

**Regional Office of Health and Family Welfare (ROHFW) and RLTRI, RAIPUR (C.G.)
KONDAGAON District – RNTCP Report (Checklist) 13TH TO 17TH MAY 2013**

A. DIAGNOSTIC ASPECTS

Please write “Yes” or “No” in the column “Observations”

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

S.No	Check Points	MAKDI	PHARA SGAON	KESKAL
	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)	No	no
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	Send for repair	No
7	Are all essential lab consumables available adequately?	Yes	Yes	Yes
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?	no	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 examining slides under the microscope	MAKDI	PHARA SGAON	KESKAL
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

	Review of Treatment Cards	MAKDI	PHARASG AON	KESKAL
	Are the entries correct and legible?	No	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

		MAKDI	PHARASGAON	KESKAL
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

		MAKDI	PHARASGAON	KESKAL
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

		MAKDI	PHARASGAON	KESKAL
1	Is it locked?	Stock not available	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?*	NA	Yes	Yes
5	Are all drugs kept off the floor and away from the wall?	NA	Yes	Yes
6	Are there enough drugs and other consumables?	NA	Yes	yes

G. Review ACSM activities

		MAKDI	PHARASGAON	KESKAL
1	Is their visible IEC material in the area/centre?	No	No	No
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 KONDAGAON District

Date of Visit: 13TH TO 17TH MAY 2013

Selection of Health facility

CHC	PHC	HSC
Makdi	Dahikonga, Anantpur	Badekanera, Tortanga
Pharsasgaon	Badedonger	Alor
Keskal	Bhaigaon	Nayanar

TB unit Keskal

Out of 6 microscope 3 MC(Keskal, Vishrampuri and Badedonger) are not in working condition and 1 MC(Pharasgaon DMC) send for repair. As Good Microscope is the Backbone of the programme. Immediate steps to early repair or replace MC in the selected area.

60% achievement in the TB suspected diagnosis and 48% in the patient target. The success rate was 82% while cure rate was 27%. The defaulter rate was 13.6% . More defaulters in Kaskal TU.

GENERAL OBSERVATION

CHC

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. .
4. Microscope was not stored as per guideline in all surveyed CHCs.
5. X-RAY facility available in all surveyed CHC. Unit not functional at Makdi 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 CHCs.
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 not done at all surveyed DMC.

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. Delay in payment of DOT providers in Keskal TU.
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 Anantpur , Badedonger Bhaigaon

Observations are:-

1. All surveyed PHC have lab technician which collect sputum and examined under microscope.
2. Records of TB programme is incomplete in surveyed PHC specially TB card and lab register without TB number