TB free Himachal campaign

Under

Mukhya Mantri Kshya Rog Nivaran Yojana

2018

State TB Control Cell
National Health Mission
Department of Health & Family Welfare
Government of Himachal Pradesh

TB free Himachal campaign-
An approach to end TB

There are four strategic pillars of TB control and Elimination in India

DETECT – Treat – Prevent – Build

DETECT Find all TB cases with an emphasis on reaching every TB patient in the private sector

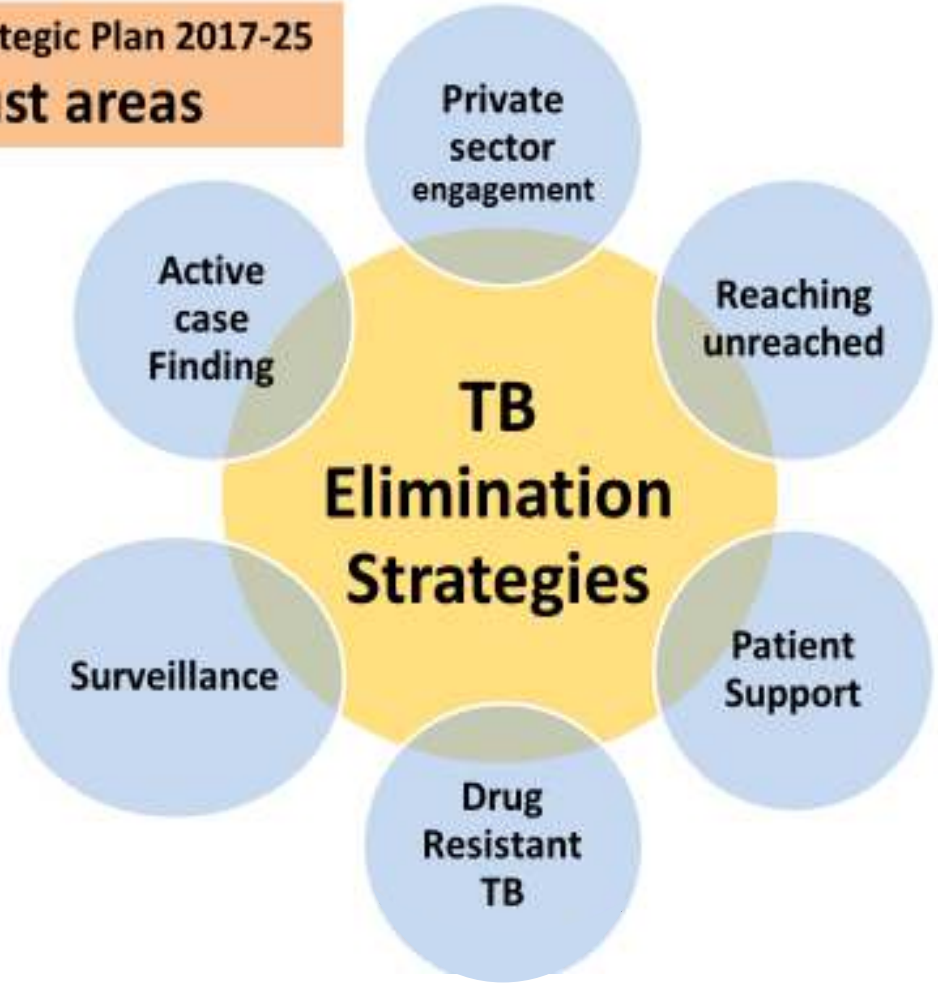
TREAT Treat all TB cases with high quality anti TB drugs

PREVENT Prevent the emergence of TB in susceptible populations and stop catastrophic expenditure due to TB by all

BUILD Build and strengthen supportive systems including enabling policies, empowered institutions and human resources with enhanced capacities

National Strategic Plan 2017-25

Thrust areas



Summary of strategies and activities for TB free Himachal campaign under MMKRNY

Sr. No.	*Strategies*	*Activity Name*
1	**DETECT**	1. Active Case Finding (ACF) through ASHA network among vulnerable and marginalized population in 6 districts (Sirmour, Bilaspur, Hamirpur, Una, Lahul & Spiti and Kinnour).
		2. Expansion of diagnostic lab services (upgradation of 35 PHIs into DMCs)
		3. 100% implementation of revised diagnostic algorithm-procurement of CBNAAT machines (for IGMC Shimla and ZH Dharamshala)
		4. Engaging communication squads such as Nukkad natak for sensitization of general public about Tuberculosis on the lines of HIV/AIDS program
2	**TREAT**	1. Sensitization of Panchayati Raj Institutions (PRI) members at each Block HQ
3	**PREVENT**	1. Air born infection control measures in health institution
		2. Training of RNTCP staff on community based counselling and tobacco cessation services for TB patients
4.	**BUILD**	1. Strengthening of State TB Cell and STDC Dharampur with requisite manpower, infrastructure and allocation of administrative and financial powers.
		2. Capacity building and empowerment of DTOs with exclusive/or major responsibility of TB program
		3. Resolving HR issues
		4. Setting up a Partner's consortium for TB elimination in Himachal Pradesh
		5. Setting up TB Surveillance mechanism through Chemists
		6. Orientation of IMA on STCI and TB case notification
		7. Operational Research on local issues for TB elimination
		8. Setting up an institutional mechanism for TB elimination: Notification and meetings of committees: *Mukhya Mantri Kshaya Rog Nivaran Samiti, Zila Kshaya Rog Nivaran Samiti* and Notification of Technical Advisory Committee
		9. State level intersectoral coordination workshop and launch of TB free Himachal Campaign by Hon'ble Chief Minister

Strategies and activities for TB free Himachal campaign under MMKRNY

Strategy 1: DETECT

Following four activities are planned under DETECT strategy.

1. Active Case Finding (ACF) through ASHA network among vulnerable and marginalized population in 6 districts

1.1 Problem Statement: Under the program, there is a passive case finding approach. Due to lack of knowledge about the TB symptoms, many presumptive TB patients don't seek the health care services on time and as a result TB diagnosis is delayed, treatment initiation is also delayed; such cases have usually poor prognosis. Although an Active TB case finding in campaign mode supported by Government of India is also being carried out by a special health team, but its coverage is limited and it conducted once or twice in a year. To cover this gap, active case finding through ASHA network is proposed in selected districts.

1.2 Planned activity: There are total 7624 ASHA and 201 Urban ASHA in the State engaged in supporting national health programs and schemes in the State. It is proposed to involve ASHAs for an active screening of all presumptive TB cases based on the presenting symptoms in a village/town around the year and collect, transport and test the sample in nearest DMC. This activity will be done among the vulnerable and marginalized population as defined by Central TB Division. This activity is proposed in 6 districts namely Sirmour, Bilaspur, Hamirpur, Una, Lahul & Spiti and Kinnour. On every Sunday, ASHA will identify the presumptive TB patients through house to house visits in her area, collect the samples (spot and early morning) and transport the same to nearest DMCs for sputum examination.

Total population to be covered	Minimum vulnerable population to be mapped (@ atleast 10%)	Number of mapped target group population to be screened (@ atleast 90%)	Number of chest symptomatic to be found for sputum collection (@ atleast 5%)	Number of infectious TB patients to be found (@ 3-5%)
2200000	220000	198000	9900	297- 495

1.3 Expected benefits of such interventions will include, but not limited to:

- Early diagnosis
  -Total 297-495 TB patients will be diagnosed (at an expected positivity rate of 3-5%)
- Early initiation of treatment
  -100% diagnosed cases will be put on treatment within 2 days of diagnosis.

1.4 Logistical requirements

- Sputum cups, referral slips, IEC material, lab consumables and packaging materials
- ASHAs will be given an incentive of Rs. 25/- per sample for collection and transportation of presumptive TB patient to nearest DMC.
- All cases, which are smear negative, ASHA will facilitate the X-Ray examination of such patients at the nearest X-Ray units.
- Sensitization training of ASHAs, Health Educators, DMC-LTs, Distt. ASHA coordinator

1.5 Responsibility:

1. State TB Cell to provide a prototype of IEC material specific to this activity.
2. Respective districts to provide additional sputum cups, IEC material and referral slips to all ASHAs and lab consumables to DMCs
3. Respective Block Medical Officers will further sensitize the ASHAs and other RNTCP officials including DMC-LTs.
4. State TB Cell to develop and share a monthly reporting format at ASHA level, Sub-Centre level and DMC level. Performance will be evaluated at monthly review meetings at Block level.

1.6 Monitoring indicators:

1. Number of patients referred by ASHA to the DMC in a month (Source: copy of referral slips)
2. Number of patients (referred by ASHA reached a DMC and screened for TB in a month (Source: DMC Lab register)
3. Number of patients diagnosed as Smear positive out of total presumptive TB cases referred by ASHA (Source: DMC Lab register)
4. Number of patients put on treatment (diagnosed as Smear positive out of total presumptive TB cases referred by ASHAs. (Source: TB case notification register).

2. Expansion of diagnostic lab services

2.1 Problem statement: Smear microscopy is the mainstay of the TB diagnosis. This diagnostic modality is cost effective and has high specificity. Currently, there are 192 Diagnostic Microscopic Centres (DMC) in the State. Considering the difficult geographical access, more number of DMCs must be opened across the State.

2.2 Planned activity:

Out of near 650 PHIs in Himachal Pradesh, DMC facility is available in 192 PHIs only, with an aim to provide universal health services for TB care near the patient's home, all PHIs to be upgraded with DMC facility in a phased manner; there are currently 35 government health institutions, where a Laboratory Technician is posted from general health system. With minor civil work, training of LT, supply of Binocular microscope, laboratory consumables and stationary items, DMC facility will be made functional under MMKRNY.

2.3 Expected benefits of such interventions will include, but not limited to:

- Early diagnosis
- Microbiological confirmation of diagnosis
- Step towards universalization of smear microscopic services for TB diagnosis

2.4 Monitoring indicators:

1. Number of presumptive TB patients tested for diagnosis of TB
2. Number and proportion (%) of presumptive TB patients diagnosed smear positive.
3. Number of TB patients diagnosed for follow up examination.
4. Number and proportion (%) of TB patients found positive on follow up examination.
5. Number of patients identified as presumptive DRTB patients in the DMC.
6. Number and proportion (%) of presumptive MDR-TB patients, who were facilitated for ruling out DR-TB.

3. 100% Implementation of revised Diagnostic algoritham

3.1 Problem Statement: Revised diagnostic algoritham for detection of TB among Presumptive Pulmonary TB case, presumptive Extra-pulmonary TB cases, presumptive pediatric TB are recommended in the Technical & Operational guidelines by Government of India. However, the implementation of these algoritham is grossly lacking. CXR-examination is recommended upfront for pulmonary cases. CBNAAT examination is recommended in patients who are smear negative and having CXR suggestive of TB. CBNAAT is recommended upfront for PLHIV, presumptive pediatric TB cases, presumptive EPTB and private referral. There are number of gaps in the implementation of revised diagnostic algoritham. CBNAAT sites are currently functional in 14 sites only, 2 more will be made operational within a month. However, still the requirement is more. As the State aspires to achieve the end TB targets much ahead of national government; Department to procure CBNAAT machines under the current scheme.

3.2 Planned activity: Department will procure the 02 CBNAAT machines (01 each for IGMC Shimla and ZH Dharamshala)

3.3 Expected benefits of such interventions will include, but not limited to:

- Early diagnosis
- Universal availability of CBNAAT facility
- Implementation of revised diagnostic algoritham

3.4 Monitoring indicators:

1. Number of presumptive TB cases tested by CBNAAT machine
2. Number and proportion (%) MTB+ve detected among presumptive TB cases.
3. Number of RR-DRTB cases detected among presumptive TB cases tested by CBNAAT.
4. Number of presumptive MDR-TB cases tested by CBNAAT machine.
5. Number of RR-DRTB cases detected among presumptive MDR-TB cases tested by CBNAAT.
6. Number of presumptive TB cases who were smear negative on microscopy.
7. Number and proportion (%) of presumptive TB cases, who were smear negative on microscopy now tested on CBNAAT.

4. Engaging communication squads such as *Nukkad natak* on the lines of HIV/AIDS program

4.1 Problem Statement: Under the program, Advocacy Communication Social Mobilization (ACSM) activities are limited to some patient provider meetings, community meetings and school meetings- but the scale is not enough to make a dent.

4.2 Planned activity: The folk media has remarkable impact on rural society because of the acceptable idioms, functional significance and the cultural values. Folk media can overcome the difficulties of language, speech, words and other barriers of communication like interest, understanding, interpretation, attitude and perception. A folk media approach is more effective to gather community attention and delivery touchy messages innovatively. The approaches in HIV AIDS have shown that this is effective tool.

Contents of scripts will include (1) How TB spreads (2) Importance of DOTS treatment (3) Rights and Responsibilities of TB Patients in addition to entertainment.

Activity will be done through Department of Public Relations (2-hour module)

(i) State level content development workshop (1No.)

(ii) Awareness activities through *nukkad nataks* (74 No.)

4.3 Expected benefits of such interventions will include, but not limited to:

- More people talking about the disease will take us closer to making TB a social priority.
- Addressing stigma through busting the myths.
- The methodology used for entertainment education is participative and have larger community involvement and will help to reduce the knowledge and information gap.

Strategy 2: TREAT

Following activity is planned under TREAT strategy.

1. Senstization of Panchayati Raj Institutions (PRI) members at each Block Headquarter

1.1 Problem Statement: The silence about TB is a challenge, this lack of open discussion further fuels neglect and misconceptions, and delay in seeking care. The existing Advocacy Communication Social Mobilization (ACSM) activities under RNTCP are limited to some Patient Provider Meetings, Community Meetings, and School based activities- but the scale is not enough to make a dent in the TB burden.

1.2 Planned activity: Under the MMKRNY, a massive grass-root level campaign is proposed to break the ice. A half day discussion in Hindi or local dialect with standardized messages/ communication materials is proposed at *Block head quarter* level. This will consist of:

1. Problem statement
2. Risk and determinants
3. Common symptoms
4. How to avail diagnostic facilities in case of any symptoms
5. Addressing myths and stigma
6. PRIs role in supporting treatment and default retrieval, introducing possible innovations patient support groups, and catalyzing local action to address determinants like tobacco use and alcohol use.
7. Kerala's model of Treatment Support Group for treatment adherence

1.3 List of activities

-Training of master trainers for PRIs training at Shimla and Cheb (2 No.)
-Block level orientation workshop of PRI members (74 No.)

1.4 Expected benefits of such interventions will include, but not limited to:

- TB will be the top priority of the Government, considering its high impact on public health, social and economic fronts.
- More people talking about the disease will take us closer to making TB a social priority.
- Addressing stigma through busting the myths.
- Fostering local support groups will ultimately enable us to decrease default, increase adherence, and decrease deaths.
- This effort will also foster development of community leadership.

Strategy 3: PREVENT

Following two activities are planned under PREVENT strategy.

1. Establishing Air Born Infection Control (AIC) measures through administrative and technical control.

1.1 Problem Statement: Airborne infection control is crucial in TB control as this is disease which is spread through air from the infected person to healthy population. There is a definite gap in the current practices of airborn infection control mechanism in the health institutions in the State. There is also a need for behavior change in the practices by the infected TB patients.

1.2 Planned activity: There is a plan hold a "State level ToT on Air born Infection control measures" in health institutions. Faculty support to be provided by NITRD New Delhi. Series of trainings to be conducted at district (12 No.) by the state trainers. Assessment of all government health institutions will be conducted. Minor alterations in the health institutions to meet the standards for air born infection control will be done across the State. It is also proposed that all TB patients to be provided cloth masks (2 No.) and disinfectant in initial months can reduce the transmission. Infection control committees at State level and district level will be activated and quarterly review meeting will be held at district and State level.

1.3 Expected benefits of such interventions will include, but not limited to:

- Reduction in infection transmission
- Reduction in number of cases in the family and close contacts

2. Community based counselling and tobacco cessation services for TB patients

2.1 Problem Statement:

Himachal Pradesh is one of the highest tobacco use burden state in India. (Source: GATS2009-10). TB treatment outcome is poorly affected with tobacco use during the treatment and thereafter. Community based counselling and tobacco cessation services are one of the activities, which can be helpful.

2.2 Planned activity: All the RNTCP supervisory staff (STS/STLS/DRTB coordinators), MOTC/DTO and general health system staff, who initiates TB treatment to the patients (Pharmacists/nurses) will be trained on community based tobacco cessation.

2.3 Expected benefits of such interventions will include, but not limited to:

- Early sputum conversion
- Less failure of treatment
- Less relapse rate

2.4 Monitoring indicators:

1. Number of RNTCP contractual staff trained on community based tobacco cessation.
2. Number of DTO/MOTC trained on community based tobacco cessation.
3. Number of TB patients who are current tobacco users.
4. Number of TB patients who were current tobacco users and were given counselling and tobacco cessation services.

Strategy 4: BUILD

Following nine activities are planned under BUILD strategy

1. Strengthening of State TB Cell and STDC Dharampur with requisite manpower, infrastructure and allocation of administrative and financial powers.

1.1 Problem Statement:

State TB Cell and State TB Demonstration Centres (STDC) are the two establishments responsible for RNTCP implementation in the State. Both establishments are currently facing few challenges related to manpower, infrastructure and inadequate administrative and financial powers. STDC Dharampur has the mandate of capacity building and supervision, monitoring & evaluation of the program at each level. Currently, there is no dedicated staff at STDC Dharampur. STDC also lacks in infrastructure as well.

State TB cell also has issue of staff. State TB Officer is also a program officer for several other national health programs; as a result, limited time is available with the STO for carrying out of supervision and monitoring activities at the field level. RNTCP is a resource intensive program and requires tremendous skills and commitment from State TB Officer, who is the program lead for the entire State.

1.2 Planned activities:

1. Immediate filling up of vacant posts at State TB Cell Shimla and STDC Dharampur.
2. Fixed tenure to State TB Officer with key deliverables; however, periodic evaluation by government level is recommended.
3. State TB Officer to have exclusive duty for RNTCP implementation and/or few disease control program can also be given; however, no other general administrative duties may be given.
4. Necessary mandate for STO and STDC director to visit the field atleast 15 days in a month for supervision and monitoring activities.
5. Allocation of administrative powers to State TB officer to have administrative control on District TB Officers and RNTCP contractual staff at District and sub-district level.
6. State TB Officer and STDC director to have the contingency financial power of Rs. 25000/- and Rs.15000/- day respectively.

2. Capacity building and empowerment of DTOs with exclusive/ or major responsibility of TB program

2.1 Problem statement: District TB officers are the key officials responsible for RNTCP implementation at the district level. However, in the State, DTOs are Infact the District Program Officers who are having the responsibilities of 8-10 other national health programs of equal importance. Few DTOs are also carrying out OPD, emergency and medico-legal duty besides the duty of National health programs. As a result, DTOs has very less time available for RNTCP. Government of India. Supervisory and monitoring visits by DTO are grossly hampered. There is nil financial power allocated to District TB officers, as a result, there is often delay in conducting the program activities. Few key positions are also vacant in the District TB Cells.

2.2 Proposed activities:

1. Post of DTO to be tenure post of minimum fixed duration with key deliverables subject to evaluation by State TB Officer.
2. District TB Officer to have exclusive duty for RNTCP implementation and/or few disease control program can also be given; however, other general administrative duties or clinical duties may not be given.

3. Necessary mandate for District TB Officer to visit the field atleast 15 days in a month for supervision and monitoring activities.
4. RNTCP vehicle to be directly under the control of District TB officers and must be utilized for RNTCP on priority basis,
5. Immediate filling up of vacant posts at District TB Cells.
6. Allocation of administrative powers to District TB officers to have administrative control on RNTCP contractual staff at District and sub-district level.
7. District TB Officer to have the contingency financial power of Rs. 1000/- day respectively.

3. Resolving HR issues

3.1 Problem statement: There has been few issues in the implementation of the revised salary norms to RNTCP staff, which are due since April 2013. Whereas their counterparts in other programs under National Health Mission has got the revised scale. There is a gross disparity in the salary of contractual staff working in RNTCP and other national health programs on same job profile. Lots of resentment is gripping in the RNTCP staff. When the State is thinking of TB elimination, it is very difficult without getting the 100% commitment from contractual staff. Few positions in the program also vacant.

3.2 Planned activities: Matter regarding the implementation of revised salary norms and filling up of vacant posts is already taken with state Government.

4. Setting up a Partner's consortium for TB elimination in Himachal Pradesh

4.1 Problem statement: Tuberculosis elimination requires lots of technical and financial inputs on several components. There are several high level technical organizations and institutions in the country and outside that have capacity and expertise in supporting the State for TB control and elimination. Similarly, there are several big corporate houses both within the State and outside the State willing to support in achieving its TB elimination mission. State is so far not able to get the required support from these organizations.

4.2 Planned activities: A Partner's consortium for TB elimination will be made in Himachal Pradesh, which will be providing the technical and funding support to the State in achieving its TB free mission within the stipulated periods. State has already organized a consultative meeting "Call to Corporates for TB free Himachal Pradesh Mission" on 20th June 2017 at SIHFW Shimla and sought funding and logistics support from corporates for the mission; corporates has assured all possible support to the State in its TB elimination mission. State TB Cell to prepare the data base of the national experts (individuals and organizations) who can support State in achieving its mission End TB.

5. Setting up TB Surveillance mechanism

5.1 Problem statement: Not all TB cases are notified in the State especially by the private sector and also in the Government sector, if private ATT is prescribed. As a result, real picture of the TB incidence is not estimated. In the absence of correct data, there is difficulty in planning any interventions.

5.2 Planned activities: State to implement the existing acts such as Clinical Establishment Act and Schedule H1 drug etc. Department will conduct series of Sensitization meetings of Chemists and Drug authorities on Schedule H1 implementation (15 No.)

5.3 Expected benefits of this intervention will include, but not limited to:

- Increase in TB Case notification rate
- State will get real picture of TB burden
- Opportunity for public health action
- Opportunity for standardized diagnosis and treatment for TB patients.

6. Orientation of IMA members and private sector on STCI and TB case notification

6.1 Problem statement: State is having sub-optimal TB case notification from private sector; in 2017, only near 900 TB cases were notified by private sector against the target of 2500 cases. Notification is not only important to know the correct disease burden but also to standardize the diagnostic and treatment services by private sector.

6.2 Planned activities: Department of Health to collaborate with IMA bodies at local IMA level. There are total 12 IMAs in Himachal Pradesh. It is proposed that a sensitization program on TB case notification will be organized for the IMA members at local level. Besides this the requisite stationary will also be provided

6.3 Expected benefits of this intervention will include, but not limited to:

- Increase in TB Case notification rate
- State will get real picture of TB burden
- Opportunity for public health action
- Opportunity for standardized diagnosis and treatment for TB patients by the private practioners

7. Operational Research on local issues for TB elimination

District TB officers to flag the local issues related to program implementation. State Task Force of Medical colleges to carry out the operational research related to this and suggest the solution.

8. Setting up of an institutional mechanism for TB elimination

- *Mukhya Mantri Kshaya Rog Nivaran Samiti*
- *Zila Kshaya Rog Nivaran Samiti*
- Technical Advisory Committee at State level

9. Setting up of an institutional mechanism for TB elimination

Department of Health & Family Welfare, HP plans to conduct State level intersectoral coordination workshop in April 2018. Hon'ble Chief Minister of Himachal Pradesh has kindly consented to launch "TB free Himachal Campaign" under MMKRNY scheme on 24 March 2018.

Annexures

Notification of Mukhya Mantri Kshay Rog Nivaran Yojna (MMKRNY) by Government of Himachal Pradesh

Government of Himachal Pradesh
Health and FW Department Himachal Pradesh

No. HFW-H(V)F(10) MMKRNY/2017 **Dated Shimla09 the**

Notification

The Governor, Himachal Pradesh is pleased to implement the Mukhya Mantri Kshaya Rog Nivarana Yojana (MMKRNY) with the focus to eliminate Tuberculosis from the State by 2021. The Major objectives of the scheme will be to detect all cases of Tuberculosis and ensure an early action for the treatment through DETECT-TREAT-PREVENT-BUILD mode. In order to achieve the desired results, the department is planning to adopt preventive Diagnostic and curative measures through door to door active campaign mode which will involve IEC activities, Active Case Finding and Follow up. Under this scheme, financial provisions have been made to do the innovative activities over and above the centrally sponsored RNTCP to eliminate the Tuberculosis from the State by 2021.

DIRECTORATE OF HEALTH SERVICES
24 JAN 2018

(By Order)
Principal Secretary (Health) to the
Government of Himachal Pradesh

No. HFW-H(V)F(10) MMKRNY/2017 dated Shimla 09 the

Copy to:-

1. The Director Health Services, Himachal Pradesh for information and necessary action
2. The Mission Director NHM , Himachal Pradesh for information and necessary action
3. The Director Medical Education and Research, Himachal Pradesh for information and necessary action.
4. The Director Health Safety and Regulation for information and necessary action
5. Principals of all Medical Collages in the state for information and necessary action
6. All Chief Medical Officers in the state for information and necessary action.
7. All Medical Superintendents in Himachal Pradesh for information and necessary action.

Special Secretary (Health) to the
Government of Himachal Pradesh

Responsibilities and timeline for completion of activities under Mukhya Mantri Kshya Rog Nivaran Yojna (MMKRNY)

Sr. No.	Name of the Activity	Timeline for completion of activity	Responsibility
1.	Notification of committees: Mukhya Mantri Kshaya Rog Nivaran Samiti, Zila Kshaya Rog Nivaran Samiti and Notification of Technical Advisory Committee	31/03/2018	State TB Officer to propose the committees with TORs
2.	1st meetings of Technical Advisory Committee and Mukhya Mantri Kshaya Rog Nivaran Samiti at State level and Zila Kshaya Rog Nivaran Samiti at District level	15/04/2018	STO and CMOs to propose the meetings at State and District level
3.	State level inter-sectoral coordination	30/04/2018	State TB Cell to coordinate
4.	Orientation workshops for IMA members & private sector on STCI and TB case notification	31/07/2018	Chief Medical Officer
5.	Sensitization meeting of Chemists and Drug authorities on Schedule H1 implementation	15/05/2018	Chief Medical Officer
6.	State level ToT on "Air born Infection control measures in health institutions"	31/05/2018	State TB Officer
7.	100% implementation of revised diagnostic algorithm-procurement of a CBNAAT machine	31/07/2018	State TB Officer
8.	Engaging communication squads such as *Nukkad natak* for sensitization of general public about Tuberculosis on the lines of HIV/AIDS program: i) State level content development workshop ii) Awareness activities through *nukkad nataks*	 30/04/2018 30/06/2018	 State TB Officer Chief Medical Officer
9.	Constitution of a Partner's consortium for TB elimination	31/07/2018	State TB Officer
10.	Training of RNTCP staff on Community based counselling and tobacco cessation services for TB patients	31/07/2018	State TB Officer
11.	Expansion of Diagnostic lab services	31/07/2018	State TB Officer

12.	Sensitization of Panchayati Raj Institutions (PRI) members at each Block HQ	31/08/2018	Chief Medical Officer
13.	District level sensitization workshop on AIC measures and assessment of the hospitals and corrective actions	31/08/2018	Medical Supdt
14.	Active Case Finding (ACF) through ASHA network among vulnerable and marginalized population in 6 districts	Throughout the year	Chief Medical Officer
15.	Operational Research on local issues for TB elimination	31/08/2018	STO and STF chairman