

## QUARTERLY REPORT OF PROGRAMME MANAGEMENT (DISTRICT LEVEL)

Name of the District:.....  Year:.....  Quarter:.....	Name of DTCCO:.....  Signature:.....  Date of completion of report:.....	Official Stamp:
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### 1. Basic information about the TB services in the district

Population of district		No. of functioning Microscopy Centres (including DCC)		No. of branch clinics	
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### 2. Facility and providers linked to national programme (Excluding Facilities directly under Chest Clinics)

Facility/provider type	Total number of facilities involved in TB Diagnosis or Treatment* (a)	Facilities with microscopy services		WRD	Facilities providing HIV services	
		Total No. conducting sputum smear microscopy in the district (b)	Out of (b), No. involved in Lab. Quality Assurance (c)		Out of (a), No. providing HIV testing & counsel. to all TB patients (d)	Out of (a) No. providing ART to TB patients (e)
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							Other	
	Government		Private		NGO	Community Worker	Self-referral		Contact Screening
	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 (>12 yrs.)			
B	No. of chest symptomatics referred for TB diagnosis			
C	No. of chest symptomatics examined with sputum smear microscopy			
D	Of C, number found sputum smear positive			
E	Of D,COPD			
F	Of D, number put on treatment in the district			
G	Of D, number referred out of the district for treatment			

#### 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


#### 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							
MLT PHLT	Microscopy Centres							
	Decentralized Units							
PHI	Home Visits							
	DOTS Centers							
	Decentralized Units							

  

MOH and Private Hospital Visits	
No. Of MOH Areas	
No of visits to MOH Offices	
No of MOH Conferences Attended	
No of Private Hospitals in the Area	
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)	

**8) Training Activities**

Training Activity	No. of Programs	Target Group	Funding Source	No of Participants

**10) 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								

**9) DOT Provision and Contact Screening**

Activity		New				Retreatment				Unknown	Total	
		Pulmonary Bact. Confirmed			Pulmonary Clinically Diagnosed	EPTB	Relapse	TAF	TALF			Other
		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												
DOTS	By Government Institution											
	By Private Institution											
	By Public Health Worker											
	By Community Provider											
Contact Screening	No of Patients screened											
	No of Contacts identified	All										
		<15 Yrs.										
	No of Contacts Screened	All										
		<15 Yrs.										
No of TB positive contacts												

10) X-Ray Examinations in DCC

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

11) INAH Prophylaxis

	No of Contacts Identified			No of Patients Started on INAH Prophylaxis			No of Patients INAH Prophylaxis Completed (From patients registered within 6-9 months before)		
	<5 Yrs.	5-14 Yrs.	>14 Yrs.	<5 Yrs.	5-14 Yrs.	>14 Yrs.	<5 Yrs.	5-14 Yrs.	>14 Yrs.
HIV +									
Other									
Total									