

QUARTERLY REPORT OF PROGRAMME MANAGEMENT (DISTRICT LEVEL)

| | | |
|-----------------------------|-------------------------------------|-----------------|
| Name of the District: | Name of DTCCO: | Official Stamp: |
| Year: | Signature: | |
| Quarter: | Date of completion of report: | |

1. Basic information about the TB services in the district

| | | | | | |
|------------------------|--|----------------------------------------------------------|--|-----------------------|--|
| Population of district | | No. of functioning Microscopy Centres (including DCC) | | No. of branch clinics | |
|------------------------|--|----------------------------------------------------------|--|-----------------------|--|

2. Facility and providers linked to national programme (Excluding Chest Clinics)

| Facility/provider type | Total number of facilities involved in TB Diagnosis or Treatment* | Facilities with microscopy services | | WRD | Facilities providing HIV services | |
|------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----|---------------------------------------------------|-------------------------------------------------------------|
| | | Total No. conducting sputum smear microscopy in the district | Out of (b), No. involved in Lab. Quality Assurance | | No. Institutions providing HIV testing & counsel. | No. Institutions providing ART to TB HIV coinfectd patients |
| Govt health facility | | | | | | |
| Public health facility outside Health Ministry | | | | | | |
| Private facility/provider | | | | | | |

*Includes facilities providing DOTs

3. TB Patient Referral by facility/providers/community

| | Referred By | | | | | | | | |
|-------------------------------------------|-------------|-------|-----------|-----|-----|------------------|---------------|-------------------|-------|
| | Government | | Private | | NGO | Community Worker | Self-referral | Contact Screening | Other |
| | Hospitals | Other | Hospitals | GPs | | | | | |
| No. of patients registered in the quarter | | | | | | | | | |

4. OPD and Case finding activities

| | | In DCC | In Decentralized Units* | Total |
|---|-----------------------------------------------------------------------|--------|-------------------------|-------|
| A | No. of adult out patients (>15 yrs.) | | | |
| B | No. of presumptive PTB patients referred for TB diagnosis | | | |
| C | No. of presumptive PTB patients examined with sputum smear microscopy | | | |
| D | No of presumptive PTB patients examined with CXR | | | |
| E | No diagnosed with TB | | | |
| F | Of E, number started on treatment in the district | | | |

* MC and Collecting centres

5. Utilization of Gene Xpert for Diagnosis of TB and MDR TB

| | | Column A | | Column B | | Column C | | Column D | Column E |
|------------------------------------|-------|-------------------------|---------------------------------|-----------------------------------------------------------------|--------------------------|------------------------------------------------------------|--------------------------|---------------|-----------------------------|
| Type of Sample taken for GeneXpert | | Presumptive TB patients | | New smear positive PTB Patients Total - <input type="text"/> | | Presumptive MDR TB Patients Total- <input type="text"/> | | EPTB patients | Smear negative PTB patients |
| Sputum | Other | No. of patients Tested | No. of patients diagnosed as TB | No. of Patients tested | No. of patients positive | No. of Patients tested | No. of patients positive | | |
| | | | | | | | | | |

Column A- This column is to identify the number of presumptive TB patients investigated with GeneXpert as initial investigation- People living with HIV, central nervous system TB patients, Paediatric TB cases, Critically ill patients in whom TB is suspected, immunosuppressive patients, presumptive PTB during pregnancy and per partum period,

Column B- This column is to identify the number of new smear positive PTB Patients investigated with GeneXpert (Who has undergone universal DST). Please mention the total number of new smear positive PTB Patients diagnosed in this particular month, in the given box.

Column C- This column is to identify the number of Presumptive MDR Patients (All retreatment cases, Contacts of known drug resistance TB cases, Healthcare workers, Patients who return from abroad with active TB, Prisoners, Drug addicts, Patients treated outside the programme. Please mention the total number of of Presumptive MDR Patients diagnosed in this particular month, in the given box.

Column D- This column is to identify Number of EPTB patients Diagnosed by GeneXpert

Column E- This column is to identify Number Smear negative patients Diagnosed by GeneXpert

PTB-Pulmonary Tuberculosis **EPTB-**Extra Pulmonary Tuberculosis **MRD-** Multi drug resistance

5. Quality assessment of sputum microscopy

- No. of microscopy centres where slides were taken for random blinded rechecking by DCC
- No. of microscopy centres with any error in random blinded rechecking
- No. of sputum slides sent for rechecking from the DCC to the National Reference laboratory

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6. Supervisory activities in the district (Completed indicates that a report is available on the supervision)

| Done By | Type of facility | Total No. in district | Month 1 | | Month 2 | | Month 3 | |
|----------------------|------------------------------------------|-----------------------|------------|--------------|------------|--------------|------------|--------------|
| | | | No Planned | No Completed | No Planned | No Completed | No Planned | No Completed |
| DTCO/MO | Chest Clinic Laboratory | | | | | | | |
| | Drug Stores | | | | | | | |
| | DOTS Centers | | | | | | | |
| | Microscopy Centres (Decentralized Units) | | | | | | | |
| Pharmacist Dispenser | Decentralized Units with drug stocks | | | | | | | |
| MLT PHLT | Microscopy Centres (Decentralized Units) | | | | | | | |
| PHI | Home Visits | | | | | | | |
| | DOTS Centers | | | | | | | |

| MOH and Private Hospital Visits | |
|-----------------------------------|--|
| No. Of MOH Areas | |
| No of visits to MOH Offices | |
| | |
| No of visits to Private hospitals | |

7) Human resource development (to be completed 6 monthly, at the end of quarter-2 and quarter-4)

| District Chest Clinic | | |
|-----------------------|----------------|----------------|
| Type | Approved cadre | No. at present |
| Chest physician | | |
| DTCO | | |
| MO | | |
| Nurse | | |
| PHI | | |
| MLT | | |
| PHLT | | |
| DO/DA | | |
| HMA | | |
| Pharmacist | | |
| Dispenser | | |
| Lab orderly | | |
| Data entry operator | | |
| Minor employee | | |
| Other | | |

| Staff involved in TB care in Other Institutions | |
|-------------------------------------------------|----------------|
| Type | No. at present |
| MO | |
| Nurse | |
| Pharmacist /dispenser | |
| PHI | |
| PHM | |
| MLT | |
| PHLT | |
| Community worker | |
| GP (Full time) | |
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8) Training Activities

| Training Activity | No. of Programs | Target Group | Funding Source | No of Participants |
|-------------------|-----------------|--------------|----------------|--------------------|
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9) Screening Awareness and Advocacy Activities

| Target Group | Screening Programmes | | | | Awareness Programmes | | Advocacy Programmes | |
|-----------------|----------------------|---------------------|----------------------------|--------------------------|----------------------|---------------------|---------------------|---------------------|
| | No. of Programmes | No. of Participants | No. of Suspects Identified | No. of TB Cases Detected | No. of Programmes | No. of Participants | No. of Programmes | No. of Participants |
| Prisoners | | | | | | | | |
| Drug Addicts | | | | | | | | |
| Estate Workers | | | | | | | | |
| Other (Specify) | | | | | | | | |

10) DOT Provision and Contact Screening

| Activity | | New | | | | Previously Treated | | | | Unknown | Total |
|------------------------------------|---------------------------|---------------------------|----------|------|--------------------------------|--------------------|--------------------|-----|------|---------|-------|
| | | Pulmonary Bact. Confirmed | | | Pulmonary Clinically Diagnosed | EPTB | Relapse | TAF | TALF | | |
| | | Smear + | Culture+ | WRD+ | | | | | | | |
| Total No of Registered Cases | | | | | | | | | | | |
| No. of patients where culture done | | | | | | | | | | | |
| No. of Patients where DST done | | | | | | | | | | | |
| No. of patients where WRD done | | | | | | | | | | | |
| Contact Screening | No of Contacts identified | All | | | | | | | | | |
| | | <15 Yrs. | | | | | | | | | |
| | No of Contacts Screened | All | | | | | | | | | |
| | | <15 Yrs. | | | | | | | | | |
| No of TB positive contacts | | | | | | | | | | | |
| | | | | | | | Previously Treated | | | | |
| DOTS | By Government Institution | | | | | | | | | | |
| | By Private Institution | | | | | | | | | | |
| | By Public Health Worker | | | | | | | | | | |
| | By Community Provider | | | | | | | | | | |

11) X-Ray Examinations in DCC

| | |
|------------------------|-------------|
| | Large films |
| No. of persons x-rayed | |
| No. of films used | |

12) INAH Prophylaxis-

| | Age categories | | | No of Patients Started on INAH Prophylaxis | | |
|-------------------|----------------|-----------|----------|--------------------------------------------|-----------|----------|
| | <5 Yrs. | 5-14 Yrs. | >15 Yrs. | <5 Yrs. | 5-14 Yrs. | >14 Yrs. |
| Contacts | | | | | | |
| PLHIV | | | | | | |
| Immunocompromised | | | | | | |
| Other (Specify) | | | | | | |

| No of Patients INAH Prophylaxis Completed (From patients registered within 6-9 months before) | | |
|--------------------------------------------------------------------------------------------------|-----------|----------|
| <5 Yrs. | 5-14 Yrs. | >14 Yrs. |
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