

Regional Office of Health and Family Welfare (ROHFW) and RLTRI, RAIPUR (C.G.)
Kondagaon DISTRICT, STATE - NLEP REPORT (CHECKLIST) (Date of Visit-13 to 18 May 2012)

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

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

CHC	PHC	HSC
Makdi	Dahikonga, Anantpur	Badekanera, Tortanga
Pharsasgaon	Badedonger	Alor
Kaskal	Bhaigaon	Nayanar

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

I) **CHC:**

30 (5 PB and 20 MB)leprosy cases were taking MDT in five blocks. NO DISABILITY WAS RECORDED IN THESE PATIENTS.

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 prepared for MB cases not PB cases. The EHF score not correct.
3. LF1 many important columns are blank and reg number was not mentioned at district level (Kondagaon block).
4. The Pharmacist is not keeping the MDT drugs and indent is prepared by the NMA himself due to few leprosy cases.
5. **Grade I and II disability register not** maintained at Block level.
6. MCR Chappal record was not available in the stock.
7. Monitoring and supervision at block and sector is poor.
8. IEC materials are not displayed in the CHC and but slogans are written on the wall.
9. Prednisolone not available in CHC.
10. Newly suspected Leprosy patient by ASHA and it referral and confirmation record was not available at CHC.
11. The Epidemiological indicators were unavailable at District as well as BLOCK.
12. 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 Four PHCs . Rural Medical Assistant (RMA) 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. RMA are unable to correct answer on Classification, diagnosis, complications, nerve involvement, Duration of treatment and disabilities. They are untrained.
2. No registered case of leprosy at surveyed PHC.
3. RMAs are unaware of WHO Disability Grading & DPMR activities.
4. No proper indents are prepared for procuring MDT by PHCs.

5. Prednisolone is not available in all surveyed PHCs. Monitoring, treatment; knowledge about lepra reaction is poor.
6. IEC materials displayed are only in the form of wall painting at secluded sites.
7. Monitoring & supervision of HSCs (villages) is poor.

HSC OBSERVATION

Three HSCs were survey. 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.