

NLEP Technical supervision report of District Mahasamund of Chhattisgarh state

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Selection of Health facility

Sr No	CHC	PHC	HSC	Interacted staff
1	Mahasamund	Tumgaon	Bhoring	Medical officer, Pharmacist, NMS,NMA, RMA,
2	Baghahara	Khallari	Khallari	BMO, Medical officer, Pharmacist, NMS,NMA, RMA, ANM, Sector supervisor
3	Pithora	Sankara	Paraswani	BMO, Medical officer, Pharmacist, NMS,NMA, RMA, ANM, Sector supervisor
4	Saraipali	Baloda	Baloda	BMO, Medical officer, Pharmacist, NMS,NMA, RMA, ANM, Sector supervisor
5	Basna	Baroli	Akori	BMO, Medical officer, Pharmacist, NMS,NMA, RMA, ANM, Sector supervisor

Except Notional CHC, all remaining blocks were selected, of which, one PHC was selected randomly. The health sub center from selected PHC was chosen randomly based upon as per approachability and operational feasibility. The available health officials were interacted regarding NLEP. The records and reports related to the DMPR and stock registers were verified. At HSC the ANM were interacted and LF! Cards were checked. At village level ASHA were also interacted regarding the leprosy suspected cases. The Leprosy patients were also interacted for the NLEP services. The list of the patient who were diagnosis and treated (First dose) at RLTRI and referred to concerned health facility of the Mahasamund district were also traced for the registration status and progress of the treatment

Interviewed persons regarding NLEP activities

Health facility	CHC	PHC	HSC /village
BMO	4		
NMA/NMS	8	5	
MO	8	5	
RMA	3+4		
ANM/MPW			4
Patient			5
Relatives			5
Community members			5
ASHA	27	5	10

a) BAGBHARA CHC

MDT STOCK: MDT stock is not kept as per guideline. 50 % of the leprosy cases from HSC and PHC area are taking MDT treatment at blocks CHC in July 2010. After confirmation the patient were referred to concerned PHC/HSC and subsequent doses of MDT for treatment completion are distributed by multipurpose workers (MPW) of the subcentres who are close to the community but this doesn't happens in 50% of cases at CHC, which needs to Channalized by giving proper counseling to patients.

Pharmacist is not aware of the present guideline. Indent was prepared by the supervisor, Coordination is not observed between the pharmacist and supervisors, due to this reasons record and entries are incomplete.

LEPRA REACTION:

Managed at CHC and no proper record of lepra reaction under current guidelines

RECORD:

The supervisors are not aware about DPMR records.

VMT is not done of leprosy patients.

LF1 not updated

LF2 not updated and discrepancies between LF1 and LF2

No MCR record at CHC

b) PITHORA CHC

MDT STOCK: MDT stock is not kept as per guideline. 50 % of the leprosy taking treatment at blocks CHC in July 2010.

Pharmacist is not aware of the present guideline. Indent was prepared by the supervisor

No coordination between the pharmacist and supervisors.

LEPRA REACTION:

All patients taking treatment from Block, no proper record of lepra reaction under current guidelines

RECORD:

The supervisors are not aware about DPMR record

No VMT record

No disability register (Grade I and II)

LF1 not updated

LF2 not updated

No defaulter register and no tracing

No MCR distribution since 2007

c) SARAPALAI CHC

MDT STOCK: MDT stock is not kept as per guideline. 50 % of the leprosy taking treatment at blocks CHC in July 2010.

Pharmacist is not aware of the present guideline. Indent was prepared by the supervisor

No coordination between the pharmacist and supervisors.

LEPRA REACTION:

Managed at CHC and no proper record of lepra reaction under current guidelines

RECORD:

The supervisors are not aware about DPMR record

No VMT record

No updated disability register

LF1 not updated

LF2 not updated

d) BASNA CHC

BMO is unaware of the gaps in the recording and reporting. The knowledge regarding diagnosis leprosy was not up to mark in interviewed RMA while he was involved 25% of general OPD patient care. All patient visited to the CHC were checked by NMS, and start the treatment without consultancy to doctor. The Diagnosis and Treatment services are available on fixed days (3 days in week).

MDT STOCK: MDT stock is not kept as per guideline. Pharmacist is not aware of the present guideline. MDT distributed to the peripheral health staff without prescribe Indent. The stock register was updated.

LEPRA REACTION:

17 patients were taking treatment for lepra reaction, managed at CHC and call for follow-up every fortnightly. No patient managed at PHC level. No proper record of lepra reaction under current guidelines

RECORD:

The supervisors are not aware about DPMR record

LF1 not updated

LF2 not updated

No disability register

TUMANG PHC MAHASAMUND BLOCK:

MDT STOCK: MDT stock is not kept as per guideline.

Pharmacist is not aware of the present guideline. MDT drug Indent was prepared by the supervisor

LEPRA REACTION:

Managed at PHC and no proper record of lepra reaction under current guidelines

RECORD:

VMT record was available with LF1

LF2 not updated

DPMR record was not available

PHC NLEP OBSERVATIONS

MDT and Prednisolone STOCK: in all surveyed PHCs MDT being kept by either pharmacist or supervisor, MDT indent available in all PHCs but discrepancies are found that actual number of patients and stock of MDT needed to maintain at PHCs are lacking. MDT indent are usually made by supervisors in all surveyed PHCs and collect MDT from CHCs, neither pharmacist nor supervisors are aware of the MDT guidelines. Sankara is the single PHC where Prednisolone tabs are available but they don't have reaction patients.

RECORDS and REGISTERS: SIS logistics are available in all surveyed PHCs but discrepancies are found between reports and records, in TUMGAON PHC no treatment register found, and in all other surveyed PHCs treatment registers are not properly updated. Deformity, disability and registers for complicated and reaction patients are not available in all surveyed PHCS.

DIAGNOSIS and TREATMENT: Medical officers of all surveyed PHCs are diagnosing leprosy confidently and patients receive MDT from HSCs (ANM), medical officers are trained in NLEP reorientation programme but medical officers at Tumgaon, sankara and Barauli PHC were not trained in DPMR. VMT cards are available, if available not filled in surveyed HEALTH centers. In all surveyed PHCs reaction patients are not identified, usually reaction patients receive Prednisolone tabs from CHCs.

DPMR and RCS: in all surveyed PHCs Medical officers and supervisors are not aware of DPMR activities; they don't know RCS in incentives for patients etc. NMS (CHC) usually identify and register patients for RCS at CHCs.

Health Sub center- OBSERVATION

At Bhoring health sub centers, registration number on 2 LF1 cards was not mentioned and cards were duly signed by medical officer. At Khallari HSC, all patients were properly registered but the disability grade was not mentioned in one LF1 card.

The patient was put into wrong category of leprosy was found in one leprosy patient with no registration numbers. At Akori HSC, the registration number was not mentioned on LF1 cards, in field the patient were interviewed for the NLEP services, we come across one new PB case in the same household of interviewed patient.

Referred cases from RLTRI

	No of Cases	Type	Status of Registration	Unregistered
Block Bagbahara	3		1 patient registered at CHC	2
Block Pithora	5		5 patient registered at CHC	
Block Sarapali	6		4 patient were registered at basna	2
Block Basna	5		5 patient were registered at basna	
Tumang PHC	5		3 patient are registered	2
25% of the leprosy patient were not registered at concerned health facility and lost on the way might be untreated in community or taking medicine from other source				

Conclusion:

- 1) Urgently attention, to balance MDT stock as per national guidelines in surveyed blocks,
- 2) At basna CHC, fix day diagnosis and MDT drug distribution vitiate the current programme in block, need to look and ensures MDT should be available on working day.
- 3) All patient took treatment of lepra reaction from CHC, should be properly referred after diagnosis to concerned PHC.
- 4) Lot of discrepancies in LF2 in all surveyed health facilities, which needs to correct.
- 5) All DPMR records are not found in surveyed health facility, steps should take to provide all DPMR records to all surveyed facilities.
- 6) Disability registers/List is not found in surveyed facility by team.
- 7) Patient should be properly counseled by health staff as per guidelines and emphasis on defaulter retrieval.
- 8) There should be inbuilt system of effective Monitoring and supervision by the district,

कुष्ठ के मरीज

जांच एवं दवाई

1. सोमवार

2. बुधवार

3. शनिवार

को मिले

17/09/2010