

Details of the Activities undertaken by the ROH&FW
PART - C2(District Level)
Name of the ROH&FW: RD and RLTRI,Raipur
Report for the month of: July 2009

A) National Vector Borne Disease Control Programme

Manpower	Observation		Comments
Designation	In position	Vacant	
District Malaria Officer	0	1	Fill observed gap
Asst. Malaria Officer	1	0	
CHC Medical officer	18	16	
PHC medical officer	19	51	
Doctors	56	81	
MPHS(M)	27	22	
MPHS(F)	37	18	
MPHW(M)	130	85	
MPHW(F)	152	98	
Lab Technician	11	22	
Sector Pharmacist	-	-	
Rapid Response Team	-	--	

NVBDCP Disease Indicators

Particulars	previous year	Current
Number notified malaria cases 1,00,000 population	843	240
Number of New Kala-Azar cases detected per	Nil	Nil
Micro Filarial Rate	Nil	Nil
Number of Dengue/DHF cases reported	Nil	Nil
Number of JE cases reported	Nil	Nil

Epidemiological indicators

Particulars	2005/06	2006/07	2007/08	2008/09
BS EXAMINED	183151	177203	165581	149468
Malaria positive	8292	8777	11099	9783
PV	4336	5054	6619	5721
PF	3956	3723	4480	4062
Pf %	47.7	42.4	40.36	41.52
No of Death	Nil	Nil	Nil	Nil
Child death	Nil	Nil	Nil	Nil
ABER	18.3	17.3	15.87	12.8
API	8.3	8.6	10.64	8.43
SPR	4.5	4.9	6.7	6.54
SFR	2.1	2.1	2.7	2.71
a) Number of outbreak	Not reported			
b) Period of outbreak				
c) Death reported				
d) During outbreak				
e) Time of outbreak				

RD KITS	Observations	Comments
CHC Pondupadi	<ul style="list-style-type: none"> • Rapid Diagnostics Kits were utilized where microscopic center is working. • There is lack of communication between the LT and the store keeper regarding the RDK Stock. • The record of the distribution of the kits was not available. • No supervision over the stock either by BMO or any other officer. • During visit to the Malaria Lab, we have noted that one patient have to purchase the RD Kit from private Medical shop for diagnosis of Malaria on OPD basis. 	Regarding monitoring of the RDK stock, guidelines are not followed at Malaria lab of CHC. Maintenance of record and reporting of the RDK stock should be carried out.
PHC Bhilai Bazar	PHC received 11 boxes (25 kits in each box) of the RDK, 5 boxes and 24 kits in one box were utilized for the diagnosis of malaria. On day of visit we found 6 boxes of the RDK. The RD Kits will expire within 18 days (MFD 27/7/07 and Exp date 26/07/09). The medical officer is not aware of the expiry date of the Kits.	Guidelines for maintainence of recording and reporting of the RDK stock should be followed. Necessary steps should be taken for utilization of early expiry of RD kits.

IRS

Observations	Comments
During the visit to Tuman, Pasan, Chitma, Rahadih and Hardibazar, we have randomly selected some household for IRS monitoring purpose. Household have no prior information regarding the spraying operation in village. Spray is done in patchy manner and entire area are not covered. Spray is covered only in outer area of the house. The health workers also have no prior information of the date of IRS Spray	Monitoring and supervision of IRS should be done by Program Officer. Field staff of health department & community should be involved in the IRS operation which is not visible in the surveyed areas.

Filariasis

Filariasis	Previous	Current	Comments
Line listing of cases	Nil	-	Night blood sample survey is required in the Podi block where elephantiasis and Hydrocele cases were detected by line listing. To reduce the morbidity (a) steps to be taken for management of elephantiasis (b) Arrangement of Hydrocele camps
No of elentaphantaisis	Nil	12	
No of Hydrocele	Nil	389	
% of coverage	Nil	-	
Filarial night survey	Nil	-	
Entomological surveillance	Nil	-	
Control measure	Nil	-	

B) Key Indicators for National Disease Control Programme A.RNTCP

RNTCP				
Component of programme	Observation			Suggestion
<i>Manpower</i>	Post	Sanction	In position	Filled vacant post
	1.DTO	1	Vacant	
	2.MOTC	1	1	
	3.STLS	4	4	
	4.STS	4	4	
	5.LT	6	6	
<i>Lab.services</i>	All microscopic center are working except Rampur and All sanction post of LTs are filled i.e 6			
<i>IEC activities</i>	Village Health committee meeting			
	Poster Display in Health camps			
	Poster Sticks on the wall of the villages and patient			
<i>Involvement of NGO</i>	No			
<i>Indicators</i>	1.Smear positive Rate: 65.21%			
	2.Conversation Rate: 91.25%			
	3.Success Rate: 91.25%			
	4.Percentage of TB suspects examined out of total out			
	5.New case in year :883			

NBCP

Component of programme	Observation				Suggestion
<i>Manpower</i>	Designation	Sanction	Position	Vacant	PMOA post are vacant
	Eye Surgeon:	01	01	0	
	PMOA:	36	06	30	
<i>Indicators</i>	1)Child examination for refractory errors in first quarter				Steps to take for achievement of indicator(1)
	2) Performance of cataract operations In year 2008-09: (4085) 90.8% and year 2009 till date :				
	3) Eye donation in year 2008/09 and 2009/10 : Nil				
<i>NGO involvement</i>	Involvement of NGO at District and Block Level in the				

D) Integrated Disease Surveillance Project

Component of programme	Observation			Suggestion
<i>Infrastructure</i>	Post	sanction	Vacant	Fill vacant gap
	1. DSO	1	1	
	2. Epidemiologist	1	0	
	3. Data Manager	1	1	
	4. Accountant	1	0	
	5. Data entry Operator	1	0	
	6. Admin.assistant	1	1	
<i>Training</i>	In year 2008/09 ,IDSP training was given to BMO,MO,RMA,LT,MPW,ANM and LHV. The 100% training proposed in year 2009/10			

Indicators			
Weekly reporting/Early warning signals	In year 2008/09		Marginal improvement in the weekly and early warning signal reporting in current year
	1. weekly reporting of IDSP was 40-50%		
	2. Reporting of early warning signal was 40-50%		
	In year 2009 to till date		
	3. weekly reporting of IDSP was 60-70%		
Date entry	4. Reporting of early warning signal was 70-80%		
	In time reports: 50%		Steps to be taken for delay and not reported areas. The monitoring of the report is required.
	Delay Report: 30%		
Not reported : 20%			

E) NLEP

District			
Population	1154605		
Skin smear Facility	Not available at District level		
New case detection rate(Last five Year)			
April 2005-March 2006	38	Prevalence rate:2.0	
April 2006-March 2007	24	Prevalence rate:1.6	
April 2007-March 2008	45.33	Prevalence rate:3.01	
April 2008-March 2009	35.89	Prevalence rate:2.19	
Treatment Completion rate at District level			
Rural Area			
MB	95.50%		
PB	96.5		
Urban Area			
MB	100%		
PB	100%		
Coordination with NRHM Authority	Yes		
DPMR	DPMR printed format are available at Dist level, and will be distributed after DPMR training, The Supervisor training will be on 24/25 July 2009		
MCR footwear procurement and distribution status			
2007/08			
PB	-		
MB	43		
2008/09			
PB	-		
MB	16		
RCS conducted during the year	3		
IEC activities for reduction of stigma and discrimination	Group Meeting ,school quiz,		
MDT stock	No of UT patient as on date	No of available MDT BCP	Per month BCP
MBA	114	168	1.47
MBC	22	102	4.63
PBA	105	281	2.67
PBC	12	55	4.58
Leprosy reaction at CHC			
Type I	8		
Type II			

Observation	Pharmacist are not involved in the MDT management (except CHC Katghora) and they are given least priority
	BMO should verify the indent & stock, ensuring the involvement of Pharmacist at the time of signing in monthly reports.
	Indent should be checked by I/C store of CHC before issuing MDT to PHCs.
	MDT stock is unbalancing in surveyed CHC
	All NLEP records kept by vertical staff in surveyed CHC
	The Leprosy cases were diagnosed by Medical officers in the Out door department of the District Hospital and sent to District Leprosy Office for the MDT management. No skin smear facility at District Hospital. The records of the leprosy case were prepared and kept by NMA/NMS. The steroid tablets stock of the district Hospital was also kept at DLO office.
	Comments
Drugs should be kept & distributed by pharmacist/ compounder from general store after receiving indent.	
MDT Guidelines Should be strictly followed at Block levels.	
Steroid guidelines should be regularly monitored by DLO office	
Recording & Reporting needs attention.	
The records of the Block PHC Korba is not maintained properly, it needs immediate attention. BMO of Block PHC Korba are not aware of the recording and reporting procedures	
There should be coordination between the NMS/NMA and BMO regarding recording and reporting at Pali FRU, which was not observed	
The staff should adhered to prescribed counselling guidelines.	

NRHM Indicators

Vital Data On RCH

	Previous year	Current year till date
Particulars		
No. of Infant deaths		
Within one week	0	0
one week to one month	231	277
one month to one year	109	100
No. of Maternal deaths	32	23
During pregnancy	NA	NA
During delivery	NA	NA
Within six month of delivery	NA	NA

Immunization (0-5Year)

Particulars	Previous year	Current year till date
OPV BCG	25553	28293
DPT1	25672	26837
DPT2	25672	26354
DPT3	25539	26088
DPT3	25539	26088
Measles	24880	26609
DPT boster1	22979	20429
DT	28622	29384
Vitamin A supplement	28304	25395

Family planning

Particulars	Previous year	Current till date
Population Growth rate	2.01	2.01
Sex ratio	993	993
MMR	1.22	0.86
IMR	13.08	14.02
Birth Rate	22.41	22.88
Death Rate	13.6	13.6
CPR	58.63	59.29
No. of eligible couples	188310	205113
Total vectomy	133	163
Total LTT	5498	5650
Total CGT	794	1085
Oral pills	10010	7064