

IMPACT OF INCREASED SUPERVISORY VISITS ON THE PERFORMANCE OF DISTRICT TUBERCULOSIS PROGRAMME

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INTRODUCTION

Importance of supervisory visits by District TB Officer (DTO) and his key personnel to the Peripheral Health Institutions (PHI) need not be overstressed for effective implementation of the tuberculosis (TB) control programme, whether the district is covered under Short Course Chemotherapy under National Tuberculosis Programme (NTP) or under Revised National Tuberculosis Control Programme (RNTCP).

An attempt was made to analyse the available records at District TB Centre (DTC), Pondicherry to find out whether increased supervisory visits had any impact on the performance of the district in implementation of the TB control programme. These visits are also to be utilised for training and re-training of all concerned at PHI level.

METHODS

All the available records and reports pertaining to the previous 10 years were analysed. The DTC, Pondicherry is a SCC district under NTP and the reports were prepared and submitted in DTP-9/revised format. Cohort analysis was being done annually. But recently, quarterly cohort analysis is being undertaken in the revised formats. As most of the reports had been computerised since 1995, it was easy to access them. Up to the first quarter 1999, reports were being sent in old format and from the 2nd quarter 1999, all the reports are being prepared and submitted in the revised SCC formats.

RESULTS

Table-1 shows the number of supervisory visits by the DTO and key DTC personnel from 1990-99. There was a continuous increasing trend in the supervision of PHIs by the DTC staff.

The total number of sputum smear examinations done at DTC and PHIs show a continuous increase during the last decade (table 2). Total number of smear positive pulmonary TB cases, X-ray suspects and extra pulmonary

TB cases diagnosed during the period are given at table-3. On the whole, there was a continuous increase in detection of smear positive cases during this period. On the other hand, the number of X-ray suspects decreased. Accordingly, the ratio of smear positive cases to suspects declined from 1:4.5 in 1990 to 1:1.2 in the year 1999.

There was an increasing trend in treatment completion rates, with corresponding decline in the default rate during this period (table 4)

Table-1 : Supervisory visits of DTO and his team to PHIs

Year	No. of PHIs	No. of visits
1990	59	19
1991	59	25
1992	59	42
1993	59	49
1994	59	65
1995	59	96
1996	59	89
1997	59	93
1998	59	119
1999	59	139

Table-2 : New sputum examinations

Year	No. examined		Total
	DTC	PHIs	
1990	8531	12586	21117
1991	9542	10686	20228
1992	8749	10444	19193
1993	8998	12122	21120
1994	8831	10489	19320
1995	11099	11946	23045
1996	10200	12734	22934
1997	11531	14535	26066
1998	10436	14695	25131
1999	13907	15868	29775

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Table-3 : Case detection

Year	Sputum positive cases ('B')	X-ray suspects ('X')	Extra pul-monary cases ('E')	Total	Ratio of B : X
1990	761	3460	303	4524	1 : 4.55
1991	853	4057	251	5161	1 : 4.76
1992	964	3580	317	4861	1 : 3.71
1993	1033	3732	311	5076	1 : 3.61
1994	1058	3747	244	5049	1 : 3.54
1995	1338	3215	323	4876	1 : 2.40
1996	1340	2183	248	3771	1 : 1.63
1997	1290	2199	258	3747	1 : 1.70
1998	1363	2036	316	3715	1 : 1.49
1999	1303	1627	364	3294	1 : 1.24

Table-4 : Treatment Completion and default rates

Year	Treatment completion %	Defaulter %
1990	54.8	42.9
1991	56.7	42.8
1992	56.3	41.5
1993	57.2	40.8
1994	55.5	43.5
1995	59.4	40.3
1996	60.6	36.4
1997	62.3	33.1
1998	65.6	28.7

- Discuss with Medical Officer (MO), **PHI**, the importance of case selection for sputum examination.
- Discuss with MO on the importance of follow-up sputum examinations at specified intervals.
- Discuss with Laboratory Technician regarding ways and means to improve the quality of sputum examination.
- Discuss with Drug Distributor regarding importance of maintaining uninterrupted drug stocks.
- Discuss with field staff regarding their role in defaulter retrieval.
- Discuss regarding maintaining registers and sending reports on time.

CONCLUSION

A minimum number of visits are mandatory for sustained functioning of PHIs and maximum number of visits are vital for improvement in the TB activities of the PHIs. In this analysis a direct correlation is observed between the number of supervision visits made with inbuilt retraining component and improvement of the performance of the PHIs. However, the quality of supervision with an interval of 2-3 months is ideal for a well performing DTP under NTP or RNTCP.

DISCUSSION

Supervisory visits of the DTO and his team play a vital role in improving the quality of the TB control programme. These visits give ample opportunities to interact with the staff of PHI, resulting in improvement in the quality of the programme as observed in the present study. Supervisory visits give the DTO and his key personnel sufficient opportunities to -

- Improve rapport between the staff of District TB Centre (DTC) and PHIs.