NLEP Technical Supervision of Rajnandgaon District

An officer of this Institute visited District Rajnandgaon for NLEP technical supervision. One urban leprosy center three CHCs, three PHCs & four HSCs were visited depending upon feasibility & approachability.

Sr No	**Block Community Health Centers**	**Primary Health Centers**	**Health Sub center**
1	DONGARGAON	ARJUNI	GHORDA
2	KHAIRAGARH	PANDADAH	ITAR/SALONI
3	CHHUIKHADAN	GANDAI	LOMI

Epidemiology- PR reduced from 31.50 in 1988 to1.06.

Year	ANCDR
April2009-March2010	20.09
April2010-March2011	17.33
April2011-March2012	17.49

TRAETMEBNT COMPLITION RATE (TCR):

Treatment Completion rate at District level 2012		
	Rural Area	Urban area
MB	96%	100%
PB	99%	100%

OVERALL HUMAN RESOURCES -There are 9 CHCS, 44 PHCS & 308 HSCS in Rajnandgaon District. All the health facilities provide services for persons affected with leprosy. There is scarcity of human resources at all levels.

Sr. No	Designation	In position	Sr. No	Designation	In position
1	Medical officer	22	6	Health supervisor(female)	Na
2	Specialist	06	7	MPW(male)	210
3	Nurse	29	8	MPW(female)	Na
4	ANM	329	9	Lab technician	06
5	Health supervisor(male)	8	10	Physiotherapist(technician)	1

DISTRICT NUCLEUS TEAM (DNT)

DLO (also working as DTO) along with NMS rarely involved in case validation.

SN	MONTH	NO OF MEETINGS	SUSPECTED CASES	CONFIRMED NEW CASES BY DLO/SUPERVISOR		
				MB	PB	TOTAL
1	April2012	2	4	0	0	0
2	May 2012	3	9	2	5	7
3	June 2012	7	32	8	11	19
4	July2012	6	19	7	3	10
5	August 2012	4	10	0	3	3
6	Sept.2012	3	12	1	2	3
	Total	24	86	18	24	42

MDT stock	No of UT patient as on date	No of available MDT BCP	Per month BCP
MBA	129	520	4.03
MBC	7	27	3.85
PBA	65	245	3.76
PBC	3	18	6.00
Steroids	635(10 mg) 486 (5 mg) 609(20mg) and Cap. Clofazimine) –nil		
Leprosy reaction at CHC	11 reaction cases out of 18 were managed by DNT at H.Q. and rest at PHC.		

	DISTRICT NUCLEUS TEAM (DNT)	COMMENT	VALIDATION REMARK
1	**Skin Smear examination**	Not available	
2	VALIDATION	B NMA alone.	Rarely by DLO
3	RECORDS & REGISTERS	ALL are available	Not updated /filled correctly
4	REACTION MANAGEMENT	Prednisolone is scarcely available	
5	HEALTH EDUCATION	n	No being counselled regarding the disease, its course, prognosis, therapy, hand, foot & self-care
6	ULCER CARE:	No sel -care i available	3 no of self -care kit distributed in last 2 -3
7	ASHA (MITANIN)	Poorly involved	Yes by NMA but no record available
8	PHYSIOTHERAPY	available	least involved for leprosy
9	PHARMACIST	Not involved for MDT management	Managed by NM
10	MCR FOOTWARE	Not distributed	Not available in district since last 2yr
11	GOGGLE	5 pair of goggles was available	Only for RCS(LAGOPTHALMUS) patient
12	REFFERAL & DPMR SERVICES	No systematic referral system	2-RCS in
13	IEC ACTIVITIES	Rally/ Schoo quiz competition	Not doing any especial mass activity
14	DISTRICT ACTION PLAN	Available only for cia activity plan 2012	SAP for 2012 was available

DISTRICT HOSPITAL RAJNANDGAON (URBAN LEPROSY CENTRE RAJNANDGAON)

	URBAN LEPROSY CENTER RAJNANDGAON	COMMENT	VALIDATION REMARK
1	**Skin Smear examination**	N	No functioning lab
2	VALIDATION	B NMA alone.	Rarely by MOS/RMA
3	RECORDS & REGISTERS	Only LF1, LF2, LF3, LF4 &P1& P	Not updated /filled correctly
4			
5	REACTION MANAGEMENT	Prednisolone is scarcely available	Indent from DLO Office
6	HEALTH EDUCATION	n	No being counselled regarding the disease, its course, prognosis, therapy, hand, foot & self-care
7	ULCER CARE:	n	
8	ASHA (MITANIN)	Poorly involved	Yes by NMA but no record available
9	PHYSIOTHERAPY	available	least involved for leprosy
10	PHARMACIST	Not involved for MDT management	Managed by NMA
11	MCR FOOTWARE	Not distributed	Not available in district since last 2yr
12	GOGGLE	No available	
13	REFFERAL & DPMR SERVICES	No systematic referral system	2-RCS in
15	IEC ACTIVITIES	Rally/ AN workshop	Not doing any especial mass activity

NLEP OBSERVATION CHC

	CHC Dongargaon, Khairagarh and Chhuikhadan	FINDING	VALIDATION REMARK
1	DIAGNOSIS	predominantly evaluated by NMA/NMS alon	with or without the supervision of MOs/BMO/RMAs.
2	VALIDATION	B NMA alone.	Rarely by MOS/RMA
3	RECORDS & REGISTERS	Only LF1, LF2 LF3, LF4 &P1& P ,P	Not updated /filled correctly Still using photocopied or non-printed formats
4	MDT MANAGEMENT	MDT indents by NMA &LF3 available	not properly maintained/ not as pe standard guideline
5	REACTION MANAGEMENT	Prednisolone is scarcely available	Indent from DLO Offic /purchase by JDS
6	HEALTH EDUCATION	n	No being counselled regarding the disease, its course, prognosis, therapy, hand, foot & self-care
7	ULCER CARE:	n	NO KIT AVAILABLE
8	ASHA (MITANIN)	Poorly involved	Ye by NMA but no record available for verification
9			
10	PHARMACIST	Not involved for MDT management	Managed by NMA
11	MCR FOOTWARE	Not distributed	Not available in district since last 2yr
12	GOGGLE	No available	
13	REFFERAL & DPMR SERVICES	No systematic referral system	Use to refer difficult cases to either DLO/RLTRI/TLM hoapital
14	IEC ACTIVITIES	only limited to wall paintings as slogans/ Schoo quiz competition	Not doing any especial mass activity/ No banner, posters, and pamphlets audio-visual media is available
15	FOLLOW UP	not regularly & efficiently	

NLEP OBSERVATION PHC

	PH Arjuni, Pandadah and Gandai	FINDING	VALIDATION REMARK
1	DIAGNOSIS	suspected cases are referred to CHC for further c nfirmation diagnosis	By NMA with or without the supervision of MOs/BMO/RMAs.
2	VALIDATION	B NMA alone.	Rarely by MOS/RMA
3	RECORDS & REGISTERS	Only LF1, LF2 LF3, P ,	Not updated /filled correctly Still using photocopied or non-printed formats
4	MDT MANAGEMENT	LF 3 available	Not properly maintained/ supervisor use to bring MDT from CHC an directly delivering to patient
5	REACTION MANAGEMENT	Prednisolone not available	Patient directly take prednisolone from CHC
6	HEALTH EDUCATION	n	No being counselled regarding the disease, its course, prognosis, therapy, hand, foot & self-care
7	ULCER CARE:	n	NO KIT AVAILABLE
8	ASHA (MITANIN)	Poorly involved	Yes by NMA but no record available for verification
9	PHARMACIST	Not involved for MDT management	Managed by supervisor
10	REFFERAL & DPMR SERVICES	No systematic referral system is in place.	Use to refer difficult cases either DLO/RLTRI/TLM hospital
11	IEC ACTIVITIES	only limited to wall paintings as slogans/ Schoo quiz competition	Not doing any especial mass activity/ No banner, posters, and pamphlets audio-visual media is available
12	FOLLOW UP	Not regularly & efficiently	

Two Medical officers & 3 rural medical assistants (RMAs) were interviewed during visit in PHCs.

Sr.no	Particulars	AMO	MO	RMA	RMA	RMA
1	Find difficulty in diagnosis	no	no	no	No	No
2	Knowledge of lepra reactions	no	no	no	Yes/ incomplete	Yes
3	Are managing neuritis/re— actions	no	no	no	No	No
4	Aware of disability grading	no	no	no	No	No
5	Leprosy training done	NO	NO	yes	Yes	Yes
6	Heard of SIS	no	no	no	No	No
7	Knows NLEP guidelines correctly	no	no	no	No	No
8	Activities discussed in meetings	yes	yes	yes	Yes	Yes
9	Aware of RCS facilities	no	no	no	No	No
10	Aware of RCS incentives	no	no	no	No	No
11	Aware of patient counseling points completely	no	no	no	No	no

NLEP OBSERVATION HSCs

	HSC GHORDA, ITAR, SALONI&LIMO	FINDING	VALIDATION REMARK
1	RECORDS & REGISTERS	Patient cards are available	Disability grading is often missed
2	MDT MANAGEMENT	Easily available from PHC	
3	REACTION MANAGEMENT	Facility not available	Patient directly take prednisolone from CHC if needed
4	HEALTH EDUCATION	no	Not being counseled regarding the disease, its course, prognosis, therapy, hand, foot & self-care.
5	ULCER CARE/ DISABILITY & SELF CARE	no	
6	ASHA (MITANIN)	Poorly involved	Yes by NMA but no record available for verification
7	REFFERAL & DPMR SERVICES	No systematic referral system is in place.	Use to refer difficult cases to either DLO/RLTRI/TLM hospital
8	IEC ACTIVITIES	only limited to wall paintings	Not doing any especial mass activity/ No banner, posters, and pamphlets audio-visual media is available

INTERVIEW WITH HEALTH STAFF /COMMUNITY MEMBER	PHARMACIST	ANM/MPW	ASHAS	COMMUNITY MEMBER
Training	Yes as per district authority/but no by all interacted pharmacist	Yes	Yes	Not applicable
cardinal signs & symptoms	Unaware/not involved in MDT management	partially	partially	Most of them never heard about disease
prognosis of leprosy	Not known	Not known	Not known	Not known
neuritis & reaction	Not able to diagnose/unaware	Some are able to suspect but mostly Not able to diagnose/unaware	Not able to diagnose/unaware	Not applicable
referral	Not involved	To CHC/DLO office -not using prescribed referral format	ANM/MPW-not using prescribed referral format	Most of the time to local practicener
NLEP guideline	Unaware of MDT guideline, side effect logistics disability grading,	unaware	unaware	Not applicable
incentives	Not applicable	Not applicable	Not timely	Not applicable
Aware of RCS facilities	No	No	No	No
Aware of patient counseling points completely	No	No	No	Not applicable

(E)INTERVEIW WITH PATIENTS:-7 patients from community in visited HSCs were interviewed.

Most of them heard of leprosy only when they enrolled for treatment. They are not aware of the prognosis of leprosy. None of them were counseled at the starting of treatment.

PATIENT VERIFICATION AT THE FIELD LEVEL BY VISITING OFFICER

SERIAL NO	PATIENT DETAIL	DIAGNOSIS	TREATMENT	STEROID	VALIDATION BY TEAM	ADVICED FOR
1 GHORDA	Multiple erythematous patches with thickened ulnar	PBA	PBA	NOT GIVEN	MBA WITH ULNAR NEURITIS	REEVALUATION

	nerve				WITH MILD LR 1	
2 GHORDA	Multiple hypo pigmented/hypothetic patch / tingling numbness ulnar site of lt hand	MBA	MBA	NOT GIVEN	MBA WITH ULNAR NEURITIS	TO ADD LOW DOSE STEROID
3 ITAR	B/L ULNAR CLAW	MBCHILD	MBCHILD	NOT GIVEN	NO CARDINAL SIGN OF HANSANS FOUND P/D ARTHRITIS OF CHILDHOOD ORIGIN	CONSULT PAEDIATRICIAN
4 CHHUIKHADAN	ANASTHETIC FOOT WITH SEVER GRADE OF TINGLING PAIN OVER KNEE RADIATIN DOWNWARDS	PBA	PBA	NOT GIVEN	PBA WITH LAT.POPLITIAL NEURITIS	ADD STEROID
5 CHHUIKHADAN	Multiple hypo pigmented/hypothetic patch /	PBA	PBA	NOT GIVEN	PBA	NIL
6 LOMI	Multiple erythematous patches	MBA	MBA	NOT GIVEN	MBA WITH LR1	Add STEROID
7 SALONI	ANASTHESIA OVER LATERAL MALLEOLUS	PBA	PBA		NO ANASTHESIA FOUND	NIL

CONCLUSION-

- At all the visited & surveyed health facilities only NMA is predominantly involved in examining, validating, providing MDT, maintaining records, with unsatisfactory involvement of other health care staff including medical officers/RMA.
- NLEP staff is attached in other health care, office activities. This hampers the regular activities of leprosy program.
- There is a lack of interest of general health care staff including doctors in management of leprosy patient's .Leprosy patients are examined, evaluated, provided MDT from isolated counters/room, and managed almost exclusively by NMA, with little or no supervision of doctors. The pharmacist is not involved in MDT management.
- At all the surveyed health care facilities record keeping were unsatisfactory.
- Prednisolone is not easily available. Few patients seen in field visit with grade I deformity, not mentioned in their cards.This indicates incomplete patient evaluation. None of the health care staff interviewed were aware of EHF SCORE. And correct WHO grading.
- MOs/RMAs are unaware of DPMR formats & guidelines.
- IEC activities are unsatisfactory for mass community awareness. Patient counseling is very poor due to lack of knowledge of proper counseling points of the health care staff.
- ASHA involvement in case finding, referral, patient counseling is poor. Incentives for case finding are not provided promptly.
- DPMR activities are grossly unsatisfactory, due to lack of trained staff & poor involvement of the existing staff.MCR foot ware; goggles are not available.
- There is no advanced training calendar & schedule for health care staff.
- Community awareness about leprosy, its course, prognosis of patch, numbness its squeals & its prevention is very poor & the resulting stigma remains high.