

Regional Office of Health and Family Welfare (ROHFW) and RLTRI, RAIPUR (C.G.)
KORBA DISTRICT, STATE - NLEP REPORT (CHECKLIST) 16th April 2012 to 20 April 2012

Sl. No.	Name of the Indicators	District (KORBA)	Podi uproda CHC	Kartala CHC	Jatga PHC (CHC-podi)	Kharwani PHC (CHC-kartala)	Pachra HSC	Lainga HSC	Sohagpur HSC
1.	Establishment of District Nucleus	Yes	NAp	NAp	NAp	NAp	NAp	NAp	NAp
2.	Diagnosing of Leprosy correctly with correct grouping	Yes	Yes	Yes	Yes	Yes	NAp	NAp	NAp
3.	Appropriate referral and feedback system in place	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4.	Timely and adequate management of reactions	Yes	NA	NA	NA	NA	NA	NA	NA
5.	POD and Self care activities	Yes	No	No	No	No	No	No	No
6.	Capacity building of in house staff	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7.	Proper management of registers	Yes	No	No	no	yes	No	No	No
8.	Submission of MPR by 5 th of every month	NA	NA	Yes	NA	Yes	NAp	NAp	NAp
9.	Proper display of IEC	No	No	yes	No	No	No	No	No
10.	Involvement of MPW in leprosy with availability of MDT as per guidelines	Yes	Yes	Yes	NA	NA	NA	NA	NA
11.	Availability of prednisolone and supportive medicine	Yes	No	No	No	No	No	No	No
12.	Timely indent of MDT	Yes	No	No	No	No	No	No	No
13.	Physical verification of quantity and date of expiry of medicines	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14.	Proper maintenance of MDT and other stock registers	Yes	No	No	No	No	No	No	No
15.	Involvement of ASHA	NAp	No	No	No	No	No	No	No
16.	RCS conducted / referral	No	No	No	No	No	No	No	No
17.	Involvement of NGO	Yes	No	No	No	No	No	No	No
18.	Mobility support	Yes	No	No	No	No	No	No	No
19.	Timely submission of SOE	Yes	NA	NA	NA	NA	NA	NA	NA
20.	Any other relevant point								

NAp-Not Applicable, NA-Not Available

NLEP Technical Supervision of Korba District (Low endemic district)

Regional Directorate team visited the Korba District for monitoring of National Health Programs along with the NLEP. The information regarding NLEP was collected in the predesigned checklist. The visited Health facilities are as follows:

Sr No	Block CHC	PHC	HSC
1	Podi uproda	Jatga	
2	Kartala	Kharwani	

Korba is one of the districts of Chhattisgarh with total 4 blocks CHC's, 36 PHC's and HSC's. Among the 4 blocks, two blocks CHC's; two PHC's and three HSC's were selected based on the approachability and feasibility.

THE SALIENT NLEP OBSERVATIONS OF THE HEALTH FACILITIES ARE AS FOLLOWS-

I) Podi Uproda Block CHC:

1. All the suspected leprosy **patients have to travels to block for confirmation** and after confirmation they are referred to concerned health facilities for further treatment.
2. DPMR Records are not filled by the medical officer they fill only P II forms.
3. The Pharmacist is not keeping the MDT drugs, **MDT drugs kept by NMA** & indent is prepared by the NMA himself.
4. **MO is also not aware of the DPMR activities.**
5. **Grade I and II disability register** is not maintained at Block level.
6. No Lepra reaction patients at blocks.
7. MCR Chappal record was not available in the stock.
8. Monitoring and supervision at block and sector is poor. This is observed by interview with NMA.
9. IEC materials are not displayed in the CHC and but slogans are written on the wall.
10. Prednisolone not available in CHC, if needed then either provided from district or patient purchased from market.

II) Kartala Block CHC:

1. Every new case is **diagnosed at block CHC.**
2. DPMR Records are not filled by Medical officer, only PII forms were filled by NMA/NMS. NMS was not well trained in DPMR.
3. The NLEP Records are incomplete especially DPMR & Indent were not filled in the block since last 8 to 9 month.
4. MDT indent was not available at CHC with NMS/Pharmacist.
5. Pharmacist was not aware of the MDT guidelines. **The NMS/NMA is keeping the MDT.** MDT Stock available as per guideline. MDT SIS logistic is not updated properly.
6. BMO is aware of the DPMR activities but disability care services facilities were not available.
7. Grade I and II disability register is not maintained at Block.
8. No lepra reaction patient in Block.
9. The prednisolone tablets are not available at Blocks. The prednisolone drug prescribed are procured from outside by the patient and are not noted in the register.
11. IEC material is displayed in the CHC.
12. MCR Chappal record was not available.
13. Monitoring and supervision at block and sector is poor. This is observed by interview with NMS.

PHC OBSERVATIONS

PHC JATGA

1. Almost **all staff trained in leprosy** work except few new staffs
2. MO, RMA and Ayush MO was able to diagnose and treat cases
3. None of the staff were trained in DPMR & unaware of RCS facility and incentives
4. Record/register not available in PHC
5. No cases of leprosy detected in PHC and its HSCs since last five years

PHC KHARWANI

1. Almost **all staff was trained in NLEP**, MO was not trained but able to diagnose and treat cases
2. Tab Prednisolone not available, although there is a case of type -2 lepra reaction. Cap clofazimine available in PHC.
3. None of the staff were trained in DPMR.
4. Record/registers available in PHC, Not recorded properly and not updated timely, also not assessed and verified by MO.
5. MDT stock kept by pharmacist but not as per the guideline, MBA were under stocked and PBA were over stocked in respect to the patient under treatment in PHC
6. Total 7 cases under treatment in which 6MBA and 1PBA & a case of ENL.
7. MO and other staff only suspect the cases and refer to NMS for confirmation and further assessment.
8. SIS logistics available but not updated. In DPMR formats only PII forms available in PHC but not filled for any patients.
9. Disability register & master register not available/not maintained in PHC.
10. IEC activities were poor in PHC area, even poster/wall painting not available in PHC.

Health Sub centers: No leprosy case under treatment in all surveyed health sub centers. ANM posted in HSCs trained in NLEP.