

Details of the Activities undertaken by the ROH&FW

PART - C

Name of the ROH&FW: RD and RLTRI,Raipur

Report for the month of: March 2009

A) National Vector Borne Disease Control Programme

A1 MALARIA				
	Component of programme	Observation		Suggestion
1	Infrastructure			
	1 District,9CHC,26 PHC,SC and FTD			
	Manpower	sanction	position	vacant
	<i>DMO</i>	1	0	1
	<i>AMO</i>	1	0	0
	<i>MO</i>	109	53	56
	<i>LT</i>	36	13	23
	<i>MPW</i>	254	125	129
	<i>ANM</i>	290	116	174
	<i>Sector supervisor Male</i>	54	30	24
	<i>Sector supervisor female</i>	62	48	14
2	Service			
3	<i>Lab services</i>	Only lab are available at Block level and the District level, Mostly PHC runs without Lab technician		Fill up vacant post of Lab technician
4	<i>RDK</i>	RDK were utilised (30-50%)at microscopic center of CHC, No monitoring of the kits at Block level and the District Level		Follow the RDK Guidelines
5	Indicators			
	<i>API</i>	0.6		
	<i>ABER</i>	11.67		
	<i>PF%</i>	40.40%		
	<i>SPR</i>	0.51		
	<i>SFR</i>	0.21		
6	Morbidity due to malaria			
	<i>Cases</i>	989		
	<i>PV</i>	589		
	<i>PF</i>	400		
7	Mortality Reporting	During the year April 2008- March 2009 two Malarial deaths(PFR) were recorded on the death register CHC Sakti while that death was not recorded on routine monthly report 9 Deaths reported due to fever /PUO/Encephalitis during April 2008-March 2009		Matter of concern may be inquired

A2 Filariasis		Observation	Suggestion
1	Lab services	The Lab reports are pending of pre and post MDA activities	

2	Morbidity management	The district having 89 Hydrocele cases	Arrange the Hydrocele camps to reduce the morbidity burden
		The district having 641 elephantitis cases. There is no visible morbidity management of Lymph oedema cases-	Morbidity management of the elephantitis cases at primary and secondary level
		There is no morbidity management of lymph oedema cases at PHC and Sub enter The Primary Health level workers are not aware of the Primary Management of case	More emphasis on the primary morbidity management at primary level, so as to reduce the disability burden in the community

B) RNTCP			
Component of programme	Observation	Suggestion	
<i>Manpower</i>	No full time DTO , Man power under RNTCP is inadequate at District and Block level	Fillup the vacant post	
<i>Lab services</i>	Vacant post of technician	Fill up post of the lab technician	
<i>Indicators</i>			
<i>Percentage of TB suspect examined out of total OPD patients</i>	4%		
<i>Annualized new smear positive case detection rate</i>	52.63%		
<i>Annualized case detection rate</i>	48%		
<i>Success rate new smear positive patient</i>	93%		

C) Integrated Disease Surveillance Project			
Component of programme	Observation	Suggestion	
<i>Infrastructure</i>	Regular post of district surveillance officer and accountant are vacant	fillup the vacant post	
<i>Training status</i>	Status Target Trained	Arrange training of untrained staff	
	BMO 9 7		
	MO 34 11		
	MPW 337 155		
	LT 9 8		
	District surveillance team		
<i>Indicators</i>			
<i>Percentage of receiving report from all Govt.reporting unit</i>	75%		

	<i>Private From Land P</i>	Nil	1 Establish MOU and Conduct meeting and sensitises private sector Labs
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National Blindness Control Programme			
	Component of programme	Observation	Suggestion
	<i>Manpower</i>	Out of 23 only 3 are in position	Fillup the Vacant post of Ophthalmic assistant
	<i>Indicators</i>		
	<i>Target of cataract operation</i>	57.89% achieved	More ophthalmic camps are needed with involvement of the NGO and Local leaders
	<i>Percentage of children examined for refractive error</i>	Target student examined=77422 No of student examined=46666 Children examined refractory error=776 Target achieved=60%	
	<i>Eye donation</i>	Nil	Needs awareness campaign regarding eye donation Involve community members and NGO for awareness campaign
	<i>Training of staff</i>	As per discussion with the district blindness control programme officer , nurses who are assisting the ophthalmic surgeon needs training at Tertiary level	
	<i>NGO involvement</i>	There is involvement of NGO in the Cataract operation camps	
	Ophthalmic Medicine	On & off supply of the ophthalmic eye drops and ointments to the peripheral health facilities	Routine and regular supply of Eye medicine to district and Peripheral health facilities

E) National Rural Health Mission			
	Component	Observation	Suggestions
a)	Manpower	Shortage Manpower mentioned above	Fillup the vacant post
	Indicators		
1	Population Growth rate	1.86% Per Year	
2	Sex ratio	972	
3	MMR	26	
4	IMR	18.6	
5	Birth Rate	28.3	
6	Death Rate	10.6	
7	CPR	83.1	
8	No. of eligible couples	257990	
9	Total vectomy	110	
10	Total LTT	8695	
11	Total CTT	349	
12	Oral pills	20623	

13	Immunisation		The vaccines are distributed from CHC/Block PHC, as per demand received from Health workers on specific day. We have observed during health facility survey, the DPT and other vaccines didn't store properly in the ILR at Block level CHC.
14	OPV BCG	38466	The vaccines are kept on the floor of the refrigerator instead of provided baskets. There are chances of damage of vaccines in ILR.
15	DPT1	37216	Follow the following guidelines
16	DPT2	36182	
17	DPT3	35319	ILR has got two sections- the top and the bottom. The bottom of the refrigerator is the coldest place. Therefore, DPT, DT TT and BCG vaccines should not be kept directly on the floor of the refrigerator as they can freeze and get damaged.
18	DPT3	35319	The top section of the ILR maintains the temperature of +2° to +8°C.
19	Measles	38565	· BCG, DPT, DT, and TT vaccines are kept in this section in the baskets provided with the refrigerator
20	DPT booster1	29517	In Akaltara CHC, Measles and DPT vaccines are found lying outside the room, where the vaccine is stored, this is a matter of concern.
21	DT	39214	
22	Vitamin A supplement	47896	
23	Vital Data		
24	No. of Infant deaths Within one week	87	
25	No. of Infant deaths one week to one month	214	
26	one month to one year	10	
27	No. of Maternal deaths	3	
28	During pregnancy	1	
29	During delivery	1	
30	Within six month of delivery	1	

F) NLEP:

District Profile

District		
Population		151,423
Skin smear		Nil
New case detection rate(Last five Year)		
April 2006-March 2007		0.22 per 1 lack population PR -0.09
April 2007-March 2008		0.33 per 1 lack population PR-0.22
April 2008-March 2009		0.53 per 1 lack population PR-4.05 per 10000
Treatment Completion rate at District level		
Rural Area		98%
MB		
PB		
Coordination with NRHM Authority		Yes
DPMR		
MCR footwear procurement and distribution status		
2008/09		47
PB		
MB		
No of patient screened for RCS		17
RCS conducted during the year		0
Distribution of dressing material and supportive Medicine for ulcer care		No
IEC activities for reduction of stigma and discrimination		Yes
MDT stock	No of UT patient as on date No of available MDT BCP	Per month BCP
MBA	413 1184	2.8
MBC	19 38	2
PBA	147 250	1.25
PBC	29 125	4.3
Leprosy reaction at CHC		
Type I and II = 53	MB-45	
MDT stock	Observation	Remark
	MDT stock position is unbalancing in surveyed area. MDT is not available as per guidelines	Supply MDT drugs as per guidllines
Steroid Tablets position	Nil Stocks of Steroids at PHC	Follow the Steroid guildlines
Records		
LF1	Insome centers the regestration number is not entered	Fill the card with regester numbers of patient
LF2	Imcomplete enteries	Frequent Monitring and onjob training of peripheral health workers is required
DPMR records	primary and secondary DPMR format are not found in surveyed district	implement the DPMR primary and secondary level format
