

**TECHNICAL SUPERVISION OF HEALTH FACILITY OF RAIPUR
DISTRICT (Year 2010)**

Purpose of the visit:

It was brought to notice by the patients from catchments area of the Bhatgaon PHC referred after confirmation by RLTRI OPD, that they are not getting the MDT drugs from health facility and expressed strong aversions, indignation and annoyance towards the staff of the PHC.

Registration of the New Leprosy patient:

From RLTRI, every fortnightly list of confirmed patients with LF1 cards were handed over to the Urban Leprosy Center Pandriya (LHH), Raipur, then they separate the LF1 as per district urban and rural areas. The rural areas LF1 cards submitted to DLO office, then they are submitted to the respective Blocks and then from block to concerned PHC and then they registered the patients and start the treatment.

It came to the notice that 28 leprosy patients out of 90 cases, who were referred from the OPD of RLTRI to the PHCs for registration and treatment continuation, remain unregistered and do not get further treatment.

Non-registration of Leprosy patients at PHC disturbs the statistics at block, district and state level and is snagged to the current programme.

The time lag between referred cases from RLTRI and registration at PHC was >1 months in majority of the patients.

Involvement of Medical officer in diagnosis of leprosy:

Presently three medical officers are working at PHC. All cases who are taking treatment from Health facility were diagnosed and confirmed by officer of RLTRI none by Medical officer of PHC. The record indicates no involvement of the medical officer in the diagnosis of leprosy and low level knowledge towards diagnosis and treatment of lepra reaction and the WHO grading of disability. There is lack of coordination among regarding the NLEP activities. The medical officers are not monitoring the NLEP record.

As per instruction by BMO, the MO only suspects the leprosy cases and refers to RLTRI for confirmation as told by 2 Medical officers at PHC but in present scenario of the NLEP medical officer should be able to diagnose the cases and start the MDT.

DPMR activity:

The medical officer and other staff are not trained in DPMR and them also unaware of registers regarding that.

Monitoring and supervision; No supervision and monitoring by Medical officer of PHC as well as BMO related to NLEP and indictment among the HSC and PHC staff regarding

Record keeping: Following observation made by the team after verification of NLEP record

- 1) Double entry of the Patient
- 2) No sign of Medical officers on LF1 cards
- 3) Disability grading are not mentioned while actual patient having Grade II disability.
- 4) Wrong carry forwards of cases
- 5) Date of issue of MDT drugs was noted on LF2 without giving medicine to the patient by the instruction of Block NMA as told by LHV.
- 6) After RFT no LF1 records kept at health facility.
- 7) No blank LF1 at PHC
- 8) No record of MCR at PHC
- 9) No refer slip book at HSC and PHC
- 10) No verification of LF2 by Medical officer or officer from Block level

MDT Stock registers:

- The team has verified 18 month MDT stock record found that the demands of MDT drugs were not mentioned properly.(Annexed- II)
- Wrong entries of MDT stock on LF3
- The second copies of indent were not available at PHC since last 18 months.
- They are not getting MDT drugs monthly as per requirement from block told by Medical Officer and LHV.
- The team observed that MDT supply was not as per NLEP guideline which needs immediate attention from Block as well as District to correct the balancing MDT stock.

- The pharmacist is not involved in the MDT services.

Defaulter Tracing: The team observed that the records indicated that no defaulter case since last 18 months. All patients were done RFT while they have mentioned no case of otherwise deleted. They are putting dates on the records in some case without giving pulse as told by LHV by the order of the block supervisor. This is very serious needs to be inquired.

Conclusion:

- 1) The team verified that about 29-37% cases are lost on the way to health facilities, due to various reasons after diagnosis at RLTRI and remain under treated in the community.
- 2) Thus there is a need to strengthen the “MDT Services” through quality monitoring and technical supervision of leprosy activities delivered by General Health Services in the post integration phase.
- 3) Independent evaluation can help in early identifying the deficiencies and deviations in the system to initiate corrective measures and bring it in line with current setup.
- 4) List of the referred cases is also sent to state health authorities every fortnightly should be Channalized proper way to avoid lost on the way ,delayed registration and treatment at concerned health facility.