

NLEP Technical Supervision of Raipur District

Regional Directorate team visited the Raipur District for monitoring of National Health Programs along with the NLEP. The information regarding NLEP was collected in the predesigned checklist. The visited Health facilities are as follows:

Sr No	Block CHC	PHC	HSC	Interacted staff
1	Dharsiwa	Mandhar	Siltara	BMO, NMS, NMA, RMA, MO, ANM, MPW, ASHA
2	Baladobazar	Arjuni	Rawan	BMO, NMS, NMA, RMA, MO, ANM, MPW, ASHA
3	Simga	Damakheda	Bishrampur	BMO, NMS, NMA, RMA, MO, ANM, MPW, ASHA
4	Garyaband	Kochyai	Kochyai	BMO, NMS, NMA, RMA, MO, ANM, MPW, ASHA

THE SLIENT NLEP OBSERVATIONS OF THE HEALTH FACILITIES ARE AS -

I) Balodabazar Block CHC:

1. Rural Medical Assistant contributes 30-40% daily OPD patients at CHC. She has not under gone training in NLEP and her knowledge regarding the NLEP diagnosis and treatment is not up to the mark. She referred the suspected leprosy to the block NMS.
2. DPMR Records are not filled and staffs are not trained in the DPMR activities.
3. The Pharmacist is not keeping the MDT drugs and indent is prepared by the NMA.
4. BMO is also not aware of the DPMR activities.
5. Grade I and II disability register is not maintained at Block level.
6. Lepra reaction patients are managed at Block only.
7. The prednisolone tablets are not available at Blocks. The prednisolone drug was procured from outside by the patient and not noted in the register.
8. MCR Chappal record was not available.

9. Monitoring and supervision at block and sector is poor. This is observed by interview with NMA and NMS and also cross checking the field diaries maintained by the respective staff.
10. IEC materials are displayed in the CHC and slogans are written on the wall.

II) Simga Block CHC:

1. Rural Medical Assistant contributes 20-30% of daily OPD examination of the patient at CHC. RMA has not undergone any training in NLEP and his/her knowledge regarding the NLEP diagnosis and treatment is not up to the mark. He/she refers the suspects as well as the other patients to the NMS.
2. DPMR Records are not filled and staff is not trained in the DPMR activities.
3. The NLEP Records are incomplete especially LF2 is not filled in some of the sectors since Jun 2010.
4. The Pharmacist is keeping the MDT. Two months MDT stock for MBA and MBC patients were available while PBA stock of four month and PBC stock of one month has been available in the stock.
5. MDT indent was available at CHC with NMS.
6. Pharmacist was not aware of the MDT guidelines.
7. MDT logistic is not updated.
8. The discrepancy was noted in LF 4 and available records.
9. **BMO is also not aware of the DPMR activities.**
10. Grade I and II disability register is not maintained at Block.
11. No lepra reaction patient in Block.
12. The prednisolone tablets are not available at Blocks. The prednisolone drug prescribed are procured from outside by the patient and are not noted in the register.
11. IEC material is displayed in the CHC.
12. MCR Chappal record was not available.
13. Monitoring and supervision at block and sector is poor. This is observed by interview with NMA and NMS and also cross checking the field diaries maintained by the respective staff.

III) Garyaband Block: NMS is on leave on the day of the visit, NLEP record is not available. IEC material is displayed in the CHC.

Primary Health Centers:

Mandhar PHC: At Mandhar PHC, the team interacts with Medical Officer, LHV and supervisor and other staffs involved in NLEP programme, our observations were-

1. Patients take medicines (MDT) from their nearest HSC (ANM).
2. NFA, VMT & DPMR record were not available in PHC.
3. Prednisolone and other drugs for reaction patients are not available.
4. LF 1 Cards were kept by ANM, however Supervisor showed us only LF 2 (treatment register) and other registers/forms (like indent, stock, master, complication and DPMR- primary level) were not available.
5. Sector supervisor received MDT from CHC and handover to ANM monthly for further treatment to respective patient (as per their need), however proper records were not found.
6. No defaulter patients on record at PHC (as informed by supervisor)

ARJUNI PHC: Rural Medical Assistant (RMA) and Pharmacist are available at PHC. Medical officer was not available because he was attached in block CHC; supervisor is also having additional charge of BE and attached to the CHC.

1. All records were maintained by NMA (Mr. KOSLE) at Block CHC, he was on leave on day of visit.
2. Rural Medical Assistant (RMA) suspects leprosy patients and referred to CHC for confirmation.
3. Diagnosis, treatment, NFA, VMT and DPMR records were not available in PHC.
4. Registers and records were not available in PHC.
5. MDT was not available in PHC.
6. Tablets Prednisolone was not available in PHC.
7. Status of defaulter and irregular patients, reaction, complicated & disability patients' record were not available in PHC.

DAMAKHEDA PHC: In Damakheda PHC, the team interacted with RMA, Pharmacist, supervisor and other staff involved in NLEP, Medical officer not available in PHC (vacant), our observation were:

1. NLEP related Registers and records were not available in PHC. LF 1 Cards were kept by ANM, however Supervisor shows us only LF 2 (treatment register) and other registers/forms (like indent, stock, master, complication and DPMR) were not available.
2. RMA suspects leprosy patients at OPD and refer them to CHC. After confirmation/diagnosis at CHC, MDT were started and referred to nearest HSC (MDT provided by ANM). RMA is not trained in NLEP and unaware regarding diagnosis and treatment of leprosy.
3. Diagnosis, treatment, NFA, VMT, POD, Self care activity, counseling, health educator and DPMR were not available in PHC.
4. Master Register and Drug stock registers were not available in PHC.
5. MDT was not available in PHC.
6. Tablets Prednisolone was not available in PHC.
7. Records of defaulter and irregular patients, defaulter retrieval, reaction, complicated & disability patients were not available in PHC.

KOCHYAI PHC: In Kochway PHC we interacted with Medical officer, RMA and other staff were unaware of records, registers & treatment etc. regarding NLEP programme.

SILTARA HSC: Health staffs are keeping LF1 but we observed that the patient's are taking MDT treatment from CHC, we tried to make contact with patients but they couldn't be traced. Two ASHA's were undergone training in Leprosy and are able to explain the sign and symptoms of patient.

RAWAN HSC: Health staff is keeping LF1 but the patient's are taking MDT treatment from CHC, we tried to make contact with patient but couldn't trace them. ASHA available but they went for training at block.

BISHRAMPUR HSC: No leprosy patient under treatment.

KOCHYAI HSC: ASHA had undergone training in Leprosy and they are able to explain the Sign and symptoms of patients and they refers the patients to nearest health centers for confirmation.