

Technical Supervision of NLEP activities in surveyed Health facilities of  
District **DURG** Chhattisgarh State

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**Duration of Visit: 30<sup>th</sup> May to 4<sup>th</sup> June 2011**

**Selected Surveyed Health Facilities by team**

Date	Block CHC	PHC	HSC
30/05/2011		Hanoda	-
31/05/2011	Dondi	Chikhla Kasa	Gujara
01/06/2011	Pathan	Gadadih	Kumbhli
02/06/2011	Barla	Gudheli	Bhimbhauri
03/06/2011	Saja	Parpodi	Gadahih
04/06/2011	DLO feedback meeting		

**Total Health Facilities Visited-CHC-4,PHC-5,HSC-4  
Interacted Health Officials**

CHC (No)	PHC (No)	HSC(No)
BMO-4	MO(2)	ANM (4)
NMS(4)	RMA(2)	MPW(2)
NMA(10)	Supervisor	
Health Supervisor(4)		

**Dondi CHC:** Block covering 52 health sub-centre having 195555 populations. A total 13 leprosy cases are under treatment and 2 patient taking steroids.

1. IEC is well displayed at health facility.
2. There is discrepancy in the LF record, 3 LF1 not sign by Medical Officer.
3. The disability list (Grade I and II) not prepared.
4. No monitoring and supervision from block by supervisors.
5. No leprosy reaction patient perhaps 2 patients were taking prednisolone from other health facility.
6. NMS/NMA is not aware of DPMR record and reporting at block.
7. MDT is available as per guideline; pharmacist is not managing MDT at Block. The drug indent prepared & managed by NMA.
8. No stock of Prednisolone at CHC, Patients are purchasing from outside.
9. MCR record is not available at CHC
10. Knowledge regarding Leprosy reaction, VMT and DPMR record among the BMO and Supervisor need to be improved.

**Patan CHC:** CHC covered 3,23,550 population with 7 PHC and 39 HSC. 28 MBA, 6 MBC and 16 PBA cases on under treatment. Four lepra reaction cases are under treatment at PHC, patient has to take Steroid medicine from Block only. At block only reports (MRP) are available, other register as well as records are not maintained by NMS.

1. The disability list (Grade I and II) not prepared ,
2. IEC is well displayed at health facility.
3. No monitoring and supervision from block by supervisors
4. The record of leprosy reaction are not available
5. NMS are not aware of the record and reporting at block
6. Pharmacist is not managing MDT at Block
7. No stock of Prednisolone at CHC, Patient has taken from outside
8. MCR record is not available at CHC and list of the eligible patient were not prepared.
9. Knowledge regarding Leprosy reaction, VMT, DPMR record among the BMO and Supervisor need to be improved.
10. No involvement of Mithnin in the diagnosis of the suspect leprosy cases in the block on verification of record.

**Berla CHC:** Population of the block is 158118, having prevalence rate leprosy 1.2 per 10000 populations. Block having 4 PHC and 34 Health subcenter. The 26 (15 MBA, 10 PBA and 1PBC) patients under treatment with 1 month MDT stock.

1. 40% to 60% of the routine OPD patients were examined&treated by RMA but she is not aware of the Diagnosis and treatment, lepra reaction, VMT etc. of leprosy. Need to improve the diagnostic ability by giving orientation training in leprosy.
2. IEC is displayed at health facility.
3. The disability list (Grade I and II) not prepared ,
4. No monitoring and supervision from block by supervisors
5. The record of leprosy reactions are not available
6. NMS are not aware of the record and reporting at block
7. Pharmacist is not managing MDT at Block.
8. No stock of Prednisolone at CHC, Patient has taken from outside
9. MCR record is not available at CHC and also demand.
10. Knowledge regarding Leprosy reaction, VMT DPMR record among the BMO and Supervisor need to be to improved.

**Saja CHC:** Population of the block is 1, 72846, having prevalence rate leprosy 1.89 per 10000 populations. Block having 3 PHC and 34 Health subcenter. The 33 (22 MBA, 10 PBA and 1PBC) ,patient under treatment with less than 1 month MDT stock.

*(Interacted Case: 40 Year , female ,Urmilabai Sahu, came to OPD for the Swelling and patches in face and body.Nodules were on hands, legs and body since last 8- 10 month. She is a known RFT cases of MB for last 7 years. Presently she is taking treatment from traditional healers and visited health facility many occasion but without relief. She has visited one CHC to other CHC for the treatment but due to non-availability of*

*prednisolone in both health facilities since last 4 months she was not given. She is a case of Chronic ENL but no one gives proper advice and thinks to refer DNT for treatment.)*

1. BMO is not trained in the Leprosy and not aware of recording and reporting. The diagnosis is made by the doctor with the help of NMA.
2. The disability list (Grade I and II) not prepared ,
3. No monitoring and supervision from block by supervisors
4. **Proper record of leprosy reaction are not available, No stock of Prednisolone at CHC, Patient are taking from outside**
5. Pharmacist is not managing MDT at Block
6. MCR record is not available at CHC
7. Knowledge regarding Leprosy reaction, VMT and DPMR record among the BMO and Supervisor need to be improved.

## PHC

### Hanoda PHC:

- Out of 15 patients, 13 were MB and 2MB child. The medical officers diagnosed and treated leprosy cases and also reactions.
- All DPMR records are filled and no any discrepancy in Lf1 and LF2. PII forms of each new patient was prepared and assessed accordingly.
- LF2 register for disability like Grade I and grade II in hands and feet like clawing, foot drop, lagophthalmous and plantar ulcer is maintained.
- The pharmacist not Keeping MDT and indent are prepared by NMA.
- Tab Prednisolone is not available for the treatment of lepra reaction. The patient purchase from outside, they should purchase from JDS if not supplied by DLO.
- IEC material is well displayed in the OPD. Medical Officer is aware of the RCS and an incentive but there is list of the disability patient in PHC area, needs to refer for the RCS.
- No MCR distribution since last five years but there are eligible patients.

### Chikhlakasa PHC :

- Two functionaries are running under one roof i.e urban health and family welfare centre, Rajhara and PHC Chikhlakasa covering population around 88000with 12 HSC.
- Medical Officer and other staff trained in the NLEP ARE able to diagnose and treat all types of leprosy cases. They are not trained in DPMR.
- DPMR logistics are not available with health facility.
- MDT stock is available kept by other staff.
- No stock of prednisolone tablets.
- The LF2, LF3 ,LF4 and disability register are not been prepared at PHC
- No case of disability in PHC and no MCR is distributed since last 5 years.

*(Interacted case at OPD and diagnosing ability of RMA: The 11 year, female, preeti complaining of diminishing sensation over bilateral elbow nearby area more than six month. She has visited to the health facility since last 4 month for same complaint under follow-up of RMA (Rural Medical Assistant). RMA prescribe the ointment for local application but never think it could be Leprosy. A team has taken detail history and examination of skin and nerves and diagnosed as a cases of MBC. RMA who is imparting OPD duty should needs a skill based training in leprosy and should refer doubtful cases to Medical officer)*

**Parpodi PHC:**

- Medical officer is trained in leprosy, able to diagnosing and treat the leprosy cases.
- Pharmacist maintained the MDT stock and registers.
- P-II forms not available
- IEC material is not displayed at PHC.
- No stock of Steroid at PHC for management of reaction.
- 3 cases of the disability (hand and feet) registered in last year, nether they neither provided MCR nor referred for higher RCS.

**Gadadih PHC:**

- Medical Officer was not available, RMA and other staff engaged in the OPD on day of visit.
- RMA revealed that she faces difficulty in the diagnosis and treating the Leprosy cases.
- Pharmacist maintained the MDT stock and not maintains stock registers.
- LF2 and LF3 registers are not maintained at PHC.
- LF1 is available and found correct.
- IEC material is not available and displayed at PHC
- Disability list not available and MCR not distributed since last five year.

**Gudheli-PHC**

- Post of Medical officer was vacant, Rural medical Assistant (RMA) and other staff uses to handle all the suspected leprosy case.
- Suspected leprosy case referred to higher centre for confirmation of diagnosis and further management.
- The post of Pharmacist is vacant; LHV is engaged in MDT management and NLEP registers.
- Except Disability register all other NLEP registers are properly well maintained.
- DMPR forms and registers are not available.
- No stock of Prednisone at PHC for management of reaction.
- IEC material is not available and displayed at PHC

**HSC:**

**Gujara HSC:** No leprosy cases in last 5 years, no suspected case refer by mitanin. Leprosy IEC is not displayed at health facility.

**Kumhli HSC:** Six leprosy cases treated at HSC last year (2010-11). The team has verified the client like ANC, PNC, JSY, temporary and permanent contraceptive by house to house visit, 2 new PB cases are detected and referred and registered at nearest health facility. Leprosy IEC is not displayed at health facility.

**Bhimbhauri HSC:** 2 new PB cases are detected and referred during verification of the client like ANC, PNC, JSY, temporary and permanent contraceptive by house to house visit. Leprosy IEC is not displayed at health facility.

**Gadali HSC:** No leprosy case under treatment during current year. Old leprosy case cards not available. Leprosy IEC is not displayed at health facility.

