Minutes of the Review meeting of Sentinel Surveillance Units at Nirman Bhawan, New Delhi on 13th July, 2012

A review meeting of Sentinel Surveillance Units (SSUs) was held under the Chairpersonship of Ms. Sujaya Krishnan, Joint Secretary (NPCB), on 13th July, 2012 at 10 A.M. in committee room, Nirman Bhawan New Delhi.

Objectives of the meeting was

- To review the performance of SSUs in respect of services delivered.

- To review status of fund utilized.

- To collect the data pertaining to activities done and the existing infrastructure.

- To understand the issues faced by the SSUs and resolve them accordingly.

- To decide further course of action

After brief introduction of all the participants, Dr. N.K. Agarwal, DDG (O) welcomed all the participants and briefed the participants about the objective of the meeting. Ms. Sujaya Krishnan, JS (NPCB) briefed the participants about the objectives of the SSUs and said that since meeting is being held after a long period of two year, healthy and positive interaction is expected. Major objectives of SSUs mentioned were:

1. To determine coverage, cataract surgery rate and other parameters, reflecting levels of performance in the district including bilateral cases of blindness due to cataract.

2. To assess ocular morbidity in the district by collection and compilation of information from various service providers in the district.

3. To assess mechanisms for maintenance of cataract Surgery Record in various eye care facilities in Govt. and Non- Govt sector including eye camps.

4. To monitor quality and functional status of equipments and supplies made available to the service units.

5. To determine the utilization of various facilities and human resources available for eye care in the district.

6. To identify reasons for low uptake in those areas where coverage is low.

7. To identify barriers in providing optimal services both in qualitative and quantitative terms.

8. To assess quality of services by determining success rate and analyze it by gender, type of surgery, place of surgery, age at the time of surgery etc.

9. To identify complications after surgery which are higher incidence than generally reported and determine reasons for the same.

10. To assess extent of follow up services, proportion of cases where refraction was performed and glasses provided.

11. To work out area specific strategies to improve compliance to follow-up.

Dr. A.K. Shukla, Prof. & Head, Dept. of Ophthalmology, M.G.I.M.S Sevagram, also highlighted the evolution of SSUs and briefed the participants how and why SSUs were formed. He informed that after World Bank support to country for cataract surgeries to decrease the backlog of blindness due to cataract in India, data about no. of cataract surgeries performed was available but cataract surgery outcome was missing. Hence to collect the data on cataract surgery outcome, selected Medical colleges with capacity to carry out surveys were identified and assigned the task to carry out survey in the country. After the survey institutions were named as SSUs. He also highlighted few points which are as follows:

- As per the mandate given to SSUs to do the beneficiary assessment, there was conflict between DPM and Medical College.

- Link between SSU and state was missing.

- HOD of Preventive and Social Medicine department was made main coordinator while all information is being generated at Ophthalmology division. In case of poor coordination between two different departments, functioning of SSU will suffer.

- Most of the HODs had retired and new coordinators are not aware of functioning of SSU. A reorientation workshop of all the SSUs is needed.

- There were no guidelines issued about conduction of surveys or research.

- Since last two years no review meeting was arranged.

National Surveillance Unit

Dr. Praveen Vasisht made the presentation representing NSU. He shared analysis of reports sent by 21 SSUs. Salient features of which are as follows:

- He informed that India is the first country to launch a sentinel surveillance Programme for Blindness control.

- While informing the participants about background of SSUs, he said that the need for such a programme was realized after the completion of the World Bank project in 2001 to assess the quality and visual outcome of the cataract surgeries and trends of blindness control activities. Since it was not feasible to get such information from all the districts, it was decided to set up a network of Sentinel Surveillance Units (SSUs) representing different regions across the country.

- There are 25 SSUs in the country, out of which 21 are reporting to NSU regularly. The SSUs are located in the Department of Community Medicine of Medical Colleges with

technical cooperation of the Ophthalmology Departments. SSUs collect data on cataract surgeries and ocular morbidity and submit report in a predesigned format to National Surveillance Unit.

- He also informed that compilation, analysis of collected data, monitoring, feedback and dissemination of information is NSU's responsibility.

Salient features of report

- Refractive error followed by cataract, remains the predominant ocular morbidity.

- More cataract surgeries were performed amongst females (51.8%) than males (48.2%).

- Two third (62%) of cataract surgeries are being done in people above 60 year of age

- Total 97.7% surgeries done are IOL type. Jammu reported only 37.7%, which needs to be further verified. It was informed that rate of IOL implantation has gone up from 80% (2000-2001) to 97.7% in the year 2011-12.

- He informed that 80% of surgeries are being done by SICS technique and 16.3% by Phaco technique.

- He also said that in comparison to 39% (2001-02) bilateral blind people only 17% bilateral blind were operated in the year 2011-12. This reflects that bilateral blindness has come down by more than 50% in the country.

- Only in 6.2% cases visual outcome less than 6/60 during the year 2011-12 was observed.

- Only 2.5% omplication rate has been observed in cataract surgeries done which is slightly higher than WHO standard i.e.2%. He said that because of being academic institutions, SSUs are not afraid of reporting complications.

- It was also observed that old form needs to be revised. Changes suggested were like deletion of day one complications, differentiation of inflammation from infection, chronology of complications etc. Dr. Praveen Vasisht informed that they have developed a new form which needs to be hyperlinked with NPCB MIS.

- It was also decided that new case has to be defined. Dr. N.K. Agarwal suggested that a person who has not suffered from any ocular infection since last six months can be defined as a new case.

- To get correct figures about ocular morbidity DDG(O) suggested that one senior resident from ophthalmic department will screen 1000 cases and find out exact ocular morbidity pattern.

- Participants also said that it is very difficult to get SC/ST related data. However JS stressed that since it is being asked by Ministry of Social Welfare and at other forums, we must get the data.

- It was also informed that since old SSU MIS was very slow and difficult, new software has been developed and NSU will share it with all SSUs.

- Dr. Sumit Malhotra shared new form with the participants.

- Dr. Sumit Malhotra catagorised the SSUs depending on regularity of report sending.

Regular data received from: Goa, New Delhi, Kolkata, Thiruvanthpuram,Vellore, Wardha

Irregular data received from: Pune, Raipur, Rohtak, Surat, Shimla

Partial data received from: Aligarh, Indore, J& K-Jammu, Ludhiana, Vishakhapatnam

No data received from: Allahabad, Ajmer, Cuttack, Srinagar, Udaipur

He requested all SSUs to regularly send the reports. He also said that NSU will share the compiled report with all the SSUs.

This was followed by presentations by the SSUs. The common finding amongst all the presentations was:

- Refractive error and Cataract was observed as major ocular morbidity.

- Woman are being operated more for cataract surgeries than men.

- IOL implantation has increased up to 95% and SICS is the technique majorly used.

- Complications are not being reported by all SSUs; only nine SSUs are reporting it currently.

- Delayed release of funds to SSUs is hampering the functioning of SSUs.

- SSU Kolkata and Wardha requested for one more data entry operator.

- SSU Indore and Nagpur were not sending reports to the NSU, however expressed their willingness in continuing SSU.

- Requested for enhancement in release of grants.

- Online report sending is not possible because of closing of SSU software.

Dr Jagdish Prasad, DGHS was also kind enough to join the meeting at the time of open discussion. He gave his valuable inputs and suggested that SSUs may be assigned the task of monitoring of cataract surgeries done by NGOs in their near vicinity. He also suggested that one SSU may be connected to five districts in their state. No. of SSUs needs to increase by at least 4-5 folds.

Common discussion and decision taken:

- DGHS asked all SSUs for monitoring and verification of cataract surgeries done by NGOs. He also suggested that one SSU may be linked to 4-5 districts. Number of SSUs needs to be increased.

Action: A letter to the DPM may be written to implement the same.

- Money released to SSUs directly goes to Real Time Gross Settlement systems (RTGS). Concerned division find it difficult to access the funds as it is not clearly mentioned that under which head money is being released or transferred.

  Action: Sanction will be uploaded on NPCB website. All necessary precautions will be taken while making sanctions and head under which money is being released will be clearly mentioned.

- Representatives from all SSUs requested for yearly meeting of SSUs. Both key faculties from both the divisions (Ophthalmology & Community Medicine) should be invited for future meetings.

  Action: JS assured for the same.

- It was discussed to revise the budget of both SSUs and NSUs as the budget entitled and norms were more than 5 year old. Further additional budget will be needed for involving SSUs in monitoring of local NGOs funded by NPCB as suggested by DGHS. Funds for NSU also included for the monitoring visits to SSUs. It was requested to revise it from Rs 300,000 - to Rs. 500,000 per annum for the SSUs (Annexure 1) and Rs. 700,000 for NSU (Annexure 2).

  Action: Re-appropriation of funds and increase in salary component from 1,50,000 to 2,50,000 was suggested. As per JS suggestion a comparative statement of current and proposed grant for NSU and SSU is annexed.

- Delayed release of money is hampering the functioning of SSU. First installment should be made by the end of July.

Action: JS assured for the same, provided the concerned SSU submit their SOE and audited utilization certificate timely.

- Equipments provided were ten year old and new equipments are needed.
  Action: JS and DDG(O) suggested that SSU may provide the list of required equipments. Appropriate fund may be considered.

- Survey or research has to be undertaken as it is one of the prime objectives of the SSUs.

- **Action:** multi-centric collaborative operational research may be planned. The RP Centre at AIIMS in capacity of NSU to lead and coordinate this activity so that joint research be carried out by involvement of all SSUs.

- It was advised by Ms. Sujaya Krishnan, that an e-mail group be created and all SSUs to post mails in this e-group so that all members can contact each other and discuss periodically about the performance of their respective SSUs.

- SSUs are not sending reports timely. The SSUs that have not submitted their reports for the period April 2011 to March 2012 were asked to submit the reports to NSU. (SSUs-Nagpur, Allahabad, Srinagar, Aligarh, Udaipur, Indore). DDG(O) suggested that funds for SSUs will be released after receiving confirmation of submission of reports by NSU.
  Action: Report sending is necessary and may be linked to the release of grant.

- New form developed needs to be revised and complications mentioned needs to be placed chronologically. First day complications need to be deleted. The modified form will be shared by NSU with all SSUs and will be used by all SSUs now onwards. (Copy of the form enclosed). All SSUs were requested to submit their records on "Cataract Surgery Outcomes" and "Ocular Morbidity" regularly to NSU, so that timely report can be compiled by NSU and submitted to MoH&FW.

- Till the time SSU is linked with MIS of NPCB, software developed by NSU will be used.

- Action: Dr. Praveen Vashist and Dr. Rajashekhar to jointly coordinate this task of integration of SSU forms with the NPCB MIS.

- NSU will monitor and Visit the SSUs.

- NSU will send log sheet quarterly to NPCB and will submit an interim brief report to NPCB six monthly (in October and April) based on reports received.

- SSU members requested the Ministry Officials to conduct an orientation workshop for all SSU members, as many of the involved nodal persons from Ophthalmology and Community Medicine departments have changed. NSU can conduct this workshop at AIIMS.

Meeting ended with thanks to the chair.

List of Participants

1. Dr. N. K. Agarwal, DDG, NPCB

2. Dr. Raj Vardhan Azad, Chief Dr. R.P. Centre & Technical Advisor to the Government of India for National Programme for Control of Blindness

3. Ms. Gayatri Mishra, Director, NPCB, Ministry of Health &Family Welfare

4. Dr. V. K. Tewari, HEO, NPCB

5. Dr. V. Rajshekhar, Eye Spl. Safdarjung Hospital, New Delhi & NPCB, MOHFW

6. Dr. Praveen Vashist, Add. Prof & Head Dr. R.P. Centre, New Delhi

7. Dr. Sumit Malhotra, Asst. Professor, Community Ophthalmology, Dr. R.P.C. AIIMS, New Delhi

8. Dr. Senjam Suraj Singh, Asst. Professor, Community Ophthalmology, Dr. R.P.C. AIIMS, New Delhi

9. Dr. Zulfia Khan, Professor, Dept of Community Medicine, J.N.M.C, Aligarh

10. Dr. Vijay kumar K., Prof. & Head, Community Ophthalmology, Trivendrum Kerala

11. Dr. Mayank Srivastva, Associate Prof., RIO Allahabad

12. Dr. Dilip. G. Kumare, Associate Prof., Govt. Medical College Nagpur

13. Dr. Amitva Das, Prf. RIO, Medical college Hospital, Kolkata

14. Mr. Protyush Chakaravarty, Data entry operator, SSU Kolkata

15. Dr. M. S. Kulkarni, Key Officer Dept. of PSM, Goa Medical College, Bambolim

16. Dr. S.V. Ambekar, Prof. & Head, Ophthalmology, B.J. Medical College, Pune, Maharashtra

17. Dr. Thomas Kuriakose, Prof. & Head, Dept. of Ophthalmology, C.M. C. Vallore

18. Dr. Ashok M. Mehendale, Prof. & Head, Dept. of Community Medicine, M.G.I.M.S, Sevagram, Dist. Wardha

19. Dr. A.K. Shukala, Prof. & Head, Dept. of Ophthalmology, M.G.I.M.S Sevagram, Wardha

20. Dr. J.S. Malik, Sr. Professor & Head Community Medicine-II, PGIMS, Rohtak, Haryana

21. Dr. Anmol Gupta, Ass. Professor, Community Medicine, IGMC, Shimla

22. Dr. M. Moitra, Associate Prof., Dept. of Community Medicine, G.M.C. Surat

23. Dr. G. L. Bunkar, Prof. Dept. of Community Medicine, R.N.T. Medical College, Udaipu, Rajasthan

24. Dr. A.K. Chandraker, Prof. & Head, Dept. of Ophthalmology, Pt. J. N. Medical college, Raipur

25. Dr. Satish Saroske, Asst. Professor, Dept. of Community Medicine, M.G.M. Medical College, Indore

26. Dr. Imtiyaz, Asst. Proffesor of Ophthalmology, SKIMS Medical College, Srinagar, J & K.

27. Mr. Sanjay Pant, US (H). MOHFW

28. Ms. Sabiha Rahman, Senior Stats. Officer, Dte. GHS

29. Mr. P. Lal, Section Officer (NCD), MoH&FW

30. Dr. Suman, Temporary Professional, NPCB, MoH&FW

31. Mr. Jai Bhagwan Tanwar, Consultant NPCB, MoH&FW

32. Ms. Sonia Tanwar, Research Asst. NPCB, MoH&FW

33. Mr. Saji Gopinath, Asst. BC

34. Mr. Om Prakash, Research Asst. NPCB, MoH&FW

35. Mr. S.B. Singh, Research Asst. NPCB, MoH&FW