

Regional Office of Health and Family Welfare (ROHFW) and RLTRI, RAIPUR (C.G.)
JASHPUR DISTRICT, STATE - NLEP REPORT (CHECKLIST) (Date of Visit-27th May to 1June 2012)

Sl. No.	Name of the Indicators	District (JASHPUR)	Lodam	Bagicha	Duldula	PAIKU	KURROG	KASTURA
1.	Establishment of District Nucleus	NA	NAp	NAp	Nap	NAp	NAp	Nap
2.	Diagnosing of Leprosy correctly with correct grouping	NA	NA	NA	NA	NA	NA	YES
3.	Appropriate referral and feedback system in place	NA	No	No	No	NO	NO	NO
4.	Timely and adequate management of reactions	NA	Record Not available	Record Not available	Record Not available	Record NA	Record NA	Record NA
5.	POD and Self care activities	NA	No	No	No	NO	NO	NO
6.	Capacity building of in house staff	NA	Yes	Yes	Yes	NO	NO	NO
7.	Proper management of registers	NA	No	No	No	NO	NO	NO
8.	Submission of MPR by 5 th of every month	NA	NA	Yes	NA	NO	NO	NO
9.	Proper display of IEC	NA	No	No	No	YES	YES	YES
10.	Involvement of MPW in leprosy with availability of MDT as per guidelines	NA	Yes	Yes	NA	NA	NA	NO
11.	Availability of prednisolone and supportive medicine	NA	No	No	No	NO	NO	NO
12.	Timely indent of MDT	NA	Yes	Yes	Yes	Record NA	Record NA	Record NA
13.	Physical verification of quantity and date of expiry of medicines	NA	Yes	Yes	Yes	NA	NA	NA
14.	Proper maintenance of MDT and other stock registers	NA	No	No	No	NA	NA	NO
15.	Involvement of ASHA	NA	Yes (less)	Yes (less)	Yes (less)	NO	NO	NO
16.	RCS conducted / referral	NA	No	No	No	NO	NO	NO
17.	Involvement of NGO	NA	No	No	No	NA	NA	NA
18.	Mobility support	NA	No	No	No	NO	NO	NO
19.	Timely submission of SOE	NA	NA	NA	NA	NA	NA	NA
20.	Any other relevant point							

NAp-Not Applicable, NA-Not Available

NLEP Technical Supervision of Jashpur District

Regional Directorate team visited the Bilaspur District for monitoring of 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	Lodam		
2	Bachyia		
3	Duldula		

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

I) Lodam 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. P II forms are not also prepared.
3. The Pharmacist is keeping the MDT drugs, **but MDT drugs kept by NMA** & indent is prepared by the NMA himself due to few leprosy cases.
4. **Grade I and II disability register not** maintained at Block level.
5. MCR Chappal record was not available in the stock.
6. Monitoring and supervision at block and sector is poor.
7. IEC materials are not displayed in the CHC and but slogans are written on the wall.
8. Prednisolone not available in CHC.
9. Newly suspected Leprosy patient by ASHA and it referral and confirmation record was not available at CHC.
10. The record of incentives received and distributed was not available
11. The Epidemiological indicators were unavailable at BLOCK.
12. The record of self care kits distributed and received not available. The list of RCS eligible patients was not prepared.

II) Bagichya 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 at all health institute of block..
3. The Pharmacist is not keeping the MDT drugs, **MDT drugs kept by NMA** & indent is prepared by the NMA himself.
4. **Grade I and II disability register** maintained at Block level but not updated.
5. MCR Chappal record was not available in the stock.
6. Monitoring and supervision at block and sector is poor.
7. IEC materials are not displayed in the CHC and but slogans are written on the wall.
8. The LF2 register entries were incomplete at block. The record of self care kits distributed and received not available. The list of RCS eligible patients was not prepared.

III) Duldua CHC:

1. Every new case is **diagnosed and confirmed at block CHC**.
2. DPMR Records are not filled.
3. The NLEP Records are incomplete especially DPMR & Indent were not filled in the block.
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. Grade I and II disability register is not maintained at Block.
7. 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.
8. IEC material is displayed in the CHC.
9. MCR Chappal record was not available.
10. Monitoring and supervision at block and sector is poor. This is observed by interview with NMS.
9. Newly suspected Leprosy patient by ASHA and its referral and confirmation record was not available at CHC.
10. The record of self care kits distributed and received not available. The list of RCS eligible patients was not prepared.

PHC OBSERVATIONS

The team visited three PHCs namely Paiku, Kurrog, Kastura. Ayurvedic Medical officers & RMA are posted at all surveyed PHCs. None of the PHCs have registered cases of leprosy. Salient observations pertaining above mentioned health centers are as under:-

1. Involvement of ASHAs (MITANIN) in identifying cases in their respective areas, motivating & sending cases to nearby health centers (PHCs) is poor. Social stigma associated with the disease leading to hiding & isolation in person affected with leprosy & lacks of awareness in ASHA about the disease and the honorarium they can get on bringing a case of leprosy are the prime culprits
2. Medical officers & RMAs are unaware of WHO Disability Grading & DPMR activities.
3. No proper indents are prepared for procuring MDT by PHCs.
4. Prednisolone is not available in all surveyed PHCs. Monitoring, treatment; knowledge about lepra reaction is poor.
5. IEC materials displayed are only in the form of wall painting at secluded sites.
6. Monitoring & supervision of HSCs (villages) is poor.

HSC OBSERVATION

Three HSCs were surveyed by the team namely Putrichoura, Bisen, Tangertoli. Salient observations are as under:-

1. Health care workers at grass root level are (ANMs, ASHAs, and RMAs) are not having sufficient knowledge, in spite of training & motivation for suspecting & referring case
2. No cases were found registered in all the surveyed HSCs.
3. Proper display of IEC materials is lacking.
4. ASHA (Mitandin) involvement in bringing suspected cases to PHCs & higher centers for evaluation is poor.
5. Awareness in all the concerned health care staff & villagers about the disease, its symptoms, treatment & its prognosis, disability prevention & rehabilitation is lacking.