REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME Quarterly Report on Programme Management and Logistics Tuberculosis Unit Level (including Tuberculosis Unit at DTC)

Name	e of the TB Unit:		·		State:			
Name of the District:					Quarter:			•
Total population of the TB Unit (in numbers):					Year:			
Basi	ic information of t	he TU						
	ke- holders	Public Sector (including Govt. / Corporation Medical Colleges, Govt. health dept., other Govt. dept. and PSUs)	Medical Practi Clinics/	Sector (Private College, Medical tioner, Private Nursing Homes rporate sector)	NGOs		Community Volunteers	To
Nun	nber of DMCs							
	nber of Sputum							
Nun	ection centres ober of DOT					+		
Cen	tres/providers							
Nun	nber of PHIs expecte	ed to submit monthly PH	II reports					
		bmitted monthly PHI rep			ne quarter			$\overline{}$
L Tho f	following roports are	enclosed (Tick [✓] to in	dicato th	at the report is a	anclosed)			
	Quarterly Report or		idicate tii	at the report is e	inclosed)			
_		Sputum – Conversion						
		n Results of Treatment						
If any	y report is not enclo							
Supe	ervisory activities	(to be compiled from	PHI repo	orts and tour di	iaries)			
	Тур	e of Unit			nese visited *	dur	ing quarte	r by
				MO-TC	STS		STLS	,
	nated Microscopy Ce	entres						
	Centres/providers							
atien		of health facilities visited and	d not the n	number of times the	at they were visit	tod		
		or rieditir racilities visited and	u not the n	difficer of times the	at they were visit	.eu.		
Refe	rral Activities							
a.	Number (%) of Ph	HIs referring > 2% of ne	w adult o	ut patients for s	putum examina	ation		
MICTO	oscopy Activities							
b.		pects whose sputum was						
c.	Out of (b), numbe	er of sputum smear posit	ive patie	nts diagnosed				
d.	Number of TB sus	pects subjected to repea	at sputum	examination for	diagnosis			
e.	Out of (d), numbe	er of sputum smear posit	ive patie	nts diagnosed				
f.	Total number of s	putum smear positive pa	atients dia	agnosed (c + e)				
Trea	tment Initiation							
g.	Of the smear-posi	tive patients diagnosed	(f), numb	er put on DOTS	within the TU			
h.	Of the number of (ND1 and ND2) w	smear-positive patients ithin the TU	diagnose	d (f), number pu	it on RNTCP No	n-D0	OTS	
i	Of the smear-posi within the district	tive patients diagnosed	(f), numb	er referred for t	reatment to ot	her T	Us	
j.	Of the smear-posi district	tive patients diagnosed	(f), num	ber referred for t	treatment outs	ide tl	he	

MDR-TB case finding activity

١	Number of MDR-TB suspects identified
ı	Number of MDK-16 Suspects Identified

Quality of DOTS implementation

1.	Number (%) of all Smear Positive patients started on RNTCP DOTS treatment within 7 days of diagnosis (Information from TB Register)	
2.	Number (%) of all Smear Positive patients registered within one month of starting RNTCP DOTS treatment (Information from TB Register)	
3.	Number (%) of all cured smear positive patients* having end of treatment follow-up sputum examination done within one week of last dose (Information from TB Register)	
4.	Number (%) of patients (all forms of TB) registered during the quarter receiving DOT through a community volunteer (Information from TB Register)	

^{*} These cases should be from the same quarterly cohort which have been included in the report on Results of Treatment

Medications

Adult Patient Wise Boxes

Item	Unit of Measure- ment	Stock on first day of Quarter	Stock received during the quarter	Patients initiated on treatment	Stock on last day of Quarter (a+b) - (c)	Quantity Requested [(c/3) x 4] - (d)
		(a)	(b)	(c)	(d)	(e)
Category I	Boxes					
Category II	Boxes					
Category III	Boxes					

Prolongation Pouches and Inj SM

Item	Unit of Measurement	Stock on first day of Quarter	Stock received during the quarter	Consumpti on during the quarter	Stock on last day of Quarter (a+b) - (c)	Quantity Requested [(c/3) x 4] - (d)
		(a)	(b)	(c)	(d)	(e)
Prolongation pouches	Pouches each with 12 blister strips					
Streptomycin 0.75 g	Vials					

Paediatric drugs (Including drugs for Adult Patients <30kgs)

Item	Unit of Measurement	Stock on first day of quarter	Stock received during quarter	Consumption during quarter	Stock on last day of quarter (a+b) - (c)	Quantity Requested [(c/3) x 4] - (d)
		(a)	(b)	(c)	(d)	(e)
Paediatric PC 13	Boxes					
Paediatric PC 14	Boxes					
Paediatric PC 15	Pouches each with 12 blister strips					
Paediatric PC 16	Pouches each with 12 blister strips					

RNTCP Loose Drugs

Item	Unit of Measure- ment	Stock on first day of quarter	Stock received during the quarter	Consumption during quarter	Stock on last day of Quarter (a+b) - (c)	Quantity Requested [(c/3) x 4] – (d)
		(a)	(b)	(c)	(d)	(e)
INH 300 mg	Tablets					
INH 100 mg	Tablets					
Rifampicin 150 mg	Capsules					
Ethambutol 800 mg	Tablets					

Category IV drugs

Item	Unit of measureme	Stock on first day of	Stock received during the Qtr	Consumption during the Qtr	Stock on last day of the Qtr	Quantity Requested for TU
	nt	nt the Qtr during the Qtr	(a+b) -c	(c x 2) –d		
		(a)	(b)	(c)	(d)	(f)
IP (≤45 Kg Body wt)	PWB					
IP (> 45 Kg Body wt)	PWB					
CP (≤ 45 Kg Body wt)	PWB					
CP (> 45 Kg Body wt)	PWB					
Na PAS for one month in 3 boxes (100 gms each)	Carton of 3 boxes					

Is there any drug at the risk of expiry*? If yes attach details

Yes

No

* Cat I -12 months; Cat II -14 months; Cat III- 11 months; PC 13 & PC 14 - 12 months; Cat IV-6 months

Is there any expired drugs? If yes attach details

Yes No

Laboratory Consumables*

Item	Unit of Measureme nt	Stock on first day of Quarter	Stock received during Quarter	Consumption during Quarter	Stock on last day of Quarter	Quantity requested
Sputum containers	Nos.					
Universal containers for C & DST	Nos.					
Slides	Nos.					
Carbol Fuchsin (1% solution)	Litres					
Methylene Blue (0.1% solution)	Litres					
Sulphuric Acid (25% solution)	Litres					
Phenolic solution (for disinfection-40% pure solution)	Litres					
Immersion Oil/ Liquid paraffin (Heavy)	mL					
Methylated Spirit	Litres					

Equipment in place

Item	Number in place	In working condition
Binocular microscopes		
Two-wheeler		

Vehicle for MO-TC:	Jeep in working condition	Hired vehicle	None

IEC

Number of TB Patient Provider meetings held	
Number of Community meetings organized	

Name of Medical Officer Tuberculosis Control reporting (in Capital Letters):

Signature:	
Date:	