submitted to District NRHM. Discussion may be needed to modify it. After the approval from District NRHM, it can be submitted to state NRHM division for compilation into state plan of action.

November: Submission to National Planning Coordination Committee (NPCC): Compiled state action plan from the state should be submitted to NPCC by November. Some discussion/modification may be required in state action plan and it can be resubmitted to NPCC by December.

It is presumed that the discussions and approvals will take two or three months at national level hence the bottom line is that the planning process should start in August.

Annexure I

De-centralized Planning

1. What is Planning?

It's a step-by-step account of the activities, which are to be undertaken, to achieve desired results/objectives. Planning is to predict the future (where do we want to go?). It's like a road map to reach your destination.

1.1 Desired approach for planning:

As per NRHM the planning should be objective or result based.

Few Examples: Normally we plan as to how many doctors or pharmacist or ANMs are to be trained (activity based) while our approach should be: what will be the outcome (result) of this training or why and what for, are they trained, which of course is for improving their capacity and skills. So, our objective or expected result is that we want to improve their skills and training is one of the activities to achieve that. There are more activities/actions, which will be required to improve staff performance.

Similarly we plan a number of supervisory visits to PHCs but we should think what change these supervisory visits would bring. We should think how to improve quality of services. To achieve this, supervisory visits are one of the activity. There will be more activities required to improve quality of services. Hence in any planning, we should be clear as to what we want to achieve or where do we want to go (Objective based/result oriented).

2. Planning Cycle:

Planning and management is a cyclical process, which starts with situation analysis setting of objectives, planning of activities, monitoring and supervision and finally evaluation

2.1 Situation analysis:

Situation analysis of a block / district / state could be conducted by:

- Collecting information on the existing geographical, socio economic and cultural background with prevailing health problems and analyzing relevant indicators.
- Going through the evaluation reports, which will contain observations and recommendations by the evaluators
- SWOT (Strength, Weakness, Opportunities & Threats) analysis. It provides information on positive and negative aspects both within and outside the project. Detail of SWOT is given as follows:

- Strengths & Weaknesses: These are the resources and capabilities (within the organization i.e. internal) that help or hinder the project to carry out leprosy control services. These strengths and weaknesses may be related to quality of staff and management, range of services available, organizational structure, financial management structure etc.

- Opportunities: Opportunities are external factors/situations/ circumstances, which are not under the control of the project or the programme and which are likely to affect / help in improving the leprosy control activities. These factors or circumstances could be availability of funding agencies, availability of outside expertise etc.

- Threats: Threats are also outside factors/situations/circumstances, which are not under the control of the project or the programme and these factors may influence the programme in negative way e.g. more importance given to other programmes, stoppage of funding by international NGOs, too many job responsibilities given to officer etc.

This SWOT analysis should be done by involving all levels of stakeholders. We can identify our needs and problems through weaknesses listed in SWOT analysis, evaluation reports and other source of information available described above.

2.2 Formulation of 'Objective' or desired 'Result':

After we know where we are, and have identified the problems and needs, the next step in planning is to set objectives or results, which we want to achieve in the programme. Objective is like a destination or the end result of the activities, which will be undertaken to reach the destination or achieve those objectives/results. Objective should be SMART:

S: Specific: Objective/Goal should be specific e.g. there should not be any ambiguity. It should not be vague. Instead of saying improved awareness about leprosy; it should be "improved awareness about signs & symptoms of leprosy" or "improved awareness about availability of free treatment and curability" etc. Similarly in relation to disability it should be, "disability Grade-I or Grade-II among new cases" or "disability Grade-I or Grade-II among cases under treatment" or "total disabilities".

M: Measurable: It is difficult to understand the quantum of disabilities from the statement "The disabilities are reduced". How one would know whether they're really reduced. It is better to understand if we state that the proportion of Disability Grade-II among new cases (specific) is reduced from 5% to 2% (measurable).

A: Acceptable & achievable: The objective, which the programme or planners want to achieve, should be achievable. Plan/objective should not be over-enthusiastic. Never plan to achieve objective which can not be achieved in relation to deadlines, numbers etc. In addition, the objective should be acceptable to all involved in the planning process.

R: Relevant & Realistic: Objective should be relevant & realistic. While planning for Leprosy Control Programme, we should not think of achieving vaccination coverage of polio drops (relevance) and the objective should also be realistic means we should not plan to achieve the objective, which can not be achieved in desired time e.g. 0 case of leprosy, by 2010.

T: Time bound: The objective should specify the time by which it has to be achieved. For example, if we want to achieve decrease in proportion of disability cases , we should be clear as to within how much time this reduction will be possible; so that at the end of this time, we can measure whether we have achieved that objective.

2.3 How to measure whether Objective or result is achieved?

Example: One of the objective/result, which we want to achieve under NLEP, is: **Improved DPMR services.** Somewhere down the project or in the program we shall have to measure whether we are moving in the right direction to achieve the desired objectives and whether we have achieved these objectives by the said date. This is monitored/measured by single or a number of Objectively Verifiable Indicators (OVIs). Indicator is a tool, which measures change. In heath programme indicator will be depicted as rate, ratio or proportion.

E.g. few OVIs for the objective DPMR services improved may be:

- 'Proportion of cases at risk of developing disability being monitored through nerve function assessment', what we want to achieve is that: All i.e. 100% cases (measurable) at risk of developing disability (specific) are monitored by VMT/ST (relevant) by the end of 2010 (time bound)

- Proportion of disabled cases practicing self care, what we want to achieve is that: All i.e. 100% cases (measurable) with Gr. I disability (specific) are practicing self care (relevant) by the end of 2010(time bound).

3. Planning the activities:

To achieve the objective 'DPMR services improved', a number of activities have to be planned.

Example of some of the activities are as under:

- **Procurement of operational guidelines**
- **Training of trainers (ToT),**
- **Training of MOs,**
- **Training of PHCs staff in DPMR & counseling,**
- **Mobilization of disabled & their disability assessment,**

- **Procurement of materials e.g. Prednisolone, foot wear,**
- **Developing self care group, RCS & post operative case etc.**

After we have given a thought and listed the activities, we should plan as to when these activities will be conducted, Who will be responsible for this activity, What resources will be required including budget and then we can also plan from which fiscal source this activity will be funded.

Activity planning: An example: Training of Trainers (TOTs)

Activity	**Training of Trainers (TOTs)**
Duration & Date	3 days, 15th – 17th April 08
Responsible person(s)	State Leprosy Officer
Required items	Accommodation, Venue, travel, learning material, LCD/OHP, Stationery etc.
Budget	Explained in next table below
Funding resource	State Leprosy Society

(Gantt chart)

Format for Activity Scheduling

Act. No.	Activities	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
1.	Training of TOTs	-											
2.	**Training of MOs**		-		-		-		-				
3.	Procurement of Prednisolone	-			-			-			-		
4.	Etc..												
5.													
6.													
7.													

Gantt chart helps us in distributing the activities to be carried out month wise. This also helps us in keeping the track of the activities (monitoring). While preparing the plan, we can also get an idea whether many or few activities are to be planned in one month. If we see that many activities are entered in a particular month, we can re-adjust and space our activities accordingly.

Planning Document:

Whole of the plan can be produced in the form of a document, which could be prepared under following headings:

Executive summary

1. Introduction: This should include brief description of the district (e.g. geography, demography, culture etc.), about leprosy eradication programme of the district, achievements made so far, problems encountered and why this plan is made and the year of planning

2. Situation analysis:

- A brief description of epidemiology of Leprosy, progress of essential indicators (over the last 5 years), evaluation findings, if any, and SWOT analysis

3. Objectives/ results

4. Activities

- Schedules with responsible persons & budget
- Gantt chart

5. Implementation arrangements

- Monitoring, Supervision and & Evaluation
- Management

6. Annexes

- Map
- Detailed budget calculations
- References if any

Annexure II

Results and indicators formulation for NLEP for the period 2009-2010

S.No.	Results	Indicators
1.	Sustained case management	1. Wrong diagnosis decreases from ___% to ___% 2. Treatment Completion rate is increased from ___% to ___% for MB & ___% to __% for PB by the end of 2009. 3. Increased percentage of referral by ASHA/SAHIYA/ link workers/AWWs from __% to __% and ANMs/Male workers from __% to __% by the end of year 2009-2010. 4. Decreased percentage of cases developing disability during treatment from ___% to ___% by end of 2009-2010.
2.	DPMR services established	1. Number of district hospitals equipped to deal with referred complicated cases from __ to __ (all) by the end of March 2009 2. Number of district hospitals managing complicated cases to increase from __to __ by the end of Dec 2009 3. Number of district where reaction cases are effectively managed at PHC level to be increased from __ to __ (all) by the end of 2009 4. Percentage of patients with disability regularly practicing self care will increase from __% to __% by the end of 2009 5. Percentage of patients getting appropriate footwear will go up from __% to __% by the end of 2009 6. Number of district arranging RCS to increase from __ to __ by the end of 2009-2010. 7. Number of RCS centers to be increased from ___(2008-09) to ___ (2009-2010) 8. Proportion of disabled cases (requiring surgery) being referred to surgical center (increased from __% to __% by 2010)
3.	Increased community awareness on signs, curability & availability of MDT	1. Reduced disability proportion Gr-II among new cases from __% to __% by the end of 2009-2010. 2. Increased acceptance of LAP in the community 3. Increased percentage of early case detection from __% to …% by the end of 2009-2010. 4. Management of Ulcer cases increased.

4.	Drug management system improved	1. Ensured 2 months buffer stock of all categories of MDTs at all PWCs by the end of 2009-2010. 2. Integrated drug supply management within general health care supply chain by end of 2009-2010.
5.	Improved referral system	1. Number of referral centers to be increased from ___ to ___ for the management of complicated leprosy cases at district level.
6.	System cooperation with other partners/ organizations established	1. Availability of Joint plans made with main cooperation partners 2. Involved relevant Govt. department /ESI hospitals & identified practitioners by end of 2009-2010
7.	Improved accessibility through public private partnership	1. Increase in Proportion of private practitioner (dermatologists) regularly reporting cases detected, registered & completed treatment 2. Increase in Proportion of registered NGOs promoting self care 3. Increase in Proportion of private medical colleges reporting leprosy cases regularly 4. Increase in number of NGOs/voluntary organization involved in self care, POD & socio economic rehabilitation
8.	Training & supervisory system established	1. Availability of state guidelines and plans for supervision and training by the end of September 2008 2. Number of district having fully functional DN to be increased from ___ to __ (all) by the end of 2009-2010. 3. Number of district with need based training and supervision to be increased from ___ to __ by the end of 2009
9.	Programme management ensured	1. Ensure that quarterly review meetings are held regularly during 2009-2010. 2. Ensure Program advisory group meetings are held regularly. 3. To increase timely submission of action plan & budget from all districts. 4. To increase timely submission of MPR from __ districts (2008-2009) to __ districts (2009-2010) 5. Each PHC supervised by district nucleus Once In a Month and each district supervised by state in a quarter using checklist and feedback by end of 2009-2010.

Glossary:

Stakeholders: These are persons who are directly or indirectly related to the health actions and are influenced and affected by good or bad performance of the programme. E.g. Stakeholders are doctors, variety of GHC staff (ANM, MPW, Pharmacist etc.), community leaders, traditional healers, lady groups, youth workers, private practitioners, community members, patients etc.

Objective or Result: This is what we want to achieve through different activities or where do we want to go. This is an outcome, which we want out of our activities.

Indicator: It's a measurement, which indicates change to assess whether we are working in the right direction. This could be upwards/increase or downwards/decrease. Indicator could be a number, a rate, ratio or a proportion.