NTI NEWSLETTER (1989) 25/1&2, 10

SUPERVISION ASPECTS IN DISTRICT TUBERCULOSIS PROGRAMME WITH SPECIAL REFERENCE TO SHORT COURSE CHEMOTHERAPY*

N M Sudarsanam**

INTRODUCTION

The National Tuberculosis Control Programme has been introduced with objectives to implement the curative and preventive strategies of tuberculosis. It is necessary that proper supervision should be exercised to achieve the goals of the, programme in order to have a major impact on the control of tuberculosis. The National Tuberculosis Programme (NTP) has been implemented in almost all parts of India, with a few exceptions, integrated with the Primary Health Care (PHC) System. Hence, it is important that the infrastructure of the PHC has to be sound enough for effective implementation and efficient functioning of the programme. This calls for good health care management skills from the personnel in charge of the Health Care Delivery Systems. Such manegerial skills should be made available and exercised et every stage by proper supervision of the system with added training component of the staff involved at the grass-root level. This paper describes one facet of the management.

SUPERVISION AND INSPECTION

Supervision is to see whether the programme works according to set procedures outlined to achieve the objectives of the programme. In other words, supervision is an important tool in achieving the objects of the programme.. For example, the District Tuberculosis Officer (DTO) has planning, implementation and maintenance of District Tuberculosis Programme (DTP) as managerial responsibilities. The three main facets of maintenance are, supervision, supplies and training (replacement training and retraining). The responsibilities of supervision can be shared with other key personnel of District Tuberculosis Centre (DTC).

For effective supervision, a blending of monitoring and assessment is essential. Monitoring is, receiving data and taking corrective action. Key indices required to indicate the functioning of the DTP are selected. Assessment is to measure the extent of achievement of objectives. Then the DTP assessment could be visualised only for well defined tasks.

---

*Paper presented at the ICMR/WHO Symposium at Tuberculosis Research Centre, Madras in January 1987.

**Assistant Director, Tuberculosis Research Centre, Madras.

We will now proceed to the contents of supervision which should be carefully designed to achieve the objectives of the programme. There should be -

1. Clear comprehension of principles and objectives - both short term and long term and at various levels;

2. Clear cut duties and functions of workers at various levels;

3. Adequate resources - both physical and financial - with adequate delegation of powers;

4. Adequate and timely remedial action in the light of observation;

5. Sufficient flexibility in administrative action - according to the local situation.

A good supervisor should have the knowledge of programme concept and a favourable attitude towards them. He should be able to teach the programme and practice them on the field. Finally he should be able to inspire the superiors to follow them. In order to achieve these objectives there should be a good rapport between the supervisor (⇌) and the supervised blended with good humour, human relationship alongwith painstaking efforts at guidance. The main principles will be to avoid fault' finding. At this juncture, it: would be pertinent to distinguish between inspection and supervision.

DIFFERENCES

Inspection	Supervision
Fault finding	Fact finding
Inspection	Supervision
Senior hand	Technically qualified hand (DTC personnel)
Authoritarian	Technically oriented participation

We will now consider the periodicity of the supervision process. It will depend on the need and physical condition of institution supervised. The sub-centres in the DTP are classified according to their capability and interest, based on which, the periodicity of visits can be modified.

So far we have been examining the concept of supervision in a DTP. Now let me present a few pertinent differences between the routine DTP on standard regimen and the DTP with Short Course Chemotherapy (SCC).

DTP with		
Activity	Standard regimen	SCC regimen
Initiation of treatment	All cases put on treatment	Assess suitability according to protocol
Motivation		To be reinforced due to shorter duration of therapy
Drug issue treatment card entries	Monthly oral regimen once a month	Fortnightly issue - unsupervised regimen once a fortnight
Defaulter action	As per routine in DTP manuals	On the day of default
Transfer of patient	As per DTP manuals	Choice of centre according to availability of SCC regimen
Availability of drug supply	At least for 3 months	At least for 2 months as drugs are costly - depending on supplies, availability of drugs
Touring days	At least 12 days/ month:	At least 20 days/ month
DTO - frequency of absence at DTC	Limited	Suitable modification necessary to minimise absence-sharing of supervisory duties with key personnel of DTC
Visit to PHI	Once in 3 months	Once a month - ideal (disruption of routine work of PHI)
Assignment of duties for leave taking of DTC personnel	Met by local arrangement	Requires suitable substitute to maintain tempo

Now it is time to evolve some methodology of supervision, which can be suitable for both the regimens.

A 'model concept of supervision' envisages a two tier arrangement for supervision of districts - a regional team and district team. The regional and district team require monitored feed back of necessary selected key indices from the district reports analysed. This model is to ensure such a feed back at the proper interval so that it could aid effective supervision at both regional and district levels.

As all the DTOs are aware, the monthly reports start streaming in from the 25th of the month. In an average DTP, there will be about 100-120 sputum positives per month and a minimum of about 4 times this number as X-ray positives diagnosed in a DTP. In all, a minimum of 500 cases will have to be indexed by the Statistical Assistant (SA). According to the DTP manuals, the cases have to be cross-indexed and then assigned an index number. For a well conversant SA, it takes on an average 5-7 minutes to complete the cross-checking and assigning procedure for each of these cases for indexing. Hence it will be seen that since the DTP figures have, to be sent to the Directorate by the 2nd of the subsequent month, there is a physical strain on the SA. This may result in duplication of cases - old cases being re-labelled as 'new'.

The second aspect is the "migratory factor". A patient may possess more than one identification slip. It was noticed in one instance that a patient was having identification cards pertaining to 4 districts. With all the modern transport facilities migration of patients to contiguous district is a common factor.

In order to streamline all these aspects (please see diagram - next page), all the information from the PHIs can flow to a regional centre. Here the data can be processed, especially the cross indexing using 'phonetic' system (as being followed in the TB Prevention Trial at Tiruvallur). The regional data of the DTP required by the State and Central authorities can be relayed up. A feed-back system pertaining to the monitoring and assessment of DTP can be developed to aid the supervising teams in the individual districts.

The ICMR had said that DTP would be more successful if the supervision concept has been understood properly. Therefore it would be appropriate to make efforts to improve this aspect which will have its impact on the outcome of the programme.

ACKNOWLEDGEMENT

My thanks are due to the Director of Health Services and Family Welfare, Tamil Nadu for the encouragement and guidance given. I deem it an honour and privilege to have been given an opportunity by the organisers of the ICMR/WHO Seminar on SCC at Tuberculosis Research Centre at Madras, to present the paper. Last, but not least, to my senior colleagues and, District Tuberculosis Team personnel, but for whose co-operation, this paper would not have been materialised.

A MODEL CONCEPT OF SUPERVISION