NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

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Ministry of Health & Family Welfare
Government of India

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME
TB MUKT BHARAT
TB Harega Desh Jeetega

Operational Guidelines for TB Services at Ayushman Bharat Health and Wellness Centres

DECEMBER 2020

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Central TB Division
Ministry of Health & Family Welfare
Government of India

This Publication can be obtained from:

Central TB Division,

Ministry of Health and Family Welfare,

Nirman Bhawan, New Delhi 110011

http://www.tbcindia.gov.in

December 2020

Developed with support from:

USAID supported NISHTHA/Jhpiego

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Department of Health and Family Welfare
Ministry of Health and Family Welfare

Foreword

The National Health Policy 2017 aims at providing healthcare in an "assured manner" to all by addressing current and emerging challenges arising from the ever-changing socio-economic, epidemiological and technological scenario. Government of India (GOI)'s flagship program 'Ayushman Bharat' marks a significant landmark in the history of health care in India and in India's road to Universal Health Care. When fully operational it will ensure universal, accessible, equitable and affordable health care for all.

One important component of Ayushman Bharat is the Health and Wellness Centres (HWC) which aim to provide an expanded and comprehensive package of primary health care services at the patient's first point of contact. The Government has paved the way for affordable/free healthcare for all, through 150,000 centres by upgrading Sub-Centres and Primary Health Centres to Health and Wellness Centres providing comprehensive primary healthcare.

India accounts for a quarter of the global tuberculosis burden. In our fight against TB, Honourable Prime Minister has set a bold target of a TB-free India by 2025, five years ahead of the SDG targets of 2030. The requirements for moving towards ending TB and ultimately TB elimination have been integrated into four strategic pillars of Build, Detect, Treat and Prevent under the National Tuberculosis Elimination Program (NTEP)'s National Strategic Plan (NSP) 2017-25. The NSP emphasis is on reaching all for early diagnosis of TB, reducing transmission and treating TB patients by offering quality care from the outset with right drugs and regimens along with suitable patient-centric support systems. This necessitates significant scale-up of TB services by harnessing the reach and power of general health system and ensuring a community-led mass social movement against TB, along with other measures such as newer tools for diagnosis, patient support mechanisms, private sector engagement, etc. Integrating TB care and prevention activities within the platform of Health and Wellness Centres (HWCs) is thus a critical move for ensuring the availability of TB services closer to the communities, to achieve Health for All and TB free India by 2025.

These Operational Guidelines for TB Services at Ayushman Bharat Health and Wellness Centres (AB-HWCs), have been produced jointly by the Central TB Division and National Health Mission, Ministry of Health and Family Welfare, Government of India. I congratulate them for producing this important framework which will guide the country in its efforts to eliminate TB and making the country TB free.

I would urge all the State/UT Governments to fully operationalize TB services at AB-HWCs, and join in the efforts to eliminate TB from the country.

Place : New Delhi
Date : 22 December 2020

(RAJESH BHUSHAN)

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Dated the 22nd December, 2020

MESSAGE

The sustained efforts of the Government of India towards TB control have led to a remarkable increase in TB notifications and improvements in diagnostics, adherence and treatment outcomes in the country. In 2019, the Revised National Tuberculosis Elimination Programme (NTEP) has notified 24 lakhs TB cases and the number of missing cases has been reduced to 2.4lakh cases, as compared to 10 lakh cases in 2017. The Millennium Development Goal (MDG) of halting and reversing the epidemic of TB has been achieved in 2015and we have set our goal of achieving the SDGs, five years ahead of the global targets. Clearly, TB is the leading infectious killer in India that affects all irrespective of age or gender and every step taken towards the elimination of this disease is a step towards improving the lives of millions of families in the country. One of the important steps in this direction is integration of TB program activities with the wider health delivery mechanisms through a collaborative approach to ensure ending TB.

One such key and high-priority initiative is integration and strengthening of TB services at the Ayushman Bharat Health and Wellness Centers (HWCs), which are being operationalised across the country for achieving universal coverage of Health. Integrating TB program activities within the Health and Wellness Centers (HWCs) will help to bring the TB program activities and services near to the communities and will help in ensuring the reach of TB services to all. It will lead to improvement in awareness about TB in communities, early identification of TB patients, better adherence to TB treatment by enhancing patients' access to care and convenience and better monitoring of treatment outcomes. Further, HWCs can also play a huge role in identifying individuals to be put on TB preventive treatment and ensuring that they undergo the treatment as needed. Being the first point-of-contact and referral centres for all health needs, integration of TB services at AB-HWCs is also expected to fast-track the management of related co-morbidities such as Diabetes etc, and offer patient-centric care.

I am confident that the Operational Guidelines for TB services at Ayushman Bharat Health and Wellness Centers (HWCs) would help states to plan and roll-out integration of TB program activities and services within the HWC platform and reaching the last mile, with quality care. I request all the Sub-Health Centers and Primary Health Centers in rural and urban areas which are being strengthened as HWCs under the Ayushman Bharat to take up the more proactive role in TB care and prevention in their catchment areas, as envisaged in this document and join our country's fight against TB. Let us together defeat TB.

(Arti Ahuja)

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MESSAGE

The National Health Policy 2017 aims at universal access and quality health care services without anyone having to face financial hardship. Prioritization of primary health care is identified as the only affordable and effective path through which the goal of universal access is attained. Hence, the launch of Ayushman Bharat Health & Wellness Centres (AB-HWCs) in 2018 to strengthen primary health care system by Govt of India's exhibits strong commitment to achieving Universal Health Coverage (UHC). It stresses on ensuring comprehensive primary health care by bringing care closer to people, giving primary health care providers the responsibility for the health of the target population, and strengthening their role as coordinators of inputs from other levels of care.

Tuberculosis continues to be a major public health challenge in India. Govt of India has expressed its strong commitment to achieving the SDG Goal of ending TB by 2025, five year ahead of the global timelines. Through the National Tuberculosis Elimination Programme, we are implementing the National Strategic Plan (2017-25) geared to achieve this goal. One important move in this regard is the expansion of community-based TB services ensuring access, affordability and quality. The primary health care system strengthened through the Ayushman Bharat HWCs is expected to shoulder this responsibility of taking TB services to the community and lead the community's movement against TB from the front.

These Operational Guidelines provides a framework for AB-HWCs to serve as the first point of contact for a range of TB services spanning preventive, promotive, curative and rehabilitative care to the population in their coverage area. These also guide on the public health actions and facilitation of collective community action for addressing TB vulnerabilities by AB-HWCs.

I hope that States will utilize the guidelines for strengthening TB services already offered by AB-HWCs and for integrating additional functions as envisaged in the guidelines. I request all the stakeholders, especially those involved in AB-HWC initiative and in NTEP, to plan and implement the guidelines together.

Let us defeat TB, let us achieve a Healthy India.

(Vandana Gurnani)

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MESSAGE

In 2019 24 lakh TB patients have been notified in the country. As per WHO Global TB report, 2020, the incidence of TB reduced from 300/lakh population in 1990 to 193/lakh population in 2019 and mortality reduced from 76/lakh population in 1990 to 33/lakh population in 2019.

However, the pace of the decline of TB incidence is not commensurate with what is required to achieve SDG goal of 80% reduction in TB incidence from that in 2015 by 2025, five year ahead of global timelines. There are challenges like the unfinished agenda of addressing the 'missing cases', scale-up of TB care services in the private sector, providing social support to TB patients, and addressing the social determinants of TB through a multi-sectoral approach. The Covid-19 pandemic has also added to the constraints we face. Bold commitments and powerful actions are needed to reach all and reach them early; and to ensure that all identified patients are put on quality care.

Integrating TB services within the various platforms of National Health Mission, Ministry of Health and Family Welfare (MOHFW) is one of the key strategies proposed in the National Strategic Plan (2017-2025) of NTEP. Operationalizing and strengthening services at the Ayushman Bharat Health and Wellness Centers (HWCs) which is the flagship program of Government of India (GoI) will decentralize and increase access to TB services and would help improvising patient-centric TB care closer to the patients' homes.

The Operational Guidelines for TB Services at Ayushman Bharat Health & Wellness Centres will provide guidance to the State Governments to implement the integration of TB services at various levels of HWC platform. This framework aims at integrating and strengthening the TB services at HWC across the service delivery points. The targeted audience for this guideline includes the program managers at various levels, the primary health care teams including front line health workers and other key stakeholders. This will be a guiding document for planning, implementing and monitoring the interventions aimed at strengthening the integration of TB services at HWCs across the country.

I congratulate both the divisions and all the experts and stakeholders in bringing out these important operational guidelines which provide a much needed framework for integration of NTEP services with the health systems at the HWCs. I am confident that implementation of these Guidelines will pave the way for achieving the target of Ending TB in the country.

(Vikas Sheel)

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Message

Operational Guidelines for Integrating TB services at Ayushman Bharat Health and Wellness Centers (AB-HWCs) marks a major step towards ending Tuberculosis by 2025. The TB program in the country has undergone a paradigm shift in recent times, there is substantial visible commitment not only at the highest political levels, but also among various stakeholders including other programs and ministries.

The National Strategic Plan (2017-2025) of National Tuberculosis Elimination Programme (NTEP) provides various strategies towards achieving the goal of ending TB in India by 2025. Integration of TB services with various programs and at various platforms is one of the key strategies proposed in NSP (2017-2025). In line with this, NTEP is taking a key step by integrating TB services at the Ayushman Bharat Health and Wellness Centers platform across the country. This important initiative will ensure the accessibility and availability of TB services near to the doorstep of communities. This step is also critical for the Ayushman Bharat Health and Wellness Centers as it would ensure strengthening the comprehensive package of primary health care services envisaged to be provided through HWCs.

The overall purpose of these guidelines is to articulate the step-by-step approach for ensuring integration of TB services at the HWC platform. It provides a framework for service delivery at community, at AB-HWC Sub Centres, AB-HWC PHCs and AB-UPHCs with focus on the role of each level in the TB care cascade. It also lists out potential roles and responsibilities of different stakeholders in operationalizing the TB services at AB-HWCs. Implementation of this guideline is expected to enhance case finding, early detection and timely management of TB cases at patient's first interface with the health system, and reduce the morbidity and mortality due to TB. The coming few years are critical towards achieving the goal of ending TB in India. We would require a holistic approach and integrated intensive efforts at expanding access and improving the quality of services to realize the Goal of TB Free India.

I would like to congratulate all those who have provided valuable inputs to this document in a collaborative manner, especially to the colleagues at National Health Mission-MoHFW, NHSRC, State TB Cells, WHO NTEP Technical Support Network, Partner Organizations and CTD.

(Dr K S Sachdeva)

Acknowledgements

Development of the Operational Guidelines for Integrating TB services at Ayushman Bharat Health and Wellness Centers (AB-HWCs) is the culmination of discussions and inputs from various stakeholders and review of existing guidelines and literature. Central TB Division (CTD) and National Health Mission (NHM), Ministry of Health & Family Welfare (MoHFW), Government of India took the lead in the process.

We express our gratitude to Ms Arti Ahuja (Additional Secretary - TB) and Ms Vandana Gurnani (Additional Secretary & Mission Director - NHM) for their valuable guidance and spearheading this collaborative initiative. We are grateful to Shri Vikas Sheel, Joint Secretary (Policy & TB) for his leadership and guidance in framing the overall guideline as well as for his critical inputs. We thank Dr K S Sachdeva – DDG (TB), Central TB Division, MoHFW, for his guidance and leadership throughout. We thank NHM and NHSRC teams led by Dr N Yuvaraj and by Dr Rajani Ved and Dr J N Srivastava respectively for their valuable inputs.

We thank all the members who contributed towards the development of Operational Guidelines under the leadership of Dr. Raghuram Rao, Deputy Director (TB), including current and former colleagues at CTD, States and Partner Organizations.

We are deeply thankful to all those who reviewed the draft guidelines and shared inputs for improvisation, including State counterparts, WHO Regional Team Leads and State Consultants for NTEP.

We express our sincere gratitude to USAID for supporting the development of this guideline through their flagship health system strengthening project NISHTHA/Jhpiego. We sincerely thank the NISHTHA/Jhpiego team for supporting the development of the guideline and also for designing and printing of the document.

We hope the operational guidelines will support states for integrating and strengthening TB services at AB-HWCs and support AB-HWCs in leading the fight against TB from the front.

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Abbreviations

AB-HWC	Ayushman Bharat Health & Wellness Centres
ACF	Active Case Finding
ACSM	Advocacy, Communication, and Social Mobilisation
ADR	Adverse Drug Reaction
AIDS	Acquired Immunodeficiency Syndrome
ANM	Auxiliary Nurse Midwife
ART	Anti-Retroviral Therapy
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
CBAC	Community Based Assessment Checklist
C-DST	Culture Drug Sensitive Test
CHC	Community Health Centres
CHO	Community Health Officer
CTD	Central TB Division
DH	District Hospital
DM	Diabetes Meletus
DMC	Designated Microscopy Centre
DOT	Directly Observed Treatment
DR-TB	Drug Resistant TB
DS-TB	Drug Sensitive TB
DST	Drug Sensitivity Test
EPTB	Extra-Pulmonary TB
IEC	Information Education and Communication

INH	Isoniazid
ILI	Influenza Like Illness
LTBI	Latent TB Infection
MAS	Mahila Arogya Samiti
MDR-TB	Multi-Drug-Resistant Tuberculosis
MPW	Multi-Purpose Worker
MO	Medical Officer
MOTC	Medical Officer TB Control
NAAT	Nucleic Acid Amplification Test
NHM	National Health Mission
NGO	Non-Governmental Organization
NPY	Nikshay Poshan Yojana
NTEP	National Tuberculosis Elimination Programme
NRC	Nutritional Rehabilitation Centre
OPD	Out-patient Department
PHC	Primary Health Centre
PHI	Peripheral Health Institution
PMDT	Programmatic Management of Drug Resistant TB
PLHIV	People Living with HIV/AIDS
PIP	Programme Implementation Plan
PP	Private Provider
PPM	Public Private Mix
PRI	Panchayati Raj Institution
RNTCP	Revised National Tuberculosis Control Programme
SARI	Severe Acute Respiratory Infection

SDG	Sustainable Development Goal
SHC	Sub Health Centre
STO	State Tuberculosis Officer
STSL	Senior TB Lab Supervisor
STS	Senior Treatment Supervisor
TB	Tuberculosis
TBHV	TB Health Visitor
TPT	TB Preventive Treatment
UDST	Universal Drug Sensitivity Testing
UHC	Universal Health Coverage
UPHC	Urban Primary Health Centre
VHND	Village Health and Nutrition Day
VHSNC	Village Health Sanitation and Nutrition Committee
WHO	World Health Organization

1. Background and Rationale

Tuberculosis is the tenth global cause of death and also the leading cause of death among people with HIV infection. In 2019, tuberculosis was responsible for an estimated 4.36 lakh deaths in India and 26.4 lakh people fell ill with tuberculosis. An estimated 2.36 lakh people were missed out on being diagnosed with tuberculosis and were not reported under the National Tuberculosis Elimination Programme (NTEP) (Global TB Report 2020).

National TB Elimination Programme (earlier known as Revised National TB Control Programme) under the aegis of National Health Mission (NHM) ensures provision of free TB services and management of TB as per the Standards for TB Care. India has achieved Millennium Development Goal and has geared up to achieve targets for TB under the Sustainable Development Goal by 2025, five years ahead of global timelines. Tuberculosis mortality and incidence rates are decreasing, at about 3% and 2%, respectively, each year.

The Government of India (GoI) has launched the response for ending TB through a robust National Strategic Plan (NSP) 2017-25 of NTEP. The plan envisages rapid expansion of services, newer diagnostic tools, bold innovations and major institutional reforms, patient centric strategies with multi- sectoral involvement to take up the challenge of ensuring a TB-Free India. GoI has rolled out many key initiatives under the NSP including active case finding, introduction of daily regimen and universal Drug Susceptibility Testing (DST). Further, newer drugs – Bedaquiline and Delamanid have been introduced which not only leads to shorter Multi Drug Resistant (MDR) TB regimen but also enables previously treated patients and INH mono-poly drug resistant TB patients to shift to injection free regimen. The country has also expanded molecular diagnostic laboratories (CBNAAT/TrueNat) to 3042+ laboratories. Systematic active TB case finding has been implemented for the last three years across the country with an aim to intensify case finding efforts.

TB services have traditionally been managed at primary care level and can be taken to the sub-health centres and community level with limited resources. Strong community participation and taking TB services closer to the community will go a long way in reducing morbidity and mortality from TB. Under the Ayushman Bharat (AB) initiative, the primary care facilities including Primary Health Centres (PHCs) and Sub Health Centres (SHCs) are being strengthened as Health and Wellness Centres (HWCs) to provide comprehensive primary health care services close to the community. This provides an opportunity for the TB programme to leverage the resources under the initiative to take TB interventions closer to the community.

2. Service Delivery Framework

To reach the ambitious goal of Ending TB in India, availability of comprehensive range of promotive, preventive, curative and rehabilitation services closer to the community is key under the ambit of Universal Health Coverage (UHC).

This guideline describes services required to contain and prevent TB in the community and include interventions at:

1. Community level
2. Ayushman Bharat Health and Wellness Centre – SHC level
3. Ayushman Bharat Health and Wellness Centre – PHC/UPHC level

2.1. Interventions at Community Level

At the community level, the frontline workers – ASHAs, Multi-Purpose Workers (MPW)/ Auxiliary Nurse Midwives (ANMs) will raise awareness and provide referral and patient support services in the community. This will enable community participation in TB prevention and patient support to sustain long term adherence to TB treatment. The following interventions will be implemented at community level, with support and information to the PHC/CHC Medical Officer (MO) and Senior Treatment Supporter (STS):

- **Awareness generation activities** preferably with participation of Panchayati Raj Institution (PRI) members/community leaders, including the following:
  - Awareness on health promotion and health seeking behaviour,including awareness on symptoms of TB, good cough etiquettes, available services for screening, diagnosis and treatment of TB, patient support/benefit schemes including Nikshay Poshan Yojana and transportation support to Drug Resistant Tuberculosis (DRTB) patients and patients from scheduled tribal areas. Awareness generation events may be organized on a fixed day every month by ASHAs and Multi-Purpose Workers in collaboration with community.
  - Observance of World TB day on March 24, as part of the annual Health and Wellness Calendar Activity for generating awareness in the community, discourage the use of tobacco (smoke and smokeless), organize health-checkup camps and talks with the TB survivors in the community / AB HWC-SHCs.
  - Generate awareness for screening of TB during active TB case finding campaigns and universal screening of non-communicable diseases, SARI like symptoms/ILI, etc.
  - Raise awareness in the community regarding pediatric TB and TB in pregnancy, with emphasis on seeking early care.

- Involve and sensitize community influencers including PRI members, faith leaders, etc, in raising awareness, screening for TB and providing support to TB patients, including treatment support groups.
- Anti-stigma and non-discrimination campaign to reduce stigma and discrimination against TB patients in the community, to encourage patients to seek early care and avoid hiding symptoms.
- Awareness on incentives for community for referral and treatment support. Provisions of NTEP referral slips to potential informants.
- Health education on increased vulnerability to TB for diabetic patients, patients on immunosuppressants, alcoholics and smokers with emphasis on periodic screening for TB among these vulnerable groups.

- **Advocacy interventions** to promote healthy behaviours and leverage support for TB patients, including advocacy with local administration or PRI, to make spitting bin and signages on good cough etiquettes available at public and locally relevant places and for free distribution of masks/handkerchief/tissues to TB patients in the community.

- **Services for case finding** (Active TB and Latent TB Infection) to be carried out as an outreach activity by the community/NGO Volunteers, ASHA and MPW(Male)/ANM under the supervision of the Community Health Officer (CHO)/MO-UPHC:
  - Vulnerability assessment.
  - Screening for symptoms of TB during population screening using Community Based Assessment Checklist (CBAC).
  - Periodic active case finding among identified vulnerable populations.
  - Prompt referral of persons with TB symptoms to health center.

- **Treatment support and monitoring**
  - Identification, assignment, training and monitoring of treatment supporters.
  - Formation and conducting meetings of Treatment Support Group.
  - Health education for TB patients and their household contacts on TB symptoms, treatment, managing adverse drug reactions, nutrition, etc during house visits and treatment support group meetings.
  - Counselling TB patients and caregivers on various issues related with TB.

- **TB preventive measures**
  - Screening of household/workplace contacts and other contacts of TB patients as eligible in the local context and identified vulnerable population for TB/Latent TB Infection.
  - Facilitate complete evaluation by microbiological and/or radiological examination and/or other investigations to rule out TB.

- Ensure that eligible persons undergo TB preventive treatment as needed and completes the preventive treatment.

- **Interventions to ensure community participation**
  - Identify and train TB Champions from TB survivors, and facilitate their participation in various activities, including Village Health Sanitation Nutrition Committees (VHSNCs)/ Mahila Arogya Samitis (MASs), Jan Arogya Samitis and TB forum meetings.
  - VHSNCs and MASs to discuss TB related issues in their meetings, conduct awareness programmes and extend support to case finding and treatment.

2.2. Services at Ayushman Bharat Health and Wellness Centre SHC level led by CHO

- **TB case finding**
  - Early identification of presumptive TB patients through screening for cough, fever, weight loss, blood in sputum, or night sweat, during OPD and during Population Enumeration using the CBAC form or its updation, or during any other population-based activities by the HWC.
  - Ensure periodic TB screening (preferably once in a quarter) among identified vulnerable population including diabetic patients, patients on immune-suppressants, smokers, etc.
  - Referral of presumptive TB patients to the nearest microscopy or molecular laboratory through laboratory request forms by ANM/MPW-Male/CHO, with information provided to the PHC MO. Referral cases should be appropriately registered on Nikshay platform as presumptive TB patient by the AB-HWC SHC/AB-HWC-PHC/ UPHC and forwarded to the Designated Microscopy Centre (DMC) or the concerned laboratory.
  - Facilitated referral is preferable. Persons with symptoms of TB should be given sputum container and counselled for collection of good quality sputum in the morning, which can be taken to the laboratory for testing.
  - Depending on local need and distance of laboratory, the SHC should be made the sample collection centre and adequate number of sputum containers should be stored at the SHC. Open area in the SHC campus should be identified for collection of samples. Both samples are to be packaged as per NTEP guidelines (https://tbcindia.gov.in/index1.php?lang=1&level=2&sublinkid=4781&lid=3306 – Chapter 4) and are to be transported in the sample transport box to the nearest laboratory along with the completely and correctly filled laboratory request form. Sample

transport arrangement to be made in consultation with MO-PHC for coordination, while the District TB Centre or MO-TC to ensure feasibility and financial measures required for such arrangement and can include local volunteers, courier services, etc Mechanisms created for sample transportation under NHM Free Diagnostic Services could also be utilized for sample transportation.

- If sample collection is not possible at the SHC, the presumptive TB patients should be referred to the PHC-MO for confirmation from the AB-HWC-SHC level.
- Check for signs and symptoms for extra-pulmonary TB and refer to the AB-HWC-PHC MO.
- Ensure availability of adequate sputum collection containers (sputum cups and falcon tubes), logistics for sample packaging and transportation.

- **Case management and support**
  - Stock and dispense anti-TB drugs supplied from NTEP to TB patients. AB-HWC-SHC will be key to ensure support for adherence to treatment and monitoring of TB patients at the community level. Following the prescription of anti-TB drugs by the MO, the primary health care team led by the CHO at AB-HWC-SHC will identify appropriate treatment supporter in consultation with the patient, train him/her on giving drugs to the patient, dispense drugs to treatment supporter or patients, counsel patients on treatment literacy, cough etiquette, nutrition, fall back system in case patient has to move during the treatment, etc.
  - AB-HWC-SHC will be the treatment support centre for patients staying close to the SHC.
  - Primary health care team at AB-HWC-SHC will execute public health action for all diagnosed TB patients. This will include home visits, counselling, contact investigation, testing of blood sugar (if not done), mobilization/referral for chemoprophylaxis and HIV testing (if not done) to PHC, sample collection and transportation for DST (if not done), linkages to Antiretroviral Therapy (ART_ centre / DRTB centres (if needed), collection of bank account details, monitoring for adherence to treatment and facilitating follow up examination.
  - The team will also co-ordinate with the STS of the area and ensure regular updation of the records in hard copies as well as in Nikshay. The visits to the patient's home can be coordinated with the STS of the area for better integration at the systemic level.
  - AB-HWC-SHC will clinically monitor patients who are identified as at- risk for complications or death and facilitate care from appropriate facilities, whenever required. This includes monitoring general condition, nutritional status and Hb

measurement, blood sugar and blood pressure monitoring of TB patients.

- Prevent treatment interruptions.
- CHO at AB-HWC-SHC will identify Adverse Drug Reactions (ADR) and refer to the referral centre for management of ADR.
- Primary health care team at AB-HWC-SHC will collect and transport the samples for follow up to nearby DMC as per the local need.
- Primary health care team at AB-HWC-SHC, with support from ASHAs will carry out the long-term follow-up of treated patients for next 2 years at 6 months interval and will update the records accordingly. ASHAs will mobilize the treated TB patients for follow-up assessments.
- Primary health care team at AB-HWC-SHC will provide palliative care and also facilitate post-treatment rehabilitation of TB patients.

- **TB preventive measures**
  - Ensure screening of all eligible population for TB and Latent TB Infection (LTBI) identified during the population enumeration and CBAC filling exercise or any other population level survey/assessment.
  - Facilitate complete evaluation by microbiological and/or radiological examination and/or other investigations of persons likely to have LTBI to rule out TB, in coordination with AB-HWC-PHC team.
  - Ensure that eligible persons undergo TB preventive treatment.
  - Follow up of patients for completion of TB preventive treatment.
  - Counsel the community members who are chronic smokers or alcoholics along with their family members on its harmful effects.
  - Regularly visit families who use wooden chulahs / other smoke generating cooking methods / hookah and assess their respiratory health, especially of young children and elderly in the household.

- **Advocacy, Communication and Social Mobilization activities**
  - Generate awareness in the community on nutrition and healthy eating habits utilizing the Eat Right toolkit.
  - Mobilize community, community leaders (religious leaders, school principals, women's Self-Help Groups, etc) and PRI members for TB sensitization activities.
  - Facilitate and monitor TB control activities by VHSNC/MAS.
  - Present and review tuberculosis status in the villages during Gram Sanjeevani Samiti.
  - Identify TB survivors to volunteer for the community engagement activities and nominate them as members of the Jan Arogya Samitis.

2.3. Services at Ayushman Bharat Health and Wellness Centre PHC level

- **TB case finding**
  - Early identification of presumptive TB patients through screening of patients at OPD for cough, fever, weight loss, blood in sputum, or night sweats.
  - Periodic TB screening among diabetic patients, patients on immune- suppressants, smokers, etc.
  - All AB-HWC-PHCs/UPHCs will provide sputum smear microscopy for diagnosis and follow up examination (preferably).
  - All AB-HWC-PHCs/UPHCs will function as sample collection centres to transport samples for molecular test or DST.
  - Referral of smear negative patients for chest X-Rays at appropriate nearby health facilities.
  - Referral of presumptive extra-pulmonary cases for investigation to nearby appropriate health facilities.
  - HIV and blood sugar testing of all TB cases/presumptive cases as per the local arrangement.
  - Notify every TB patient in Nikshay at the earliest and update information of patients on comorbidity, treatment adherence, treatment outcome, contact investigation, TB preventive treatment (TPT), and any other as required by NTEP in coordination with the STS.

- **TB case management and monitoring**
  - Treatment initiation of drug susceptible TB will be done at all HWC PHCs/UPHCs by the MO.
  - All AB-HWC- PHCs/UPHCs will also work as treatment support centres.
  - For drug resistant TB patients, anti-TB drugs will be dispensed based on prescription of DRTB centre.
  - If patients cannot travel to DRTB centre for any reason, AB_HWC PHC/UPHC will ensure pre-treatment investigation for patients locally, using funds available from existing schemes under NHM/State government schemes, communicate test results to district DRTB centre, consult through tele-medicine and initiate treatment in consultation with the DRTB centre.
  - Assess TB patients for vitals, nutritional status and other clinical parameters for identifying patients requiring admission or additional clinical interventions and refer to appropriate facility. PHC/UPHC-HWC will also ensure follow-up and intensive

monitoring of such patients with AB-HWC-SHC team in rural areas and ANMs and ASHAs in urban areas, after discharge from the in-patient facility.

- Identify and treat minor adverse drug reaction using ancillary drugs available at HWCs. For major adverse drug reaction, refer patients to higher centre. The mapping of these centres will be made available by the district Team for ease of defined referral and return linkages.
- Consult with DRTB centre/higher centre through e-Sanjeevani/telemedicine system for management of drug resistant TB patients or complicated cases.
- Counsel TB patients on treatment adherence, cough hygiene, nutrition, adverse drug reactions, prevention, comorbidity management, Nikshay Poshan Yojana (NPY) benefit.
- Collection and transportation of sputum sample of all TB patients for drug susceptibility testing using mechanisms such as sample transporters/volunteers/ any other mechanisms as decided by the State/District. Ensure subsequent testing for drug resistance like INH, second line drug resistance.
- Collection and transportation of samples for follow up examinations.
- Counsel drug resistant TB patients and facilitate their travel to DRTB centre with smooth coordination for treatment initiation and follow up. Funds available under NTEP for DRTB patient support may be utilized for the same.
- Coordinate with TB Unit (STS, MO) and DTC to ensure timely disbursement of NPY, incentives to treatment supporters, private providers, informants, travel support to DRTB patients and travel support to patients from tribal areas.
- Facilitate free X-Ray at public sector or private sector facilities for patients with smear negative result or for drug resistant TB patients through existing schemes of NHM/State Government.
- Facilitate tele-consultation services for the TB patients for clinical and psycho-social support, wherever available, feasible and required.

- **TB preventive measures**
  - Ensure screening of all eligible population for TB and LTBI.
  - Facilitate ruling out of TB through complete evaluation by microbiological and/or radiological examination and/or other investigations through inhouse facilities or through hub and spoke mode.
  - Ensure that eligible persons undergo and complete TB preventive treatment as suggested under the programme.

- **Management and monitoring of TB services in PHC area**
  - Supportive supervision of TB services at SHCs under the PHC in rural areas and services in community by ANM/ASHA in urban areas.
  - Stock and dispense anti-TB drugs supplied from NTEP to TB patients, SHC or treatment support centres/ treatment supporter.
  - Map vulnerable population for Active Case Finding.
  - Plan, organize and implement active TB case finding through AB-HWC-SHC with outreach workers and community volunteers in rural areas and through outreach workers/community volunteers/NGOs, etc in urban areas.
  - Sensitization of private Doctors available within the HWC area to notify TB cases through Nikshay.

2.4. Referral Centres

Referral Centres for AB-HWCs are detailed below:

- **For Sub Health Centres**
  - Presumptive TB patients will be referred, or their samples will be transported to Designated Microscopy Centres for diagnosis of TB.
  - For treatment initiation, the diagnosed TB patients will be referred to the nearest PHC.
  - For drug susceptibility testing or follow up examination, the HWC will collect samples and send it to the DMC or CBNAAT or C & DST Laboratory.
  - For drug resistant cases, the patients will be referred to concerned DRTB centre for treatment initiation.
  - During the course of treatment, if patients develop adverse drug reaction, he/she will be referred to the PHC or higher referral centre depending on seriousness of the event.
  - Similarly, if any patient is at risk of developing complications, he/she will be referred to the PHC or higher referral centre for management.

- **For Primary Health Centres**
  - Samples of presumptive TB patients will be transported to designated microscopy centres for diagnosis of TB, if microscopy services are not available at the PHC.
  - Refer presumptive extra-pulmonary TB patients or presumptive TB children with no sputum, for diagnosis of TB to district hospital or wherever the experts are available to get the samples.
  - For drug susceptibility testing or follow up examination, the AB-HWC-PHC will collect samples and send it to the DMC or CBNAAT or C & DST Laboratory.

- For drug resistant cases, patients will be referred to DRTB centres for treatment initiation.
- Patients identified at risk of complications or requiring hospitalization will be referred to an appropriate facility where such complications can be managed or where TB patients are admitted.
- During the course of treatment, if DSTB patients develops serious adverse reactions, they will be referred to CHC or DH depending on the severity of the event. DRTB patients will be referred to the DRTB Centre for managing serious adverse reactions.

- Referral centres should ensure referral back to concerned HWC for follow up action and subsequent dispensing of anti-TB Drugs. The CHO should be provided with clear guidance on dispensing medicines and any other prescriptive guidance for patients to enable follow-up and treatment adherence. The centres could also provide tele-consultation services at the AB-HWC-SHCs to ensure adequate flow of information and clear communication.
- Referral centres should manage major Adverse Drug Reactions.
- Referral centres should mentor and supervise AB-HWC-PHCs for ensuring quality at designated microscopy labs.
- Referral centres should address any grievance related to service delivery and supply of medicines.

3. Responsibilities of District and Block level Officials in Operationalizing TB Services at AB-HWCs

3.1. District TB Officer and HWC Program Managers

- Ensure training of HWC teams in TB services and infection control.
- Provide guidelines, locally tailored IEC material, etc, to the HWCs.
- Provide logistics like anti TB drugs, sample collection container, falcon tubes, etc.
- Ensure periodic sensitization and training of HWC teams on NTEP.
- Routinely monitor the data of HWCs.
- Engage private sector for catering to district specific requirements to minimize the delays in diagnosis and treatment initiation. (E.g. in sourcing of X-ray, sputum transportation etc.).
- Ensure coordination with other health programmes such as AB-HWC, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS), National Tobacco Control Programme (NTCP), National Programme for Health Care of the Elderly (NPHCE), Rashtriya Bal Swasthya Karyakaram (RBSK), National AIDS Control Programme (NACP), Integrated Disease Surveillance Programme (IDSP), for including TB in their routine activities in field and for joint review. These include leveraging the RBSK platform for identifying pediatric TB in the community.

3.2. Block Medical Officer & Medical Officer – TB Control

- Training of HWC teams in TB services and infection control.
- Ensure availability of IEC material, training modules, job-aids and logistics like anti TB drugs, sample collection container, falcon tubes etc, to the HWCs.
- Conduct periodic sensitization and training of HWC teams on NTEP.
- Routinely monitor the data of HWCs.
- Engage private sector in catering to block specific requirements to minimize the delays in diagnosis and treatment initiation. (E.g. in sourcing of X-ray, sputum transportation etc).
- Coordinate with other health programmes such as AB-HWCs, NPCDCS, NTCP, NPHCE, RBSK, NACP, IDSP, for including TB in their routine activities in field and for joint review. These include leveraging the RBSK platform for identifying pediatric TB in the community.

3.3. Senior Treatment Supervisor (STS)

- Assist District TB Officer (DTO) and Medical Officer Tuberculosis Control (MOTC) for collaborative activities with AB-HWCs in rural and urban areas.
- Assist DTO and MOTC in organizing and facilitating training for AB-HWC teams on NTEP guidelines from time to time.
- Support the AB-HWC team in vulnerability mapping and active case finding among identified vulnerable populations by AB-HWCs in the assigned area.
- Coordinate with the Primary Health Care Team at AB-HWCs, to ensure screening for Latent TB and TB among contacts of all microbiologically confirmed pulmonary TB patients and refer for appropriate management.
- Support the AB-HWC team in identification and training of recognized DOT Providers/ community treatment supporters.
- Support the AB-HWC team in undertaking home visits to the notified patients on a monthly basis for providing health education and counselling on nutrition and treatment adherence to the patient and family/caregivers, and for monitoring treatment progress till successful completion of treatment.
- Support the AB-HWC team in retrieval of patients diagnosed but not initiated on treatment and lost to follow-up patients.
- Assist CHOs of AB-HWC-SHCs in using ICT and Nikshay tools for case management and public health action.
- Support the AB-HWC Team in maintaining the NTEP registers, including stock registers, incorporating required information with respect to all patients diagnosed in the assigned areas and facilitating data entry in Nikshay and Nikshay Aushadhi.
- Assist DTO and MOTC in ensuring regular supply of drugs and other logistics to all AB-HWCs in the Block/TB Unit.
- Coordinate with AB-HWC teams for retrieval of unconsumed medicine boxes of patients who are lost to follow-up/died/transferred-out etc.
- Support the AB-HWC team in organizing patient provider interaction meetings and community meetings.
- Undertake supportive supervision visits to AB-HWCs in the assigned area at least once a month.

3.4. Senior TB Lab Supervisor (STLS)

- STLS will be responsible for maintaining the quality of sputum microscopy and smooth functioning of laboratory services at existing DMCs in AB-HWCs.

- STLS shall also facilitate identification and establishment of new DMCs/TB Diagnostic Centre at AB-HWCs.
- STLS shall support DTO and MOTC in establishing or strengthening existing sample transportation mechanisms for sample transportation from AB-HWCs for sputum microscopy, molecular diagnosis, C-DST, other investigations and for co-morbidity testing (testing for HIV and blood sugar, etc.).
- STLS should ensure that the DMC shares the list of tested TB positive patients to HWCs on weekly basis to further send those patients to MO-PHI for early initiation of treatment.

3.5. TB Health Visitor (TBHV) - in Urban Areas

- Support the AB-HWC-UPHC team in vulnerability mapping and active case finding among identified vulnerable populations by AB-HWC-UPHCs in the assigned area.
- Coordinate with the AB-HWC-UPHC team to ensure screening for latent TB and TB among contacts of all microbiologically confirmed pulmonary TB patients and refer for appropriate management.
- Support the AB-HWC-UPHC team in identification and training of recognized DOT Providers/community treatment supporters.
- Facilitate and support home visits to the notified patients on a monthly basis for providing health education and counselling on nutrition and treatment adherence to the patient and family/caregivers, for monitoring treatment progress till successful completion of treatment and, for identification & referral for managing ADRs.
- Support the AB-HWC-UPHC team in retrieval of patients diagnosed but not initiated on treatment and lost to follow-up patients.
- Support the AB-HWC-UPHC team in carrying out follow-up smear/culture/DST examinations of sputum, and testing for co-morbidities as per the stipulated schedule.
- Assist the AB-HWC-UPHC team in using ICT and Nikshay tools for case management and public health action.
- Support the AB-HWC-UPHC team in maintaining the NTEP Registers including stock registers, incorporating required information with respect to all patients diagnosed in the assigned areas and facilitating data entry in Nikshay and Nikshay Aushadhi.
- Coordinate with AB-HWC-UPHC teams for retrieval of unconsumed medicine boxes of patients who are lost to follow-up/died/transferred-out etc.
- Support the AB-HWC-UPHC team in organizing patient provider interaction meetings and community meetings.
- Line-listing and sensitization of Private Providers/NGOs for their involvement in case finding and treatment support.

4. Human Resources at AB-HWCs and Capacity Building

4.1. Responsibilities of Primary Health Care Team Members in TB Prevention and Care

The key human resources that will be required and their roles in TB prevention and care are summarized below:

Position	Roles and Responsibilities
ASHA	• Awareness generation about TB in the village during home visits/survey, community meetings, VHSNDs etc • Filling of the CBAC forms and identification of presumptive TB patients in the community • Mobilize and preferably accompany presumptive TB patients to the nearby AB-HWC-SHC • Sample collection and transportation to PHI (SHC/PHC/UPHC) as per the local need/requirement, following essential infection practices such as hand-washing/hand sanitization, wrapping of sputum cup/falcon tube with tissue paper, carrying sample to PHI in zip-lock cover/leak proof container/ box etc • Work as treatment supporter for local TB patients • Submit patient's bank details to health facility for Nikshay Poshan Yojna • Counsel patients on treatment adherence, nutrition, healthy life-styles and cough etiquettes • Monitor the nutritional status of patients and provide feedback to MPW/ CHO • Ensure treatment adherence and timely follow up of patient • Update TB patient's treatment cards/updation of health diaries provided by the health and wellness centres duly updating the family folders wherever required • Alert patients for ADR, if any and facilitate seeking medical care • Motivate household contacts of confirmed TB patients for undergoing TB screening and eligible contacts for taking complete chemoprophylaxis • Participate in vulnerability assessment of population by doing household survey (during the CBAC enumeration and further annual exercises or other household level surveys done by AB-HWCs) and in active case finding among identified vulnerable population • Discuss TB related agenda in VHSNC/MAS meetings

Position	Roles and Responsibilities
MPW (Male)/ ANM(MPW-Female) at AB-HWC-SHC	• IEC and Social Behavior Change Communication (SBCC) activities for awareness generation • Co-ordinate and participate in the outreach activities for patient support and regular active case finding • Educate and screen pregnant women for TB and support pregnant women with TB to undergo TB treatment • Mobilization of community members and leaders • Refer patients for diagnosis and management • Sample collection for transport to the nearest appropriate health facility/ Referral Centre • Home visits of patients for public health action • Monitoring patient adherence and facilitate follow up and ADR management. Undertake minimum three visits to each DSTB patient and minimum six visits to DRTB patients during treatment • Support in retrieval of TB patients who have stopped taking anti-TB drugs before prescribed period • Supervision of treatment supporters in the area • Work as treatment supporter • Maintain of TB records • Long term follow-up of treated patients every six months for next two years • Map vulnerable population for Active case finding and screening and referral for LTBI • Supply of drugs to treatment supporter

Position	Roles and Responsibilities
Community Health Officer (CHO) at AB-HWC-Sub Centre	• Plan and monitor awareness and community mobilization activities • Sensitize VHSNC members, Jan Arogya Samiti members, PRI members etc on TB and their potential role in eliminating TB • Screen person for symptoms of TB and ensure periodic screening of patients with diabetes and those on immunosuppressants, and smokers. • Refer the presumptive TB patient to AB-HWC-PHC to ensure complete diagnostic evaluation with microscopy, radiology, molecular test • Ensure follow up testing of patients at regular frequency • Clinically monitor patients identified as high risk for complications/death and ensure that they undergo required investigations at suggested intervals • Monitor treatment of patients through visits at least once a month and review treatment record on fortnightly basis. Support in retrieval of TB patients who have stopped taking anti-TB drugs before prescribed period. • Plan, organize and implement active case finding in their area • Early identification of adverse drug reaction and prompt management • Ensure comorbidity and drug susceptibility testing, linkages of comorbidity patients, and drug resistant TB patients • Ensure inventory of laboratory request form, specimen container, anti-TB drugs • Coordinate with PHC for logistics, patient's management • Ensure record maintenance, reporting on NIKSHAY • Identify and engage community treatment supporters and train them on supporting and monitoring TB treatment. • Educate patients and family members on TB, treatment, etc • Ensur screening and testing of contacts of sputum positive TB patients for TB/LTBI • Coordinate with RBSK team and PHC MO for ensuring screening for pediatric TB • Facilitate for ruling out TB complete evaluation by microbiological and/ or radiological examination and/or other investigations for contacts of TB patients and others vulnerable for LTBI • Ensure that eligible person undergo TB Treatment or TB preventive treatment as needed • Identify potential TB champions among TB survivors and facilitate their participation in the programme • Coordinate, guide and monitor village level activities for TB control

Position	Roles and Responsibilities
Medical Officer at AB-HWC-PHC/UPHC	• Organize TB services in the PHC area • Screen presumptive TB patients for symptoms and through X-ray, when required • Refer presumptive TB for diagnosis of TB (if not available in PHC) • Diagnose, and initiate TB patients on appropriate treatment regimen • Review patients during their monthly visit to the AB-HWC-PHC • Refer drug resistant TB patients for management of drug resistant TB • Ensure public health action, comorbidity testing, Drug Susceptibility Testing (DST) for all notified TB patients • Assess TB patients for vital parameters, nutritional status, etc, as suggested under NTEP and identify & refer patients who require in-patient care or interventions at higher facilities to appropriate facilities • Ensure follow-up and intensive monitoring of patients identified as high risk of death • Ensure timely follow up of DSTB and drug resistant TB patients • Ensure Nikshay Poshan Yojana and other incentives reimbursed in time • Capacity building of all Staff on NTEP • Sensitization of private doctors, chemists, AYUSH doctors and informal providers. Ensure notification or referral from them • Ensure inventory of consumables and logistics • Coordinate with higher centres for ensuring referral and patients management • Review records and staff performance every month • Supervise, support and co-ordinate all the activities at AB-HWC-PHCs/AB-HWC-UPHCs/AB-HWC-SHCs/Village level In urban areas, UPHC MO shall also undertake the following: • Plan and monitor awareness and community mobilization activities • Sensitize VHSNC members, PRI members etc on TB and their potential role in eliminating TB • Plan, organize and implement active case finding in their area • Early identification of adverse drug reaction and prompt management

Position	Roles and Responsibilities
Laboratory Technician at AB-HWC- PHC/ UPHC	• Sputum smear microscopy as per the SOP prescribed by NTEP • Communicate results to the referring facility and MO • Sample collection and ensure transportation arrangement, to assigned molecular / C & DST laboratory • HIV testing and diabetes testing of all TB patients • Conduct required investigations suggested by MO for identifying patients at high risk for death • Follow guidelines of bio-medical waste management as per the regulations • Inventory management of laboratory consumables • Maintain records and report as NTEP guidelines • Notify every TB patient diagnosed at the PHC in Nikshay
Staff Nurse at AB-HWC- PHC/ UPHC	• Prepare monthly progress report, as per decision of PHC MO • Assist MO in clinical assessment of the TB patients, including their nutritional status and vital parameters
Pharmacist at AB-HWC- PHC/ UPHC	• Prepare monthly progress report, as per decision of PHC MO • Drug dispensing to patient or treatment supporter • Maintain refill count in treatment card • Maintain inventory of anti-TB drugs in stock register and Nikshay Aushadhi. Monitor stock at SHCs and with Treatment Supporters • Maintain and update treatment cards of patients who are taking medicine from PHC - duly updating the details in Health Diary and Family Folder wherever applicable • Maintain TB notification register • Update treatment, follow up and adherence details of patients taking medicine from PHC on Nikshay
Data Entry Operator at AB-HWC-PHC/UPHC or above level facility	• Data entry in Nikshay • Data entry of bank account details in Nikshay

4.2. Capacity Building of Primary Health Care Teams/Human Resources

Capacity building of primary health care team (MO/CHO/SN/ Pharmacist/MPW/ ANM/ TBHV/ASHA) working at primary care facilities is of paramount importance for effective management of TB services at and below AB-HWC-PHCs.

The design of the training should be such that the team acquires knowledge, skill and attitude for clinical management, case finding and outreach support to patients, after treatment initiation. Besides this, the team should also know how to organize TB services in their facilities and community, along with raising awareness of preventive and promotive activities. All the service providers dealing with TB need to have good communication skills and counselling skills which will be key to ensure better long-term adherence to treatment by patients. Training on soft skills such as attitude, behaviour, communication and counselling need to be included as part of the capacity building modules.

Given below are few essential knowledge and skills required for the health workers at HWCs:

- Community mobilization
- Awareness generation
- Population enumeration and identification of risk factors at home / community
- Vulnerability assessment (for TB infection as well as complications)
- Finding missing TB patients
- Early identification of TB patients
- Complete evaluation of TB
- Adherence support and counselling
- Patient support
- Coordination and linkages for services
- Logistics management
- Supervision and monitoring

MOs and CHOs will be trained on technical and operational guidelines of NTEP at district level. MPWs/ANM and supervisors will be trained on preventive and promotive care for TB, early detection of cases, primary management, referral and follow up mechanism at block level. Pharmacist, Data Entry Operators and ASHAs will be trained for on relevant services for TB that they need to deliver. The duration of training will be as prescribed under NHM.

5. Records and Registers

All AB-HWCs will use Nikshay for recording of information of presumptive TB, TB patients and drug resistant TB patients. All AB-HWCs including AB-HWC-SHCs will use Nikshay Aushadhi for drug inventory management. Following physical records will be maintained at AB-HWC, but not limited to the list given below. Based on changes in programmatic guidelines and local needs, additional records can be maintained.

AB- HWC-SHC	AB-HWC-PHC / UPHC
• Referral slips (Printed triplicates with perforators) • NTEP request form for examination of biological specimen for TB (Annex 15 A) • DSTB Treatment card • PMDT Treatment Card • Drug Stock Register	• NTEP request form for examination of biological specimen for TB (Annex 15 A) • DSTB Treatment card • PMDT Treatment Card • TB laboratory register at microscopy centre • TB notification register • Transfer form at PHC level Health and Wellness Centre • Drug and consumable stock register

6. Monitoring and Supervision

A robust mechanism for monitoring of TB services should be in place. A list of indicators to assess this is mentioned below:

AB- HWC-SHC	AB-HWC-PHC / UPHC
TB service indicators • No. of OPD • No. of persons screened for TB • No. of persons having symptoms referred for examination • No. of persons' sample is collected and sent for examination, out of presumptive TB cases • No. of TB diagnosed • No. of TB patients initiated on treatment • No. of TB patients whose contacts investigated • No. of contacts who were diagnosed as TB • No. of children with INH preventive treatment	**TB service indicators** • No. of OPD • No. of persons screened for TB • No. of persons having symptoms referred for examination • No. of persons' sample is collected and sent fo r examination, out of presumptive TB cases • No. of TB diagnosed • No. of TB patients initiated on treatment • % achievement of TB notification against the allocated target • No. of TB patients with known HIV status • No. of TB-HIV TB cases on treatment • No. of TB patients with known DM status • No. of TB –DM cases on treatment. • No. of TB patients with first benefit of NPY given • % of successful treatment outcome among TB patients notified before 9 months, • % of TB patients who completed treatment have been given full benefits of NPY given • No. of TB patients whose contacts investigated • No. of contacts who were diagnosed as TB • No. of children with INH preventive treatment • No. of TB patients with UDST • No. of DRTB cases diagnosed • No. of DRTB cases initiated on treatment. • % Successful treatment outcome of DRTB cases

AB- HWC-SHC	AB-HWC-PHC / UPHC
Quality of service indicator • Average time from visit to HWC to diagnosis of TB • % of patients visited by MPW / ANM • % of lost to follow up	**Quality of service indicator** • Average time from visit to HWC to diagnosis of TB • Average time from diagnosis of TB till first benefit of NPY • % of lost to follow up • % of patients visited by MPW / ANM

Reviews

- Record review should be conducted at least on weekly basis within health facility by the facility itself (AB-HWC PHCs/UPHCs and AB-HWC-SHCs)
- Discussion with all staff to be conducted on a monthly basis including review of patient management, health awareness / promotive measures, and overall TB service organization in the area. TB services should be included in agenda of staff meeting, review meetings at SHC/PHC/UPHC, review meetings at supervisory levels and ASHA meetings.
- Periodic home visits to patients and periodic interactions with patients, families and communities to be conducted to understand the need of the communities and patients and gather their feedback on TB services.

Supervision

Supportive supervision is important component of any interventions, including that of TB. The supervisory team at block and district level shall visit the AB-HWCs and community at least on a fortnightly basis to review service provision of TB and assess if the needs of the community are met. At the time of such visits, handholding and on-job capacity building for primary health care team may also be carried out.

7. Drugs and Consumables

It is important to have adequate quantity of anti-TB drugs to manage patients on care at AB-HWCs and for any new patients brought under the purview of care of the AB-HWCs. Indenting of drugs should be done on the basis of the consumption pattern, along with maintaining adequate buffer stock to avoid any supply chain disruptions. Similarly, consumables like specimen containers, slides, falcon tubes, packaging material, reagents should be made available in adequate quantity. All forms of records, educational material and sleeves / patient wise box etc. for adherence technology should be made available in adequate quantity.

8. Financial Support

Details of various incentives available and financial support for activities are provided below.

Financial Support Available under NHM for TB Related Activities by AB-HWCs

A. Incentives

Individual incentives are available under NTEP heads and team-based incentives are available under AB-HWC heads for TB related activities.

Sl. No	Particulars	Amount	Eligibility
Incentives available under NTEP			
1	Informant incentive for referring presumptive TB patients to ipublic facility	Rs. 500 per patient detected with TB on referral to a government health facility by said informant	Available for confirmed TB patient
2	Private Provider Incentive	Rs. 500 per TB patient notified and Rs. 500 on reporting treatment outcome per patient	Private Providers (Private Practitioner, Hospital, Laboratory, and Chemist) who notify/ inform (refer) TB patients to NTEP on Nikshay and declare the outcome
3	Treatment supporter incentive	Rs. 1000 per DSTB patient & Patients on H-Monopoly and Rs. 5000 per DRTB patient for 'Treatment Supporter' on completion of treatment	On the update of Outcome for Drug sensitive TB patients INR 2,000 on completion of Intensive phase (IP) and INR 3,000 on completion of continuation phase (CP) of treatment for Drug- Resistant TB patients

Sl. No	Particulars	Amount	Eligibility
4	Transportation support for patients from tribal area	Rs 750 as one- time support	Upon notification for TB patient notified from notified Tribal areas
5	Transportation support for DRTB patients	As per rates defined by State Government	All DR-TB patients
6	Injection prick charges for DRTB patients	Rs. 25 per injection	For persons who are not supported by government for providing injection to DRTB patient
7	Nikshay Poshan Yojana - To provide nutritional support to TB patients at the time of notification and subsequently during the course of treatment the course of treatment	Rs 500 for a treatment month paid in installments of up to Rs 1000 as an advance	All unique TB patients notified on or after 1st April 2018 (including all existing TB patients under treatment for at least one month from this date)

Sl. No	Particulars	Amount	Eligibility
Incentive Available under AB-HWC			
1	Proportion of cases referred for TB screening Numerator-Number of suspected TB cases referred for diagnosis/ Denominator-Total number of patients attended in OPD	As per approved incentives for AB-HWC- SHCs	Minimum 3% cases identified from OPD should have been referred for screening of TB at a higher facility
2	Notified TB patients who received treatment as per protocols Numerator - No. of TB patients who are on regular treatment as per protocol Denominator - Total no. of TB patients	As per approved incentives for AB-HWC- SHCs	100% patients on treatment

B. Financial Support available for TB related activities by AB-HWCs

Support under NTEP is available for the following activities:

- Screening, referral linkages and follow-up under Latent TB Infection Management
- Incentives for Active TB Case Finding
- Community meetings
- Patient provider meetings
- School/college-based activities
- Sensitization of private providers, NGOs, PRIs
- IEC activities such as folk, mela, street plays, signages, wall paintings, wall writings, Hoardings, banners, miking

Funding for the above will be as per the rates and plan approved by respective State/UT Governments under NHM.

Central TB Division

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Developed with support from:

USAID supported NISHTHA/Jhpiego