

TECHNICAL SUPERVISION REPORT OF NATIONAL LEPROSY ERADICATION PROGRAMME OF LEPROSY HIGH ENDEMIC DISTRICTS OF CHHATTISGARH STATE (APRIL 2012 TO DEC 2012)

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BACKGROUND AND SITUATION ANALYSIS:

Chhattisgarh is identified as one of the few remaining endemic provinces for leprosy elimination in India i.e. as on March 2011, annual new case detection rate is three times higher than the country. Having 18 districts (undivided) its 45.0% area is covered with forest with about one third of inhabited population is tribal. Among other health challenges it faces **acute shortage of health human resource** such as 50% (1193/2365) shortage of general medical doctors, and 50% (2545/5076) shortage of multipurpose worker (male). Another evidence as to why leprosy epidemiological indicators are poor is from the fact that **earmarked district leprosy officer and the team is lacking in this province.**

METHODOLOGY:

The RLTRI, Raipur (Regional office) has undertaken supervision of various National Programmes including leprosy as a part of its routine exercise. The report presents some of the field level observations, about the some NLEP components. The present findings are from the ten surveyed districts (8 undivided & 2 divided) of the state with PR more than 1. The survey was done from April 2012 to Dec 2012. From each of these districts survey was undertaken in 3-4 CHC, 3-4 PHCs and their respective sub centers as per approachability and operational feasibility at the time of the survey. Hence the number of health facility is not uniform in all the surveyed districts. A total of 10 district hospitals and DNT, 32 CHC, 32 PHC and SHC were covered in survey as depicted in table one (**Annexure –I**). To gather the information interview was undertaken from ASHA, MPW, Health supervisor, Medical officers, RMA and all other available staff. On the spot examination of MDT stock, other logistics as well as scrutiny of SIS and DPMR records available to health facility were also done. The health facilities wise pro forma specifically designed and tested in the field and the information recorded. The scoring pattern used based on the functioning status of the indicators in the health facility. The data was entered in excel sheet and analysis was done. The objectives of the survey to find out the gaps in the status of NLEP programme and find suitable solutions to improvise.

SURVEYED DISTRICTS:

The epidemiological indicators of the surveyed districts are shown in Annexure –II. Ten district hospitals were surveyed. Salient observations of district hospital proper are as under:-

- All surveyed district hospitals are diagnosing leprosy correctly with correct grouping. Only NMA/NMS are involved in the evaluation and record keeping.
- All surveyed district hospitals were having timely indent of MDT
- All surveyed district hospitals properly maintained L1, L2, L3 formats.
- All surveyed district hospitals were referring eligible PAL to higher facilities for RCS.
- Of all surveyed district hospitals 85.7% of concerned staff had received training in leprosy.
- Of all surveyed district hospitals 85.7% submit their MPR by 5th of every month.
- Timely & adequate management of lepra reactions were found in only 55% of the district hospitals.
- Only 50% of surveyed district hospitals had a proper display of IEC.
- Involvement of MO/RMA/GHS is only 50% in surveyed district hospitals.
- Only 40% of surveyed districts fully constituted & functional DNT.
- Only 40% of surveyed districts had availability of Prednisolone.
- Only 40% of surveyed district hospitals are maintaining the MDT & other stock registers properly.
- Only 30% of surveyed districts are having availability of MDT as per guideline.
- Capacity building of in house staff is done only in 20% surveyed district hospitals.
- Appropriate referral & feedback system is in place in only 10% of surveyed district hospitals.
- None of the surveyed district hospitals have Skin Smear Facility.
- None of the surveyed district hospitals were maintaining DPMR formats properly.
- None of the surveyed district hospitals had a functional physiotherapy facility.
- There was no involvement of pharmacists in MDT management in all the surveyed districts.
- None of the districts had MCR footwear at the time of the survey. As per guidelines every MCR should be replaced by six monthly but this was not observed in all surveyed districts. There is a huge gap in the demand and supply of the MCR.
- None of the districts have goggles for PAL
- None of the surveyed districts had self care kits for ulcer patients.

SURVEYED BLOCKS:

Total 32 CHCs were surveyed during the visits. Salient observations are as under:

- Most of the surveyed CHCs were correctly diagnosing leprosy with correct grouping.
- All surveyed CHCs were maintaining L1, L2, L3 formats properly.
- All surveyed CHCs were submitting MPR by 5th of every month.
- Only 82.35% of surveyed CHCs facilities were timely indenting MDT.
- Only 82.35% of surveyed CHCs facilities were doing RCS referral to higher centers.
- Only 82.35% of surveyed CHCs had trained MO/RMA/GHS in leprosy.
- Capacity building of in house staff is in only 50%% of surveyed CHCs.
- Involvement of Medical Officer/RMA was present in only 50% of surveyed CHCs.
- Proper display of the IEC was at only 47% of surveyed CHCs.
- Only 11.7% of surveyed CHCs have availability of Prednisolone.
- None of the CHCs have appropriate referral & a feedback system in place.
- None of surveyed CHCs were managing the lepra reactions timely & adequately.
- None of surveyed CHCs have properly maintained the DPMR formats.
- None of surveyed CHCs had MDT as per guidelines.
- None of surveyed CHCs had physiotherapy facility.
- None of surveyed CHCs were maintaining MDT & other stock registers properly.
- There was absolutely no involvement of pharmacists in surveying CHCs.
- None of the surveyed CHCs had MCR footwear.
- None of the surveyed CHCs had goggles for PAL
- None of the surveyed CHCs had self-care kits for ulcer patients.

SURVEYED PRIMARY HEALTH CENTERS:

32 primary health centers were evaluated during the visits. Most of the PHCs are having only RMAs (Rural Medical Assistant), who provided curative and preventive services. Suspected cases are referred to CHCs/District hospitals/higher centers for diagnosis of leprosy & management of reactions. If sector NMA available, he is contacted for the diagnosis. Salient observations are as under:-

- All the surveyed PHCs are referring PAL to higher facilities for RCS but none of them maintaining record.
- 66.6% of surveyed PHCs were submitting MPR by 5th of every month.
- 60% of surveyed PHCs were timely indenting MDT.
- 53.3% of surveyed PHCs had availability of MDT as per guideline.
- Only 33.3% of surveyed PHCs had a proper display of IEC.

- Only 20% of surveyed PHCs were diagnosing & correctly grouping leprosy.
- Only 20% of surveyed PHCs had appropriate referral & a feedback system in place.
- Only 20% of surveyed PHCs were adequate & timely managing lepra reactions.
- None of surveyed PHCs had physiotherapy facility available.
- None of surveyed PHCs had a proper capacity building of in house staff.
- None of surveyed PHCs were maintaining the L1, L2, L3 formats properly.
- None of surveyed PHCs were maintaining DPMR formats properly.
- None of surveyed PHCs were maintaining the MDT & other stock registers properly.
- None of surveyed PHCs had involvement of pharmacist.
- None of the facilities had involvement of MO/RMA in NLEP programme.
- None of the surveyed PHCs had MCR footwear.
- None of the surveyed PHCs had goggles for PAL.
- None of the surveyed PHCs had self care kits for ulcer patients.
- None of the surveyed PHCs had trained Medical Officer/RMA/GHS in leprosy. If trained they having a lack of leprosy diagnosing skills and poor DPMR knowledge .

HEALTH SUBCENTERS:

Total of 38 HSCs was surveyed in the high endemic areas. Salient observations are as under:-

- None of the surveyed HSCs have appropriate referral & a feedback system in place.
- ANMs/MPWs of all the HSCs have received training.
- None of the surveyed HSCs are properly maintaining the registers.
- Display of Information Education Communication(IEC) material was unsatisfactory.
- Involvement of ASHA (Mitainin) was very poor as per caseload of the district.
- None of the HSCs are providing proper & complete instructions, counseling to PAL.

OBSERVATION OF THE PAL: - The team during their, visit interacted with about 50 patients, both under treatment & RFT cases regarding their knowledge, attitude about leprosy. Most of the PAL were either partially aware or unaware of the name, nature, course, manifestations, availability of MDT as free & effective treatment & prognosis of disease.

INTERACTION WITH ASHA (MITAININS):- The team during their visit, interacted with 50 ASHAs (Mitainin) regarding their knowledge, attitude & practices about leprosy. Most of the ASHAs were partially aware about the nature, course, manifestations & prognosis of disease. On interaction they told that they refer the suspected cases to higher centers for diagnosis & management, but no documentary proof was available for analysis. ASHAs were aware of the incentive for bringing a case of leprosy. The incentives under the programme are not paid on time. Most of the ASHA were sparing more time for ANC, PNC, JSY and immunization activities.

INVOLVEMENT OF COMMUNITY MEMBERS : - The team during their visit, interacted with about 30 community members included PRI members regarding their knowledge, attitude about leprosy. Most of the PAL were either unaware or partially aware of the nature, course, manifestations, availability of MDT as free & effective treatment & prognosis of disease.

CONCLUSIONS :

- In majority of 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.
- 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 was unsatisfactory albeit to variable extents.
- The proportion of patients with Reaction/neuritis was disproportionately low as compared to case load, this shows either lack knowledge about reactions/neuritis or lack of regular follow up. Prednisolone is not available in many of the surveyed health facilities. Of the patients seen in field visit some were with grade I deformity, which was not mentioned in their cards, this indicates an incomplete patient evaluation. None of the health care staff interviewed were aware of EHF SCORE.
- IEC activities are unsatisfactory for mass community awareness. Patient counseling is very poor.
- ASHA involvement in case finding, referral, patient counseling is poor. Incentives for case finding are not provided promptly. Delay incentive payment to Mitainins.
- DPMR activities are grossly unsatisfactory, due to lack of trained staff & poor involvement of the existing staff.MCR foot ware; goggles are not available. Emphasis on the quality of the services to the leprosy patients.
- Self care ulcer kits in the surveyed health district is not available in-spite of having large no of old and new ulcer patients.
- There is no advanced training calendar & schedule for health care staff.
- The field visits are restricted or limited due to lack of mobility support , fund or delay in release of funds.
- Poor recording of the relapse cases in the surveyed districts.

- Community awareness about leprosy, its course, prognosis of patch, numbness its sequelae & its prevention is very poor.

Suggestions:

- The Human resource gap should be filled including full timer DLO and a fully functional of DNT staff for better functioning ,acceleration of activities and better supervision. Mobility support is essential for field activities by providing vehicle with one driver.
- The laboratory facilities at the District Hospitals for smear examination to diagnose difficult cases was further strengthened.
- DPMR training of the GHS and special emphasis should on RMA posted at PHC level. The training calendar should be reviewed from state level. The better coordination should be established between District program Management Unit and NLEP
- Priority to the DPMR activities through training and arranging camps a block level.
- Logistics issues should streamline give priority. Microcellular Rubber (MCR) footwear was supplied to all patients with insensitive feet by the District nucleus staff at the concerned Health institution.
- Regular monitoring and surveillance at District and Block level continued to locate weak areas, so that a plan for corrective action can be taken on time. The surveillance medical officer at the state level and the district nucleus team at the district level should enforce routine monitoring and supervision. Internal monitoring and supervision should be strengthened component of the surveillance system. The advance calendar of the field visit should be prepared and supervised by the SLO.
- Service and care for impairment such as ulcers, cracks and wounds, septic hand or feet etc. were available from all the Health Institutions routinely. Complicated ulcer cases were referred to the District Hospital.
- Utilization of physiotherapy services by giving proper DPMR training to the physiotherapist.
- The pharmacist should involved in MDT management and streamline steroid drugs at local level.
- Strengthening the IEC activities by involving Village level leaders and other NGOs.
- Timely incentives should be paid to mitainin(ASHA)for better involvement / motivation of them.

Annexure –I

Sl. No.	District	DHs	CHCs	PHCs	HSCs	Total
1	Bilaspur	1	3	3	3	10
2	Jashpur	1	3	3	3	10
3	Korea	1	3	3	3	10
4	Korba	1	2	2	3	8
5	Durg (Divided)	1	4	4	6	16
6	Bemetara	1	2	4	4	11
7	Dhamtari	1	4	4	5	14
8	Rajnandgaon	1	3	3	3	10
9	Mahasamund	1	4	3	5	13
10	Kawardha	1	3	3	3	10
	Total	10	32	32	38	112

Annexure –II

Indicators	Kawardha	Durg	Bemetra	MSD	Dhamtari	Rajandgaon	Bilaspur	Jashpur	Korba	Korea
Prevalence	1.42	2.62	1.99	3.58	2.24	1.06	2.12	0.9	1.86	0.31
ANCDR	21.28	35.15	28.09	85.5	23.6	17.49	32.19	12.06	33.3	4.83
MB Proportion	33.78	56.83	47.05	53.34	64.51	51.67	53.48	58.65	44.27	45.45
Female Proportion	33.78	43.36	36.76	35.23	26.02	34.9	30.75	28.85	34.61	36.36

SURVEYED HEALTH FACILITIES

Sl. No.	District	CHCs	PHCs	HSCs
1	Bilaspur	1) Kota 2) Pendra 3) Takhatpur	1) Ratanpur 2) Belpan 3) Nawagaon	1) Lalpur 2) Amadand 3) Podikala
2	Jashpur	1) Lodam 2) Bagicha 3) Duldula	1) Paiku 2) Kurrog 3) Kastura	1) Nawagaon 2) Podikala 3) Amadand
3	Korea	1) Sonhat 2) Khadgawa 3) Manendragarh	1) Katgodi 2) Nagpur 3) Podi Bachara	1) Nawgoi 2) Ujjiyarpur 3) Jilda
4	Korba	1) Podi uproda 2) Kartala	1) Jataga 2) Kharwani	1) Pachara 2) Lainga 3) Sohagpur
5	Durg	1) Utai 2) Bhilai urban 3) Nikum 4) Jheet & 5) Patan	1) Hanoda 2) Ranitarai 3) Vaishali Nagar 4) Khursipar	1) Dhanora 2) Anda 3) Santoshi Nagar 4) Asoga 5) Phunda & 6) Housing board
6	Bemetara	1) Nawagarh & 2) Berla	1) Katai 2) Nanghat 3) Sarada 4) Anandgaon	1) Mehna 2) Kheda 3) Khudmuda 4) Raka
7	Rajnandgaon	1) Dongargaon 2) Khairagarh 3) Chhuikhadan	1) Arjuni 2) Pandadah 3) Gandai	1) Ghorda 2) Itar / Saloni 3) Lomi
8	Dhamtari	1) Nagri 2) Kurud 3) Magarload 4) Gujra	1) Keregaon 2) Sirri 3) Kareli Badi 4) Bhatgaon	1) Urekel 2) Darra 3) Rudri 4) Kareli Badi & 5) Bhatgaon
9	Mahasamund	1) Basna 2) Saraipali 3) Pithora 4) Mahasamund	1) Chanat 2) Baloda 3) Bhitidih	1) Ajgarkhar 2) Chiprikona 3) Kisdi 4) Sirboda 5) Kishanpur
10	Kawardha	1) Pandhariya 2) Bodla 3) S.Lohara	1) Kunda 2) Podi 3) Oriyakala	1) Ruse 2) Khairbane 3) Mahartola
	Total	32	32	38

SUMMARY

NLEP TECHNICAL SUPERVISION OF 10 DISTRICT HQ

Sl. No.	INDICATORS	Fraction	Percent (%)
1	Establishment of District Nucleus	8/20	40%
2	Skin Smear Facility	0/20	0%
3	Diagnosing of Leprosy correctly with correct grouping	20/20	100%
4	Appropriate referral and feedback system in place	2/20	10%
5	Timely and adequate management of reactions	11/20	55%
6	Capacity building of in house staff	4/20	20%
7	Proper management of L1,L2,L3 formats	20/20	100%
8	Proper management of DPMR formats	0/20	0%
9	Submission of MPR by 5 th of every month	12/14	85.7%

(SCORE 0=NO,1=PARTIAL,2= YES)

Sl. No.	INDICATORS	Fraction	Percent (%)
11	Proportion of District having Proper display of IEC	10/20	50%
12	Proportion of District having the availability of MDT as per guidelines	6/20	30%
13	Proportion of District having Availability of Prednisolone	8/20	40%
14	Proportion of District having Timely indent of MDT	20/20	100%
15	Physiotherapy facility	0/20	0%
16	Proper maintenance of MDT and other stock registers	8/20	40%
17	RCS conducted / referral	20/20	100%
18	Proportion of District having Timely submission of SOE		
19	Involvement of Pharmacist	0/20	0%
20	Proportion of District having Involvement of NGO		
21	Proportion of District having Involvement of MO / RMA	10/20	50%
22	TRAINING	12/14	85.7%
23	Proportion of District having MCR	0/20	0%
24	Proportion of District having GOGGLES	0/20	0%
25	Proportion of District having SELF CARE KITS	0/20	0%

NLEP TECHNICAL SUPERVISION OF CHC's (5 DISTRICTS, CHC-17)

Sr No.	INDICATOR	Fracti on	Percent (%)
CHC's Visited			
1	Proportion of CHC where the Diagnosing of Leprosy correctly with correct grouping	34/34	100%
2	Proportion of CHC where Appropriate referral and feedback system in place	0/34	0%
3	Proportion of CHC where Timely and adequate management of reactions	0/34	0%
4	Proportion of CHC where Capacity building of in house staff	17/34	50%
5	Proportion of CHC where Proper management of L1,L2,L3 formats	34/34	100%
6	Proportion of CHC where Proper management of DPMR formats	0/34	0%
7	Proportion of CHC where Submission of MPR by 5 th of every month	34/34	100%
8	Proportion of CHC where Proper display of IEC	16/34	47%
9	Proportion of CHC where Availability of MDT as per guidelines	0/34	0%

10	Proportion of CHC where Availability of Prednisolone	4/34	11.7%
11	Proportion of CHC where Timely indent of MDT	28/34	82.35%
12	Proportion of CHC where Physiotherapy facility	0/34	0%
13	Proportion of CHC where Proper maintenance of MDT and other stock registers	0/34	0%
14	Proportion of CHC where RCS referral	28/34	82.35%
15	Proportion of CHC where timely submission of SOE		
16	Proportion of CHC where Involvement of Pharmacist	0/34	0%
17	Proportion of CHC where Involvement of MO / RMA	17/34	50%
18	The proportion of the CHC where TRAINING of MO/RMA/GHS	28/34	82.35%
19	The proportion of CHC where MCR	0/34	0%
20	Proportion of CHC where GOGGLES	0/34	0%
21	The proportion of CHC where SELF CARE KITS	0/34	0%

NLEP TECHNICAL SUPERVISION OF CHC's (5 DISTRICTS, CHC-15)

Sr No	INDICATORS	Fraction	Percent (%)
CHC's Visited			
1	Diagnosing of Leprosy correctly with correct grouping	6/30	20%
2	Appropriate referral and feedback system in place	6/30	20%
3	Timely and adequate management of reactions	6/30	20%
4	Capacity building of in house staff	0/30	0%
5	Proper management of L1,L2,L3 formats	0/30	0%
6	Proper management of DPMR formats	0/30	0%
7	Submission of MPR by 5 th of every month	20/30	66.6%
8	Proper display of IEC	10/30	33.3%
9	Availability of MDT as per guidelines	16/30	53.3%
10	Availability of Prednisolone	2/30	6.6%
11	Timely indent of MDT	18/30	60%
12	Physiotherapy facility	6/30	20%
13	Proper maintenance of MDT and other stock registers	0/30	0%
14	RCS referral	30/30	100%
15	Timely submission of SOE		
16	Involvement of Pharmacist	0/30	0%
17	Involvement of MO / RMA	0/30	0%
18	TRAINING of MO/RMA/GHS	0/30	0%
19	MCR	0/30	0%
20	GOGGLES	0/30	0%
21	SELF CARE KITS	0/30	0%

NLEP TECHNICAL SUPERVISION OF PHC's (DISTRICTS-5, PHC – 18)

SI. No	INDICATORS	Fraction	Percent
PHC's Visited			
1	Diagnosing of Leprosy correctly with correct grouping	0/36	0%
2	Appropriate referral and feedback system in place	0/36	0%
3	Timely and adequate management of reactions	0/36	0%
4	Capacity building of in house staff	0/36	0%
5	Proper management of registers	16/36	44%
6	Submission of MPR by 5 th of every month		
7	Proper display of IEC	16/36	44%
8	Availability of MDT as per guidelines	0/36	0%
9	Availability of Prednisolone	0/36	0%
10	Timely indent of MDT	0/36	0%

11	Proper maintenance of MDT and other stock registers	0/36	0%
12	RCS referral	36/36	100%
13	Timely submission of SOE		
14	Involvement of Pharmacist	0/36	0%
15	Involvement of MO / RMA	16/36	44%
16	TRAINING	36/36	100%
17	MCR	0/36	0%
18	GOGGLES	0/36	0%
19	SELF CARE KITS	0/36	0%
20	Proper counseling to PAL	16/36	44%

Nap = NOT APPLICABLE) (NA = NOT AVAILABLE) (YES =2, PARTIAL =1, NO = 0)

NLEP TECHNICAL SUPERVISION OF PHC's (DISTRICTS-5, PHC – 14)

Sr No.	INDICATORS	Fraction	Percent %
PHC's Visited			
1	Diagnosing of Leprosy correctly with correct grouping	4/28	14%
2	Appropriate referral and feedback system in place	4/28	14%
3	Timely and adequate management of reactions	0/28	0%
4	Capacity building of in house staff	4/28	14%
5	Proper management of registers	4/28	14%
6	Submission of MPR by 5 th of every month	28/28	100%
7	Proper display of IEC	0/28	0%
8	Availability of MDT as per guidelines	0/28	0%
9	Availability of Prednisolone	0/28	0%
10	Timely indent of MDT	12/28	42.8%
11	Proper maintenance of MDT and other stock registers	0/28	0%
12	RCS referral	28/28	100%
13	Timely submission of SOE		
14	Involvement of Pharmacist	0/28	0%
15	Involvement of MO / RMA	0/28	0%
16	TRAINING		
17	MCR	0/28	0%
18	GOGGLES	0/28	0%
19	SELF CARE KITS	0/28	0%
20	Proper counseling to PAL	0/28	0%

(Nap = NOT APPLICABLE) (NA = NOT AVAILABLE) (YES =2, PARTIAL =1, NO = 0)

NLEP TECHNICAL SUPERVISION OF HEALTH SUB CENTRES

Sr No.	INDICATORS	Fraction	Percent
No. of SHC's evaluated			
1	Appropriate referral and feedback system in place	0/76	0%
2	Proper management of registers	0/76	0%
3	Proper display of IEC	38/76	50%
4	Training received (ANM/MPW)	76/76	100%
5	Involvement of ASHA (Mitakin)		
6	Proper and complete instructions & counseling to PAL	0/76	0%

Note : Most of the sub-centers are average functioning