Regional Office of Health and FamilyWelafre (ROHFW) and RLTRI, RAIPUR (C.G.)
Janjgir champa DISTRICT, STATE - NLEP REPORT (CHECKLIST) 21st to 25th august 2012

Sl. No.	Name of the Indicators	District (Janjgir Champa)	Baloda CHC	Akaltara (CHC)	KURDA	GATWA	NARIYARA	KHISORA	PAUNA
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	yes	yes	Yes
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	No	no	No	no	No
7.	Proper management of registers	Yes	No	No	NA	NA	NA	NA	NA
8.	Submission of MPR by 5th of every month	NA	NA	Yes	NA	NA	NA	NA	NA
9.	Proper display of IEC	No	No	Yes	No	No	Yes	No	No
10.	Involvement of MPW in leprosy with availability of MDT as per guidelines	No	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	Yes	Yes	Record NA	Na	NA
13.	Physical verification of quantity and date of expiry of medicines	No	Yes	Yes	NO	NO	NO	NO	NO
14.	Proper maintenance of MDT and other stock registers	Yes	No	No	No	No	NA	No	NA
15.	Involvement of ASHA	Nap	No	No	Yes (less)	Yes (less)	Yes	Yes (less)	Yes
16.	RCS conducted / referral	Yes	No	No	No	Yes	NO	Yes	NO
17.	Involvement of NGO	NO	No	No	No	No	NA	No	NA
18.	Mobility support	Yes	No	No	No	No	NO	No	NO
19.	Timely submission of SOE	NA	NA	NA	NA	NA	NA	NA	NA
20.	Any other relevant point								

NAp-Not Applicable, NA-Not Available

NLEP Technical Supervision of Janjgir District (High Sendemic district)

Regional Directorate team visited the Janjgir champa 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	Baloda	Kurda	Khisora
2	Akaltara	Gatwa, Nariyara	Pauna

Two blocks CHC's; three PHC's and two HSC's were selected based on the approachability and feasibility.

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

I) Baloda CHC:

1. DPMR Records are not filled by the medical officer they fill only P II forms.
2. The Pharmacist is keeping the MDT drugs**.** MDT not available as per guideline.
3. **BMO is also not aware of the DPMR activities.**
4. **Grade I and II disability register** is 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. This is observed by interview with NMA/NMS.
7. IEC materials are not displayed in the CHC and but slogans are written on the wall.
8. Prednisolone not available in CHC, if needed then either provided from district or patient purchased from market.

II) Akaltara Block CHC:

1. DPMR Records are not filled by Medical officer, only P-II forms were filled by NMA/NMS. NMS was not well trained in DPMR having poor knowledge in DPMR.
2. The NLEP Records are incomplete especially DPMR, Many discrepancies were found in filled DPMR Formats.
3. Pharmacist was not aware of the MDT guidelines.MDT Stock not available as per guideline. MDT SIS logistic is not updated properly.
4. Disability care services facilities were not available.
5. Grade I and II disability register is not maintained at Block.
6. 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.
9. IEC material is displayed in the CHC.
10. MCR Chappal record was not available.
11. Monitoring and supervision at block and sector is poor. This is observed by interview with NMS/NMA.

PHC OBSERVATIONS

The team visited three PHCs namely Kurda Gatwa and Nariyara. Salient observations pertaining above mentioned health centers are as under:-

1. AMO and RMA posted in PHC were suspecting the cases and referring the suspected cases to DLO/NMS/NMA for further confirmation and management. NMA also use to visit to center and help in diagnosis.

2. Ayurvedic Medical officers & RMAs are unaware of WHO Disability grading & DPMR activities. Also unable to make confirm diagnosis .they need a reorientation training.
3. No proper indents are prepared for procuring MDT by PHCs. supervisor directly bring MDT from block as per number of patient in PHC, MDT available in any of surveyed PHC but not as per the guideline.
4. Prednisolone is not available in all surveyed PHCs. Monitoring, treatment; knowledge about lepra reaction is poor EVEN. No Prednisolone was given to a newly diagnosed MBA case with LR1 by PHC,
5. IEC materials displayed are only in the form of wall painting at secluded sites .very few IEC material regarding leprosy
6. Monitoring & supervision of HSCs (village) was very poor.
7. Record of submission of MPR were not available at any of the PHCs ,MO were unaware of such reporting and also not crosschecking the report
8. Two patient of claw hand underwent RCS from private charitable hospital at champ.
9. 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.

HSC OBSERVATION: Two HSCs were surveyed by the team namely Khisora and,pauna. 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 (Mitanin) 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.