

**Regional Office of Health and Family Welfare (ROHFW) and RLTRI, RAIPUR (C.G.)
BILASPUR District – RNTCP Report (Checklist) 14th May 2012 to 18th May 2012**

A. DIAGNOSTIC ASPECTS

Please write "Yes" or "No" in the column "Observations"

(NAp- Not applicable, **- Patient not available during visit)

S.No	Check Points	Kota (DMC)	Pendra (DMC)	Thanatpur (DMC)
	Review of Resources			
1	Is at least one trained Medical Officer available in the health facility?	Yes	Yes	Yes
2	Is a full-time trained Lab Technician (LT) available for sputum microscopy?	Yes	Yes	Yes
3	Have provisions been made for sputum collection when LT is absent?	Yes	No	yes
4	Is a functional binocular microscope available?	Yes (Non Functional)	Yes	Yes
5	Is the Binocular microscope stored as per guidelines	No	No	yes
6	Has the binocular microscope undergone any servicing during last 12 months?	No	Yes	No
7	Are all essential lab consumables available adequately?	Yes	Yes	Yes (Except Broom sticks)
8	Is running water available for sputum microscopy?	Yes	Yes	Yes
9	Is electricity available for the binocular microscope?	yes	Yes	Yes
10	Have civil works been done in the Lab as per RNTCP guidelines?	Yes	No	yes
11	Are printed reference materials on standard operating procedures available?	No	No	No
	Review of forms, registers, records and reports			
1	Are the Lab Forms for Sputum Exams filled correctly, completely and legibly?	Yes	yes	yes
2	Is the Lab Register filled correctly, completely and legibly?	Yes	Yes	yes
3	Is it numbered 1 from 1 January?	Yes	Yes	Yes
4	Are there 2 sputum smears for diagnosis in at least 8/10 patients?	Yes	Yes	Yes
5	Are there 2 sputum smears for follow-up in at least 8/10 patients?	Yes (Delayed)	Yes (Delayed)	Yes (Delayed)
6	Are positive results written as scanty, 1+, 2+ or 3+ in red and negative in black/blue?	Yes	Yes	Yes
7	Are results up-to-date?	Yes	Yes	Yes
8	Does the Lab register have the summary abstract completed at the end of each month?	Yes	Yes	Yes
9	Are copies of supervisory reports of Senior TB Lab Supervisor available with LT?	No	No	Yes
10	Are OSE and RBRC feedbacks available with LT?	No	No	No
11	Is there evidence of supervision by STLS on lab register?	No	yes	Yes
12	Is monthly PHI-level report on sputum microscopy and logistics being submitted?	Yes	Yes	Yes
13	Is the Lab register consistent with the treatment cards and TB register?	No	Yes	Yes

	Observe the Lab Technician during sputum collection procedure	Kota (DMC)	Pendra (DMC)	Thanatpur (DMC)
1	Did the LT check to ensure that the Lab Form was complete and correct?	Yes	Yes	Yes
2	Is the sputum container clearly labeled on the side and not on the lid?	Yes	Yes	Yes
3	Is the Lab Serial Number entered correctly, starting with 1 on 1 January of the year and continuing until 31 December?	Yes	Yes	Yes
4	Are each set of sputum samples from a single patient given a single Lab Serial Number?	Yes	Yes	Yes
5	Is the Tuberculosis Number written in the space provided for all patients whose Reason for examination is Follow-up of chemotherapy?	No	Yes	NA
6	Does the Lab technician demonstrate to patients how to bring up sputum?	Yes	Yes	NA
7	Does the Lab technician supervise patients when they provide spot sputum specimens?	No	No	NA
8	Does the Lab technician visually examine the sputum provided to determine if it is sputum or saliva only?	Yes	Yes	NA
	Observe the Lab technician preparing smears for examination (No patient, asked question on list)			
1	Does the Lab technician use only new slides?	Yes	Yes	Yes
2	Does the Lab technician either engrave each slide or label it with a grease marker?	Yes	Yes	Yes
3	Does the Lab technician use a different broom stick for each sputum smear?	Yes	Yes	Yes
4	Are the sputum smears made on the slide of the correct size (2 cm X 3 cm) and thickness?	No	Yes	No
5	Does the Lab technician wait for the slide to dry before heating the slide to fix it?	Yes	Yes	Yes
6	When the Lab technician fixes the slide by heating, does he do it for the proper duration of time?	Yes	Yes	Yes
7	Is only “freshly prepared” carbol fuchsin being used, instead of ready-made commercially-available solutions?	yes	yes	yes
8	Is the carbol fuchsin free of particles and properly filtered at least every month?	Yes	Yes	Yes
9	When the Lab technician heats the carbol fuchsin, does s/he do it properly, avoiding boiling and allowing the slides to stand for 5 minutes after heating?	yes	yes	yes
10	Does the Lab technician tilt the slides after rinsing with water to remove excess water?	Yes	Yes	Yes
11	Is the sulphuric acid allowed to stand on the slide for the appropriate time period (2–4 minutes)?	Yes	Yes	Yes
12	Is the methylene blue allowed to stand on the slide for the appropriate time period (30 seconds)?	yes	yes	yes

	Observe the Lab technician examining slides under the microscope	Kota (DMC)	Pendra (DMC)	Thanatpur (DMC)
1	While placing immersion oil on the slide, does the Lab technician take care to avoid touching the slide with the applicator?	**	**	**
2	While examining the slide with the x100 lens, does the Lab technician take care to make sure that the lens does not touch the slide?			
3	Does the Lab technician examine negative sputum smear slides for at least 5 minutes?			
4	Does the lab technician have correct knowledge about grading?			
5	Does the lab technician see 100 fields before declaring the smear as negative?			
6	Does the Lab technician correctly complete the Lab Form for Sputum Examination and Lab Register?			
7	Does the Lab technician clean the x100 lens with lens paper or fine silk after completing the examination?			
8	Are slides correctly cleaned and maintained for review by the supervisor?			
9	Are all smear-positive results recorded in red ink in the Lab Register?			
10	After examining the slides, does the Lab technician put the sputum containers and lids (with lids removed), along with the broom sticks, into a foot-operated bucket containing either 5% phenol?			
11	Does the Lab technician dispose previous month slides after the EQA procedure is completed as per bio-waste management guidelines??			
	Internal Quality Control Issues			
1	Is Record of Quality control slides maintained by LT?	No	No	No
2	Are QC slides stored in the DMC?	Yes	Yes	No
3	Are all reagent labeled with DOE, batch numbers?	No	No	No
	Interpersonal Communication of service providers with TB suspects/patients			
1	Does the MO/LT advice sputum examination for symptomatic family contacts in smear positive patients	**	**	
2	Does the MO/LT explain sputum negative patients to come back for sputum examination if symptoms persist?			
	Exit-interviews of at least 2 patients undergoing sputum microscopy			
1	Do the patients know how to cough out good quality sputum properly?	**	**	**
2	Do the patients know when they should return for the next sputum exams?			
3	Do the patients find the timings and location of the Lab convenient?			
4	Do the patients face any difficulties for undergoing sputum microscopy?			

B. TREATMENT ASPECTS

S.No.	Check Points	Kota (DMC)	Pendra (DMC)	Thanatpur (DMC)
	Review of TB Register			
1	Is it numbered 1 from 1 January?	Not available ,it is kept by SLTS as told by LT	Yes	Yes
2	Are names and addresses and telephone numbers readable?		Yes	Yes
3	Is the classification and outcome complete, correct and up-to-date?		Yes	No
4	Are follow-up and results correct (Lab Number, slash if positive in follow-up) and up-to-date?		Yes	Yes
5	Have pulmonary smear-negative patients been examined by sputum microscopy?		No	NA
6	Are all new patients who are smear-positive at the end of 5 months or more categorized as 'Failure' and re-registered in Category II as 'Failure' cases?		Yes	NA
7	Is HIV status record mentioned for all registered patients?		No facility for testing	Facility available but no coordination between two center
8	Are dates mentioned for initiation of CPT and ART in all HIV positive patients?			
9	Does the STS complete the summary regularly and timely?		NA	NA
	Review of Treatment Cards	Kota (DMC)	Pendra (DMC)	Thanatpur (DMC)
	Are the entries correct and legible?	Yes	Yes	Yes
	Is the correct treatment regimen prescribed?	Yes	Yes	Yes
	Is the intensive phase of treatment prolonged for one month for all patients who remain sputum smears positive at the end of the intensive phase?	NAP**	Yes	NAP
	Are Treatment Cards maintained correctly and up-to-date?	No	No	No
	Is DOT administration done correctly?			
	Are details on past history of TB treatment mentioned on the card?	No	No	No
	Are follow-up sputum examinations done at the correct time?	No (in few cases)	No (in few cases)	No
	Review the treatment of 5 smear-positive patients found to be AFB smear-positive during follow-up examination. Was the treatment correct?	NAP	NAP	NAP
	Is the TB-HIV block on the treatment card filled for all patients?	No	No	No
	Are all under 6 years contacts of sputum positive patients getting chemo prophylaxis?	No	No	No

C. Patient Interview of at least 1 patients each among NSP, TB-HIV, and re-treatment /MDR TB case every field-visit day- Patient was not available during time of visit.

D. Interview and observe respective DOT-providers

		Kota (DMC)	Pendra (DMC)	Thanatpur (DMC)
1	Is DOT being administered correctly?	yes	NAp**	NAp**
2	Is retrieval action done within one day during the intensive phase and within one week during the continuation phase?	yes		
3	Are the Tuberculosis Treatment Cards completed at the same time when treatment is given?	No		
4	Are patient-wise boxes marked for each patient?	Yes		
5	Are empty blister packets preserved in the PWB?	yes		
6	Do the amount of drugs in the boxes tally with those mentioned in the Treatment Card?	No		
7	If community volunteers –did he receive honorarium for all patients treated successfully till date?	yes		

E. Review organization of direct observation of treatment

		Kota (DMC)	Pendra (DMC)	Thanatpur (DMC)
1	Are alternative resources for observation (community volunteers, hospital staff, etc.) being used as necessary?	No	No	No
2	Are sufficient stocks of drugs (including CPT) and other consumables available at the Peripheral Health Institution (PHI) level?	NO CPT	NO CPT	NO CPT

F. Inspect the drug storage area

		Kota	Pendra	Thanatpur
1	Is it locked?	Yes	yes	Yes
2	Are the shelves in place?	No	Yes	yes
3	Is the inventory system in place?			
4	Are drugs with an early date of expiry placed in the front?*	Yes	Yes	Yes
5	Are all drugs kept off the floor and away from the wall?	Yes	Yes	Yes
6	Are there enough drugs and other consumables?	Yes	Yes	yes

G. Review ACSM activities

		Kota (DMC)	Pendra (DMC)	Thanatpur (DMC)
1	Is their visible IEC material in the area/centre?	No	No	yes
2	Is patient information booklet available/used?	No	No	No
3	Number of patient provider meetings / community meeting held in the area/centre	NA	NA	NA

RNTCP Supervision Report of Korba District

Date of Visit: 14th to 18th May 2012

Selection of Health facility

Sr No	Block CHC	PHC	Interacted staff
1	Kota		BMO,BPM,DEO,PADA,Superviosr,LT, STS,STLS
2	Pendra		BMO,BPM,DEO,PADA,Superviosr, LT, STS,STLS
3	Thakatpur		

GENERAL OBSERVATION

CHC KOTA, PENDRA and THAKATPUR BLOCK:

1. BMO trained in RNTCP and managing RNTCP work.
2. Sputum examination was performed in common laboratory (integrated setup), No separate lab/room for RNTCP.
3. All DMC was provided binocular microscope but at, kota CHC its non functional.
4. Microscope was not stored as per guideline in all surveyed CHC except Thakatpur.
5. X-RAY facility available in all surveyed CHC.
6. All consumables (Stains/slides/Drugs etc) were available adequately.
7. DOTS were administered as per guideline/correctly.
8. Lab register is well maintained at all surveyed DMC except Kota, need to improve.
9. OSE & RBRC feedback not available with LT & copies of supervisory reports of senior TB lab supervisor also not available with LT.
10. Facility of the HIV testing is available at Kota and Thakatpur CHC but the coordination is poor in between them. HIV status records were not maintained for all registered patients. TB/HIV block on the treatment card not filled for all patients.
11. Record of Quality control slide was not maintained by LT. The feedback is provided in formally.
12. No patient visited during visit day so observation regarding sputum collection & examination by LT were not reviewed by RD team.
13. DOT providers get incentives under this programme.
14. The indicators need to calculate at block level for better monitoring at block level.

PHC and HSC OBSERVATIONS

The team visited three PHCs namely Ratanpur, Nawagaon, and Belpan Observations are:-

1. Only Ratanpur has a trained technician in place, performs a dual role of preparing & examining malaria slides and reporting as well as doing sputum staining & examination .The LT also examines the peripheral smear slides sent from sub centers, so is overburdened. The other two PHCs doesn't have technician so they send the suspected cases to higher centre for evaluation.
2. Laboratory at Ratanpur PHC has insufficient space to carry out dual role of examining peripheral smear as well as sputum staining examination. The equipments and consumables are available in sufficient amounts.
3. SOP are not strictly followed in the laboratory.
4. Necessary records & registers in laboratory are maintained but not regularly updated.
5. In the other 2 PHCs namely Nawagaon & Belpan all suspected cases are referred to respective CHCs for diagnosis and treatment. Patients have to regularly travel far away from their homes to respective CHCs for procuring medications as they after diagnosis at CHCs are not registered at respective PHCs & not provided treatment in PHCs.
6. In Ratanpur PHC total of 601 sputum examinations were carried out, 50 came positive, and total number of new cases is 115. Record and registers are not properly maintained at PHCs so further assessment could not be made.
7. Team visited HSCs namely Lalpur, Amadand, & Podikala & interacted with ANMs, ASHAs (Mitani), & RMA where ever available. No case of TB under treatment available in all the surveyed HSCs .