



TRAINING MODULE

Module on Tuberculosis for Gram Panchayat Members





Contents

1. Abbreviations
2. Acknowledgement
3. Why Should Gram Panchayat officials know about TB?
4. Training Schedule
5. Methodology
6. Pre and Post Training Survey
7. SESSION 1: What is TB and what are its symptoms and risk factors
8. SESSION 2: What are the available services to diagnose and treat TB? What are the social support schemes available for people with TB? How can TB be prevented?
9. SESSION 3: Common myths and misconceptions
10. SESSION 4: Supporting and monitoring TB programme at the village and block level
11. SESSION 5: Raising community awareness on TB at village meetings and interactions with community members
12. SESSION 6: Reducing stigma against TB in the community
13. Notes

Abbreviations

| | |
|---------------|--|
| AB-HWC | Ayushman Bharat Health and Wellness Centres |
| ACF | Active Case Findings |
| AIDS | Acquired Immunodeficiency Syndrome |
| ANM | Auxiliary Nurse Midwife |
| ASHA | Accredited Social Health Activist |
| AYUSH | Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy |
| CHC | Community Health Centre |
| CHO | Community Health Officer |
| DMC | Designated Microscopy Centre |
| DR-TB | Drug-Resistant Tuberculosis |
| DWCD | Department of Women and Child Development |
| DWS | Department of Water and Sanitation |
| PDP | Panchayat Development Plan |
| HIV | Human Immunodeficiency Virus |
| HWC | Health and Wellness Centres |
| ICDS | Integrated Child Development Scheme |
| IEC | Information, Education And Communication |
| JAS | Jan Arogya Samiti |
| LHV | Lady Health Visitor |
| LIF | Local Indicators Framework |
| MNREGA | Mahatma Gandhi National Rural Employment Guarantee Act |
| NGO | Non-Governmental Organizations |
| NPY | Ni-kshayPoshan Yojana |
| NTEP | National TB Elimination Programme |
| NYK | Nehru Yuva Kendra Sangathan |
| PHC | Primary Health Centre |
| PHED | Public Health Engineering Department |
| PLHIV | People Living with HIV |
| SHC | Sub Health Centre |
| SHG | Self-Help Groups |
| TB | Tuberculosis |
| TPT | Tuberculosis Preventive Therapy |
| VHIR | Village Health Index Register |
| VHSNC | Village Health, Sanitation and Nutrition Committee |

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List of Contributors

1. Dr. Bijaya Kumar Behera, Economic Adviser, MoPR
2. Dr P Ashok Babu, Joint Secretary (NTEP), MoHFW
3. Dr R P Joshi, Deputy Director General, Central TB Division, MoHFW
4. Dr Alok Mathur, Addl. Deputy Director General, Central TB Division, MoHFW.
5. Dr Sanjay Kumar Mattoo, Addl. Deputy Director General, Central TB Division, MoHFW
6. Dr Nishant Kumar, Joint Director, Central TB Division, MoHFW
7. Dr Raghuram Rao, Assistant Director General, Central TB Division, MoHFW
8. Dr Malik Parmar, National Professional Officer - WHO India
9. Dr Kirankumar Rade, National Professional Officer - WHO India
10. Dr Ranjani Ramachandran, National Professional Officer - WHO India
11. Ms Malti Rawat, Deputy Secretary, MoPR
12. Dr Bhavin Vadera, Project Management Specialist (Health), USAID
13. Dr Mrigen Deka, National Consultant, WHO TSN, CTD, MoHFW
14. Mr Ashish Verma, National Consultant, CTD, MoHFW
15. Mr Raman Sankar, Senior Director, Global Health Strategies
16. Ms Eman Rahman, Manager, Global Health Strategies
17. Ms Aiman Jafri, Senior Programme Associate, Global Health Strategies
18. Dr Hardik Solanki, National Consultant, WHO TSN, CTD, MoHFW
19. Ms Sophia Khumukcham, National Consultant, WHO TSN, CTD, MoHFW
20. Ms Sumitha Chalil, National Consultant, WHO TSN, CTD, MoHFW
21. Ms. Richa Bharati, Technical Officer (ACSM), CTD, MoHFW
22. Dr Shanoo Mishra, National Consultant, CTD, MoHFW
23. Mr Diwakar Sharma, Consultant

Why should Gram Panchayat officials know about TB?



“ A target has been set to End TB globally by 2030. I would like to announce that we have set an aim to eradicate it from India five years ahead of 2025.

”

- **Shri Narendra Modi,**
Prime Minister of India

Taking serious cognizance of the public health threat posed by Tuberculosis (TB) in India, Hon'ble Prime Minister Shri Narendra Modi committed to eliminating TB by 2025, five years ahead of the Sustainable Development Goals target of 2030. To further this call at the community level, the Ministry of Health and Family Welfare launched the TB Mukta Bharat Abhiyan, calling for a Jan Andolan or People's Movement for TB, to build awareness about TB and available services through the National TB Elimination Programme (NTEP), address the deep-seated stigma around the disease, and generate demand for TB services in the community.

Gram Panchayat leaders play an essential role in the delivery of government services, grievance redressal and overall development of the villages. Many of them come with rich experiences about their environment, social systems, socio-economic status of the villagers whom they represent, their problems and resources, the conditions of their lives and



livelihoods, their needs and aspirations etc. Gram Pradhan has been viewed with great importance in order to initiate discussion toward TB Free Panchayat, spread awareness, disseminate correct messages, reduce stigma & discrimination against People with TB, and even mitigate the socio-economic impact of the disease in local areas. As a result, it is critical to inform Gram Pradhans about the extent of the challenge that TB poses, and the awareness they must raise at the community level.

Considering the deep-seated stigma attached to the disease, which impacts care-seeking, the involvement of Gram Panchayat members in the TB program can be pivotal. Specifically, their position and influence may be leveraged to raise awareness of TB and available government services, address myths and misconceptions, monitor TB Programme in their villages, and support programme services and community engagement activities (e.g., active case-finding drives, preventive therapy etc.). This will help build ownership among Gram Panchayats toward the TB programme and create an open channel of communication on the quality and availability of TB services from the field.

TB Mukht Panchayat Certification Process

To achieve the goal of TB elimination at the country level, we need to ensure every village, panchayat, block, district and State should reach the TB-free status. The concept of TB Mukht Panchayats/villages is presently being promoted in most parts of the country as one of the major strategies for scaling up initiatives aimed towards the elimination of TB.

The main objective of “TB Mukht Panchayats” is to empower the community to realize the extent and magnitude of the problems associated with Tuberculosis and take necessary actions towards solving the problems for reducing the burden of TB as well as achieving a relapse-free cure for all TB patients.

A detailed framework for claim verification and certification processes for declaring TB Mukht panchayat will be developed by the Ministry and shared annually

Training objectives

1

At community platforms and interface opportunities, Gram Panchayat members will articulate on TB Mukta panchayat, what TB and drug-resistant TB is, their symptoms, risk factors, need for TB preventive treatment, available schemes and services, as well as dispel common myths and misconceptions.

2

When interacting with community members, Gram Panchayat members will actively address community stigma against TB and address this through positive reinforcement of stigma-reduction behavior.

3

When interacting with people with TB and those presumed with TB, Gram Panchayat members will be able to articulate entitlements under the NTEP, refer to the nearest healthcare providers and encourage timely diagnosis and treatment.

4

At Village Health, Sanitation and Nutrition Committees (VHSNCs), Gram Pradhans, will provide oversight and periodically review TB activities under its agenda and earmark money for the cause under VHSNC funds.

5

At Jan Aarogya Samitis and Panchayat Samitis at the block level, Gram Panchayat members will report issues raised in VHSNC meetings, invite TB champions to share their experiences and receive and review a list of TB care providers provided by program officials.

6

When developing Gram Panchayat Development Plans (PDPs), Gram Pradhans will include and budget for TB Programme to support program initiatives, including sputum transportation, additional social support, community engagement drives and campaigns, and active case finding and screening.



Training of Gram Pradhans across various states of India to support TB elimination

2

Training schedule – 235 minutes

| Duration | Content | Method | Facilitator |
|----------------------|--|---|--|
| Pre-training | | | |
| 05 minutes | Pre-training baseline survey | Paper-based MCQ assessment | Trainers' team |
| Session 1 | | | |
| 30 minutes | What is TB, and what are its symptoms and risk factors | Presentation and discussion | Trainers' team (supported by state/district TB office representative) |
| Session 2 | | | |
| 15 minutes | What are the available services to diagnose and treat TB? What are social support schemes available for people with TB? How can TB be prevented? What is TB Preventive Treatment? | Presentation | Trainers' team (supported by state/district TB office representative) |
| Session 3 | | | |
| 15 minutes | Common myths and misconceptions | Brainstorming and query redressal | Trainers' team (supported by state/district TB office representative) |
| Session 4 | | | |
| 45 minutes | Supporting and monitoring TB Programme at the village and block level 1. Panchayat Development Plans 2. Monitoring local indicators framework (LIF) 3. Village Health Sanitation and Nutrition Committees 4. Jan Aarogya Samitis 5. Panchayat Samitis 6. Gram Pradhan workbook | Presentation with best practice & Interaction | Trainers' team (supported by state/district TB office representative) and select Gram Pradhans who have taken initiatives to end TB) |
| Session 5 | | | |
| 45 minutes | Raising community awareness of TB at village meetings and interactions with community members | Brainstorming | Trainers' team (supported by state/district TB office representative) |
| Session 6 | | | |
| 45 minutes | Reducing community stigma against TB | Presentation with best practice | Trainers' team (supported by state/district TB office representative) |
| 30 minutes | TB Mukta Panchayat Certification Process | Presentation and discussion | Trainers' team (supported by state/district TB office representative) |
| Post-training | | | |
| 05 minutes | Post-training endline survey | Paper-based MCQ assessment | Trainers' team |

Methodology



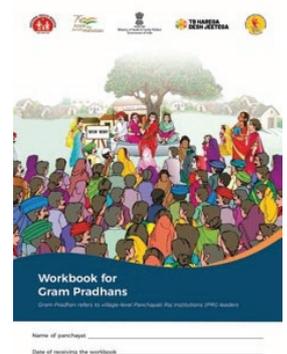
Trainers: Two trainers will be required to conduct this session. The first trainer may be from the state or district TB office, while the other may be an official from the block/district level (e.g., block medical officer, block development officer)

Materials required: The trainers will need a display board (whiteboard/black board, chart paper, wall for writing etc., along with the printed workbook for the Gram Pradhans.



Format: The TB officer will lead the discussion by going through the training module, inviting questions and suggestions and even providing ideas if satisfactory suggestions don't come forth. The other trainer is to note the points on the board or the chart papers so that the points are visible to the participants. Alternatively, a third trainer may type out the suggestions on a computer and project the same on a screen or a wall with the help of an LCD/LED projector.

Supplementary materials: Trainers must share a copy of the Gram Panchayat workbook for Gram Pradhans (or appropriate representative) to understand and fill monthly. One workbook must be given to each Gram Panchayat at the start of the workshop for them to use both during the session, as well as after the session.



4

Pre and post training survey tool

Before and after the session

The Gram Panchayat members should be evaluated on key indicators given. This would provide a defined starting point for comparison with the impact of the session.

Facilitators will do this exercise twice. Once before session 1 and then after session 6. Each time, facilitators will:

- Share the forms with the Gram Panchayat members
- Ask them to check “Pre-training” or “Post-training” as suitable on the sheet
- Ask them to write their names, dates, and village
- Request them to fill out the form honestly
- Inform them that they have 5 minutes to complete the exercise
- Collect the forms and keep them safely

The assessment form:

Check: Pre-training / post-training

Do you know what TB is?

 Yes

 No

Do you know about TB Mukht Panchayat?

 Yes

 No

Do you know where a person should go if they have TB symptoms?

 Yes

 No

Do you know what social support schemes are available for TB patients?

 Yes

 No

Are the TB patients in your village treated the same as everyone?

 Yes

 No

Session 1

What is TB, its symptoms and risk factors?

Expected outcome from this session

When prompted and otherwise at community interactions, Gram Panchayat members will be able to articulate accurate messages about TB, its symptoms and risk factors

Content to be discussed

Facilitators explain the following:



1. What is TB?

TB is a disease caused by bacteria spread from an infected person to other people through the air (coughing, sneezing or talking in close proximity). TB usually affects the lungs, but it can also affect all other parts of the body (except hair, nails and teeth)

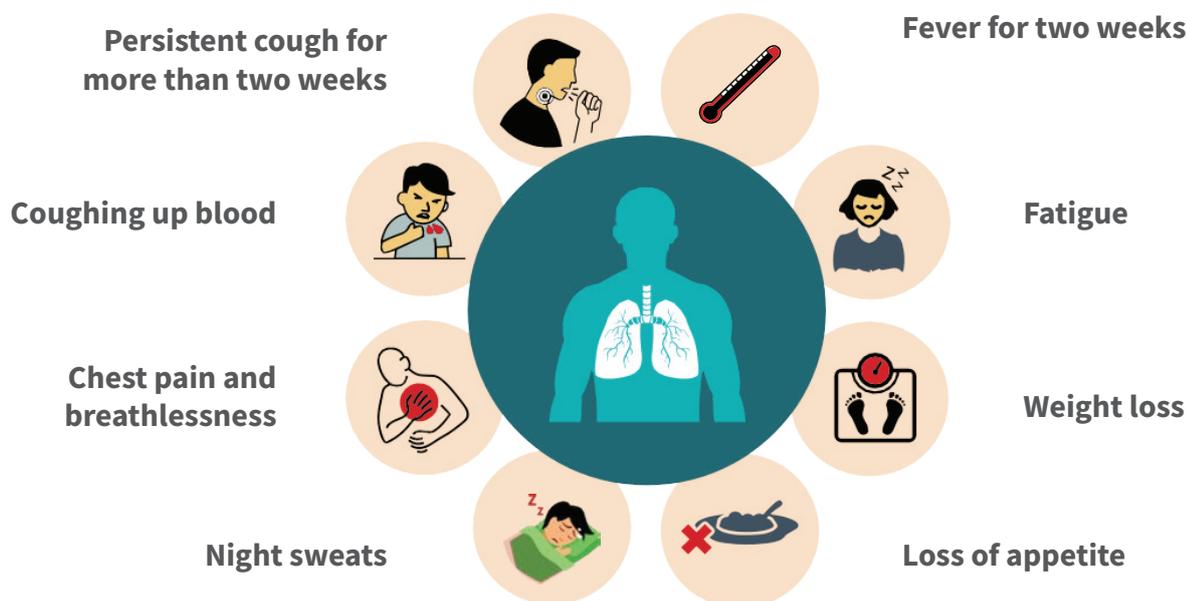


2. What is Drug-Resistant TB?

If people with TB take the incorrect medication or stop taking their medication during treatment, they may develop DR-TB, which does not respond to one or more of the main TB drugs. DR-TB can also spread from one infected person to another people. This form of TB is also more difficult to treat and takes a longer duration of time (18-24 months).

3. Symptoms of TB

The following symptoms are seen in patients who have an active lung TB infection



4. How is TB identified and treated?

TB is diagnosed by collecting a sputum sample or sample from any other site that is affected and examining it for TB in diagnostic centers available in the nearest health facilities. If TB is diagnosed, treatment must be initiated at the earliest for a minimum of 6 months or longer, depending on the type of TB found. There is no fear of spreading the infection if the TB patient adhered to medication completely throughout the treatment, combined with proper hygiene and covering of mouth and nose during coughing and sneezing. Within 2-3 months of treatment, people with TB are significantly less likely to spread TB to others.

5. What is TB preventive treatment?

TB Preventive Treatment (or TPT) consists of a course of medicines to prevent TB disease. TPT is only given to people who are infected with TB bacteria or have been exposed to it (through close contact with TB patients) and are at a higher risk of developing TB disease than the general population. TPT is considered one of the most critical public health measures to protect individuals and the community from TB.

6. Risk factors

Anyone can be infected by TB, but there are some factors that increase the risk of TB infection: If a person's biological system is strong, with the ability to fight diseases well, then they usually can combat the TB bacteria. However, if they already have low immunity, their body is more likely to contract TB and fall sick or not cope due to the weakness. There are several reasons why someone may be more likely to contract TB:

1. Malnutrition
2. Diabetes
3. Overuse of immunosuppressive drugs
4. Certain types of cancer and cancer treatment such as chemotherapy
5. HIV/AIDS
6. Alcohol and drug abuse

There are several socio-economic and environmental factors which make a person more likely to catch TB.

One major reason is poverty, which makes a person more susceptible to health issues. One impact of poverty is malnutrition, which weakens the body's ability to fight diseases. Furthermore, people who live and work in crowded or cramped areas (slums, working in mines or industry factories with little to no ventilation etc.) are at a higher chance of encountering TB germs – and hence, of contracting TB.



Healthy villages make a healthier world

Ill health not only prevents individuals from working but also drains resources due to medical expenses, hospital expenses, bystander's time and loss of employment. Maintaining and ensuring health of all people will ensure the success of all the programmes of the Gram Panchayat and will yield large returns in the long run.

Gram Panchayats have a very important place in improving all aspects related to health and well-being. Health is one of the 29 subjects as functional responsibility for Gram Panchayats.

The Ministry of Panchayati Raj's Localization of Sustainable Development Goals in Panchayati Raj Institutions recognizes the importance of health under Theme 2: Healthy Villages. To reach India's goal of ending TB, each village must promote the prevention, early diagnosis and treatment of TB.

At the end of the session, facilitators to invite participants to answer the following questions, and write these on the board:

1. What is TB? Which parts of the body can it impact?
2. How does TB spread?
3. What are the symptoms of TB?
4. Which groups are most likely to be exposed to TB and why?
5. What is TB Preventive Therapy? Who should be given TPT?
6. What are the Processes for TB Free Panchayat Certification?



Facilitators are also required to write the correct answers on the writing board, address incorrect answers, and add additional prompts on the board to cover all points discussed.

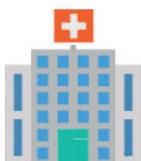
Session 2

What are the available services to diagnose and treat TB? What are the social support schemes available for TB Patient? How can TB be prevented?

Expected outcome from this session

Gram Panchayat members will be able to identify and refer those presumed with TB to nearby healthcare providers and encourage timely diagnosis and treatment. Gram Panchayat members will encourage household contacts of TB patients to complete their TPT.

Content to be discussed



Facilitators explain the following:

TB diagnosis and treatment are available free of cost at Health and Wellness Centres (HWC), Primary Health Centres (PHC), Community Health Centres (CHC), TB detection centres, Designated Microscopy Centres (DMC) and district hospitals.

TB diagnosis and treatment services are being provided free to private sector hospitals, laboratories and chemists affiliated with the government program for TB elimination.



Ni-kshay Poshan Yojana: Rs 500 is being given every month to the patient to eat nutritious food during TB treatment Rs 750 (one time) will be given to TB patients residing in Tribal TU. This amount is directly deposited into the patient's bank account. To avail this scheme, patients are required to share their banking and Aadhar numbers with the ASHA/health worker.



TB Preventative Therapy (TPT) is a course of medication that is provided to people at risk of developing an active TB disease. These include household contacts/close contacts of pulmonary TB patients (people with lung TB), children under five years of age, and PLHIV (People living with HIV). TPT eliminates the TB bacteria in the body before it can turn into an active TB infection. The regimen recommended as TPT can be six months of daily doses or three months of weekly doses. People taking TPT must complete the course and take all the medications as prescribed.

Details on the nearest treatment centres will be provided by Block Medical Officers at Jan Arogya Samiti meetings.



At the end of the session, facilitators to invite participants to answer the following questions, and write these on the board:

1. What is the cost of TB treatment at government centres? Where can treatment be availed?
2. Which government nutrition scheme is available for those with TB? How can they avail it?
3. What is the regimen of TPT and who is eligible for it?

Facilitators are also required to write the correct answers on the writing board, address incorrect answers, and add additional prompts on the board to cover all points discussed.

Session 3

Common myths and misconceptions

Expected outcome from this session

When interacting with community members, Gram Panchayat members will actively address myths and misconceptions about TB, and share correct information to dispel misunderstandings about the disease

Content to be discussed

Facilitators explain the following:

Myth 1: All people with TB are contagious

Not all types of TB are contagious. People with lung TB are mostly contagious. Besides the lungs, TB can also occur in other body parts, such as bones, brains, bladder and genitals. TB that occurs in these organs is not contagious. If TB is diagnosed, treatment must be initiated at the earliest for a minimum of 6 months or longer, depending on the type of TB found. Within 2-3 months of treatment, people with TB are significantly less likely to spread TB to others

Myth 2: All people with TB should be isolated

TB is spread only through microscopic droplets produced by the coughing or sneezing of an infected patient if they haven't begun their treatment. If the patient always covers the mouth with a cloth while coughing, the chances of spreading the disease are reduced.

Myth 3: TB cannot be cured

TB is completely curable. TB medicines are highly effective, and if the disease is





diagnosed early and treated appropriately, most patients make a full recovery, going on to lead a normal life. TB diagnosis and treatment services are being provided free of cost to private sector hospitals, laboratories and chemists affiliated with the government program for TB elimination.

Myth 4: TB only happens to the poor

It is true that poverty is more likely to lead to malnutrition, which increases the risk of getting TB. However, TB can affect anyone, regardless of class, caste, gender or religion. Since the TB germ is spread through the air, anyone can become infected with the disease.



At the end of the session, facilitators invite participants to raise their hand and share what they know about TB (or have heard among the community) and address any incorrect knowledge. Some possible other myths will be:

1. TB is a divine curse
2. TB is hereditary
3. TB spreads by sharing food, utensils, and even by momentary contact
4. You will always know if you have TB, given its symptoms

Facilitators are required to address these myths with correct knowledge as provided by the TB cell.

Session 4

Supporting and monitoring TB programme at the village and block level

Expected outcome from this session

- When developing PDPs, Gram Pradhans will include and budget for TB Programme to support Programme initiatives, including sputum transportation, additional social support, community engagement drive campaigns, active case finding and screening, etc.
- At VHSNCs, Gram Pradhans will provide oversight and periodically review TB activities under its agenda and earmark budget for the cause under VHSNC funds;
- At Jan Aarogya Samitis and Panchayat Samitis, Gram Pradhans will report issues raised in VHSNC meetings, invite TB champions to share their experiences, receive and review a list of TB care providers as provided by program officials;

Content to be discussed

Facilitators explain the following:

Panchayat Development Plans

Panchayat Development Plans are developed at the village level for the delivery of basic services as per various government schemes and local needs. Communities, local governance and development officers, and field-level workers come together to set out targets for the delivery of government schemes based on which grants are disbursed.

As per PDP guidance documents issued by the Ministry of Panchayati Raj and Ministry of Rural Development, PDPs must include activities that support “100% treatment for TB”, which includes the ‘early identification and referral of TB symptomatic, TPT to contacts and high risk, adherence support to TB patients and TPT, Ni-kshay Poshan Yojana (NPY) implementation, sputum transportation, additional nutritional support, additional social support, community engagement drive campaigns, active case finding and screening, etc.

In the preparation of PDP plans, Gram Pradhans should plan and budget to support the following activities:

- Visits to health facilities for those with TB and those presumed with TB
- Transporting sputum for diagnosis and check-ups
- Disseminate TB messages through displays and events (street plays, wall paintings, posters, banners, etc.) in high-footfall areas
- Observe World TB Day in their villages through awareness activities
- Providing additional nutritional support for active TB patients
- Connecting those with TB to any existing social support/employment scheme such as MNREGA, which is under the purview of the Gram Pradhans

Gram Pradhans are encouraged to budget for any additional TB-related activities which suit the local context.

Monitoring Local Indicator Framework (LIF)

Under the Ministry of Panchayati Raj’s vision of localizing Sustainable Development Goals at the village level, every village is expected to track Tuberculosis incidence per 1000 population.

To calculate this, Gram Panchayat members must take support from ASHA members to track the following:

- New TB patients in a population during certain time period
- Persons in population during certain time period.

Gram Panchayats work with allied health structures and individuals at the village level. Gram Panchayat members should identify potential opportunities to involve allied structures in work toward TB Mukta panchayat.

VHSNCs

VHSNC is a platform to ensure that the community participates in supporting health activities, implementing programs and resolving health and wellness challenges at the village level. Through this platform, communities are informed about health programmes, enlisted as supporters of better services, and encouraged to voice their challenges.

VHSNC members include:

Village Head – President

ASHA – Member Secretary

Panchayati Raj Member – Member

Panchayat Secretary, ANM, all Anganwadi workers, other regional ASHA, frontline service providers of various cooperative government departments – invited members

Representatives of local NGOs, representatives of Self-Help Groups, Medical Officers, ASHA facilitators, supervisors of health and Anganwadi departments, officers of block program management unit, block development officers and district and block level Panchayat members and others.

VHSNC Untied Funds:

Rs 10,000 is given to every VHSNC to improve the health and wellness of the village; As an example, these funds may be used to support people with TB and their households in need.

At VHSNCs, Gram Pradhan is required to fill their workbook with the following:



Gram Panchayat meetings in Himachal Pradesh

1. Ask ASHA workers about

- Number of people presumed with TB tested in the month
- Number of people with TB identified in the month
- Number of people with TB who started treatment in the month
- Total people with TB getting Ni-kshay Poshan Yojana benefit
- Number of close contacts of TB patients initiated on TPT
- Recording TB indicators in VHIR? (yes or no)
- Sharing awareness material on TB? (yes or no)

2. Ask other VHSNC members about the following:

- Disseminated TB-related information? (yes or no)

Panchayat Samiti

Panchayat Samiti operates at the block level, working as a link between the gram panchayat and Zila Parishad.

Panchayat Samiti members include:

Block development officer

Members of the state's legislative assembly and Members of Parliament belonging to that area

Panchayati Raj Member – Member

Otherwise unrepresented groups (scheduled castes, scheduled tribes and women), associate members (such as a farmer, a representative of the cooperative societies and one from the agricultural marketing services sector)

Elected members of that panchayat block (tehsil) on the zila parishad (district board)

At Panchayat Samitis, Gram Pradhans are required to:

1. Report persisting challenges on the field faced in facilitating TB Mukht Panchayat, ACF drives or TB service delivery to the Block Development Officer and the Zila Panchayat
2. Share experience, knowledge, and information on TB administration with other members of the Samiti
3. Receive IEC material monthly to disseminate further at the village level to display in high-footfall areas

Jan Arogya Samiti

Jan Arogya Samiti is an umbrella of the VHSNC at the sub-health centre (SHC) and primary health centre (PHC) level and serves as a guide. It is essentially a “people’s health committee” that empowers them to support improving health services and facilities and create a sense of accountability among service providers.

Jan Arogya Samitis at the SHC level include:

Gram Pradhan - chairperson

PHC medical officer - co-chair

Community Health Officer (CHO) - Member Secretary

Members

- » Other Medical Officer / AYUSH Medical Officer of PHC
- » Senior Staff nurse / LHV / ANM of PHC
- » Chairperson of Janpad Panchayat's Health Sub-committee
- » Sector supervisor of dept. of women and child (DWCD)/ ICDS of the area
- » Block level officer of Dept. of public health engineering dept. (PHED) / department of water and sanitation (DWS)
- » Block level officer of school dept./ principal/ headmaster of local school
- » Block level officer of PWD
- » Chairpersons of all JAS of SHC level AB-HWCs of PHC area (may be up to 5-6)
- » Block level representative from NYK/youth volunteers
- » 2 Civil society representatives (total number of members is likely to be up to 18-20)

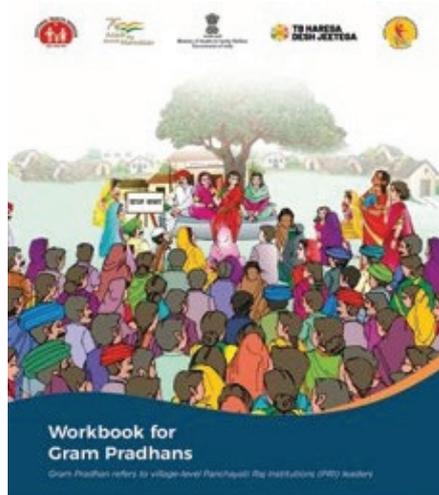
Special Invitee

Tuberculosis survivor and “any male” who has undergone sterilization after one / two children”
Chairpersons/ members of VHSNCs, Women SHGs, Youth Groups on a rotation basis.

All General Members shall have a tenure of two years. This is to enable the participation of more community representatives in the JAS

At Jan Arogya Samitis, Gram Pradhans are expected to:

- Discuss issues raised in the VHSNC meetings on any grassroots challenges faced by patients or the program to the Medical Office
- Ensure participation of TB Champions who have overcome the disease to speak about their journey of resilience and way to recovery
- Receive a list of TB care providers available in the block, including doctors, chemists, diagnostics, etc., to share with village members who are looking for TB care



Name of panchayat: _____
Date of receiving the workbook: _____

Gram Pradhan's workbook

The workbook is a notebook that is provided to all Gram Pradhans. They are required to fill in on an annual basis. This workbook helps Gram Pradhan monitor progress against TB elimination and achieve a “TB Mukta Panchayat” status.

This is a sign that the Gram Pradhan is securing the health and wellness of all their community members and making their village an example of excellence for the state and country. To achieve this, the Gram Pradhans will be supported by officials at the nearest PHC/HWC.

Gram Pradhans are required to monitor certain indicators at VHSNCs and fill them on a monthly basis in his workbook:

Ask ASHA worker the following questions and fill in the workbook:

- Number of people presumed with TB tested in the month
- Number of people with TB identified in the month
- Number of people with TB who started treatment during the month
- Number of close contacts of TB patients initiated on TPT
- Total number of people with TB availing Ni-kshay Poshan Yojana benefit
- Recording TB indicators in VHIR? (Fill in yes or no)
- Sharing awareness material on TB? (Fill in yes or no)

Ask other VHSNCs the following question and fill in the workbook:

Disseminated TB-related information? (Fill in yes or no)



At the end of the session, facilitators to invite participants to answer the following questions, and write responses on the board:

1. How Gram Pradhan can leverage VHSNC, JAS and Panchayat Samiti for TB cure and preventive services.?
2. What kind of activities can be budgeted for within PDPs?
3. What all activities must a Gram Pradhan complete at VHSNCs?
4. What all activities must a Gram Pradhan complete at Panchayat Samitis?
5. What all activities must a Gram Pradhan complete at Jan Arogya Samitis?

Facilitators are also required to write the correct answers on the writing board, address incorrect answers, and add additional prompts on the board to cover all points discussed.

Session 5

Raising community awareness of TB at village meetings and interactions with community members

Expected outcome from this session

1. At community platforms and interface opportunities, Gram Pradhans will articulate what TB and Drug Resistant TB is, its symptoms, risk factors, available schemes and services, as well as dispel common myths and misconceptions;
2. When interacting with people with TB and those presumed with TB, Gram Pradhans will be able to articulate entitlements under the NTEP, refer to the nearest healthcare providers and encourage timely diagnosis and treatment;



Content to be discussed

Facilitators explain the following:

For this session, facilitators must invite Gram Pradhans, who have taken steps to end TB. These Gram Pradhans can share their experience in raising awareness and supporting those with TB.

Facilitators must invite Gram Pradhans to share opportunities to engage with the community. Gram Pradhans are encouraged to identify opportunities such as:

1. School meetings
2. Panchayat meetings

3. Festivals and gatherings
4. Launch events etc.
5. Social media

Existing and active local community groups, for instance, SHGs, youth groups, MNREGA groups, etc., are influential and enjoy people's trust. Gram Panchayat members can engage with these bodies to raise awareness in their villages.

Apart from these interface opportunities, Gram Pradhans must be encouraged to think about other ways to raise awareness within the community. These may include:

1. Sharing messages on social media
2. Organizing wall paintings and putting up posters in high-traffic areas (markets, schools, ration shops, health centres, Panchayat offices etc.)

Once Gram Pradhans identify these opportunities, facilitators must now share the main pillars of TB messages:

1. Avail testing for TB upon the first appearance of TB symptoms (Persistent cough for more than two weeks, coughing up blood, mild fever, night sweats, chest pain and breathlessness, fatigue, weight loss and loss of appetite)
2. Complete TB treatment only under the supervision of qualified doctors, Treatment supporters, medicine are available free of cost at Government Health Centers
3. Under NTEP, the following incentives are available:
 - a. The Ni-kshay Poshan Yojana, payment of Rs 500 per month to all TB patients is paid directly to the patients' accounts.
 - b. For Treatment supporters, honorarium of Rs 1000 for Drug sensitive TB patients, Rs 5,000 for DR TB patients will be paid on completion of treatment.
 - c. Rs 750 (one time) will be given to TB patients residing in Tribal TU.
 - d. For Notification from private health facilities, Rs 500 as notification incentives and Rs 500 for outcome declaration
4. Ensure that close contacts of those with TB are tested for the disease. If they test negative, take TB Preventative Therapy to reduce the chances of contracting the disease.



Gram Pradhans share information on TB with community member, school children

5. Those prescribed TPT (TB Preventative Therapy) should complete the medication as recommended.



Wall paintings and posters



Awareness messages shared through WhatsApp



At the end of the session, facilitators then invite participants to raise their hand and explain how they will use the different opportunities to sensitize and engage with the community to raise TB awareness. Some possible prompts will be:

1. Using social media to raise awareness on TB symptoms
2. Bringing ASHA worker to school launches to share messages about TB
3. Organizing a “TB par charcha” session at the local tea shop
4. Various benefits available under NTEP.

Session 6

Reducing stigma against TB in the community

Expected outcome from this session

When interacting with community members, Gram Pradhans will share knowledge about TB and reinforce non-stigmatizing behaviour

Content to be discussed



Facilitators explain the following:

Stigma is a set of negative and often unfair beliefs that a society or group of people have about something. It occurs because of community norms about undesirable behaviours or characteristics.

TB is a stigmatized disease, which creates a fear of the social and economic consequences following diagnosis. A lack of correct information on TB can cause stigma and can stop people from seeking treatment on time.

This stigma may be enacted in the following ways :

1. **Perceived stigma:**
The feeling that people without the disease negatively perceive those with TB. This may come across as:
 - Anjum, age 42, believes that if she is diagnosed with TB, then she will be seen as a mother who is incapable of taking care of her children and one who has put her family in danger
2. **Anticipated stigma**
The expectation of discrimination against those with TB. This may come across as:
 - Neera, age 19, stops going to college because of the fear that her college friends may no longer want to associate with her

3. Enacted stigma

The discrimination, stereotyping, and/or prejudice due to a person's TB diagnosis. This can be seen as:

- Radha's marriage is called off because her in-laws have found out that she is a TB survivor
- Rajesh's parents asked him not to return to his village after they found out that he contracted TB while working in Mumbai

4. Internalized stigma

The endorsement and internalization of these negative beliefs. This may come across as:

- Neeraj, age 31, believes that even after completing his TB treatment successfully seven years ago, he is now a weak and powerless man who won't be able to contribute to his father's farming business

Stigma also doubly affects vulnerable groups, such as women, children, migrants, refugees and people living with HIV. People with TB may be accused of morally unacceptable behaviour, witchcraft, and curses. Women with TB are seen as a societal burden, cast out from their homes, divorced and deserted, and separated from their children. Her marital prospects may be affected since TB affects entire households. As a result, as TB patients and survivors, women face double burdens.

When faced with these situations, it is essential to reiterate the following messages among the community through platforms and individual interactions:

1. TB is not a curse or associated with any other personality characteristic. It is caused by germs, can happen to anyone, and is entirely curable
2. Once on a course of treatment, those with TB are free to associate with other members of the society
3. Not all TB is transmissible, Patient with lung TB are infectious. To combat this, one must cover their mouth and nose while sneezing and coughing and maintain personal hygiene
4. People with TB and TB survivors must be treated with complete dignity.



At the end of the session, facilitators then invite two participants to share community experiences of discrimination related to TB. The facilitator asks the participants to answer the following questions:

1. What is the fear/judgement behind this form of discrimination?
2. What kind of message should I share with the community to dispel this fear/judgement?
3. What can I do to stop this discrimination?

