

Regional Office of Health and Family Welfare (ROHFW) and RLTRI, RAIPUR (C.G.)

Korea DISTRICT, STATE - NLEP REPORT (CHECKLIST) (Date of Visit-16th July to 20th July 2012)

Sl. No.	Name of the Indicators	District (Korea)	Sonhat	Manendragarh	Khadgawan	Katgodi	Nagpur	Pondibachara
1.	Establishment of District Nucleus	NAP	NAP	NAP	Nap	Nap	Nap	Nap
2.	Diagnosing of Leprosy correctly with correct grouping		NAP	NAP	NAP	yes	yes	yes
3.	Appropriate referral and feedback system in place		No	No	No	No	No	No
4.	Timely and adequate management of reactions		NA	No	No	NA	NA	NA
5.	POD and Self care activities		No	No	No	No	No	No
6.	Capacity building of in house staff		No	Yes	Yes	No	Yes	No
7.	Proper management of registers		No	No	No	Yes	Yes	Yes
8.	Submission of MPR by 5 th of every month		Yes	Yes	NA	Yes	Yes	NA
9.	Proper display of IEC		No	No	No	No	No	Yes
10.	Involvement of MPW in leprosy with availability of MDT as per guidelines		No	Yes	Yes	NA (supervisor directly indent MDT from CHC as per need)	NA (supervisor directly indent MDT from CHC as per need)	NA
11.	Availability of prednisolone and supportive medicine		No	No	Yes	No(purchase by JDS as per need)	No	No
12.	Timely indent of MDT		Yes	Yes	Na	Yes	Yes	Record NA
13.	Physical verification of quantity		Yes	Yes	Yes	NO	NO	NO

	and date of expiry of medicines							
14.	Proper maintenance of MDT and other stock registers		No	No	No	No	No	NA
15.	Involvement of ASHA		Yes	Yes	Yes	Yes (less)	Yes (less)	NO
16.	RCS conducted / referral		NA	NA	NA	No	No	NO
17.	Involvement of NGO		No	No	No	No	No	NA
18.	Mobility support		No	No	No	No	No	NO
19.	Timely submission of SOE		NA	NA	NA	NA	NA	NA
20.	Any other relevant point					No pre dnisolone was given to a newly diagnosed MBA case with neuritis and visible deformity by DLO		No new case of leprosy diagnosed since last 5-6 month but there is no nil reporting

NAp-Not Applicable, NA-Not Available

NLEP Technical Supervision of Korea District

Regional Directorate team visited the Korea 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	Sonhat		
2	Manendragarh		
3	Khadgawan		

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

I) Sonhat 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. MPW kept Records of NLEP, He was untrained & he only provide MDT to Patients, He was not have knowledge of NLEP & DPMR.
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 at CHC
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) Manendragarh 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. **MDT drugs kept by NMA & also available in OPD** & indent is prepared by the NMA himself, as per said by other staff he(NMA) was not available in hospital & records & registers were kept by him in his home they don't know the status of NLEP. When we call him he came at 1:00 PM with insufficient records & registers, he is trained but have poor knowledge of NLEP & DPMR.
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 .
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) Khadgawan 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 NMA/Pharmacist.
5. Pharmacist was not aware of the MDT guidelines. The **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 available at Block.
8. IEC material is not 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 NMA/pharmacist.
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.
11. The Registers LF2 & LF3 were not updated properly, MPR not available (June & July 2012)

PHC OBSERVATIONS

The team visited three PHCs namely Katgodi Nagpur and Pondibachhara leprosy. Salient observations pertaining above mentioned health centers are as under:-

1. AMO and RMA posted in PHC were diagnosing the cases and referring the suspected cases to DLO for further confirmation and management.
2. Ayurvedic Medical officers & RMAs are unaware of WHO Disability Grading & DPMR activities.
3. No proper indents are prepared for procuring MDT by PHCs. supervisor directly bring MDT from block as per number of patient in PHC ,no MDT available in any of surveyed PHC
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 neuritis and visible deformity by DLO.
5. IEC materials displayed are only in the form of wall painting at secluded sites .very very few IEC material regarding leprosy
6. Monitoring & supervision of HSCs (villages) is poor.
7. No new case diagnosed at Pondibachhara PHC since last 5-6 months but there was no reporting for same.

HSC OBSERVATION: No case of leprosy at selected health subcenter