Monitoring of National Vector Borne Disease Control Programme Districts Surjuga Chhattisgarh State

Regional Directorate of Health and Family Welfare of State and Regional Leprosy Training and Research Institute, Govt of India, Lalpur, Raipur

CONTENTS

1) GENERAL INFORMATION OF SURGUJA DISTRICT

a) Situation analysis: Surguja is located in the northern most part of Chhattisgarh State, bordering Uttar Pradesh, Jharkhand, and Madhya Pradesh States. The district covered by 80% forest area. Over the last 10 years Malaria trend showing, API brings down from 11.7 to 5.4 along with decrease ABER by 50%. Only 6 deaths were noted in the year 2000-2001, after that no death reported since last 8 years. The district Pf proportion is ranging from 58% to 75% over the decade. Over the years proportion of BS collection by passive method is increasing, while active surveillance of the blood slide collection decreases.

b) Demographic profile

Population (Total) 24, 34,998 (As on 2009), Rural- 95.4%, Urban: 4.6%

c) Administrative details (Area, No. of blocks, villages, etc)

Geographical area : 15731sq.km
No. of Blocks : 19 , No. of Villages : 1781
No. of Households : 4, 86,999 , No. of credible NGOs : 51

d) Health care delivery infrastructure

District Hospital : 1
Block PHCs/CHCs : 19
Sector PHCs : 78 (Addl PHCs/MiniPHCs)
Sub-centers : 587 Malaria Clinics : 20
Mitanin/Asha : 8062 FTDs : 160
Mission Hospital : 1 (300 Beds) with 40 clinic in Surguja.
Nursing Homes : 1

e) Medical & paramedical personnel –

Designation	Sanctioned	Vacancy (%)
Doctors	223	***36***
District. Malaria Officer	1	***0***
Asst. District. Malaria. Officer	1	***0***
Medical Officer	223	***36***
B.E.E.	19	***53***
MPHS (M)	103	***38***
MPHS (F)	123	***29***
MPW (M)	607	***49***
MPW (F)	684	***8***
Lab. Technician	86	***42***
Malaria Inspector	10	***100***
SFW	2	***0***
FW	5	***0***
Pump Mechanic	1	***0***
Rapid Response Team	2	***0***
MPW (Contractual)	3	***0***
MTS (Contractual)	4	***0***
Rapid Response Team	20	0
VBD consultant	1	0
Con (Fin & Logistic)		-
Lab Tech	3*	0
MTS	6*	

2. METHODOLOGY

Team: ***Dr Sunil V. Gitte, Asst.Director (Public Health Specialist),***
Mr Angel Wanu, and Mr. Shatrughan Lal Dhruw, Para Medical Worker
Date of Visit: 01/02/2010 to 05/02/2010
Data collected, compiled and analysis and prepared by RD team

Sampling:

The Probability Proportion to Size (PPS), purposive sample was taken depending upon the endemicity level/burden of malaria in the District (API and Pf percentage). We have not selected the Block, whose API<2 and Pf <30% due to operational aspects.

API: *(Source Surguja NVBDCP PIP 2010)*

API	Blocks
≤2	*Ambikapur Urban and Sitapur*
>2-≤ 5 API	*Ambikapur Urban and Sitapur Kusmi Waradfnagar Pratappur , Bhaiyathan **Surajpur** , Premnagar , Udaipur , Mainpath , Bautali , Dhourpur , Bhaopali (Ambikapur Rural)*
>5—<10	*Ramanjunagar , **Rajpur** , Lakhanpur Ramanujganj*
≥10	*Odagi **Balrampur** and Shankargarh*

Pf Classification of Blocks of Surjuga *(Source Surguja NVBDCP PIP 2010)*

Pf Range (%)	Blocks
≤10-≤30	*Shankargarh , Ramanujnagar and Batuli Bhafoli and Lakhanpur*
>30-<70	***Surajpur**, Dhorpur , Bhaiyathan and Udaipur*
≥70	*Mainpath, Sitapur, premnagar, Odagi, Waradfnagar, Pratappur, Ramanujganj, **Balarampur**, **Rajpur** and Kusmi*

- Out of the selected CHC, 2 PHC were visited.
- Out of selected each PHC, One Health sub center was visited
- Wherever, PHC Lab was not available, Block Lab was considered for visit
- Two ASHA were supposed to be interviewed from selected village, but if more then 2 ASHA was found present at the time of visit they were also included in the interview.
- All the health officials working in the NVBDCP programme were interviewed.

Selection of Health Facilities

DMO

CHC Raipur (API-5-<10,Pf %>70)		CHC Balrampur (API->10,>70% pf)		CHC Surajpur (API-<5,Pf %30-76%)	
PHC Gopalpur	PHC Bariyo	PHC Pesta	PHC Maharajgang	PHC Latori	PHC Rajabnagar
HSC Kakna	HSC Parsagudi	HSC Pindra	HSC Jabar	HSC Pasdai	HSC Latori

Lab with Technician

Data collection:

- Briefing session was arranged at Regional Directorate of Health and family Welfare, Raipur on 30/01/2010. The data was collected in Predesigned proforma of NVBDCP, both primary and secondary data collected from the selected health facilities
- Verified data of last 3 years, monthly and annual report of Malaria at PHC and CHC level. Wherever compiled data was not available at surveyed PHC, then it was collected from CHC.
- Verified Malaria Lab records/logistics and discussed related issues with the concerned officials.
- Interviewed available Lab technician, MPW, Supervisor, MTS and ASHA.
- The blood slides from selected microscopy centers were collected for cross checking to be done at Regional Directorate (Raipur) Malaria microscopy center.
- Immediate feedback provided to the concerned officials.
- Data collected and retrieved at field.

3.1) Community Health Centers:

ABER less than 10 % among surveyed blocks (No of Health sub centers)

Blocks	2007	2008	2009
Rajpur N=28 section	**15 (54%)**	**21(75%)**	**14(50%)**
Balrampur N=33	**Data Not available**	**19(57%)**	**13(39%)**
Surajpur N=51 HSC	**9 (18%)**	**15 (29%)**	**19 (38%)**

In 38-50% of sub-centers/sections wise data in the above three blocks, the ABER was less than 10%. The target of blood smear collection was achieved at block level due to large proportion of passive blood collection, but there are subcenters located at remote areas or having vacant post of field workers whose ABER was less than 10%. **Focus may be given to the Health facilities whose ABER is less than 10%.**

A) Raipura Block ABER

BS collection	Year 2009	Percentage	Year 2008	Percentage	Year 2007	Percentage
Active	6816	47.6	6280	60.2	5932	40.5
Passive	4886	34.1	3926	37.7	5503	37.5
CHC passive Collection		**25.2**		**29.2**		**27.7**
MLW	1512	10.6	219	29.2	2140	14.6
Pulse malaria	1099	7.7	0	0.0	1088	7.4
Mithnin	0	0.0	0	0.0	0	0.0
Total	14313	100.0	10425	100.0	14663	100.0

Close monitoring of ABER in each sector/Health Sub-Center by District Malaria/VBD consultant should be ensured

B) Utilization of RD Kit at Microscopy Center:

Blocks	2009
Rajpur	**60%**
Balrampur	**46%**
Surajpur	**55%**

- Use of RD kits has been advocated for un-approachable areas and Sub centers in remote villages. However in real practice indiscriminate use of RD kits has been observed by the higher centers like CHC.
- On one hand RD kits are quite expensive instruments hence RD kits need to be used in better way. On other hand we cannot afford to miss the diagnosis of Malaria cases from grass root level.

- There seems to be strong need for close monitoring and inbuilt system of concurrent evaluation to identify the deviations at the outset, so that corrective actions are initiated and divisions are rectified in time.

C) CHC -Laboratory (Malaria)

- Malaria related laboratory records at CHC Balrampur and Raipura are not maintained properly, the date of BS examination is not written since last 3 years on the record.
- The MF entries are not properly updated.
- No RD Kits utilized records are available.
- The CHC technicians are not following current GOI Malaria Diagnostic guidelines. There is no blood slide examination report in the peripheral health facilities since last 3 year.
- The minimum time lag between the date of collection to the lab was 7 or >7 days in all surveyed health facilities i.e CHC and PHC with malaria microscopy.
- The minimum time lag between the date of receipt of blood slides to the microscopy center to the examination ranges from 3 to >15 days in the surveyed health facilities i.e CHC and PHC with malaria microscopy.
- Only passive cases (OPD) gets malaria diagnostics report within 24 hours.

d) Malaria Logistics:

- Balrampur CHC, injectable malaria logistics stock during year 2009 was not provided by District whose API is >10 and Pf >70 %, similarly neighbouring Raipura CHC 700 amples are provided during same year. The malaria logistic should be provided as per demand of health facility.
- Some CHC and PHC are out of stock of Primaquine 2.5 mg tablets.
- 30 beded secondary referral center Balrampur CHC was out of stock of injectable antimalarials and Primaquine 2.5 mg tablets in year 2009.

e) Analysis Deaths associated with malaria (Positive with or without other conditions in admissions patients of Surajpur Block)

- We have verified the IPD record of the CHC Surajpur (30 Bed) of the year 2009 and noted the deaths due to various causes.
- Total 48 Deaths were noted during last year; we have also found 8 deaths related to malaria with or without underlying other cause, their blood slides (PS) were tested positive either PF or PV by private or CHC lab.(annexed -5)
- Out of 48 deaths, 33% were due to fever.
- Most of the deaths occurred within 24 hours of admission.
- The detailed clinical notes were not mentioned in the admitted fever cases.
- At CHC level, most of the clinical deaths were cases coming from Heath sub centers. On the day of meeting at CHC, health workers come to know about the death occurred in their respective areas.
- There was no record of the epidemiological investigation and no clinical or confirmed malaria death audit.
- Further we interact with the in charge of the Hospital regarding hiding facts of malaria associated deaths at Community Health center.
- District Malaria officer has never visited CHC after death associated due to malaria as he was not reported the facts. In Surajpur CHC, in 2009, 39% of the Sub centers whose ABER was less than 10%.

3.2) Primary Health Center:

Microscopy Center:

1. Among 3 blocks, out of 6 PHC only two PHC having functional Microscopy center.
2. The new Lab technicians are not aware of the current Malaria Diagnostic Guidelines.
3. RDK were utilized at Microscopy center, which is against the current diagnostic guidelines.
4. New technicians are not trained in the malaria.
5. Among surveyed PHC microscopy, the malaria diagnosis is not done within 24 hours, there is delay in sending the slides from the site of collection from field to Malaria lab was 7 days or more.
6. The blood slides are not send for cross checking since opening of center.
7. The MF7, MF8, MF9 and MF10 are incomplete filled, technician of visited Ajabnagar PHC is not aware of these registers and how to fills up.
8. The technician of Surajpur Block is not given the active surveillance malaria diagnostic report to the sub center since year 2007 and Community Health center lab also. Only passive slides are checked at PHC.
9. They also have additional responsibility of the maintaining of stock register of malaria logistics.

Monitoring and Supervision:

The monitoring and supervision of Medical officer, Supervisors in NVBDCP activities are too weak in surveyed PHCs.

Treatment Guidelines:

The full course of Chloroquine and primaquine are given in the suspected cases and slides are collected and sent for microscopy examination. There is clear-cut violation of current treatment guidelines among surveyed Health facilities.

Epidemiological indicators: No epidemiological indicator exercises are done at PHC level in surveyed blocks. The medical officers are unaware of the trends of malaria in their primary health centers. ABER indicator is not monitored at PHC level among surveyed PHC, it is monitor from block.

3.3) HEALTH SUB CENTERS

Sr No	Particulars	Remarks
1	Registers of Sub-centre under NVBDCP being maintained up to date	*Only two HSC are not maintaining up to date NVBDCP registers (Basdai and Latori)*
2	When SC submitted the last due Report?	*See Annexure IV*
3	No of slides collected & found positive (Last month)	*See Annexure IV*
4	Were all the slides for the last month sent to PHC for examination	*Field Slides are send to Lab for examination (CHC) in Rajpur and Balrampur CHC*
5	Blood slides usually received within 24 hours from the lab If not, gap (in days) between slide collection and report received in last 5 instances	*No blood slides usually received within 24 hours from Field, minimum gap is more than 7 days from the site of collection to microscopy center,* *The Positive slide report from the laboratory in Balrampur CHC to PHC/HSC is not send since last one year,* *In Rajpur CHC, Laboratory positive reports are not given to peripheral PHC and HSC since last 3 years*
6	RDK used by health worker If yes, is blood slide also collected from patient tested by RDT	*No RD Kits were distributed to these surveyed sub centers*
7	No of fever cases who completed RT in the last month	*The Chloroquine and Primaquine full dosage are given at the time blood slide collection, (FRT), so workers are not entering the dates of the Radical Treatment on the MF2 at Sub center levels,*
8	How many ASHAs were visited by Health worker in the last month	*Health workers were visited to ASHA workers during field visit*
9	Sub-Centre visited by the MTS/MO in the last one month?	*30 % HSC visited by MO, but no signature and comments regarding MF2 found in the records*
10	Does the SC have adequate stock of commodities & drugs (RDT, clean slides, needles, swabs, ACT, CQ, PQ etc)	*No RD kits and ACT to Sub-centers*
11	Any Antimalarials drugs at risk of expiry	*No, only one HSC Combi packs (Chloroqine+Primaquine) having expiry in March 2010*
12	RD kits being stored as per guidelines	*No RDK distributed to surveyed HSC*
13	Health worker involved in IRS	*Out of six MPW only Three MPW were involved in IRS in last round*
14	Health worker involved in Bed nets distribution	*No Bed net distributed in surveyed three Blocks*

16	Health worker involved in last MDA for LF , yes, how did he/she convince reluctant persons to consume the drugs	*All Health workers were involved in the MDA 2008,* *No MDA activity in the year 2009 in surveyed block*
17	Record of lymphoedma and hydrocele cases available in SC	*No SHC have list/Record of lymphoedma and hydrocele cases*
19	Health worker involved in source reduction for control of Dengue and Chickengunya	*None of Health workers were involved in source reduction for control of Dengue and Chikenguniya in surveyed HSC*
20	Health worker organized any social Mobilization drive for source reduction at village level	*None of the health workers organized any social Mobilization drive for source reduction at village level*
21	Health worker actively involved in VHSC	*Health workers are actively involved in VHSC in surveyed HSC*
22	Any problem faced in doing work?, If yes, possible solutions	*We have try to enquire about the depth of working problems but no one stated any problem, FGDs sessions are needed to explore the problems faced in doing the work in NVBDCP*

3.4) ASHA (Mitanin):

General information and education and training status:

- Out of 19 Mitanin 10 were trained and 9 not trained in the NVBDCP in the surveyed villages.
- Education level among mitanin were ranges from illiterate to graduate, maximum were educated between 5 th to 8 th std.
- 100% were residing in the village

Training and skills/ Knowledge

Subjects were covered in the training (N=19)					
Particulars	**Use of RDT**	**Collection of blood slide**	**Malaria Drug regimen (only Chloroquine)**	**Dengue mosquito breeding and control**	**Drugs/ doses for MDA (LF)**
ASHA	21%	74%	58%	47%	47%
Knowledge: Among selected ASHA workers, those trained in the malaria having knowledge of the collection of blood slides and use of RDK, **Comments:** ***Need to enhance knowledge regarding use of RDK and collection of blood slides and Malaria drug regimen in surveyed ASHA.*** ***+ The ASHA workers are not provided RD kits and Primaquine tablets among surveyed villages***					

Interaction with Mitanin: (N=19)

Sr No	Question particulars	Findings
1	Registers of ASHA under NVBDCP being maintained and verified up to date	*No separate register is provided under NVBDCP among surveyed ASHA (0/19=0)*
2	Submitted the last due Report	*No Malaria last month report observed among surveyed ASHA*
3	No of RDTs used in the last month	*No RD Kits are provided to the mitanin among surveyed villages*
4	No of fever cases found positive for malaria using RD kits in the last month	
5	Was blood slide also collected from patient tested by RDT	*Zero slide collection in surveyed Mitanin*
6	No of slide collected & found positive (Last month)	
7	Were the results of blood slides received within No4 hours from the lab	
8	No of fever cases who completed RT in the last month	*Zero RT, The Mitanin provided only Chloroquine tablets only among surveyed CHC*
9	ASHA visited by the health worker or MTS in the last one month	*100% of ASHA s visited by Health workers but not MTS*

10	Does the ASHA have adequate stock of commodities & drugs (RDsT, clean slides, needles, swabs, ACT, CQ etc)	*1) Clean slides, needles, swab and Chloroquine tablets were provided to all interviewed mitanin.* *2) The Primaquine and ACT were not supplied to the Mitanin*
11	Any Antimalarials drugs at risk of expiry	*= No expired tablets(Chloroquine)*
12	RD kits being stored as per guidelines	*RD Kits were not supplied to surveyed ASHA*
13	Was she involved in IRS	*No involvement of ASHA in IRS*
14	Involvement of ASHA in Bed Nets distribution	*Bed nets are not distributed in the surveyed Villages, and are not aware of bed-nets (LLIN)*
17	Was she involved in last MDA for LF? If, Yes, how did she convince reluctant persons to consume the drugs	*All interviewed ASHA were involved in the MDA for LF in Dec 2008*
19	ASHA involved in source reduction for control of Dengue and Chikungunya	*There is no source of reduction for control of Dengue and chickengunya in the interviewed ASHA during detailed discussion*
20	Involvement in VHSC	*All interviewed ASHA were involved in VHSC*
21	Is she having difficulty in getting the incentive for her work? If Yes, provide details	*No Difficulty in getting the incentives for her work (Immunization, JSY)* *Only one mitanin get delay in the payment* ***No incentives get for work in malaria till date and they are not knowing about the incentives regarding that***

3.5: Logistic Comments:

Surguja District Logistic Requirement (PIP 2010/11)	Logistic Exercise as per norm of NVBDCP	Comments
Cholroquine Tablet **1)Quantity Balance:** 405000 **2) Quantity Required (2010-2011):** :7,123,000 **3) Total: 7528000**	**Requirement of Chloroquine tablets = No of blood slide collected / 2 X 6** **No of blood slide collected (last year) = 295887** **Total Requirement = 887661** **25% buffer = 221915** **Total Requirement = 1109576**	As per logistic norm the Chloroquine requirement is 1109576 +As per Surguja PIP 2010/2011, the required 7528000 Chloroquine mentioned **Excess demand of Chloroquine Tab=6418424**
Primaquine 7.5mg **1)Quantity Balance:** 334000 **2) Quantity Required:** 800000 **(2010-2011)** **3) Total: 1134000**	The primaquine 7.5 mg is required to be given to adult PV patients which constituted around 70% of Pv cases ,adult and Pediatrics pf cases **Requirement of primaquine tablets for adult pv cases in number = (no of Pvivax cases X 70%X2X14)+25% buffer** **No of PV cases = 5013** **Requirement = 98255** **Buffer = 24564** **I Total = 122819** **Requirement of primaquine tablets for adult pf cases in number = (no of pf cases X70%X6) +25% buffer** **No of Pf cases = 8364** **Requirement = 35128.8** **Buffer = 8782.2** **II Total = 43911**	The study should calculate the doses of Primaquine as per the current guidelines of NVBDCP. The total requirement mentioned in the PIP 2010-2011 is very much excess than the logistic guidelines conveyed by NVBDCP.
Primaquine 2.5mg **1)Quantity Balance:** 6000 **2) Quantity Required (2010-2011):** 500000 **3) Total506000**	**Requirement of primaquine tablets for Pediatrics pf cases in number = (no of pf cases X30%X4) +25% buffer** **No of Pf cases = 8364** **Requirement = 10036.8** **Buffer = 2509.2** **III Total = 12546**	
Paracetamol tablet Total: **608750**	---NA--	
Quinine Injection **1)Quantity Balance:** 0 **2) Quantity Required (2010-2011)** 20000 **3) Total: 20000**	**Requirement of Quinine injection(in Numbers) = (No of pf cases X 40%X10%X10)+25% buffer** **No of Pf cases = 8364** **Required = 3345.6** **Buffer = 836.4** **Total Requirement = 4182**	It was observed that the health facilities are not calculating their requirements as per the current guidelines of NVBDCP for proper utilization of logistics
Injection E mal **1)Quantity Balance:** 9 **2) Quantity Required (2010-2011):** 24000 **3) Total: 24009**	--NA---	

<table>
<tr>
<td>Quinine Tablet
1)Quantity Balance: 17000
2) Quantity Required (2010-2011): 40000
3) Total: 57000</td>
<td>
<table>
<tr><td colspan="2">Requirement of Quinine sulphate Tablets(in Numbers)</td><td>=</td><td>(No of pf cases X40%X10%X30)+25% buffer</td></tr>
<tr><td>1</td><td>No of Pf cases</td><td>=</td><td>8364</td></tr>
<tr><td>2</td><td>Required</td><td>=</td><td>10037</td></tr>
<tr><td>3</td><td>Buffer</td><td>=</td><td>2509.2</td></tr>
<tr><td>4</td><td>Total Requirement</td><td>=</td><td>12546</td></tr>
</table>
</td>
<td>They should calculate the doses of primaquine as per the current guidelines of NVBDCP.
The total requirement mentioned in the PIP 2010-2011 is very much excess than the logistic guidelines conveyed by NVBDCP.</td>
</tr>
<tr>
<td>DEC 100 mg
1)Quantity Balance: 110900
2) Quantity Required (2010-2011) 5976595
3) Total: 6087495</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACT tablet
1)Quantity Balance2625
2) Quantity Required (2010-2011): 100000
3) Total: 102625</td>
<td>
ACT Adults 60% of pf cases are adults
<table>
<tr><td colspan="2">Technical Requirement of ACT Blisters packs for treating Pf cases(in Nos)</td><td>=</td><td>(No of Pf cases X60%X1)+25% buffer</td></tr>
<tr><td>1</td><td>Total Pf cases Requirement</td><td>=</td><td>8364</td></tr>
<tr><td>2</td><td></td><td>=</td><td>5018.4</td></tr>
<tr><td>3</td><td>Buffer</td><td>=</td><td>1254.6</td></tr>
<tr><td>4</td><td>Total ACT</td><td>=</td><td>6273</td></tr>
</table>
Net Requirement will be technical requirement plus deployed reserve as mentioned above
</td>
<td>They should calculate the doses of Primaquine as per the current guidelines of NVBDCP.
The total requirement mentioned in the PIP 2010-2011 is very much excess than the logistic guidelines conveyed by NVBDCP.</td>
</tr>
<tr>
<td>ACT Injection
1)Quantity Balance: 0
2) Quantity Required (2010-2011): 1000
3) Total: 1000</td>
<td>
ACT Combi Pack for Pediatrics Patient
<table>
<tr><td colspan="2">Technical Requirement of ACT Combi Pack for under 1 year (in Pos)</td><td>=</td><td>(no of Pf cases X0.04)+25% buffer</td></tr>
<tr><td colspan="2">No of Pf cases</td><td>=</td><td>8364</td></tr>
<tr><td colspan="2">Req</td><td>=</td><td>334.56</td></tr>
<tr><td colspan="2">Buffer</td><td>=</td><td>83.64</td></tr>
<tr><td colspan="2">Total Requirement ACT<1yrs</td><td>=</td><td>418.2</td></tr>
<tr><td colspan="2">Technical Requirement of ACT Combi Pack for under 1-4 year (in Pos)</td><td>=</td><td>(no of Pf cases X0.09)+25% buffer</td></tr>
<tr><td colspan="2">No of Pf cases</td><td>=</td><td>8364</td></tr>
<tr><td colspan="2">Requirement</td><td>=</td><td>752.76</td></tr>
<tr><td colspan="2">Buffer</td><td>=</td><td>188.19</td></tr>
<tr><td colspan="2">Total Req ACT1-4 yrs</td><td>=</td><td>940.95</td></tr>
</table>
</td>
<td>They should calculate the doses of Primaquine as per the current guidelines of NVBDCP.
The total requirement mentioned in the PIP 2010-2011 is very much excess than the logistic guidelines conveyed by NVBDCP.</td>
</tr>
</table>

Technical Requirement of ACT Combi Pack for under 5-8 year (in Pos)	**=**	**(no of Pf cases X0.13)+25% buffer**	
No of Pf cases	**=**	**8364**	
Requirement	**=**	**1087.3**	
Buffer	**=**	**271.83**	
Total Requirement ACT 5-8yrs	**=**	**1359.2**	
Technical Requirement of ACT Combi Pack for under 9-14 year (in Pos)	**=**	**(no of Pf cases X0.15)+25% buffer**	
No of Pf cases	**=**	**8364**	
Requirement	**=**	**1254.6**	
Buffer	**=**	**313.65**	
Total Requirement ACT 9-14 yrs	**=**	**1568.3**	

3.6: Cross checking of the Blood slides

The blood slides are collected for cross checking from Balrampur and Rajpur CHC and cross checked at Malaria lab examination of Regional Directorate, Raipur. Due to washing for recycling of slides before day of visit, we are unable to collect the Blood slides for cross checking from other health facilities Particularly at PHC and one CHC. Cross checking of blood slides are not done in Surguja district.

Slides received from CHC/PHC	Code	No of +ve blood slides received	No of -ve Blood slides received	No of +ve blood slides examined	No of -ve blood slides examined	No of +ve slides with discrepancies	No of -ve slides with discrepancies
Rajpur CHC		10	9	10	9	Nil	Nil
Balrampur CHC		6	10	6	10	Nil	Nil
Total		16	19	16	19	Nil	Nil

ANNEXURE- 4.1

District: Surguja

Background information: Give No.

No. of villages	1776	No. of AWW	-	No. of ASHA	8062
CHC	19	PHC	85	Sub-centre	581
Distt Hosp	01	Sub-Distt Hosp		ID Hosp	
Govt. Medical College Hosp	-	Other Hospitals in public sectors	02	Dispensaries	04
Health posts	-	Private Medical College Hosp		Other Hospitals in Private sector	Holy cross Hospital

Human resources

DMO: Contact Details
Name: Dr Anil Prasad Qualification: MD , Designation: DTO,DMO
Office address: DMO,Darripara Phulwari Road
Tel: 220182 (O), Tel: _____(R), Cell: 98261-98505
Fax: 0774-220182 E-mail: apdmoambikapur81@gmail.com

Since when working as DMO: April 2002-Aug 2003 Is DMO trained for VBD: Yes

Has DMO been given other job responsibilities: DSO, DTO, RTI, CBHI, and Vehicle establishment.

Other Staff
Regular and incremental staff involved in VBD control in district

S. No.	Name of post	No. sanctioned	No. in position	No. vacant	No. trained	Timeline for training of untrained
1	Doctors	223	143	80	Information not available	Timeline for training of untrained is not prepared
2	District. Malaria Officer	1	-	Nil		
3	Asst. District. Malaria. Officer	1	1	Nil		
4	Medical Officer	223	143	80		
5	B.E.E.	19	9	10		
6	MPHS (M)	103	66	39		
7	MPHS (F)	123	87	36		
8	MPW (M)	607	308	299		
9	MPW (F)	684	631	53		
10	Lab. Technician	86	50	36		
11	Malaria Inspector	10	-	10		
12	SFW	2	2	Nil		
13	FW	5	5	Nil		
14	Pump Mechanic	1	1	Nil		
15	Rapid Response Team	20	20	Nil		
16	VBD consultant	1	1			
17	Con (Fin & Logistic)		-			
18	Lab Tech	3*	3			
19	MTS	6*				

Comments on Human Resources:
Surveillance

Epidemiological Data (Attach Block/PHC-wise and month-wise epidemiological data for last 3 years)

Summary of malaria data in the District in the last year

Malaria (including Urban Malaria)				
	No. tested	Total positive	PF *	PV
Slides examined	332548	15392	9822	5490
RDT performed by ASHA				
RDT performed by Others				
Total tested (Slides examined & positive RDT)	332548	15392	9822	5490
No. of cases given radical treatment			9822	5490
No. of PF cases treated with ACT			2733	
No. of clinically suspected malaria deaths			5	
No. of confirmed (RDT or Slide positive) malaria deaths			5	0
*Mixed infection would be counted as PF infection only.				

Urban Malaria: No. of towns with more than 1 lac population -

Name of town	Area	Population	Slides examined	Total malaria cases	PF	PV	Clinically suspected malaria deaths	Lab confirmed malaria deaths
Ambikapur	Slum							
	Other	189607	16223	501	98	4043	0	0
Urban other	Slum	14458	4502	547	525	49	0	0
	Other	30582	3283	443	316	127	0	0

(Note: Visiting Officer should check the epidemiological data for consistency. If the data are not consistent it should be discussed with the DMO to understand the possible reasons and actions needed to make that consistent. (Provide the summary))

Was ABER less than 10% in any Block :No

If yes, discuss with the DMO to identify the possible reasons and actions needed to increase the ABER to more than 10% in all Blocks/PHCs.

Are trend charts and maps available at District level? Yes

No. of clinically suspected and confirmed malaria deaths audited in 2008: No

Comments on Epidemiological data, mentioned in report
Diagnosis of malaria including use of RDT

No. of ASHAs trained for RDT and treatment in the district: **No pin point information**
Is RDT used in Health Facilities (PHC/CHC/DH) in the district? Yes
If Yes, Why is RDT used in Health Facilities: Yes
Is blood slide also collected from person who is tested by RDT in district hospital? : No
Proportion of persons tested for malaria by RDT in District Hospital in last one year:
Does DMO send blood slides for cross-checking? : NA
Are results of cross-checking received in time?: NA
What is the discrepancy rate?: NA
No. of RDT kit picked up for quality assurance from any health facility in the district in the last Six months.

What were the results?: No

Whether DMO has the copy of SOP for Quality Assurance (QA) for malaria microscopy and RDT? **Yes**

As per DMO office, but on verification of Surveyed CHC we have not Found the Copy of QA and RDK : Whether DMO has been trained for QA for malaria microscopy and RDT?: No

Comments on QA and use of RDT

Logistics

	Opening balance in Jan 2009	Received in 2009	Total	Utilized	Balance	Expiring in 6 months
DDT (MT)	4MT	261 MT	265 MT	24 MT	24MT	NA
Malathion (WDP) (MT)	NA	NA	NA	NA	NA	NA
Malathion Technical (Lit)	NA	NA	NA	NA	NA	NA
Synthetic pyrethroid (Kg)	NA	NA	NA	NA	NA	NA
Pyrethrum extract (Lit)	NA	NA	NA	NA	NA	NA
Temephos (Lit)	NA	NA	NA	NA	NA	NA
LLIN (No.)	NA	NA	NA	NA	NA	NA
Malaria RDT (No. of tests)	NA	NA	NA	NA	NA	NA
Dengue IgM ELISA kits (No.)	NA	NA	NA	NA	NA	NA
JE IgM ELISA kits (No.)	NA	NA	NA	NA	NA	NA
Chikungunya IgM ELISA kits (No.)	NA	NA	NA	NA	NA	NA
rk39 kits (No.)	NA	NA	NA	NA	NA	NA
ACT (Packs) (Adult)	0	180000	180000	30000	150000	Tab Aresunate July 2010 tab Sulphadoxine July 2013
ACT (Packs) (Children)	0	0	0	0	0	NA
Inj Arteether (No.)	72 dose	2880dose	2952dose	2919 dose	33 dose	NA
Inj Quinine (No.)	30 ampoules	2900 ampoules	2930 ampoules	2930 ampoules	0 ampoules	NA
Tab CQ (No.)	2023000	19018000	3930000	3196000	734000	NA
Tab PQ 2.5 mg (No.)	0	85000	85000	84000	1000	Sep 2014 07 2010
Tab PQ 7.5mg (No.)	0	1135000	1135000	3,33000	802000	YES
Miltefosine (No.)	NA	NA	NA	NA	NA	NA
Inj Amphoterecin (B) (No.)	NA	NA	NA	NA	NA	NA
Inj SSG vials (No.)	NA	NA	NA	NA	NA	NA
Tab DEC (No.)	110900	0	190900	0	110900	YES
Tab Albendazole (No.)	0	0	0		0	0

Are the stock registers maintained properly? Yes/No If No, describe the problems and possible solutions.

Bed Nets

LLIN /ITN Coverage in the district							
High endemic Blocks/PHC *	Population	Total households	Estimated no. community owned nets	No. LLIN distributed	No. of ITN distributed	No. of households targeted	No. (%) household covered against the target so far (cumulative)
Information not available							
* Based on API, Pf% , mortality							

Comments on use and impact of bed nets

Entomological Monitoring

Areas surveyed for Aedes breeding?: no

Areas found positive for aedes breeding? Give HI, CI, BI.

Comments on Entomological monitoring:

IRS for Malaria

Round	Insecticide	Spray start date	Completion date	Population targeted	No. Population covered (%)	Rooms targeted	No. Rooms covered (%)
Malaria1	DDT						
2	I round	16.6.2009	31.8.2009	1582392	97.5	1785844	95.20
3	II round	1.9.2009	15.11.2009	1582392	97.6	175844	95.60

Comments on IRS

Supervision

How many PHC, CHC, Sub-centres were visited by DMO/AMO/VBD consultant or other district level officers in last 2 months?: 15 Subcenters

Whether DMO/AMO/VBD consultant or other district level officers supervised IRS for malaria and/or kala-azar by field visit?: yes ,DMO,AMO,Epidemiologist and Incharge MI

Has someone from the district (DMO/AMO/VBD consultant or other officers) supervised distribution of bed nets by field visit in last year: Yes/No If yes, give details of observations. Not available

Has someone from the district (DMO/AMO/VBD consultant or other officers) verified utilization of bed nets by field visit in last year: Yes/No If yes, give details of observations. not available

Other Vector Borne Diseases

Questions	
Whether PHC-wise records of lymphoedema and hydrocele cases available in district (Attach a copy)	*Yes*
Whether all PHCs covered under MDA?	*Yes*
MDA coverage (%) in the district	*95.1 in 2008*
Name sentinel/random sites in district for MF survey	*Ramanujganj Wardafnagar Dhourar and Bhofouli*
Population surveyed for MF	*50546*
No. (%) positive for MF	*20 positive 0.4%*
Name the sentinel centre hospital for diagnosis and treatment of Dengue/Chikungunya/JE	*NA*
Whether physician/pediatrician in the district hospital and other major hospitals in the district are trained for treatment of DHF/DSS?	*NA*
Whether action plans to prevent/control Dengue and Chikungunya available at District level?	*NA*
Whether adequate diagnostic facilities are available in the district hospital (SSH) for diagnosis of Dengue and Chikungunya (collect data on cases and death and lab data on samples tested in the last one year)	*NO*
Whether DMO/AMO/VBD consultant attended any Social Mobilization Workshop for control of dengue/chikungunya?	*NO*
Whether adequate facilities available in the district hospital (SSH) for diagnosis of JE(Collect copy of line list of cases/deaths and lab data from SSH in the last one year)	*NO*
Whether physician/paediatrician in the district hospital (SSH) trained for treatment of AES/JE	*NO*
Whether fogging is done following detection of an AES/JE Case	*NO*
What is coverage for immunization against JE in district?	*NO*
No. of Kala-azar cases and deaths in district?	*NO*
No. of Kala-azar cases in the district which have completed treatment?	*NO*
Any problem faced in doing work?, If yes, possible solutions	*NO*

Hatcheries: 2 but non functional

Comments on Hatcheries: Needs Hatcheries
NGO/PPP: No. of NGOs involved and the areas for their involvement?: **RAHA (Raigarh Ambikapur Health Center) with 38 rural health center having Drugs from DMO office**
Finance

UC and audited report for last financial year submitted Yes
Financial Monitoring Report (FMR) for the last Quarter submitted? Yes
(Get a copy of last FMR)
Whether advances are classified separately and not included in the FMR? Yes
What are major operational constraints experienced in the finance issues and what are your suggestions to address these constraints?
-Finance not received intime

Annexure 4.2

Block Community Health Centre

Name of CHC:Surajpur **Population: 246037**

Background information about CHC

No. of Sub-centre	51	No. of ASHA	425	No. of Dispensaries	
No. of Sub-Distt Hosp		No. of GP	All quacks(62)	No. of villages	122

Human resources

M.O. I/C CHC : Contact Details

Name: Dr I D Bhatnagar Qualification: MBBS,(D Ortho) Designation: BMO

Office address: CHC:

Tel: No : 266384(07775) Tel: _____(R), Cell: No

Fax:_____E-mail:_____

Since when working as PHC MO: 3 year, Is he/she trained for VBD: NO

Other Staff

Regular and incremental staff involved in VBD control

S. No.	Name of post	No. required	No. sanctioned	No. in position	No. trained	No. vacant	Timeline for training of untrained
1	Specialist		3	4		-	
2	ANM		51	51	Trained		
3	MPW		51	48	Trained	3	
4	HA		16	2			
5	LT		9	7(4*)		2	
6	MTS		1	1			

Comments on Human Resources: Specialist services at Block level, but vacant post of Lts at PHCs

Surveillance

Epidemiological Data (Attach Sub-centre wise and month-wise epidemiological data for last 3 years): attached

Summary of malaria data in the CHC in the last year

Malaria				
	No. tested	Total positive	PF *	PV
Slides examined	21294	795	456	339
RDT performed by ASHA	0	0	0	0
RDT performed by Others	0	0	0	0
Total tested (Slides examined & positive RDT)				
No. of cases given radical treatment			795	
No. of PF cases treated with ACT			0	
No. of clinically suspected malaria deaths			Nil	
No. of confirmed (RDT or Slide positive) malaria deaths			Nil	
*Mixed infection would be counted as PF infection only.				

)

Was ABER less than 10% in any Sub-centre in the last three years? : 18 HSC

If yes, discuss with the MO to identify the possible reasons and actions needed to increase the ABER to more than 10% in all sub-centres.

Are trend charts and maps available at CHC level? -No:

No. of clinically suspected and confirmed malaria deaths investigated in the last year.

Comments on Epidemiological data

Laboratory: lab

Name of LT	2	Since when working	13 year 30 years	When was trained/reoriented	Yes

(Note: LTs Posted under any programme are expected to work for all programme. If this is not happening in this CHC , kindly mention it here.)

What is available in the lab (Yes)

Functional binocular microscope	Y	JSB stain	Y	New slides	Y	Disposable needles	Y
Adequate light	Y	Water supply	Y	Lab Manual	Y		

Whether results of blood slides are conveyed within 24 hours?: No
-10 to 15 days
Backlog of blood slides present on the day of visit?: **270**
What are the reasons for backlog? : **Yesterday slides are comining from field**
Are the blood slides sent for cross-checking?: No
Are results of cross-checking received in time?: -
What is the discrepancy rate?_
Whether RDT done in CHC? Yes.
If yes, why?: **Doctors want report immediately**
Is blood slide also collected from person who is tested by RDT? : No
Proportion of persons tested for malaria by RDT in PHC so far during the current year:
5850/2675=
No. of RDT kit picked up for quality assurance from any health facility under the PHC in the last Six months.: **No**
What were the results?
No. of ASHAs trained for RDT and treatment?: Not trained
Comments on Laboratory Functioning
Logistics

	Opening balance in Jan 2009	Received in 2009	Total	Utilized	Balance	Expiring in 6 months
DDT (MT)	Nil	Nil	Nil	Nil	Nil	Nil
Malathion (WDP) (MT)	Nil	Nil	Nil	Nil	Nil	Nil
Malathion Technical (Lit)	Nil	Nil	Nil	Nil	Nil	Nil
Synthetic pyrethroid (Kg)	Nil	Nil	Nil	Nil	Nil	Nil
LLIN (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Malaria RDT (No. of tests)	125	5850	5975	5975	Nil	1000(2010)
rk39 kits (No.)	Nil	Nil	Nil	Nil	Nil	Nil
ACT (Packs) (Adult)	Nil	Nil	Nil	Nil	Nil	Nil
ACT (Packs) (Children)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Arteether (No.)	Nil	186	186	142	44	Nil
Inj Quinine (No.)	Nil	140	140	128	12	Nil
Tab CQ (No.)	8000	189000	197000	136250	60750	Nil
Tab PQ 2.5 mg (No.)	Nil	5000	5000	5000	Nil	Nil
Tab PQ 7.5mg (No.)	700	25000	25700	20200	5500	Nil
Miltefosine (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Amphotericin (B) (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj SSG vials (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab DEC (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab Albendazole (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Combipack	15000	10305	25305	15000	10305	**Mach 2010**

Are the stock registers maintained properly? :**Yes** If No, describe the problems and possible solutions.
Are all items within the expiry period? :No If No, give details.only chlorouqine blister packs
Items stocked out for more than one month? Give details.
Are items stored properly? Yes. If no, give details.
Are stocks adequate for next three months Yes If No, give details.

Comments on Logistics

Bed Nets: No bed nets Stock

LLIN /ITN Coverage in the CHC							
High endemic Sub-Centre *	Population	Total households	Estimated no. community owned nets	No. LLIN distributed	No. of ITN distributed	No. of households targeted	No. (%) household covered against the target so far (cumulative)
* Based on API, Pf%, mortality							

Has someone verified distribution of bed nets by field visit after the last distribution: Yes/No
If yes, give details of observations.
Has someone verified utilization of bed nets by field visit in the last six months: Yes/No
If yes, give details of observations.

Comments on use and impact of bed nets

IRS for Malaria

Round	Insecticide	Spray start date	Completion date	Population targeted	No. Population covered (%)	Rooms targeted	No. Rooms covered (%)
	No record						

Comments on IRS for Malaria

Supervision

How many Sub-centres were visited by MO in last 2 months?: **2**
How many ASHAs were visited by MO in last 2 months?: **Zero**
Whether MTS visited PHC in last one month?: **2**
Whether VBD Consultant visited PHC in last 3 months? : **yes**
If yes, name the personnel who visited. **Chandrakakal**
Whether MO supervised during the last IRS drive for malaria ? :**No**
If yes, frequency of visits made?
Whether MO supervised bed nets distribution?: **No bednets**

Other Vector Borne Diseases

Questions	
Whether record of lymphoedema and hydrocele cases available in PHC	**No**
MDA coverage (%)	**Not available**
Name sentinel/random sites under PHC for MF survey	**No**
Population surveyed for MF	**No**
No. (%) positive for MF	**No**
Was any outbreak of Dengue/chikungunya detected in the last year?	**No**
Were PRI including VHSC involved in source reduction	**-**
Name the sentinel centre hospital for diagnosis and treatment of Dengue/chikungunya/JE	**-**
Whether MO attended any Social Mobilization Workshop?	**NO**
Any problem faced by MO and others in doing their work?, If yes, possible solutions	**-**

Comments on Hatcheries: No Hatcheries

Block Community Health Centre

Name of CHC: Rajpur **Population: 105430**

Background information about CHC

No. of Sub-centre	28	No. of ASHA	414	No. of Dispensaries	
No. of Sub-Distt Hosp		No. of GP		No. of villages	89

Human resources

M.O. I/C,CHC : Contact Details

Name: Dr P Ram Qualification: MBBS,DA, Designation: BMO
Office address: CHC:
Tel: No : Tel: _____(R), Cell: No
Fax:_____E-mail:_____

Since when working as BMO: 3 Years Is he/she trained for VBD: Yes

Other Staff
Regular and incremental staff involved in VBD control

S. No.	Name of post	No. required	No. sanctioned	No. in position	No. trained	No. vacant	Timeline for training of untrained
1	Specialist		4	4		-	
2	ANM				Trained		
3	MPW				Trained	3	
4	HA		16	2			
5	LT	4	5	1		4	
6	MTS		1	1			

Comments on Human Resources:
LT post are lying vacant at 4 sector CHC
Surveillance
Epidemiological Data (Attach Sub-centre-wise and month-wise epidemiological data for last 3 years) - attached

Was ABER less than 10% in any Sub-centre in the last three years? : yes
If yes, discuss with the MO to identify the possible reasons and actions needed to increase the ABER to more than 10% in all sub-centres: **Discussed**
Are trend charts and maps available at CHC level? - Yes
No. of clinically suspected and confirmed malaria deaths investigated in the last year.
Comments on Epidemiological data
Laboratory: no lab

Name of LT	1	Since when working	26	When was trained/reoriented	Yes

What is available in the lab (Yes/No)

Functional binocular microscope	Y	JSB stain	Y	New slides	Y	Disposable needles	Y
Adequate light	Y	Water supply	Y	Lab Manual	Y		

Whether results of blood slides are conveyed within 24 hours?: No **-10 to 15 days**

Backlog of blood slides present on the day of visit?: **180**

What are the reasons for backlog? : **Only one microscopy center at Block**

Are the blood slides sent for cross-checking?: No

Are results of cross-checking received in time?: -

What is the discrepancy rate?_

Whether RDT done in CHC lab? Yes. 1400/3250X100=
If yes, why?: **Patient insist to do test, results are quick**

Is blood slide also collected from person who is tested by RDT? : **No**

Proportion of persons tested for malaria by RDT in CHC so far during the current year:
5850/2675=
-

No. of RDT kit picked up for quality assurance from any health facility under the PHC in the last Six months.: **No**

What were the results?

No. of ASHAs trained for RDT and treatment?: Not trained

Comments on Laboratory Functioning

Logistics

	Opening balance in Jan 2009	**Received in 2009**	**Total**	**Utilized**	**Balance**	**Expiring in 6 months**
DDT (MT)		1500 Kg			400	
Malathion (WDP) (MT)	Nil	Nil	Nil	Nil	Nil	Nil
Malathion Technical (Lit)	Nil	Nil	Nil	Nil	Nil	Nil
Synthetic pyrethroid (Kg)	Nil	Nil	Nil	Nil	Nil	Nil
LLIN (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Malaria RDT (No. of tests)	Nil	3250	4245	3230	1025	Nil
rk39 kits (No.)	Nil	Nil	Nil	Nil	Nil	Nil
ACT (Packs) (Adult)	Nil	Nil	Nil	Nil	Nil	Nil
ACT (Packs) (Children)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Arteether (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Quinine (No.)	Nil	720	720	720	Nil	Nil
Tab CQ (No.)	146000	180000	226000		58900	Nil
Tab PQ 2.5 mg (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab PQ 7.5mg (No.)	Nil	16000	16000	11000	7000	Nil
Miltefosine (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Amphotericin (B) (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj SSG vials (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab DEC (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab Albendazole (No.)	Nil	Nil	Nil	Nil	Nil	Nil

Are the stock registers maintained properly? :**Yes** If No, describe the problems and possible solutions.
Are all items within the expiry period? :No If No, give details.only chlorouqine blister packs
Items stocked out for more than one month? Give details.
Are items stored properly? Yes. If no, give details.
Are stocks adequate for next three months Yes If No, give details.

Comments on Logistics: Primaquine 2.5 mg and inject able
Bed Nets: No bed nets

LLIN /ITN Coverage in the CHC							
High endemic Sub-Centre *	Population	Total households	Estimated no. community owned nets	No. LLIN distributed	No. of ITN distributed	No. of households targeted	No. (%) household covered against the target so far (cumulative)
* Based on API, Pf%, mortality							

Has someone verified distribution of bed nets by field visit after the last distribution: Yes/No
If yes, give details of observations.

Has someone verified utilization of bed nets by field visit in the last six months: Yes/No
If yes, give details of observations.

Comments on use and impact of bed nets

IRS for Malaria

Round	Insecticide	Spray start date	Completion date	Population targeted	No. Population covered (%)	Rooms targeted	No. Rooms covered (%)
Malaria1	DDT	15 Jun09	Nov 09	95000	110588	106580	

Comments on IRS for Malaria /Other Vector Borne Diseases

Questions	
Whether record of lymphoedema and hydrocele cases available in CHC	**Yes**
MDA coverage (%)	**Not available**
Name sentinel/random sites under PHC for MF survey	**No**
Population surveyed for MF	**No**
No. (%) positive for MF	**No**
Was any outbreak of Dengue/chikungunya detected in the last year?	**No**
Were PRI including VHSC involved in source reduction	**-**
Name the sentinel centre hospital for diagnosis and treatment of Dengue/chikungunya/JE	**-**
Whether MO attended any Social Mobilization Workshop?	**NO**

Hatcheries: No
No. of hatcheries maintained in Block: Zero
No. of water bodies seeded with fish
Comments on Hatcheries: No Hatcheries in Block

Block Community Health Centre

Name of CHC: Balrampur **Population: 1,10,000**

Background information about CHC

No. of Sub-centre	33	No. of ASHA	434	No. of Dispensaries	
No. of Sub-Distt Hosp		No. of GP		No. of villages	123

Human resources

M.O. I/C CHC : Contact Details

Name: Dr N K Datta Qualification: MBBS Designation: BMO
Office address: CHC: Balrampur
Tel: No :07831-273754 Tel: _____(R), Cell: No
Fax:_____E-mail:_____

Since when working as CHC MO: 16 Is he/she trained for VBD: Yes

Other Staff
Regular and incremental staff involved in VBD control

S. No.	Name of post	No. required	No. sanctioned	No. in position	No. trained	No. vacant	Timeline for training of untrained
1	Specialist		3	0		-	
2	ANM						
3	MPW						
4	HA		2	2			
5	LT		3	3			
6	MTS		1	0			

Comments on Human Resources:
3 LT post working at CHC and 1 PHC, 3PHC LT vacant
Surveillance
Epidemiological Data (Attach Sub-centre-wise and month-wise epidemiological data for last 2 years) -attached
Summary of malaria data in the CHC in the last year

Malaria				
	No. tested	Total positive	PF *	PV
Slides examined	133	35	25	10
RDT performed by ASHA	Nil	Nil	Nil	Nil
RDT performed by Others	133	35		
Total tested (Slides examined & positive RDT)			25	10
No. of cases given radical treatment			All	
No. of PF cases treated with ACT			Nil	
No. of clinically suspected malaria deaths			Nil	
No. of confirmed (RDT or Slide positive) malaria deaths			Nil	
*Mixed infection would be counted as PF infection only.				

Was ABER less than 10% in any Sub-centre in the last three years? : yes (13 HSC)
If yes, discuss with the MO to identify the possible reasons and actions needed to increase the ABER to more than 10% in all sub-centres: **Discussed**

Are trend charts and maps available at CHC level? - Yes
No. of clinically suspected and confirmed malaria deaths investigated in the last year.
Comments on Epidemiological data: not properly maintain.
Laboratory: no lab

Name of LT	3	Since when working	5 ,3 years and 3 months	When was trained/reoriented	No

What is available in the lab (Yes/No)

Functional binocular microscope	Y	JSB stain	Y	New slides	Y	Disposable needles	Y
Adequate light	Y	Water supply	Y	Lab Manual	N		

Whether results of blood slides are conveyed within 24 hours?: No **-10 to 15 days**
Backlog of blood slides present on the day of visit?: **45**
What are the reasons for backlog? : **No reson**
Are the blood slides sent for cross-checking?: No
Are results of cross-checking received in time?: -
What is the discrepancy rate?_
Whether RDT done in CHC? Yes. (2500/5500X100=46%)
If yes, why?: **Patient insist to do test and doctor refers the cases, gives quick result**
Is blood slide also collected from person who is tested by RDT? : **Record not vailable**
Proportion of persons tested for malaria by RDT in PHC so far during the current year: -
No. of RDT kit picked up for quality assurance from any health facility under the PHC in the last Six months.: No
What were the results?
No. of ASHAs trained for RDT and treatment?: Not trained
Comments on Laboratory Functioning: 3 LT are working at one CHC
Logistics

	Opening balance in Jan 2009	**Received in 2009**	**Total**	**Utilized**	**Balance**	**Expiring in 6 months**
DDT (MT)		283 Kg			4 bag	Nil
Malathion (WDP) (MT)	Nil	Nil	Nil	Nil	Nil	Nil
Malathion Technical (Lit)	Nil	Nil	Nil	Nil	Nil	Nil
Synthetic pyrethroid (Kg)	Nil	Nil	Nil	Nil	Nil	Nil
LLIN (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Malaria RDT (No. of tests)	Nil	5500	5500	5500	Nil	Nil(2010-2000 RDK received)
rk39 kits (No.)	Nil	Nil	Nil	Nil	Nil	Nil
ACT (Packs) (Adult)	Nil	Nil	Nil	Nil	Nil	Nil
ACT (Packs) (Children)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Arteether (No.)	Nil	60	60	60	Nil	Nil
Inj Quinine (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab CQ (No.)	392000	6000	398000	58500	339500	Nil
Tab PQ 2.5 mg (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab PQ 7.5mg (No.)	2200	2000	4200	3500	700	Nil
Miltefosine (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Amphotericin (B) (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Primaquine 15 mg					20000	2010
Tab DEC (No.)	Nil	120000	120000	95000	25000	Nil
Tab Albendazole (No.)	9000	9000	11000	9000	2000	Nil

Are the stock registers maintained properly? :**No** If No, describe the problems and possible solutions.
Are all items within the expiry period? :No If No, give details.only chlorouqine blister packs
Items stocked out for more than one month? Give details.
Are items stored properly? Yes. If no, give details.
Are stocks adequate for next three months Yes If No, give details.
Comments on Logistics: Primaquine 2.5 mg and inject able
Bed Nets: No bed nets

LLIN /ITN Coverage in the CHC							
High endemic Sub-Centre *	Population	Total households	Estimated no. community owned nets	No. LLIN distributed	No. of ITN distributed	No. of households targeted	No. (%) household covered against the target so far (cumulative)
* Based on API, Pf%, mortality							

Has someone verified distribution of bed nets by field visit after the last distribution: Yes/No
If yes, give details of observations.

Has someone verified utilization of bed nets by field visit in the last six months: Yes/No
If yes, give details of observations.

Comments on use and impact of bed nets: detained Record not available

IRS for Malaria

Round	**Insecticide**	**Spray start date**	**Completion date**	**Population targeted**	**No. Population covered (%)**	**Rooms targeted**	**No. Rooms covered (%)**
Malaria1	DDT	15 Jun09	No-09	107849	107849	107849	NA

Comments on IRS for Malaria /Other Vector Borne Diseases

Questions	
Whether record of lymphoedema and hydrocele cases available in CHC	**No**
MDA coverage (%)	**Not available**
Name sentinel/random sites under PHC for MF survey	**No**
Population surveyed for MF	**No**
No. (%) positive for MF	**No**
Was any outbreak of Dengue/chikungunya detected in the last year?	**No**
Were PRI including VHSC involved in source reduction	**-**
Name the sentinel centre hospital for diagnosis and treatment of Dengue/chikungunya/JE	**District Hospital**
Whether MO attended any Social Mobilization Workshop?	**NO**

Hatcheries: No
No. of hatcheries maintained in Block: Zero
No. of waterbodies seeded with fish
Comments on Hatcheries: No Hatcheries in Block

Annexure 4.3:

Primary Health Centre

Name of PHC: Bariyo **Population: 26922**

Background information about PHC

No. of Sub-centre	7	No. of ASHA	-NA	No. of Dispensaries	
No. of Sub-Distt Hosp	1	No. of GP	Record not available	No. of villages	-NA

Human resources

M.O. I/C PHC : Contact Details

Name: Dr Shubha Garabha , Qualification: MBBS,DOMS , Designation: Medical officer
Office address: PHC: Bariyo, Block:
Tel: 201096(o7832) (O),Tel: _____(R), Cell:_____
Fax:_____E-mail:_____
Since when working as PHC MO: 16 year, Is he/she trained for VBD: Yes

Other Staff

Regular and incremental staff involved in VBD control

S. No.	Name of post	No. Required	No. sanctioned	No. in position	No. trained	No. vacant	Timeline for training of untrained
1	MO		2	2	2	-	NA
2	ANM		7	7	7		NA
3	MPW		7	7	7		NA
4	HA		2	2	2		NA
5	LT	1	1	Nil	-	1	NA
6	Comp under		1		-		

Comments on Human Resources:

Surveillance

Epidemiological Data (Attach Sub-centre-wise and month-wise epidemiological data for last 3 years)

Data is not available at PHC

Summary of malaria data in the PHC in the last year
(Data taken from the CHC Rajpur Microscopy center)

Malaria				
	No. tested at CHC Microscopy)	Total positive	PF *	PV
Slides examined	2304	25	23	2
RDT performed by ASHA	Not	Not	Not	Not
RDT performed by Others	Not	Not	Not	Not
Total tested (Slides examined & positive RDT)	Only slide	Only slide	Not	Not
No. of cases given radical treatment			23	2
No. of PF cases treated with ACT			Not	
No. of clinically suspected malaria deaths			Nil	
No. of confirmed (RDT or Slide positive) malaria deaths			Nil	
*Mixed infection would be counted as PF infection only.				

Was ASFR less than 10% in any Sub-centre in the last three years? **No**

If yes, discuss with the MO to identify the possible reasons and actions needed to increase the ABER to more than 10% in all sub-centres.
Are trend charts and maps available at PHC level? **No**:
No. of clinically suspected and confirmed malaria deaths investigated in the last year.
Comments on Epidemiological data: The Supervisor is not prepared the Epidemiological Data of malaria at PHC
Laboratory: No lab
Comments on Laboratory Functioning: No LT , No malaria diagnosis is not possible within 24 hours
Logistics : The Concerned Officials is not available at PHC during day of visit
Bed Nets: Bed nets are not available and distributed

LLIN /ITN Coverage in the PHC							
High endemic Sub-Centre *	Population	Total households	Estimated no. community owned nets	No. LLIN distributed	No. of ITN distributed	No. of households targeted	No. (%) household covered against the target so far (cumulative)
* Based on API, Pf%, mortality							

IRS for Malaria

Round	Insecticide	Spray start date	Completion date	Population targeted	No. Population covered (%)	Rooms targeted	No. Rooms covered (%)
Malaria1	Record not available						

Comments on IRS for Malaria: No Record
Supervision ***(17 villages: 92 mitanin: only 3 mitanin prepare slides)***

How many Sub-centres were visited by MO in last 2 months?: **2**
How many ASHAs were visited by MO in last 3 months?: **No**
Whether MTS visited PHC in last one month? **Nil**
Whether VBD Consultant/AMO/DMO visited PHC in last 3 months? :**No**
If yes, name the personnel who visited.
Whether MO supervised during the last IRS drive for malaria and/or kala-azar? :**No**
If yes, frequency of visits made?
Whether MO supervised bed nets distribution?: **No bednets**
Other Vector Borne Diseases

Questions	**Response**
Whether record of lymphoedema and hydrocele cases available in PHC	**Yes**
MDA coverage (%)	**Not available**
Name sentinel/random sites under PHC for MF survey	**No**
Population surveyed for MF	**No**
No. (%) positive for MF	**No**
Was any outbreak of Dengue/chikungunya detected in the last year?	**No**
Were PRI including VHSC involved in source reduction	**-**
Name the sentinel centre hospital for diagnosis and treatment of Dengue/chikungunya/JE	**-**
Whether MO attended any Social Mobilization Workshop?	**NO**
Any problem faced by MO and others in doing their work?, If yes, possible solutions	**-**

Hatcheries: No Hatcheries

Primary Health Centre

Name of PHC: Gopalpur **Population: 26334**

Background information about PHC

No. of Sub-centre	8	No. of ASHA	134	No. of Dispensaries	
No. of Sub-Distt Hosp	1	No. of GP	All quacks(93)	No. of villages	31

Human resources

MO. I/C PHC : Contact Details

Name: Dr Mahmod Firoja, Qualification: BAMS Designation: Medical officer
Office address: PHC: **Gopalpur**
Tel: 20109(77832),9754979450 (O), Tel: _____(R), Cell:_____
Fax:_____E-mail:_____

Since when working as PHC MO: 3 year, Is he/she trained for VBD: NO

Other Staff

Regular and incremental staff involved in VBD control

S. No.	Name of post	No. required	No. sanctioned	No. in position	No. trained	No. vacant	Timeline for training of untrained
1	MO		2	2		-	NA
2	ANM		8	7		1	NA
3	MPW		8	6		2	NA
4	HA		2	2			NA
5	LT		1	Nil		1	NA
6	Compunder		1	1			NA

Comments on Human Resources:

Surveillance

Epidemiological Data (Attach Sub-centre-wise and month-wise epidemiological data for last 3 years)

Not Available At PHC

Summary of malaria data in the PHC in the last year

Malaria				
	No. tested	Total positive	PF *	PV
Slides examined	No microscopy the slides are referred to CHC for examination			
RDT performed by ASHA	Not	Not	Not	Not
RDT performed by Others	800	No record		
Total tested (Slides examined & positive RDT)	Only slide	Only slide		
No. of cases given radical treatment				
No. of PF cases treated with ACT			Not	
No. of clinically suspected malaria deaths			Nil	
No. of confirmed (RDT or Slide positive) malaria deaths			Nil	
*Mixed infection would be counted as PF infection only.				

Was ABER less than 10% in any Sub-centre in the last three years? Not Available at PHC

If yes, discuss with the MO to identify the possible reasons and actions needed to increase the ABER to more than 10% in all sub-centres.

Are trend charts and maps available at PHC level? -No:

No. of clinically suspected and confirmed malaria deaths investigated in the last year.: Nil

Comments on Epidemiological data

Laboratory: No lab

Name of LT	-	Since when working	-	When was trained/reoriented	-

(Note: LTs Posted under any programme are expected to work for all programme. If this is not happening in this PHC, kindly mention it here.)

What is available in the lab (Yes/No)

Functional binocular microscope	-	JSB stain	--	New slides	--	Disposable needles	--
Adequate light	-	Water supply	--	Lab Manual	--	--	---

Whether results of blood slides are conveyed within 24 hours?: Last 2 years no report of positive report

No report feedback from CHC microscopy (481(year 2008) and 550(2009) and 25(2010)

Whether RDT done in PHC? Yes/No. If yes, why?

"Not microscopy facilities for immediate diagnosis that why use RDK, not aware of guidelines

Is blood slide also collected from person who is tested by RDT? : No

Proportion of persons tested for malaria by RDT in PHC so far during the current year:

No. of RDT kit picked up for quality assurance from any health facility under the PHC in the last Six months. **No**

What were the results?

No. of ASHAs trained for RDT and treatment?: Not trained

Comments on Laboratory Functioning: No Lab at PHC, the Slides were sending to CHC, since long time no Report from Microscopy Center Rajpur

Logistics : Tablets Chloroquine : 500 Blister pack (Received 2009) : No stock
Tablets Primaquine 7.5 mg : 200(Received 2009) : No stock
Injectable. Quinine: 50 ampule: stock Nil :

Logistics Comments: Stock register is not properly mentioned, some antimalarials stocks are not entered on register

Bed Nets: No bed nets (LLIN/ITN)

LLIN /ITN Coverage in the PHC							
High endemic Sub-Centre *	Population	Total households	Estimated no. community owned nets	No. LLIN distributed	No. of ITN distributed	No. of households targeted	No. (%) household covered against the target so far (cumulative)
* Based on API, Pf%, mortality							

Comments on use and impact of bed nets: No Bed nets

IRS for Malaria

Round	Insecticide	Spray start date	Completion date	Population targeted	No. Population covered (%)	Rooms targeted	No. Rooms covered (%)
Malaria1							
2							

Comments on IRS for Malaria : No Data available at PHC level ,

Supervision :*(17 villages: 92 mitanin: only 3 mitanin prepare slides)*

How many Sub-centres were visited by MO in last 2 months?: **2**

How many ASHAs were visited by MO in last 2 months?: **No**

Whether MTS visited PHC in last one month?: **Nil**

Whether VBD Consultant/AMO/DMO visited PHC in last 3 months? :**No**

If yes, name the personnel who visited.

Whether MO supervised during the last IRS drive for malaria and/or kala-azar? :**No**

If yes, frequency of visits made?

Whether MO supervised bed nets distribution?: **No bednets**

Other Vector Borne Diseases

Questions	
Whether record of lymphoedema and hydrocele cases available in PHC	**Yes**
MDA coverage (%)	**Not available**
Name sentinel/random sites under PHC for MF survey	**No**
Population surveyed for MF	**No**
No. (%) positive for MF	**No**
Was any outbreak of Dengue/chikungunya detected in the last year?	**No**
Were PRI including VHSC involved in source reduction	**-**
Name the sentinel centre hospital for diagnosis and treatment of Dengue/chikungunya/JE	**-**
Whether MO attended any Social Mobilization Workshop?	**NO**
What is coverage for immunization against JE in PHC area?	**-**
Was any case of AES/JE treated in PHC during the last transmission season?	**-**
No. of Kala-azar cases and deaths in the PHC area?	**-**
No. of Kala-azar cases which have completed the treatment?	
Any problem faced by MO and others in doing their work?, If yes, possible solutions	**-**

Comments on Hatcheries: No Hatcheries

Primary Health Centre

Name of PHC: Ajabnagar **Population: 24637**

Background information about CHC

No. of Sub-centre	6	No. of ASHA	-	No. of Dispensaries	
No. of Sub-Distt Hosp	-	No. of GP	All quacks(62)	No. of villages	

Human Resources

M.O.I/C PHC : Contact Details

Name: Dr Suticha Enchendo Qualification: MBBS, Designation: MO
Office address: PHC:
Tel: No : No Tel: _____(R), Cell: No
Fax:_____E-mail:_____
Since when working as PHC MO: 5 year, Is he/she trained for VBD: NO

Other Staff

Regular and incremental staff involved in VBD control

S. No.	Name of post	No. Required	No. sanctioned	No. in position	No. trained	No. vacant	Timeline for training of untrained
2	ANM		6	6	NA		NA
3	MPW		6	6	NA		NA
4	HA		2	2	NA		NA
5	LT		1	1	NA		NA
6	MO		1	1	NA		NA

Comments on Human Resources:

Surveillance

Epidemiological Data (Attach Sub-centre-wise and month-wise epidemiological data for last 3 years)

No Epidemiology data at PHC, complimented at CHC

Summary of malaria data in the PHC in the last year

Malaria				
	No. tested	Total positive	PF *	PV
Slides examined	2206	34	12	22
RDT performed by ASHA	0	0	0	0
RDT performed by Others	25	3	3	0
Total tested (Slides examined & positive RDT)	2231	37	15	22
No. of cases given radical treatment			34(FRT given at time of BSC)	
No. of PF cases treated with ACT			0	
No. of clinically suspected malaria deaths			Nil	
No. of confirmed (RDT or Slide positive) malaria deaths			Nil	
*Mixed infection would be counted as PF infection only.				

Was ABER less than 10% in any Sub-centre in the last three years? : Data is not available
If yes, discuss with the MO to identify the possible reasons and actions needed to increase the ABER to more than 10% in all sub-centres.
Are trend charts and maps available at PHC level? -No:
No. of clinically suspected and confirmed malaria deaths investigated in the last year.

Comments on Epidemiological data: No epidemiological data

Laboratory: no lab

Name of LT	1	Since when working	6 Year	When was trained/reoriented	No

(Note: LTs Posted under any programme are expected to work for all programme. If this is not happening in this PHC, kindly mention it here.)

What is available in the lab (Yes/No)

Functional binocular microscope	Y	JSB stain	Y	New slides	Y	Disposable needles	
Adequate light	Y	Water supply	Y	Lab Manual	N		

Whether results of blood slides are conveyed within 24 hours?: **3 days**

Backlog of blood slides present on the day of visit?: Nil

What are the reasons for backlog? : Are the blood slides sent for cross checking?: No

Are results of cross-checking received in time?: - No ,What is the discrepancy rate?_NA

Whether RDT done in PHC? Yes. If yes, why?: **Doctors want report immediately**

Is blood slide also collected from person who is tested by RDT? : **NO**

Proportion of persons tested for malaria by RDT in PHC so far during the current year:**2852/25**

No. of RDT kit picked up for quality assurance from any health facility under the PHC in the last Six months.: **No ,**What were the results?

No. of ASHAs trained for RDT and treatment?: Not trained

Comments on Laboratory Functioning

The Lab Technician is not given Active surveillance examination report since last 3 years, last 3 years active surveillance report is nil .

Logistics

	Opening balance in Jan 2009	Received in 2009	Total	Utilized	Balance	Expiring in 6 months
DDT (MT)	Nil	Nil	Nil	Nil	Nil	Nil
Malathion (WDP) (MT)	Nil	Nil	Nil	Nil	Nil	Nil
Malathion Technical (Lit)	Nil	Nil	Nil	Nil	Nil	Nil
Synthetic pyrethroid (Kg)	Nil	Nil	Nil	Nil	Nil	Nil
LLIN (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Malaria RDT (No. of tests)	25	25	25	25	Nil	
rk39 kits (No.)	Nil	Nil	Nil	Nil	Nil	Nil
ACT (Packs) (Adult)	Nil	Nil	Nil	Nil	Nil	Nil
ACT (Packs) (Children)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Arteether (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Quinine (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab CQ (No.)	1000	-	1000	500	500	
Tab PQ 2.5 mg (No.)	-	-	-	-	Nil	
Tab PQ 7.5mg (No.)	-	-	-	-	-Nil	
Miltefosine (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Amphoterecin (B) (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj SSG vials (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab DEC (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab Albendazole (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Combipack	Nil	Nil	Nil	Nil	Nil	Nil

Are the stock registers maintained properly? :**No** If No, describe the problems and possible solutions.

Are all items within the expiry period? :No If No, give details.only chlorouqine blister packs

Items stocked out for more than one month? Give details.

Are items stored properly? Yes. If no, give details.

Are stocks adequate for next three months Yes If No, give details.

Comments on Logistics: No Primaquine tablets
Not Bed nets
Bed Nets: No bed nets

LLIN /ITN Coverage in the PHC							
High endemic Sub-Centre *	Population	Total households	Estimated no. community owned nets	No. LLIN distributed	No. of ITN distributed	No. of households targeted	No. (%) household covered against the target so far (cumulative)
* Based on API, Pf%, mortality							

Has someone verified distribution of bed nets by field visit after the last distribution: Yes/No
If yes, give details of observations.
Has someone verified utilization of bed nets by field visit in the last six months: Yes/No
If yes, give details of observations.

Comments on use and impact of bed nets
IRS for Malaria

Round	Insecticide	Spray start date	Completion date	Population targeted	No. Population covered (%)	Rooms targeted	No. Rooms covered (%)
Malaria1	**No record**						

Comments on IRS for Malaria
Supervision
How many Sub-centres were visited by MO in last 2 months?: **1**
How many ASHAs were visited by MO in last 2 months?: **Nil**
Whether MTS visited PHC in last one month?: **No**
Whether VBD Consultant visited PHC in last 3 months? : **No**
If yes, name the personnel who visited.
Whether MO supervised during the last IRS drive for malaria and/or kala-azar? :**No**
If yes, frequency of visits made?
Whether MO supervised bed nets distribution?: **No bednets**
Other Vector Borne Diseases

Questions	
Whether record of lymphoedema and hydrocele cases available in PHC	**No record**
MDA coverage (%)	**Not available**
Name sentinel/random sites under PHC for MF survey	**No**
Population surveyed for MF	**No**
No. (%) positive for MF	**No**
Was any outbreak of Dengue/chikungunya detected in the last year?	**No**
Were PRI including VHSC involved in source reduction	**-**
Name the sentinel centre hospital for diagnosis and treatment of Dengue/chikungunya/JE	**-**
Whether MO attended any Social Mobilization Workshop?	**NO**
Any problem faced by MO and others in doing their work?, If yes, possible solutions	**-**

Hatcheries:
No. of hatcheries maintained in Block: Zero
No. of waterbodies seeded with fish
Comments on Hatcheries: No Hatcheries

Primary Health Centre

Name of PHC: Maharajgang **Population: 26900**

Background information about PHC

No. of Sub-centre	8	No. of ASHA	134	No. of Dispensaries	
No. of Sub-Distt Hosp	1	No. of GP	All quacks(62)	No. of villages	31

Human resources

M.O. I/C PHC : Contact Details

Name: Dr Rakesh Kuril, Qualification: BAMS Designation: Medical officer
Office address: PHC:
Tel: No Tel: _____(R), Cell: No
Fax:_____E-mail:_____
Since when working as PHC MO: 5 year, Is he/she trained for VBD: NO

Other Staff

Regular and incremental staff involved in VBD control

S. No.	Name of post	No. required	No. sanctioned	No. in position	No. trained	No. vacant	Timeline for training of untrained
1	MO		1	1		-	
2	ANM		8	6	No	2	
3	MPW		8	5		3	
4	HA		2	1		1	
5	LT		1	nil		1	
6	Compunder		1	1			

Comments on Human Resources:

Surveillance

Epidemiological Data (Attach Sub-centre-wise and month-wise epidemiological data for last 3 years)

Not available at PHC it is complied at CHC

Summary of malaria data in the PHC in the last year

Malaria				
	No. tested	Total positive	PF *	PV
Slides examined	Nil (88 BS)			
RDT performed by ASHA	Not	Not	Not	Not
RDT performed by Others	Not	Not	Not	Not
Total tested (Slides examined & positive RDT)	Only slide	Only slide		
No. of cases given radical treatment			No record of RT ,The Dosage of C+Pq is given at the time of collection	
No. of PF cases treated with ACT			Not	
No. of clinically suspected malaria deaths			Nil	
No. of confirmed (RDT or Slide positive) malaria deaths			Nil	
*Mixed infection would be counted as PF infection only.				

)

Since Oct 2009 No report received

Was ABER less than 10% in any Sub-centre in the last three years? Yes

If yes, discuss with the MO to identify the possible reasons and actions needed to increase the ABER to more than 10% in all sub-centres.
Are trend charts and maps available at PHC level? -No:
No. of clinically suspected and confirmed malaria deaths investigated in the last year.
Comments on Epidemiological data
Laboratory: no lab

Name of LT		Since when working		When was trained/reoriented	

(Note: LTs Posted under any programme are expected to work for all programme. If this is not happening in this PHC, kindly mention it here.)
What is available in the lab (Yes/No)

Functional binocular microscope	-	JSB stain	-	New slides	-	Disposable needles	-
Adequate light	-	Water supply	-	Lab Manual	-	-	-

Whether results of blood slides are conveyed within 24 hours?: No
Backlog of blood slides present on the day of visit?: Last 2 years no report of positive report
What are the reasons for backlog?
Are the blood slides sent for cross-checking?:
Are results of cross-checking received in time?
What is the discrepancy rate?
Whether RDT done in PHC? No. If yes, why?
Is blood slide also collected from person who is tested by RDT? : Yes/No
Proportion of persons tested for malaria by RDT in PHC so far during the current year:
No. of RDT kit picked up for quality assurance from any health facility under the PHC in the last Six months.:
What were the results?
No. of ASHAs trained for RDT and treatment?: Not trained
Comments on Laboratory Functioning: Malaria diagnosis not within 24 hours
Logistics

	Opening balance in Jan 2009	Received in 2009	Total	Utilized	Balance	Expiring in 6 months
DDT (MT)	Nil	Nil	Nil	Nil	Nil	Nil
Malathion (WDP) (MT)	Nil	Nil	Nil	Nil	Nil	Nil
Malathion Technical (Lit)	Nil	Nil	Nil	Nil	Nil	Nil
Synthetic pyrethroid (Kg)	Nil	Nil	Nil	Nil	Nil	Nil
LLIN (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Malaria RDT (No. of tests)	Nil	Nil	Nil	Nil	Nil	Nil
rk39 kits (No.)	Nil	Nil	Nil	Nil	Nil	Nil
ACT (Packs) (Adult)	Nil	Nil	Nil	Nil	Nil	Nil
ACT (Packs) (Children)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Arteether (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Quinine (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab CQ (No.)	2000	7500		8000	1500	
Tab PQ 2.5 mg (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab PQ 7.5mg (No.)		6000		2200	3800	
Miltefosine (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj Amphotericin (B) (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Inj SSG vials (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab DEC (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Tab Albendazole (No.)	Nil	Nil	Nil	Nil	Nil	Nil
Blister Pack	Nil	4000		3000	1000	March 2010

Are the stock registers maintained properly? :**Yes** If No, describe the problems and possible solutions.
Are all items within the expiry period? :No If No, give details.only chlorouqine blister packs
Items stocked out for more than one month? Give details.
Are items stored properly? Yes. If no, give details.
Are stocks adequate for next three months Yes If No, give details.
Comments on Logistics: No Primaquine 2.5 mg
Bed Nets: No bed nets at PHC

LLIN /ITN Coverage in the PHC							
High endemic Sub-Centre *	Population	Total households	Estimated no. community owned nets	No. LLIN distributed	No. Of ITN distributed	No. of households targeted	No. (%) household covered against the target so far (cumulative)
* Based on API, Pf%, mortality							

Comments on use and impact of bed nets
IRS for Malaria
Comments on IRS for Malaria : No record
Supervision
How many Sub-centres were visited by MO in last 2 months?: **2**
How many ASHAs were visited by MO in last 2 months?: **Zero**
Whether MTS visited PHC in last one month?: **Nil**
Whether VBD Consultant/AMO/DMO visited PHC in last 3 months? :**No**
If yes, name the personnel who visited.
Whether MO supervised during the last IRS drive for malaria and/or kala-azar? :**No**
If yes, frequency of visits made?
Whether MO supervised bed nets distribution?: **No bednets**
Other Vector Borne Diseases

Questions	
Whether record of lymphoedema and hydrocele cases available in PHC	**No**
MDA coverage (%)	**Not available**
Name sentinel/random sites under PHC for MF survey	**No**
Population surveyed for MF	**No**
No. (%) positive for MF	**No**
Was any outbreak of Dengue/chikungunya detected in the last year?	**No**
Were PRI including VHSC involved in source reduction	**-**
Whether MO attended any Social Mobilization Workshop?	**NO**
Any problem faced by MO and others in doing their work?, If yes, possible solutions	**-**

Hatcheries

Comments on Hatcheries: No Hatcheries

Annexure 4.4: Sub centers

Sr No	Question	Kakna	Parsagudi	Pindra	Basdei	Latori	Jabar
1	Are Registers of Sub-centre under NVBDCP being maintained up to date (verify by seeing the register)	Yes	yes	Yes	No	No	Yes
2	When SC submitted the last due Report? (ask for the report)	No Report	No Report	Last month	Yes	Yes	2 Month
3	No of slides collected & found positive (Last month)	9, Not result	35,No result	17,1+ve	6,No report	No	15,1 +ve
4	Were all the slides for the last month sent to PHC for examination	Yes	Yes	Yes	Yes	Yes	Yes
5	Are the results of blood slides usually received within 24 hours from the lab? If not, gap (in days) between slide collection and report received in last 5 instances	No report since last one year	No, no report since last 21 days	7 days	7 days	15 days	7 days
6	Is RDT used by health worker? If yes, is blood slide also collected from patient tested by RDT	No	no	No	No	No	No
7	No of fever cases who completed RT in the last month	The Chloroquine and Primaquine full dose is given at the time blood slide collection					
8	How many ASHAs were visited by Health worker in the last month	yes	8	yes	Yes	Yes	2
9	Was Sub-Centre visited by the MTS/MO in the last one month?	no	Yes	No	Yes	No	No
10	Does the SC have adequate stock of commodities & drugs (RDT, clean slides, needles, swabs, ACT, CQ, PQ)	Yes	Yes	yes	yes	Yes	Yes
11	Are there any drugs at risk of expiry	no	No	No	Combi pack	No	No
12	Are RD kits being stored as per guidelines	No RDK					
13	Was Health worker involved in IRS	No	YES	YES	No	No	YES
14	Was health worker involved in Bed nets distribution	No	No	No	No	No	No
16	Was Health worker involved in last MDA for LF? If, yes, how did he/she convince reluctant persons to consume the drugs	Yes	Yes	Yes	Yes	Yes	Yes
17	Whether record of lymphoedma and hydrocele cases available in SC	No	No	No	No	No	No
18	Does the worker understand the importance of early referral of AES/JE Cases to PHC/CHC			No	No	No	No
19	Was Health worker involved in source reduction for control of Dengue and Chikungunya	No	No	No	No	No	No
20	Did the health worker organized any social Mobilization drive for source reduction at village level	No	No	No	No	No	No
21	Is Health worker actively involved in VHSC	Yes	Yes	yes	yes	yes	Yes
22	Any problem faced in doing work?, If yes, possible solutions	No	No	No	No	No	No

Annexure: 4.5 : ASHA

Name of ASHA	Village	Education	Residing	Working (Years)	Trained
Apara Khatu	Balrampur	12 th	Yes	8	Y
Kanti	Ghatgaon	8th	Yes	8	Y
Mamta Gupta	Ghatgaon	8th	Yes	6	Y
Gyatri	Ghatgaon	8th	Yes	7	Y
Nasarin Khatun	Maharajgeng	9 th	Yes	5	Yes
Sita	Kakna	Illiterate	Yes	1	Y
Sumitra	Parsagudi	10th	Yes	1	N
Deontin	Parsagudi	8th	Yes	5	Y
Mankumari	Sewari	5th	Yes	5	Y
Raimuniya	Sewari	5th	Yes	5	Y
Kusum	Pindra	4th	Yes	6	N
Sandhiya Gupta	Pindra	8th	Yes	6	N
Bifamidevi	Jabar	8th	Yes	6	N
Phulwanitin	Mangarhara	8th	Yes	6	N
Shyampati	Mangarhara	8th	Yes	6	N
Madhu Thakar	Baseari	8th	Yes	6	N
Urmila Rajwade	Baseari	BA	Yes	6	N
Lila Rajwade	Lathori	8th	Yes	3	Y
Mini Kushuda	Lathori	8th	Yes	6	N

Skill and Knowledge:

	Use of RDT	Collection of blood slide	Malaria Drug regimen	Dengue mosquito breeding and control	Drugs/ doses for MDA (LF)
Maharajganj	N	Y	Y	N	Y
Kakna	N	N	N	N	N
Parsagudi	N	Y	Y	Y	Y
Parsagudi	N	Y	Y	Y	Y
Sawari	N	Y	N	Y	N
Sawari	N	N	N	N	N
Pindra	Y	Y	Y	Y	N
Pindra	Y	Y	Y	Y	N
Basdra	N	N	Y	Y	N
Basdra	N	Y	Y	Y	N
Latori	N	Y	Y	N	Y
Latori	N	N	Y	N	Y
Jabar	Y	Y	Y	Y	N
Jabar	Y	Y	N	Y	N
Jabar	N	N	N	N	N
Balrampur	N	Y	Y	N	Y
Ghatgaon	N	Y	N	N	Y
Ghatgaon	N	Y	N	N	Y
Ghatgaon	N	Y	N	N	Y

Yes	**4**	**14**	**11**	**9**	**9**
No	**15**	**5**	**8**	**10**	**10**
Total	**19**	**19**	**19**	**19**	**19**

Question	Balrampur	Ghatgaon	Ghatgaon	Ghatgaon	Mahrajgeng
Are the Registers of ASHA under NVBDCP being maintained up to date (verify by seeing the registers)	N	N	N	N	N
When ASHA submitted the last due Report? (ask for the report)	N	N	N	N	N
No of RDTs used in the last month	Not available	Not available	Not available	Not available	Not available
No of fever cases found positive for malaria using RD kits in the last month	0	0	0	0	0
Was blood slide also collected from patient tested by RDT	N	N	N	N	N
No of slide collected & found positive (Last month)	Not collected	Not collected	Not collected	Not collected	Not collected
Were the results of blood slides received within No4 hours from the lab	No	No	No	No	No
No of fever cases who completed RT in the last month	No	No	No	No	No
Was ASHA visited by the health worker or MTS in the last one month?	Yes	Yes	Yes	Yes	Yes
Does the ASHA have adequate stock of commodities & drugs (RDT, clean slides, needles, swabs, ACT, CQ etc)	clean slides, needles, swabs, only Chloroquine				
Are there any drugs at risk of expiry Mitanin	No	No	No	No	No
Are RD kits being stored as per guidelines	Not available	Not avilble	Not avilble	Not avilble	Not available
Was she involved in IRS	No	No	No	No	No
Was she involved in Bed Nets distribution	Not availble	Not distributed	Not distributed	Not distributed	Not available
Did she refer any patient having fever more than two weeks to the PHC for investigations of Kala-azar in last 3 months	-	-	-	-	-
Was she instrumental in completing the treatment of a case of Kala-azar	-	-	-	-	-
Was she involved in last MDA for LF? If, Yes, how did she convince reluctant persons to consume the drugs	Yes,	Yes	Yes	Yes	Yes,
Was she ever involved in immunization against JE	-	-	-	-	-
Was she involved in source reduction for control of Dengue and Chikungunya	-	-	-	-	-
Is ASHA actively involved in VHSC	Yes	Yes	Yes	Yes	Yes
Is she having difficulty in getting the incentive for her work? If Yes, provide details	No	No	No	No	No

Laturi	Laturi	Basdei	Basdei	Jabar	Jabar	Jabar	Pindra	Pindra
N	N	N	N	N	N	N	N	N
N	N	N	N	N	N	N	N	N
Not available	Not available	Not available	Not availabl e	Not available	Not available	Not available	Not available	Not available
0	0	0	0	0	0	0	0	0
N	N	N	N	N	N	N	N	N
Not collected	Not collected	Not collected	Not collecte d	Not collected	Not collected	Not collected	Not collected	Not collected
No	No	No	No	No	No	No	No	No
No	No	No	No	No	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
clean slides, needles, swabs,- only Chloroquine	clean slides, needles, swabs,- only Chloroq uine	clean slides, needles, swabs,- only Chloroqui ne	clean slides, needles, swabs,- only Chloroq uine	clean slides, needles, swabs,- only Chloroquine	clean slides, needles, swabs,- only Chloroquine	clean slides, needles, swabs,- only Chloroquine	clean slides, needles, swabs,- only Chloroquine	clean slides, needles, swabs,- only Chloroqu ine
No	No	No	No	No	No	No	No	No
Not available	Not available	Not available	Not availabl e	Not available	Not available	Not available	Not available	Not available
No	No	No	No	No	No	No	No	No
Not available	Not available	Not available	Not availabl e	Not available	Not available	Not available	Not available	Not available
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
Yes,	Yes,	Yes,	Yes,	Yes,	Yes,	Yes,	Yes,	Yes,
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No	No	No	No

Question	Sewari	Sewari	Parsagudi	Parsagudi	Kakna
Are the Registers of ASHA under NVBDCP being maintained up to date (verify by seeing the registers)	N	N	N	N	N
When ASHA submitted the last due Report? (ask for the report)	N	N	N	N	N
No of RDTs used in the last month	Not available	Not available	Not available	Not available	Not available
No of fever cases found positive for malaria using RD kits in the last month	0	0	0	0	0
Was blood slide also collected from patient tested by RDT	N	N	N	N	N
No of slide collected & found positive (Last month)	Not collected	Not collected	Not collected	Not collected	Not collected
Were the results of blood slides received within No4 hours from the lab	No	No	No	No	No
No of fever cases who completed RT in the last month	No	No	No	No	No
Was ASHA visited by the health worker or MTS in the last one month?	Yes	Yes	Yes	Yes	Yes
Does the ASHA have adequate stock of commodities & drugs (RDT, clean slides, needles, swabs, ACT, CQ etc)	clean slides, needles, swabs,- only Chloroquine	clean slides, needles, swabs,- only Chloroquine	clean slides, needles, swabs,- only Chloroquine	clean slides, needles, swabs,- only Chloroquine	clean slides, needles, swabs,- only Chloroquine
Are there any drugs at risk of expiry	No	No	No	No	No
Are RD kits being stored as per guidelines	Not available	Not available	Not available	Not available	Not available
Was she involved in IRS	No	No	No	No	No
Was she involved in Bed Net distribution	Not available	Not available	Not available	Not available	Not available
Was she involved in last MDA for LF? If, Yes, how did she convince reluctant persons to consume the drugs	Yes,	Yes,	Yes,	Yes,	Yes,
Was she ever involved in immunization against JE	-	-	-	-	-
Was she involved in source reduction for control of Dengue and Chikungunya	-	-	-	-	-
Is ASHA actively involved in VHSC	Yes	Yes	Yes	Yes	Yes
Is she having difficulty in getting the incentive for her work? If Yes, provide details	No	No	No	No	No

5)Scanned CHC mortality Sheet: