

Minutes of the National Task Force Workshop, 3rd-4th March 2014

The National Task Force workshop for enhancing the involvement of medical colleges in the country was organized by the State Task Force and State TB Cell, Odisha in collaboration with the Central TB Division at Hotel **HHI, Bhubaneswar** on 3rd & 4th March 2014.

The meeting began with the presentation of the NTF Chair Dr D Behera (**Annexed**) wherein he shared the work done by the task force in the last 1 year and the issues and challenges which needs to be tackled.

This was followed by the inaugural session. The Chief Guest of the workshop was His Excellency, the Governor of Odisha Dr. H. C. Jamir, while the Guest of Honour was Dr. Damodar Rout, Hon'ble Minister, Health & Family Welfare, Govt. of Odisha. The meeting was attended by Mrs. Rupa Mishra, MD NHM, Odisha; Dr. N. K. Das, Special Secretary Health, Odisha; Dr. N. K. Mishra, Director Health Services; Dr. D. Behera, NTF Chairperson; Dr. Niraj Kulshrestha, Add. DDG, CTD, Dte.GHS, MOHFW, Gol; Dr. Prahlad Kumar, Director NTI Bangaluru & STF Chairpersons, STOs of the States and officers from CTD & WHO (List of participants **Annexed**). The detailed agenda of the workshop is **Annexed**.

The dignitaries were given a floral welcome & invited on the dais.

The **Welcome Address** was given by Mrs. Rupa Mishra who welcomed all the participants to Bhubaneswar. She expressed the need to integrate all the programmes under the NHM and bring about this convergence to ensure achievements of the global health parameters.

Address by Dr. N. K. Das who appreciated the contributions made by the Medical colleges in the country for TB control. He stressed that early diagnosis of TB is imperative to stop the spread of the disease. He appreciated the contribution by the medical colleges in training & grooming of the young doctors by imparting them the knowledge & practice of TB diagnosis & treatment under DOTS as well as in case management and Operational Research.

Dr. Das stressed that Notification of TB cases is mandatory and emphasised on the role of the medical colleges for the same. He enlisted the critical role of medical colleges for finding the solutions for the key issues in TB control especially of TB-HIV coinfection, DRTB, TB-DM and others.

This was followed by an address by **Dr D Behera, NTF Chairperson** who said it was encouraging to see increasing participation in ZTF/ NTF workshops and the involvement of medical college is a crucial step in RNTCP implementation as key opinion leaders for the program. He added that presently there are more than 380 medical colleges in India with 335 medical colleges participating in the RNTCP. He informed that there are studies going on Gastrointestinal, Genitourinary & Skeletal T.B. Results of these studies will help to form strategies for management of extra pulmonary tuberculosis.

He congratulated the state of Odisha for the approval of the National Reference laboratory at RMRC Bhubaneswar. He concluded by requesting his Excellency the Governor of Odisha & Minister of Health & Family Welfare for sustained political & administrative support to the programme in the State.

In his address Dr. Niraj expressed his gratitude for the welcome extended by the State of Odisha. He highlighted on the important role that the medical colleges play & urged the participants from medical colleges to provide inputs to CTD on policy decisions. He appreciated the contribution of the medical colleges as Accredited C& DST labs & the important Operational researches coming from them. He stressed the need for enhance role of Medical colleges in DR TB and welcomed suggestions in this respect. He expressed his concern on the diagnosed TB patients who are lost to the system. He further added that Medical colleges can be the role models for the Medical practitioners and ensure behavioural changes in the way TB is diagnosed & treated in the private sector. He concluded by wishing success to the NTF workshop.

Addressing the house Dr. Damodar said that it was his privilege to welcome all to the 12th National Task force workshop in the state of Odisha. He expressed concern on the fact that more adults die from TB than any other infectious disease and that most of these are avoidable deaths. He added that TB control contributes substantially to the social and economic development of the country by reducing the suffering from TB and averting untimely deaths of lakhs of Indians in their prime years of life. He applauded RNTCP for setting goals of “Universal access to early quality diagnosis and treatment for all TB patients” while highlighting the role & contribution of the Medical colleges. He urged the participants to have an open minded approach & share vies and solutions to strengthen the TB control. He wished this workshop a huge success

Address by his Excellency Dr.H.C Jamir, the Governor for the State of Odisha:

Dr. H. C. Jamir said that Tuberculosis remains the biggest public health problem despite noteworthy socio economic development and advances in medical science. It is a curable disease but millions of people suffer every year and numbers of them succumb to this infectious disease resulting in huge socio economic impact. He expressed his satisfaction that with advancement of drugs, modern diagnostic technology and programme management techniques under RNTCP recent substantial decline in disease prevalence and mortality was evident. He highlighted the role of medical colleges in supporting any health programme in India with faculty as opinion leaders and trendsetters, teachers, imparting knowledge, skills and as partners in sustaining the programme by teaching and practicing DOTS and as role models for practicing physicians. He wished success to the workshop.

The vote of thanks was given by Dr. N K Mishra, Director Health Services, Odisha.

Zonal Task Force Presentations:

This was followed by the presentations of the 6 ZTFs followed by discussions (Presentations Annexed). The key discussion points are as below:

East Zone:

- During the discussions it was also stressed that all the STF Chair should use the Official Email id for communications at all levels
- The panel raised the issue that from Bihar no OR proposal has been submitted. Dr Behra said that the process of selection of MD thesis is not correct. All the universities should send the

thesis and it should be mandatory to have one thesis from RNTCP. Since MCI has increased the number of PGs, therefore thesis from RNTCP should also increase.

- STF and OR committee meetings should be held regularly and submission of thesis and OR proposals should be mandatory during these meetings
- Dr Subhakar submitted that some solution should be provided to the issues raised during NTF and only then there can be some positive outcome of NTF.
- He further submitted that like in ICMR even RNTCP should have some website for OR and this should be linked to all medical colleges. This site should provide all the OR guidelines and well as budgetary details and PG students should be able to submit their OR proposals online on this website.
- Dr Rajendra Prasad submitted that the east zone has shown considerable improvement compared to last year NTF

West Zone:

- Dr Jamneja said that the west zone has been doing good work but paradoxically there is no feedback to the 7 OR proposals submitted. Dr Radha said that the Zonal OR Committee has not been able to meet for last one year as a result of which the feedback has been delayed.
- The panel submitted that if the STF chair is busy some other person can be appointed to review the OR proposals so that an early feedback can be provided to the investigators.
- Responding to a observation that recently there had been short supply of paediatric drugs, rifampicin, streptomycin and prolongation pouches but none of the presentations has reflected the same, Dr Radha said due to some local reconstitutions by the districts they have been able to handle the situation.

North Zone:

- It was suggested to include RBTB Centre and Patel Chest Institute in the list of Medical Colleges of Delhi.
- Total 74 Medical Colleges in north zone but only 60 MCs with Core Committee and 63 DOT Centres
- In Uttarakhand there is no MO in any of 5 Medical Colleges
- Out of 65 Medical colleges in North Zone only 47 are sending Quarterly reports
- No faculty member trained in Delhi and Chandigarh
- Himachal Pradesh was appreciated for local purchase of Drugs
- Punjab has shortage of Paediatric Drugs
- Concern regarding the meeting for STF UP was raised. It was clarified that the meeting would be held in March-April 2014.
- Dr S.K. Sharma suggested that the format for presentation should also include TB/HIV, TB-DM and Pediatric TB as currently the same is not being reflected.
- Dr Kiran Rade from CTD informed the house that recording and reporting formats will be changed shortly.

North East Zone:

- Considering the heterogeneity of the region the co-ordination between the ZTF chair and STF chair was appreciated.
- The feedback of referred patients is less. It has to be improved by better co-ordination between the Medical College and the districts.
- Log book / Mandatory posting of Interns in RNTCP was suggested.
- OR has improved and appropriate funding is required. Progress of OR should be reported to OR/ZTF/STF chair and NTF Chair.
- Media briefing, press conference, advocacy should be promoted.
- OR on EP-TB (Lymph node) by Medical colleges should be taken up.

South 2 Zone:

- Responding to the role of RNTCP Consultants, Dr Srinivaas clarified that we need to do our part also for the TB Control efforts; the Consultants can help in the process but can't do all the work themselves.
- Dr P Kumar said that we all should go through the minutes of the previous NTF workshops to have clarity on the role of all stakeholders in the task force mechanism.

South 1 Zone:

- The ZTF chair and members should periodically visit their member states and provide suggestions to the STF regarding any issue that needs support at that level.
- Responding to query on availability of funds for medical college activities Dr Niraj said that any activity planned by the Medical college should be put in the Annual action plan and that is compiled by the district concerned for further compilation in the SAAP. The CTD releases lump sum amount in the state as per the SAAP and the State TB Cell decides the fund that to be released to the Medical college head.
- The planning should be decided in the core committee and STF meetings with a communication to DTO and STO.

Minutes of the Meeting of the NTF Core Committee

Participants:

Dr D Behera (NTF Chair), Dr Rajendra Prasad (NTF Vice Chair), Dr S K Sharma (NTF Advisor), Dr P Kumar (Director NTI), Dr M M Puri (Sr Specialist NITRD), Dr A K Jain (CMO (NFSG) NITRD), DR Nirak Kulshrestha (ADDG TB, CTD), Dr K C Agarwal (ZTF Chair West Zone), Dr Tulsi Mahto (ZTF Chair east Zone), Dr A K Bhardwaj (ZTF Chair North Zone), Dr Subhakar Kandi (ZTF Chair South 1 Zone), Dr Anil Purty (ZTF Chair South 2 Zone), Dr A C Phukan (ZTF Chair North East Zone), Dr Radha Munje (Zonal OR Chair West Zone), Dr Shamim Haider (Zonal OR Chair East Zone), Dr Thomas Matthew (Zonal OR Chair South 2 Zone), Dr Anil Saxena (STO Rajasthan), Dr Rakesh Dayal (STO Jharkhand), Dr (Mrs.) M Hooroo (STO Meghalaya), Dr A N Srinivaas (NPO TB WHO India), Dr R A S Kushwaha (Representative UPSTF), Dr Kiran Rade (CTD Consultant), Dr Mohan P S Kohli (CTD Consultant)

Issue	Decision
Operational Research updates not being shared with the ZTF/ NTF/ CTD.	Coordination needs to be done by the CTD and with the State Member Secretary/ Chairperson regarding progress of each OR with copy of the ZTF Chair and ZTF OR Chair and member secretary.
Status of the release of funds for Dr Anil Purty's OR Proposal and why the response was not given.	In was informed that the release is stuck in the approval process of the Ministry with queries which are being resolved.
Status if vice chairs in the States not shared with ZTF/NTF/CTD	Reminder to be sent to all from CTD and NTF Chair
Use of official email ids	Henceforth all RNTCP communication with be sent to only official email id. Same has to be put in Nikshay. Reminder mail to be sent to everybody with the whole list of email ids to everybody
Nikshay to be used	Demo user id and password to be sent to everybody.
All details on the website	To be done in 2 months
Letter to Chairs for the STF Chair/ ZTF Chair letter should be written that it should be on duty with copy to Dean with reference of the letter number. The letter should be available on the website of RNTCP.	DME/ DHS with cc to STF chairs/ ZTF chairs
Online reporting of the medical colleges	
Shorter training module (3 to 4 days)	CTD to write to NTI for coordination for the formation of shorter training module including all specialties and NTF
Proposal to communicate with National Associations of different specialties for responding to diagnostic algorithm	NTI to coopt these experts and finalize
Next NTF Meeting	Shimla this year in December.
What timings should the RNTCP contractual staff follow the medical college timings.	In case the Staff is hired for the medical college they have to abide by the timings of

	the medical college. TORs to be put on the website.
Sharing the fund flow information to the Chairs of the STF and Core Committee	To be written to the STO to share the information
During the PMDT review meetings there should be representation of the ZTF Chairs	
In the data for ZTF we need to add PMDT data	
Epicenter data rights for Chairs	Within 2 months`
Sensitization workshop for STF chairpersons was suggested	

Technical Panel Discussions:

Q: In the wake of the commitment of the GoI to Universal Access to Quality Diagnosis and Care to all TB patients what changes in the Diagnostic Algorithm need to be done to ensure enhanced and early case detection.

Recommendations for consideration:

1. All Presumptive TB among PLHIV to be screened with CBNAAT
2. For Extra Pulmonary TB:- Use of CBNAAT wherever routine tools are not conclusive.
3. Upfront use of X-Ray Chest for screening (should be emphasized wherever available as sensitive tool)
4. Treatment initiation even if first sputum is smear positive:- Do not wait /ask for 2nd specimen to start treatment.
5. Consider use of Front loading sputum i.e. two specimen on same day.
6. Use of CBNAAT upfront for Sm-ve TB Suspects /Presumptive TB (operational feasibility to be considered) (Use of X-ray screening to prioritize for optimum use)
7. Quality assurance – Sm microscopy, LED FM – high load setting, X-ray, Use of CBNAAT based on feasibility study for PLHIV, Paediatric, Screening MDR (concentration method)
8. Vulnerable/ High risk population screening – Prison, Cancer, Immune-compromised, DM, Slum, Urban poor, (Symptom screening to be included in algorithm)
9. Criteria A/B/C should shift to Universal Access, More facility for 2nd line DST, Upfront 2nd line DST for all MDR should be available.
Patients from un-certified lab, on private treatment for MDR, wants to shift to program - patients to be subjected for testing/ confirmed with certified lab, and treat patient based on the result. Recently diagnosed patients can be taken care, but those patients who have already been treated outside for more than 5-6-7 months, how to manage? - Based on DRTB Committee decision, patient to be managed.
10. Use of combination of best available diagnostic technology in the Health facility
11. Clinician's opinion to be also considered for diagnosis & treatment.

Q: With the Task Force raising questions time and again regarding the issue of Mono resistance and poly-resistance MTB, what is the take of the NTF on the matter and what the NTF can suggest to the RNTCP for diagnosis and regimens for the same.

Recommendations for Consideration:

1. Drug resistance pattern:- Although being suggested that several studies (multi-centric) required, baseline data for particular area to frame regimen, duration of treatment; it was stated that there are adequate Studies available to be used for decisions.
It was left to the OR committee to emphasize on this aspect.
2. Particular drug (with resistance) to be stopped; other drug from same group to be added; (whether individualized regimen to be started depending on the availability of the diagnostic facilities for 2nd Line DST.
3. Existing regimen takes care of mono-resistance (H resistance may have more relapses with intermittent regimen, so should daily therapy to be used in such patients).
Extension of regimen from 6 to 9 months could be considered. Need to consider the effectiveness of 2 drugs in CP in H resistance. In case of CP of 2 drugs of Cat I:- Dose of drugs to be linked to weight of patient which is needed to prevent generation of resistance.
4. Evaluate for poly-resistance pattern:- WHO guidelines to be followed.
5. All MDR/ Mono-R resistance should also be screened for E, S, Fluoroquinolone, H (if not done at MDR treatment initiation, then it should be done whenever patient is XDRTB suspect)
6. Regarding the addition of S/M in 2nd line regimen if patients has not been exposed to the drug or is found to be sensitive:- Individualized regimen in program has operational difficulties which need to be addressed first.
7. Based on the result of first line (all drugs) screening sensitivity pattern, regimen to be given
8. For Mono H, Mono E resistance the existing regimen is effective. Support system to be developed for treatment adherence of such patients; also to prevent further resistance.
9. INH to be added to MDR regimen, if found to be sensitive (R-resistance is surrogate marker of INH resistance, so should not added without evidence of sensitivity)
10. DRTB Committee platform can also opine on non-R resistance patients, if referred for failing/ non-responding first line regimen.
11. Drug Toxicity to be taken care while using regimen.

Q: When enough evidences point towards a change in drug regimen and also almost all other countries in the world have changed to daily regimen and India continues to remain the only country to continue with alternate day regimen and probably the current drug shortages are in a way due to this situation; what is the take of the National Task Force and what are its suggestion to the Programme.

Recommendations for consideration: (Considered operational & technical issues)

1. All specialists/ faculties will come on one platform with daily regimen; to bring all stakeholders / health care providers, daily regimen will help a lot;

2. Recommended Pilot study with Daily regimen DOT in medical college (look at toxicity also – large scale study required; Daily regimen in IP and intermittent in CP)
 3. R drug (most important) to be used under supervision; whether daily or intermittent; Controlled trial multi-centric trials required;
 4. Studies prove that daily regimen is better than intermittent; However the Operational feasibility, specially in remote places is an issue:- for the purpose initially the program can transition from intermittent to daily in group of patients as advised in guidelines like HIV-TB, co-morbidities etc. this should be coupled with 6 months follow-up of patients for identifying relapses as advised in STCI.
 5. Intermittent Supervision i.e. one dose supervised next dose at home can make daily regimen operationally feasible.
 6. Strong suggestions from National / International studies and guidelines to use daily regimen specially in co-infected; Study from Gujrat, 85% could be traced after 2 years; 6% found died and 11% repeat episode of TB; 9% relapse in patients who did not missed a single dose; Tribal district 1001 cured patients followed after 2 years; 13% repeat episode of TB;
 7. Reducing relapse by half is Cost effective as it also reduces MDR by half
 8. Mono H resistance has high chances of relapse as shown by TRC data (1987);
 9. Relapse cases could be re-infection and not actual relapses:- more studies required
 10. Transition from intermittent to daily will have Operationalization problems; and requires solid background work and prepare ourselves for shift.
 11. Toxicity with intermittent regimen is less;
 12. BCG vaccinated had better smear conversion and may have better outcome; BCG may be emphasized for better coverage
 13. Operationalization of DOT has been a problem in intermittent regimen in field (base of supervision in intermittent regimen is failing; with patients failing 2 doses there is a higher chance of resistance); unsupervised intermittent regimen can increase MDR and then doing daily supervision in MDR regimen; instead daily regimen with daily supervision is better;
 14. Patient Support for treatment adherence is also helpful for equal outcome;
 15. Improved Management of adverse effects leads to better adherence in any regimen
 16. No harm in revisiting and rethinking for daily regimen in view of the studies/ evidences/program feedback.
 17. Success rate is high; Relapse rate is main consideration; studies and meta-analysis suggest more studies needed on the relapse/ reinfection;
 18. Program Evidences about DOT ranging as low as 60% in few places
 19. RCT required (30% success rate in NTP with daily regimen; but inherent problems with supplies, supervision etc)
- Change to be accepted to bring all considerations including private sector; with proper preparations for operationalization; correct regimen and its proper implementation; Intermittent & Daily equally effective provided bacteria is pan-sensitive.

The Discussions on the finalization of the Group work of the ZTFs was done and the final recommendations are as below:

1. How to increase paediatric and EP cases in Medical College

Current scenario

- Currently the policy involves mandatory notification through RNTCP unit of the Medical College.
- However there is
 - Lack of knowledge regarding mandatory notification system of TB and TB being a notifiable disease within medical colleges.
 - Poor referral to RNTCP units of Medical College from various departments.
 - EP TB cases/Paediatric TB cases diagnosed through private sector labs may not come back to Medical College and hence lost forever.
- Some patients who are prescribed non dots in case of paediatric TB are not being notified (in case of stock out of paediatric drugs/serious patients)
- Notification is being perceived as Extra burden by busy physicians
- Poor notification from private health care providers
- Only the patients prescribed ATT under RNTCP are notified
- Medical colleges having Health Information Management System (HIMS) have better notification systems
- Probable diagnosis? and empirical therapies leading to non-notification.

Modalities of linkages

- Notification should start at point of diagnosis.
- Notification system to RNTCP unit of the medical college needs to be established within each department.
- Treating physician should be made accountable for reporting of TB patients (both OPD & IPD) to the RNTCP unit of that medical college.
- Formatted Referral register as per “Nikshay” to be supplied to OPDs and IPDs and needs to be filled up.
- E-notification through Nikshay portal in each department on daily basis.
- Medical Superintendent of the Medical College hospital to be member of core committee and Notification Officer.
- Every OPD to have a TB Notification register (Capture all the information required for TB Notification) and report weekly including “Nil reporting” to RNTCP.
- The RNTCP cell/DOTS centre having a computer with internet connection to have a NIKSHAY ID.

Constraints

- Knowledge gap about the notification among diagnosing /treating physicians
- Shortage of Human Resource within the medical colleges like MO, LT, TBHV.
- No availability of a prescribed proforma for notification.
- No availability of consumables for LED microscopy.
- Non availability of regular supply of paediatric drugs.
- User Charges being levied for special procedures for diagnosis of EP TB/paediatric TB.

- Developing a periodic monitoring system is a challenge.
- Lack of legal sanction for enforcement.
- Social stigmas associated with Tuberculosis.
- Non-inclusion of RNTCP in MCI Assessment Form.

Suggestions for improvement

- Enlist the support of Professional Associations like IMA, IAP, API, ASI.
- Sensitization on the mandatory notification system at different levels - faculty, paramedics, PG residents, Medical graduates etc. including knowledge on NIKSHAY registration. The Principal should call the meeting of all HODs to sensitize about notification and necessity and modality of notification by the person diagnosing/treating a TB patient
- Posters on mandatory notification in each department.
- Medical teachers should reinforce notification while teaching treatment of TB.
- Updates in regular core committee meetings and improved interdepartmental coordination.
- Promote single window system and core committee meeting in institutions.
- Medical recording system to be made electronic, manageable and user friendly - good source of data for notification system.
- Telephonic notification - dedicated telephone number/intercom for RNTCP unit to be widely published for making notification of cases.
- Newer technologies like CBNAAT to be provided in selected medical college and linked to Nikshay.
- IDSP system of notification where exists, can be used for TB notification
- All health care providers (Private - both organized/ unorganized, diagnostic facilities, pharmacies) with assurance to the practitioners regarding
 - Not losing the patient
 - Confidentiality
 - Minimum interference
- Mandatory Certificate by District Notification Nodal officers for renewal of license of hospital
- More options for notification while making it user friendly
 - SMS based
 - Android based mobile application
 - Interactive Voice Response (IVR)
- Every reporting facility to have NIKSHAY ID
- STF should review monthly minutes and reports of core committee meetings with reports send online with mandatory feedback

2. Operational Research

- After ethical approval, the PG should submit the OR proposal with HODs recommendation to the Core committee.
- After initial screening, Nodal Officer will send it to State OR Committee (SORC) (Chairman) for consideration
- Minimum 50% of the proposals should be forwarded to SORC
- Core Committee should meet every quarter at-least once, preferably 3rd week of Jan, Apr, July, October. The dates should be informed to all HODs in advance by Nodal officer
- Only 2 hard copies are required instead of 4 in addition to soft copy

- The OR's should also be submitted to the Core Committee (as in the case of Thesis)
- The forwarding of the OR proposal to State OR Committee should be attested by either Principal or Superintendent or Dean
- The study should ideally be taking 6 to 12 months duration only; but in exceptional cases it can be even be 18 months
- Formats have to be revised to make it more clear and user-friendly
- Budget break-up will include honorarium, travel, hotel and per-diem, data entry charges, journal submission fees, institutional overhead(5% max), IEC charges (2% max)
- OR Committee should meet at-least once in a quarter; preferably in the 2nd week of Feb, May, Aug, Nov (along with STF meeting)
- The approval or the forwarding to ZTF should be done within 2 weeks of the meeting.
- All proceedings in SORC should be documented and forwarded to STF and ZTF within 2 weeks of meeting
- All applicants should be communicated regarding the status of their application within one week of meeting (accepted/ rejected or modifications required with reasons.
- It is expected that all ORs/ Thesis get published
- NTF should bring out a list of approved journals for submission. If the articles are submitted to those journals, charges related to submission of articles in journals can be approved in the budget (this should never be more than 10% of total budget; therefore can be kept reserved till the end)
- It is mandatory that all recipients of support should present the key findings from their study in the CC&STF meeting (immediately following the completion of their study)
- STF , ZTF and NTF should start best thesis and best OR awards
- The selected best thesis/ORs should be presented in NTF/ZTF
- RNTCP can think of starting its own journal
- RNTCP should try to support at-least one or two best ORs/Thesis at national level to apply for and participate in international conferences for presentation
- Process of OR submission, financial guidelines, operative guidelines should be available on website.
- All the members from OR committee use the scoring sheet & average score is used during decision making
- Researcher get the opportunity to present the paper/poster during OR workshop
- Multicentre studies during ZTF meeting (adopting same protocol and doing same study in different states)
- Widen the horizon grant the project beyond MCI recognised courses (D.N.B., M.Sc, Ph.D.)

Suggestions regarding topics for ORs

- Notification of all TB cases to RNTCP
- Quality of life among TB patients after completion of treatment
- Comparison of conventional dots with fixed drug combinations
- Age specific prevalence of TB infection in periodic intervals to calculate the annual risk of infection

Suggestions regarding Finance recommendations

- All medical colleges should have an account (RNTCP own account like in Bihar/sub-account under existing NRHM main account/Sub-account under Principal's or colleges' existing official account like in some colleges in WB)
- STO should transfer this amount (based on PIP) as and when allocation is received from CTD subject to availability of fund
- Till this mechanism is in place; STOs should considerately release funds to the colleges against the approved and budgeted ORs/Thesis subject to availability of funds at state level
- STF chairman/SORC chairman should communicate by email to STO and colleges regarding the status of proposals reviewed within one week of decision, so that STO can release funds to colleges (till new mechanism is in-place)
- 60% should be released by the college to the applicant within 3 weeks of receipt of communication reg. approval of OR/Thesis by SORC (or ZORC/NORC as the case may be)
- 30% should be released on submission of progress report and UC
- The remaining 10% should be released on final submission of report and SoE
- The above allotment should be based on the actual budget proposed (and not of the maximum permitted)
- If the study is not completed even after 6 months of the proposed timeline, medical college institutional head will be responsible to follow up and bring the study on-track
- Budget should be increased from 5 lakhs to 10 Lakhs.
- Formats, Operative procedures, Financial Guidelines, Thrust areas, Timelines, last date of submission of project and whom to submit made available on website.
- Fund to be released either to Inst. Head with a clear instruction that the fund should be released to the principal investigator and no deduction at institute level or to respective Department with concordance of the Institute head.
- Clear cut guidelines for handing over the Equipment purchased from the fund to the institute
- Buffer amount to be kept for OR in medical college head budget at state level
- 10% Escalation cost to be considered

Constraints

- Lack of Motivation & training
- Delays in approval & fund disbursement
- Regular meetings do not happen
- Ethical committee clearance by RNTCP
- Transfer of faculty /PG discontinuation

3. Recommendation on curriculum Developments:

- Current Issues in curriculum of MBBS with respect to Teaching TB Control in Medical College, Changes in:
 - Teaching Content
 - Time Dedicated to TB Control in teaching curriculum
 - Methodology (Field training)
- Provision of specialised curriculum on TB Disease with integrated approach -

- Basic TB (5 Lectures) – Etio-pathogenesis, Bacteriology, Diagnostic Tests etc. of Pulmonary and extra pulmonary TB;
- Clinical hands on teaching (5 Lectures)
- To be incorporated from 5th Semester to 7th Semester
- Academic Focus on National Programmes
 - National Programmes included in PSM with rotational field duties by UG/ Interns/ PGs to DTC/DMC/DOTS Centre/DR TB Centre
 - PSM Posting (15 days) during internship for sensitization on RNTCP .
 - Questions on TB, in semester/board examination to recognizing the public health impact of TB
 - Practical/Viva exam to include RNTCP
- Periodical sensitization of faculties from departments other than Medicine, PSM & TB Chest
 - CME /Symposium/Quiz through academic wing of the Medical college
 - Operational Research Workshop for faculty and PG student
 - National Level RNTCP modular training for the teaching faculty
- Inclusion criteria for MCI checklist:
 - DMC/ DOT Centre/ DR TB Centre/ Microbiology Dept. to be Certified by RNTCP
 - TB Notification from all the department
 - Modular training on RNTCP by Faculty /PG students
 - Mandatory monitoring of RNTCP unit and students involvement during MCI visits
- General orientation program to undergraduates on
 - Personal hygiene
 - Diseases of public health importance (TB)
 - Study methodology –clinical & Public Health Implications from the first year onwards
- Teacher’s guide/ Facilitator’s guide
 - To orient the students on the Public Health implication of TB and DR TB
 - Role of different types of diagnostic tools in early diagnosis of TB – Microbiology, Pathology
- Things to be added into the training including
 - Community based problem solving exercise.
 - Air borne infection control measures.

4. Piloting Innovations in a District- ZTF workshop (2013) recommendations

‘Reach the unreached’ and treatment support activities:

- Identify and evaluate the high priority area in coordination with DTOs
- Adoption of district or sub district areas by medical colleges for improving case detection, case holding and TB notification.
- Adoption of MDR/XDR patients by Medical college faculty or students for better treatment adherence support

- Rehabilitation and de addiction services for alcoholic TB cases including Tobacco cessation services
- Managing Tb patients with co-morbid conditions: like diabetes, HIV, renal failure and adverse reactions
- Contact screening of sputum positive MDR TB and drug sensitive TB cases for further evaluation
- Mobile DMC's especially for hard to reach areas, organizing mobile medical camps at difficult areas
- Identify some slums in the district. Active case finding by using existing health and referral system.

Capacity building and knowledge development:

- Faculties participate as resource persons for training / sensitization / CME on RNTCP for health professionals and staff of public, and private health sector including for practitioners of alternative medicine and Rural Health Care Providers
- To improve case detection of smear negative and EP cases, workshop on X-Ray reading for peripheral medical officers and utilization of PPD in diagnosis of paediatric TB

Advocacy, communication and mobilization (ACSM):

- Advocacy for Govt authorities/administrators/PRIs/Opinion leaders on RNTCP and to set up AIC measures wherever applicable, Private health care providers for mandatory TB notification, and to follow standardized diagnosis and treatment methods as per STCI.
- Communication: to establish TB Hot Line in collaboration with NGOs, Lions and Rotary. Awareness programs in schools and Urban slums, media and web activity for AIC to be conducted by MCs. Street play, Community meetings and patient provider meetings wherever required
- Social Mobilization: Networking with local leaders, religious leaders, social workers and NGOs like Indore Model of Innovation: "Collaboration for Elimination of TB from India (CETI)". Collaborative for Elimination of Tuberculosis from Indore (CETI)

Supervision, Monitoring and evaluation:

- Participation in state and district level review meetings including district health society meetings by nodal officer of MC.
- Strengthening innovative communication, feedback system and Nikshay
- Survey/situation analysis of poorly performing areas
- Supervision and monitoring team to be formed by core committee, periodic monitoring, data analysis & feedback should be planned in coordination with STDC, particularly on newer diagnostics, side effects, EP TB, Pead TB, MDR and XDR
- Participation in the State Internal Evaluations (SIEs) and Central Internal Evaluations (CIEs) regularly

Operational Research:

- Operational Research can be taken up on issues relevant to the district's performance in RNTCP research priority areas
- Dissemination of the OR findings and recommendations to bring policy changes and revision of guidelines
- OR capacity building workshops for students, interns, PGs and also for PPs

Involvement of PGs, Interns and Medical Students:

- Compulsory posting of UGs, interns and PGs in RNTCP cell, DR-TB wards, Block level hospital DMCs and at health facilities in difficult to reach or high risk areas at least for one month. Core committee to co-ordinate with all departments in this regard
- Involvement of medical students in behavioural change communications, mass campaigns and street plays to strengthen the district IEC activities
- Involvement of medical students in default retrieval, and TB death and default audits

Medical colleges as district nodal point for technical support:

- Toll free number for physicians and GPs to get technical support from medical college. Toll free number for each MC/or zonal level
- Teleconference/Telemedicine/Distance learning: each college can have telemedicine facility to link their district block level hospitals/sub district hospitals on need basis
- All the medical colleges of the state can have Teleconference facility to interlink with other medical colleges of the state .STF chair person can fix a date bimonthly to have teleconference at MC level

Programme support for innovations in the field:

- Proper budgeting and financial support: More budgetary provision for medical colleges. DAAP to incorporate the same. Core committee and nodal officer to prepare annual action plan and budget proactively in co-ordination with DTOs
- Incentives to community volunteers like Asha and Anganwadi workers
- Timely recruitment and training of HR
- Provision of infrastructure, drug and logistics
- Delegation of powers to core committee to utilize the funds
- Follow up of activities planned under action plan (annual timelines)
- Good coordination and timely feedback system with District team

Summary: Centre of Excellence in TB Control (COE) model for involvement of MCs

- OR capacity building workshops, Survey/situation analysis of poorly performing areas, Monitoring and evaluation, Mentoring, Quality assurance, On site visits, Providing technical updates, Tele Medicine, Call center/Toll free number, Distance learning, Urban plan involvement , Piloting new program components .

This was followed by the presentation of the action plan by the ZTF Chairs.

Admin issues which were raised during the panel discussion on Administrative issues in the Task Force mechanism:

- The process of fund routing for the task force activities need to be streamlined for timely availability of funds for activities.
- Regular updates should be shared with the medical colleges including the financial approvals for the task force activities.
- Modules for the trainings including MDR Certification needs to be shared online and on the RNTCP website.
- The TORs of the Medical College Core Committee/ STF/ ZTF and NTF need to be revised based on the changes in the programme and current programme priorities.
- A copy of the TORs of the task force mechanism needs to be shared with all concerned.
- Letter with respect to permission for duty travel for Task Force Activities should be available to all.
- The costs for holding the STF workshop should be increased from the current Rs 50,000/- especially in states with large number of medical colleges.



**Report of the Zonal Task Force (East) 2013,
Bhubaneswar
(3rd & 4th March 2014)**

Chairman: Dr Tulsi Mahto
Director, RIMS-Ranchi
Secretary: Dr Rakesh Dayal
STO, Jharkhand



**Action taken as per the previous year ZTF
action plan submitted**

Activity	Status
Jharkhand	
Very low percentage of trained faculty	Planned in the STF meeting that each medical college to have the list of 5 faculty members to be nominated for National level training
Low percentage of Smear negative TB in the state & medical college	With new definition of the type of TB cases, it was discussed during the STF and the core committee meetings: <ul style="list-style-type: none"> Dept. wise sensitization of RNTCP - in the new case definition of Probable TB & the diagnostic algorithm. Strengthening the referrals from health facilities for Sm. - ve suspects in Medical Colleges. Medical colleges to take the lead in diagnosing the Sm - ve TB cases with their available facilities.
Vacant posts of MOs Medical Colleges	Appointment is under process.
Irregular core committee & STF meetings	This issue was discussed in STF Feb.13. The nodal officer medical colleges to organize core committee meetings on quarterly basis.



**Action taken as per the previous year ZTF
action plan submitted**

Activity	Status
Bihar	
Notification of TB	<ul style="list-style-type: none"> All Departments sensitized in Core Committee Meetings reinforced in the three STF Meeting and Reporting mechanism explained in detail. Line listing of the PPs working in the medical college compiled. (SKMCH Muzaffarpur) TB Notification Registers provided. (SKMCH Muzaffarpur) Nodal person designated for notification (SKMCH Muzaffarpur)
Ban on Serology	<ul style="list-style-type: none"> Dissemination of the information with scientific evidence during Core Committee Meetings. (SKMCH, JLMCH, MDCH and ANMCH) Periodic monitoring and supervision by the Core Committee members (SKMCH, DMCH, ANMCH and JLMCH) Sensitization meeting held in the MGM MCH, Kishanganj and LBKMCH, Saharsa
Culture & DST Lab	<ul style="list-style-type: none"> JLMCH Bhagalpur- Space Identified with floor map. Plan for renovation submitted to State Health Society SKMCH Muzaffarpur - Space Available



**Action taken as per the previous year ZTF
action plan submitted**

Activity	Status
Odisha	
Appointment of contractual staff, especially MO – DMC is an issue.	All pending recruitments completed for MC as well as DR TB Centre. Only MO RNTCP position at Cuttack vacant
Core committee meeting in all MCs every quarterly	Hosted
Involvement of Private Medical Colleges suboptimal.	2/3 private medical colleges fully involved in the program.
DRTB Centre at VSS Burla under construction	Construction is completed.
TB Notification and Ban on serology	Sensitization programs and CMEs has already been conducted by Medical colleges.



**Action taken as per the previous year ZTF
action plan submitted**

Activity	Status
Chhattisgarh	
Revision of Core Committee Members in each Medical College	RNTCP Core Committee in all three Medical Colleges has been reconstituted by the DME in 1Q12
Identification of Drug Resistant TB (DR-TB) Centre at the Pt.JNM Medical College, Raipur	DR-TB Centre identified and now almost completed at the Raipur Medical College. 3 rd DR-TB Centre also identified at the GMC-Jagdalpur.
Development of medical college action plan and incorporation of the same in the respective District Action Plan for 2012-13 financial year.	Done
Filling of the vacant posts at the Medical Colleges.	All vacant posts are to be re-advertised and will be filled through 'walk-in interview' by Dec 12 – Jan13.
Constitution of the State Operational Research Committee	State OR Committee reconstituted by DME in STF Meeting of 27 Dec 12
Regular organization of CME's in all the medical colleges, especially in the Pt. JNM Medical College, Raipur	CME in RNTCP was held in June 2012 at the Pt.JNM Medical College, Raipur

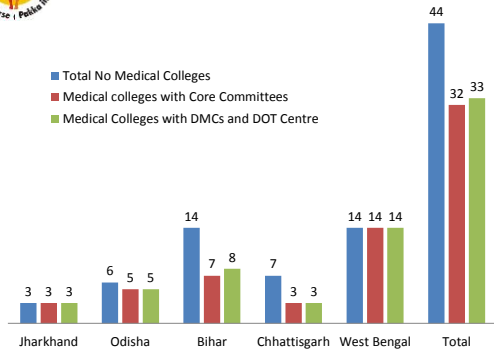


**Action taken as per the previous year ZTF
action plan submitted**

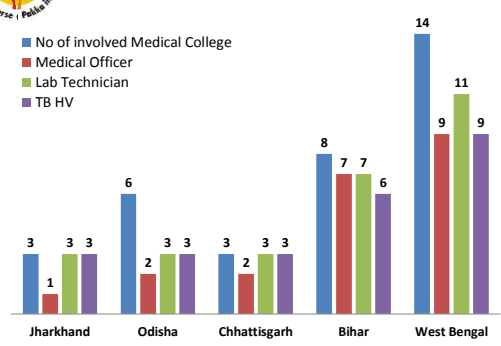
Activity	Status
West Bengal	
Core committee meeting in each Medical College.	Done
Visit of STF members to different Medical Colleges of West Bengal	On going
OR committee meeting of West Bengal	Done
Regular sensitization Programme in every Medical College of West Bengal	Done
Circulation of TB notification to all Medical Colleges	Done
Banning of Serology of TB	Circulated to all the Medical Colleges



Profile - East Zone



RNTCP Contractual Staff



Quarterly reporting status of medical colleges in the zone

State Name	Total No of MCs involved	Total no. of quarterly reports received by STF				No. of MCs who have sent reports for all the four quarters
		3Q12	4Q12	1Q13	2Q13	
Bihar	8	7	7	7	7	7
Chhattisgarh	3	3	3	3	3	3
Jharkhand	3	3	3	3	3	3
Odisha	6	3	3	3	3	3
West Bengal	14	11	11	13	13	11
Zone Total	34	27	27	29	29	27

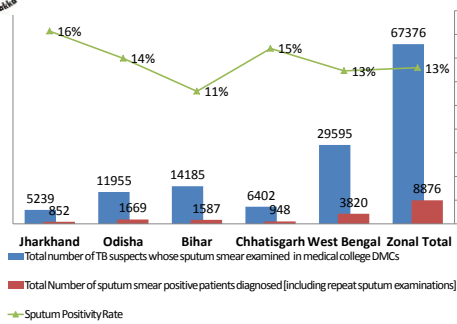


Training Status

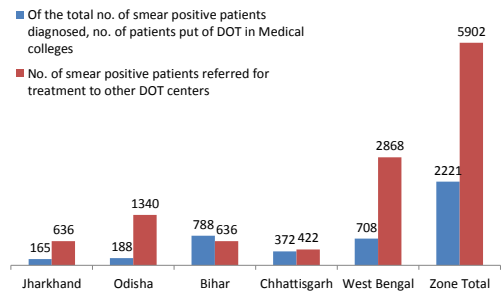
State Name	No. of faculty trained as master trainers from 3Q12-2Q13 at the National Level	Total no. of faculty trained as master trainers at the national level since implementation
Jharkhand	0	6
Odisha	1	8
Bihar	11	38
Chhattisgarh	11	20
West Bengal	4	29
Zone Total	27	101



Microscopy activities (3Q12-2Q13)

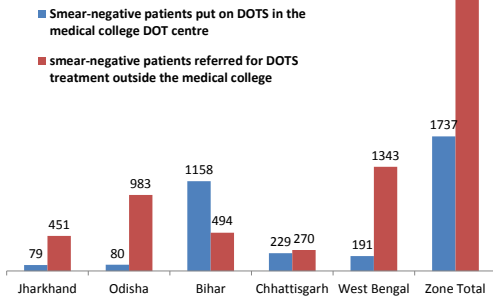


SP PTB Treatment Initiation (3Q12-2Q13)

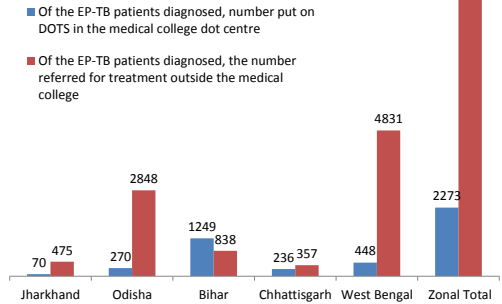




SN PTB Treatment Initiation (3Q12-2Q13)



EPTB Treatment Initiation (3Q12-2Q13)

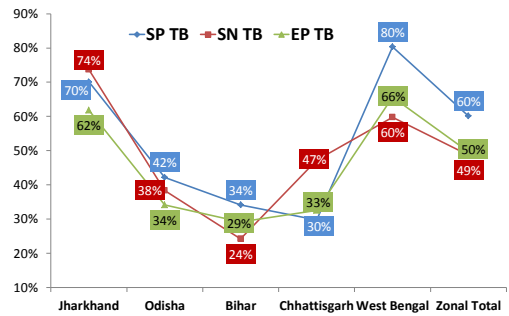


Referral for Treatment and Feedback Status (2Q12-1Q13)

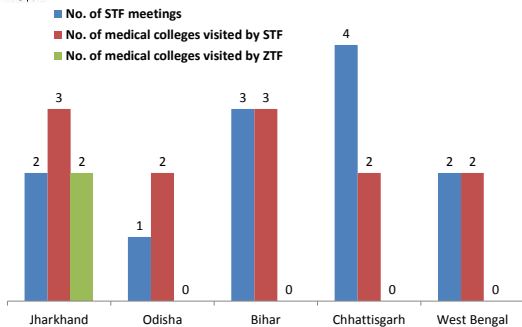
State Name	Smear Positive PTB Patients Referred	Feedback Received	Smear Negative PTB Patients Referred	Feedback Received	EPTB Patients Referred	Feedback Received
Jharkhand	535	375	448	330	495	306
Odisha	976	412	707	271	2457	838
Bihar	636	217	528	128	356	104
Chhattisgarh	215	64	182	86	341	111
West Bengal	1749	1405	859	513	2831	1858
Zonal Total	4111	2473	2724	1328	6480	3217



Patient Referral from Medical Colleges & feedback status (2Q12-1Q13)



Monitoring and supervision by STF in the zone (3Q12-2Q13)



Operational Research (3Q12-2Q13)

Name of the state	No. of thesis proposals approved (3Q12-2Q13)	No. of OR proposals submitted to Zonal OR committee (3Q12-2Q13)	No. of OR proposals approved by the Zonal OR committee (3Q12-2Q13)
Jharkhand	2	1	1
Odisha	4	1	0
Bihar	0	0	0
Chhattisgarh	1	0	0
West Bengal	1	1	1
Zone Total	8	3	2



Status of OR proposals

State	Submitted	Denied	Accepted	Resubmission
Jharkhand	1	0	1	--
Odisha	1	0	1	--
Bihar	0	0	0	--
Chhattisgarh	0	0	0	--
West Bengal	1	0	1	--
Zonal Total	3	0	3	--



Topics of approved OR/Thesis proposals

Title of the OR Proposal	Investigators
OR : Acceptability of DOTS among Tribal population of Jharkhand" by PSM department RIMS Ranchi	PSM Dept. RIMS, Ranchi
OR: Study of ATD prescription in the era of DOTS – Has anything changed in the last 15 years.	Calcutta National Medical College, WB
Thesis 1: Occurrence and correlates of pulmonary tuberculosis in HIV positive patients attending ART centre in Rajendra Institute of Medical Sciences, Ranchi	PSM Dept. RIMS, Ranchi
Thesis 2: A study on detection of pulmonary tuberculosis among patients with history of cough ≥ 2 weeks attending medicine OPD, RIMS, Ranchi	PSM Dept. RIMS, Ranchi
Thesis 3: Assessment of knowledge and practice of staff under RNTCP in the Raipur District	PG Student, Pt. JNM Medical College, Raipur



Topics of approved OR/Thesis proposals

Title of the OR Proposal	Investigators
Thesis 4: Clinico-radiological profile and management of Multi drug resistant TB with special reference to adverse drug reactions.	Dr. Priyadarshini Parida, PG Student SCB MC Cuttack
Thesis 5: A study on host genetic variation in patients of MDR TB , NSP and Health contacts.	Dr Saswat Subhankar PG Student SCB MC Cuttack
Thesis 6: Clinico-radiological spectrum of sputum positive and negative Pulmonary tuberculosis in HIV seropositive patients and effects of DOTS on treatment outcome.	Dr Debasis Behera PG Student SCB MC Cuttack
Thesis 7: A study of clinical,histopathological, bacteriological profile of patients with superficial Tubercular lymphadenitis	Dr Sangita Jena PG Student SCB MC Cuttack



Reported problems

Name of the state	Any medical college reporting problems in the regular supply of laboratory consumables	Any medical college reporting problems in the regular supply of anti-TB drugs?	Any medical college reporting shortage in funds for meetings, advocacy activities etc?
Jharkhand	No	No	No
Odisha	No	No	No
Bihar	No	No	Yes
Chhattisgarh	No	No	No
West Bengal	No	No	No
Zonal Total	0	0	1

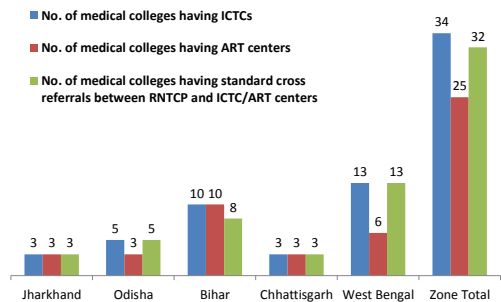


DR TB Diagnosis and Treatment services

No of Medical colleges in the Zone offering TB C&DST	
Solid/Liquid Culture alone	2
Solid/Liquid Culture - DST	2
Line Probe Assay	1
Any Other technology	2
No of Medical colleges in the Zone having RNTCP accredited C&DST services	2
No of Medical colleges in the Zone having DOTS Plus site	9
No of Medical colleges in the zone identified to be having DOTS Plus site as per State PMDT plans	13



TB/HIV Collaborative services





Advocacy (3Q12-2Q13)

Name of the state	No. of Publications on RNTCP	No of Workshops/ Seminars/CMEs in the medical colleges	State level CMEs/ Seminar/Worksh ops organized by STF
Jharkhand	0	2	0
Odisha	0	2	1
Bihar	0	5	0
Chhattisgarh	0	4	7
West Bengal	0	12	2
Zonal Total	0	25	10



Innovations / Pilots

Jharkhand

- Laboratories of all the 3 medical colleges to be upgraded for C&DST for Mycobacterium TB. Rs 3 crore for medical colleges approved by state govt. in 12th 5 year plan
- Visit of RIMS core committee members, other faculties & PGs for sensitization in RNTCP services (State Drug Store, DR TB Centre, C & DST Lab & Basic DOTS Services)
- All Department heads sensitized in Core Committee Meetings regarding 'Mandatory Notification'. **All Departments** handling TB Cases to notify. Core committee Nodal person designated in medical colleges for TB notification from all departments.

Chhattisgarh

- CME on 'Newer Diagnostics and Drug Resistance TB' conducted in Pt. JNM Medical College in June 2012 after a gap of 5 years
- First PG thesis on RNTCP from Pt. JNM Medical College, Raipur on 'Assessment of knowledge and practice of staff under RNTCP in the Raipur District'
- Fully functional Drug Resistant TB Centre (DR-TB Centre) with 25 bed occupancy
- Strong political commitment: Honorable Governor, Chhattisgarh as the chief guest for ZTF East zone: Oct 2013



Innovations / Pilots

Odisha

- Funds from NRHM additionalities arranged to manage investigations and treatment which are not available free of cost for DR TB patients
- Funds being requested for refrigerators at all medical colleges for storing PPD Vials
- Funds secured from NRHM for transport of TB HIV Co-infected patient with one attendant from district to ART Centre.
- Intensified case finding activity was conducted in 10 low detection coastal districts.
- Disease burden study is ongoing at low case detection district of Jagatsingpur.

Bihar

- Each and every faculty members in SKMCH Muzaffarpur provided with Gazette Notification of GOI on notification, GO from Govt of Bihar and "Guidance Tool on TB Notification".
- Wall paintings done on availability of free TB diagnosis and treatment by the medical college fund in SKMCH Muzaffarpur.
- Every 15 days (Saturday) STF chairperson reviews RNTCP with the STS/STLS/MO RNTCP/SA-DR TB Centre and MO-DR TB Centre. (SKMCH)
- In DMCH and SKMCH Interns are posted for 15 days in the DOT Centre of the medical college.
- All faculties, PGs and House surgeons sensitised on RNTCP in ANMCH Gaya
- Doctors, PG students & Final Year Students are also sensitised in JLNMCH, Bhagalpur



ZTF East Zone at Raipur, October 2013



STF Meeting at Ranchi



STF Meeting at MGMCH Jamshedpur



Constraints being faced by STF

Jharkhand

- Shortage of human resource to coordinate STF activities
- Post of RNTCP Medical officers vacant at RIMS Ranchi & MGMCH Jamshedpur
- Only 1 medical college (PMCH Dhanbad) with DRTB centre due to infrastructure constraints in medical colleges.

Chhattisgarh

- Establishing proper feedback mechanism of the referred TB cases from the Medical College. Nearly 15% TB cases lost after diagnosis due to improper tracking/ feedback mechanism.
- Lacking capacity for in-house sensitization of faculty in RNTCP from time to time
- Irregular RNTCP Core Committee Meetings
- Poor spending pattern is mainly due to vacant RNTCP posts (Medical Officer – DMC) in the medical colleges of Jagdalpur and Bilaspur.
- Non utilization of funds under the research head



Constraints being faced by STF

Odisha

- VSS Burla: Shortage of medical officers. RNTCP lab in OPD building
- SCB Cuttack: Vacancy of MO RNTCP, Space constraint at existing DR TB Centre due to over burden of patients, High end investigation should be made free for TB patients.
- KIMS / SUM Bhubaneswar: Provision of a Lab Technician from RNTCP for private medical college, Difficulty in getting Lab technicians due to Hon'able High court stricture.

Bihar

- Resulted in complete absence of any advocacy activities, training, sensitisation at all levels and no state level workshop could be held by the STF.
- No fund released from the State TB Cell to conduct any OR.
- Schedule of National Training Programme, Revised Guidelines and Updates regarding RNTCP and PMDT not being intimated to the Medical Colleges.



Constraints being faced by STF

West Bengal

- Filling the vacancies for posts of MOs of Medical College
- Supply of PPs and paediatric PWBs
- Opening of DRTB Centre in RG Kar Medical College & Hospital
- Formal approval awaited for DR TB Centre at Bardhaman Medical College
- STF Office at RG KMCH did not receive adequate fund for daily office expenses



Financial Issues

- Irregular flow of fund from the State TB Cell/State Health Society. **(BI)**
- Fund flow in the state. STF office didn't get new Computer. MO, RNTCP didn't get revised salary. **(WB)**



Suggestions for Consideration

- Provision of having a DR-TB Centre in the Medical Colleges to be included in the MCI Curriculum – as an extension to TB & Chest wards/Medicine wards
- Strengthening of liaison between State TB Cell and STF to overcome the issues related to financial constraints and filling up of the vacancies overlying in the Medical colleges.
- Strengthening the mechanism of patient's referral & feedback, Default retrieval and feedback of Transferred out patients from the Medical colleges.
- Provision of incentives to Community Volunteers for TB suspect referrals for diagnosis and DOTS initiation.
- DMC/DOTS center visit by undergraduates during their routine PSM duty
- Periodical sensitization of Interns
- Operational Research on Prevalence of MDR TB in extra pulmonary TB specimen
- Compulsory thesis on RNTCP for one PG student per medical college
- Clinical PG students to duty at DR TB center on rotation



धन्यवाद



धन्यवाद

Report of the Zonal Task Force (North Zone) 2013

Presented by :Prof Rajendra Prasad

Chairman :Prof Rajendra Prasad,
Director VPCI, Delhi

Member Secretary :Dr. Ashwani Khanna, State
TB Officer, Delhi

Action taken as per the previous year ZTF action plan submitted

Himachal Pradesh	Action taken
Trainings	Completed
OR Projects	3 initiated
Thesis Funding	2 approved
Posting of PGs in Community Medicine at DOTS center	2
Posting of Interns at DOTS center	2
CME/ OR workshop	5 CME, 1 OR workshop
Involvement of Medical Students in IEC activities	√
World TB Day 2013	At Shimla
Review of core committee activities by Chairman STF, STF and Core committee meetings	Done
Jammu and Kashmir	Action taken
Separate Vice Chairpersons in Kashmir and Jammu Division.	In process

Action taken as per the previous year ZTF action plan submitted

Uttar Pradesh	Action Taken
Regular STF meetings (In the last ZTF meeting, NTF/ZTF chairpersons directed the Interim Chairperson STF UP to reorganize the STF within one month and schedule the STF meeting as soon as possible)	<ul style="list-style-type: none"> •Before August 2013 due to NRHM issues (non-availability of funds) nothing could be done •After August 2013, State TB Cell was ready with the funds and scheduled the meeting on 9th September 2013 but it could not take place due to non-communication between the Interim chairperson and member secretary UP STF (especially from medical college side)
Training/Sensitization of the Faculty /Residents, Nursing etc.	Could not be achieved due to above reason
Master Trainers (DOTS/PMDT)	Could not be achieved due to above reason
Teaching of UG and Interns	On going
Service Delivery in Medical Colleges	Being done

Action taken as per the previous year ZTF action plan submitted

Haryana	Action taken
OR Project submitted by PGIMS Rohtak has been forwarded by Zonal OR to National OR	Under consideration
Department of Respiratory Medicine observed the WTD	Completed
Modular Training of PGIMS Faculty	Two names have been proposed
Chandigarh	Action taken
College Core committee meeting at both the medical colleges and STF meeting	Completed
Accreditation of microbiology deptt. PGI for liquid culture and DST	Nov 2013
Sensitisation and Training of Medical College faculty	Ongoing
Notification and registration of TB cases diagnosed through Nikshay from all departments	In process

Action taken as per the previous year ZTF action plan submitted

Uttarakhand	Action taken
To depute a Vice Chairperson in Uttarakhand	Under consideration
CME/Trainings/Sensitization	In process
Delhi	Action taken
To include RBIPMT and Patel Chest Institute in the list of Medical Colleges of Delhi.	Referral Unit established at Patel Chest; RBIPMT is supporting PMDT services as a DR TB centre & CBNAAT
Department of Chest Medicine to be present in all Medical Colleges of Delhi.	Separate Respiratory Medicine Department exists at AIIMS and VMMS, deptt. made functional at LHMC
In States like Delhi with a glut of thesis and research, restriction of undertaking only one thesis/research per college (as per program guidelines) needs to be reviewed.	Decision pending at Central TB Division level.
Notification and registration of TB cases diagnosed through Nikshay from all departments	In process

Zonal Profile

Name of the state	Total No. of Medical colleges (MCs)	No. of MCs with core committees	No. of MCs with DMCs + DOT Centers
Himachal Pradesh	3	2	2
Uttarakhand	5	4	4
Uttar Pradesh	30	23	23
Jammu & Kashmir	05	05	05
Punjab	10	9	9
Haryana	7	7	7
Chandigarh	2	2	2
Delhi	12	8	11
Total	74	60	63

RNTCP Contractual Staff

Name of the state	No. of MCs involved	MO		LT		TBHV	
		Sanctioned	In Place	Sanctioned	In Place	Sanctioned	In Place
Himachal Pradesh	2	3	2	2	2	2	1
Uttarakhand	5	5	0	5	4	5	3
Uttar Pradesh	23	22	11	15	15	16	15
Jammu & Kashmir	5	5	5	5	5	5	5

RNTCP Contractual Staff

Name of the state	No. of MCs involved	MO		LT		TBHV	
		Sanctioned	In Place	Sanctioned	In Place	Sanctioned	In Place
Punjab	9	9	9	9	9	9	9
Haryana	7	4	2	4	3	4	4
Chandigarh	2	2	2	2	2	2	2
Delhi	12	12	8	12	11	12	11
Total	65	62	39	54	51	55	50

Quarterly reporting status of medical colleges in North Zone

State Name	Total No of MCs involved	Total no. of quarterly reports received by STF				No. of MCs who have sent reports for all the four quarters
		3Q12	4Q12	1Q13	2Q13	
Himachal Pradesh	2	2	2	2	2	2
Uttarakhand	5	4	4	3	2	2
Uttar Pradesh	23	15	16	17	18	15
Jammu & Kashmir	5	5	5	5	5	5
Punjab	9	8	8	9	9	8
Haryana	7	4	4	4	5	5
Chandigarh	2	2	2	2	2	2
Delhi	12	8	8	8	8	8
Total	65	48	49	50	51	47

Training status

State Name	No. of faculty trained as master trainers from 3Q12-2Q13 at the National Level	Total no. of faculty trained as master trainers at the national level since implementation
Himachal Pradesh	2	18
Uttarakhand	0	7
Jammu & Kashmir	02	14
Punjab	2	18
Haryana	1	6
Chandigarh	2	-
Delhi	15	-
Total	23	63

Microscopy activities

State Name	Total number of TB suspects who underwent sputum smear examination for diagnosis in medical college DMCs (3Q12-2Q13)	Total Number of sputum smear positive patients diagnosed [including repeat sputum examinations] (3Q12-2Q13)
Himachal Pradesh	6832	1167
Uttarakhand	6205	1297
Uttar Pradesh	38039	8328
Jammu & Kashmir	14893	2103
Punjab	3687	3687
Haryana	13511	2144
Chandigarh	6767	895
Delhi	15511	1893
Total	105445	21514

Treatment initiation

State Name	Of the total no. of smear positive patients diagnosed, no. of patients put on DOT in Medical colleges (3Q12-2Q13)	No. of smear positive patients referred for treatment to other DOT centers (3Q12-2Q13)
Himachal Pradesh	166	966
Uttarakhand	159	915
Uttar Pradesh	1794	5167
Jammu & Kashmir	995	1074
Punjab	3687	2116
Haryana	16	2069
Chandigarh	47	824
Delhi	165	1707
Zone Total	7029	14838

Smear Negative PTB

State Name	Smear-negative patients put on DOTS in the medical college DOT centre (3Q12-2Q13)	smear-negative patients referred for DOTS treatment outside the medical college (3Q12-2Q13)
Himachal Pradesh	21	157
Uttarakhand	20	149
Uttar Pradesh	488	691
Jammu & Kashmir	382	176
Punjab	412	823
Haryana	11	815
Chandigarh	26	233
Delhi	82	1423
Total	1442	4467

Extra Pulmonary TB

State Name	Of the EP-TB patients diagnosed, number put on DOTS in the medical college dot centre (3Q12-2Q13)	Of the EP-TB patients diagnosed, the number referred for treatment outside the medical college (3Q12-2Q13)
Himachal Pradesh	169	721
Uttarakhand	44	512
Uttar Pradesh	888	1637
Jammu & Kashmir	843	411
Punjab	524	1459
Haryana	20	1499
Chandigarh	69	1187
Delhi	264	7059
Total	2821	14485

Referral for treatment and feedback status

State Name	No. of smear positive patients referred for treatment (2Q12-1Q13)	Of the smear positive patients referred, no. whose feedback was received	No. of smear negative patients referred for treatment (2Q12-1Q13)	Of the smear negative patients referred, no. whose feedback was received	No. of EP-TB patients referred for treatment (2Q12-1Q13)	Of the EP-TB patients referred, no. whose feedback was received
Himachal Pradesh	921	564	179	81	779	521
Uttarakhand	796	207	163	50	498	139
Uttar Pradesh	3943	1705	1171	440	2062	662
Jammu & Kashmir	1074	1038	176	240	411	509
Punjab	2202	1387	772	528	1369	923
Haryana	1331	676	404	218	964	238
Chandigarh	801	254	217	110	1155	441
Delhi	1751	1234	1449	1012	6801	5097
Total	12819	7065 (55%)	4531	2679 (59%)	14039	8530 (61%)

Monitoring and supervision by STF and ZTF

NAME OF THE STATE	No. of STF meetings from 3Q12-2Q13	No. of medical colleges visited by STF from 3Q12-2Q13	No. of medical colleges visited by ZTF from 3Q12-2Q13
Himachal Pradesh	4	2	1
Uttarakhand	1	2	1
Uttar Pradesh	Nil	Nil	2
Jammu & Kashmir	Nil	2	2
Punjab	1	1	nil
Haryana	Nil	7	Nil
Chandigarh	2	Nil	nil
Delhi	2	8	3

Operational Research

Name of the state	No. of thesis proposals approved (3Q12-2Q13)	No. of OR proposals submitted to Zonal OR committee (3Q12-2Q13)	No. of OR proposals approved by the Zonal OR committee (3Q12-2Q13)
Himachal Pradesh	2	1	Nil
Uttarakhand	1	1	1
Uttar Pradesh	Data not available	-	-
Jammu & Kashmir	2	Nil	Nil
Punjab	4	Nil	Nil
Haryana	1	Nil	Nil
Chandigarh	1	Nil	Nil
Delhi	Nil	Nil	Nil
Zone Total	11	2	1

Topics of approved OR/Thesis proposals (Himachal Pradesh)

Title of the OR/Thesis Proposal	PI
Facility based cohort study to estimate the risk of coexistence of Tuberculosis and Diabetes Mellitus in Himachal Pradesh, India. (OR)	Dr. Dinesh Kumar
Variations in plasma levels of first line anti tubercular drugs with thrice weekly regime of RNTCP in the population of Kangra valley region of Himachal Pradesh" (OR)	Dr. Parveen Kumar
To compare the sensitivity and specificity of microscopy for AFB using ZN and fluorescent stains in direct and concentrated specimen with culture as gold standard in Dr. RP Govt. Medical College, Kangra at Tanda. (OR)	Dr. Rekha Bansal
To study the patters of drug resistance, adverse drug reactions profile and early treatment response in patients treated under Intensive Phase of RNTCP-PMDT Regimen. (Thesis)	Dr. Aneeta Kumari
Isolation of Atypical Mycobacteria using BACTEC MGIT 960 and their identification by PCR-RFLP. (Thesis)	Dr. Pooja Sharma

Topics of approved OR/Thesis proposals (J&K)

Title of the OR/Thesis Proposal	PI
1. Co-existence of TB & Diabetes Mellitus in a rural Population of Jammu	Dr Dinesh Kumar
2. Feasibility Acceptability effectiveness of Active Case Finding as intervention among contacts of patients with Pulmonary Tuberculosis in Kashmir	Dr G.H.Khatana
3. Adenosine Deaminase activity in cerebrospinal fluid in Meningitis etiologies in children	Dr Mohsin Rashid
4. Situational Analysis of Contact Screening and Chemoprophylaxis	Dr Mohd Rafiq

Topics of approved OR/Thesis proposals (Uttarakhand)

Title of the OR/Thesis Proposal	PI
Study of Epidemiology & Factors affecting MDR-TB	HIHT, Dehradun

Operational research: Titles of thesis topics approved by the STF (Punjab)

Topic	Medical College
Socio demographic profile and BMI characteristics of patients with pulmonary tuberculosis at Chest & TB hospital, Amritsar and their treatment outcome - Dr. Rosy (Dept. of Chest & TB)	GMC, Amritsar
Reasons for default under RNTCP and treatment outcome after retreatment of default category - Dr. Nagaraja (Dept. of Chest & TB)	GMC, Amritsar
Characterization of Mycobacteria in HIV patients - Dr. Kanwalpreet Kaur (Dept. of Microbiology)	GMC, Amritsar
Need for physical, social and economic rehabilitation of patients suffering from TB and its complications or its sequel - Dr. Shiyas Mohammad	GMC Patiala

Operational research: Titles of thesis topics approved by the STF (Haryana)

Topic	Medical College
A study on smear conversion and associated factors in sputum positive category I DOTS cases	Dr. Har Ashish Jindal Post Graduate Institute of Medical Sciences, Rohtak
Comparative evaluation of short course Chemotherapy of patient of Pulmonary Tuberculosis with and without diabetes submitted	Dr. Nitin Tangri

Operational research: Titles of thesis topics approved by the STF (Chandigarh)

Topic	Medical College
Diagnostic and treatment delay among PTB patients under RNTCP in Chandigarh	GMCH

Operational research by the STF (Delhi)

Topic	Medical College
1. Assessment of various pedagogical techniques in tuberculosis program performance in Delhi, India	STC+MAMC
2. Participatory governance as a determinant of urban TB control in Delhi, India	MAMC+UCMS
3. Response to treatment by patients with tuberculosis and diabetes mellitus under a routine program setting in India	MAMC
4. Applicability of DNA and RNA amplification assays in diagnosis of <i>Mycobacterium tuberculosis</i> complex in extra-pulmonary samples	VMMCS
5. Field assessment tool for advocacy, communication and social mobilization under the Revised National Tuberculosis Control Program, Delhi	STC
6. Gender focused study of health care seeking behavior among TB suspects in Delhi	UCMS
7. Association of indoor air pollution & passive smoking	UCMS

Operational research by the STF (Delhi)

Topic	Medical College
8. Perception of workplace stigma towards tuberculosis in Delhi, India	MAMC
9. Improving uptake of HIV testing among TB patients in Delhi, India	MAMC
10. An overview of central nervous system tuberculosis in an endemic nation	VMMCS
11. MDR-TB pathway in programmatic management of drug resistant tuberculosis	STC
12. Detection of <i>Mycobacterium tuberculosis</i> antigens or DNA impacts the rapid diagnosis of tuberculous meningitis in children	AIIMS+RML

Titles of thesis topics in Delhi

Topic	Medical College
Identification and molecular analysis of genome of <i>Mycobacterium tuberculosis</i> using polymerase chain reaction.	AIIMS
Molecular analysis of gene expression in <i>Mycobacterium tuberculosis</i> .	AIIMS
Development and evaluation of reverse line blot assay based on sequence analysis of rpo B gene in Rifampicin resistant <i>M. tuberculosis</i> isolates.	AIIMS
Immunology of regulatory T cells subsets in human tuberculosis.	AIIMS
Role of vitamin D receptor genetic variants in response to treatment in pulmonary tuberculosis.	AIIMS
Estimation of three drug levels of rifampicin in patients on antituberculosis therapy and its correlation with development of drug induced hepatotoxicity.	AIIMS
Risk factors for development of M/XDR-TB.	AIIMS
Treatment outcome and drug resistance among Category II pulmonary tuberculosis patients under RNTCP.	AIIMS

Titles of thesis topics Delhi

Topic	Medical College
Comparative evaluation of various staining techniques and xpert Mtb/Rif in the diagnosis of suspected cases of Pulmonary TB	MAMC
Pharmacokinetic and Pharmacogenomic correlation of Blood levels of Rifampicin in patients with Tuberculosis.	MAMC
To determine role of adenosine deaminase in diagnosis of Tubercular peritonitis in cirrhosis patients	MAMC
Detection of Rifampicin resistance in Musculoskeletal TB using CBNAAT	MAMC
Detection, Identification and profiling of mycobacterial isolates from patients of pulmonary and lymph node TB in Delhi	VPCI
Phenotypic and genotypic indicators of drug resistance TB	VPCI
Prevalence of NTM in MDR TB suspects	VPCI:

Reported problems

Name of the state	Any medical college reporting problems in the regular supply of laboratory consumables? (Yes/No)	Any medical college reporting problems in the regular supply of anti-TB drugs? (Yes/No)	Any medical college reporting shortage in funds for meetings, advocacy activities etc? (Yes/No)
Himachal Pradesh	Nil	Yes	Nil
Uttarakhand	Nil	Nil	Nil
Uttar Pradesh	Nil	1	Yes
Jammu & Kashmir	Nil	Nil	Nil
Haryana	Nil	Nil	Nil
Punjab	Nil	9	3
Chandigarh			
Delhi	Nil	Nil	Nil

MDR TB Diagnosis and Treatment services

No of Medical colleges in the Zone offering TB C&DST services in the Zone 1. Solid / liquid Culture alone 2. Solid / liquid Culture – DST 3. Line Probe Assay 4. Any other technology (specify)	HP: Solid Culture: 1/ Liq culture 1/ CBNAAT 1 UK: Solid and Liq C: 1 UP: 7 JK: 1 Punjab: 2 Haryana: Nil Delhi: 3+3 Chandigarh: 1 (TOTAL 21)
No of Medical colleges in the Zone having RNTCP certified/ accredited C&DST services Zone	HP: Nil, UK :Nil, UP: 4, JK: 1, Punjab: 1, Haryana: Nil, Delhi: 2, Chandigarh: 1 (TOTAL 9)
No of Medical colleges in the Zone having DRTB Centre in the Zone	HP:1, UK: 1, UP: 10, JK: 2, Punjab: 3, Haryana: 1, Delhi: 2, Chandigarh: 1 (TOTAL 21)

TB-HIV collaboration

Name of the state	No. of medical colleges having ICTCs	No. of medical colleges having ART centers	No. of medical colleges having standard cross referrals between RNTCP and ICTC/ART centers
Himachal Pradesh	2	2	2
Uttarakhand	3	0	3
Uttar Pradesh	11	8	8
Jammu & Kashmir	5	2	5
Punjab	8	2	2
Haryana	4	1	4
Chandigarh	2	1	2
Delhi	8	3	8
Total	43	19	34

Advocacy

Name of the State	No. of Publications on RNTCP 3Q12-2Q13	No of Workshops/ Seminars/CMEs in the medical colleges from 3Q12-2Q13	State level CMEs/ Seminar/Workshops organized by STF from 3Q12-2Q13
Himachal Pradesh	2	3	2
Uttarakhand	1	1	1
Jammu & Kashmir	1	2	Zonal OR in SKIMS in 2Q13
Punjab	5	6	2
Haryana	Nil	Nil	Nil
Chandigarh	Nil	Nil	Nil
Delhi www.dotsdelhi.org	3	5	5

Pilots/Innovation

- In Himachal Pradesh,**
 - MBBS Students are being encouraged to undertake small projects under RNTCP in the field practice area of Medical College
- In Delhi:**
 - Tuberculosis (TB) Intervention Model Targeting Mobile Population of Truckers (feasibility assessment completed)
 - Perception of health workforce and jail inmates towards provision of quality TB care in Tihar Central Prison
- In Uttarakhand,**
 - State level CME organized like a conference with CME credit hours
 - Participation of PG students in State level C.M.E with oral and poster competitions
 - Best DOTS and DOTS-plus employee awards to encourage employees
 - Panel discussion of H.O.Ds and faculty members to promote awareness.

Pilots/Innovation

In Punjab,

- State Task Force meeting held in all the medical college of the state on rotation. STF always preceded by CME
- All the faculty members attending CME are given 4 credit hours by Punjab Medical council
- Proposal put up to Vice Chancellor that pulmonary medicine (Chest & TB) department should also be made compulsory subject for the interns during there internship. Verbal sanction was given by the VC during STF meeting at Faridkot.
- In Gian Sagar Medical college, Patiala Interns are reporting to Pulmonary medicine on rotation for 15 days.
- A new MDR ward is being constructed at government medical college Faridkot and entire budget is being borne by medical college
- All the ancillary drugs are being provided by the medical college at Faridkot and purchase of emergency drugs upto Rs 1000 is permitted to doctor on duty.

Pilots/Innovation

In Uttar Pradesh

- For improving feedback, provision of pre-stamped inland letter to the referred out patients with address of the referring center clearly written. Patients have to post the letter after TB number is allotted

In Chandigarh,

- Provision of free Lab test, ancillary drugs & food to patients admitted at DOTS Plus site.
- Provision for free supply of insulin for co-infected patients with diabetes is in process.

Constraints being faced by STF and/or ZTF

In Himachal Pradesh,

No constrains are being faced. Shortage of drugs is being covered by local purchase.

In Uttarakhand,

1. Non-availability of chest faculty at 2 medical colleges (both nodal officers shifted jobs)- other departments are not willing to take responsibility.
2. Lack of medical officers at medical colleges
3. Lack of manpower (faculty + medical officer) at STF nodal medical college
4. Geographical restraints to regular visit of medical colleges
5. Frequent change of STO's

In Uttar Pradesh: Financial constraints

Constraints being faced by STF and/or ZTF

In Punjab

- Shortage of pediatric drugs
- Requirement of Laptop with Internet connectivity to STF chairperson
- Limited visits to the medical college due to shortage of staff.

In Chandigarh

- Difficulty in setting of infrastructure of infection control at DR-TB Centre, GMCH-32, Chandigarh.

In Delhi

- Non willing attitude of faculty to RNTCP particularly in Departments concerned with Extra Pulmonary TB. Sensitization could not be undertaken due to lack of funds
- Despite repeated requests funds were not allocated for undertaking sensitizations in private/corporate hospitals
- Limitation of funds for conducting STF and Medical College core committee meeting
- Fund non availability for thesis grants and payment of installments

Suggestions for consideration

HP: Involvement of Private Medical College have been projected in the PIP for the year 2014-15. (One Medical College in Private Sector has been started in District Solan from 2013 and another Public Sector (ESI) Medical College is coming up from academic year 2014).

Punjab: Budget is provided only for for 1 CME annually. Atleast 1 CME /quarter/medical college should be sanctioned.

Chandigarh: Generator for LPA Lab. at Deptt. Of Microbiology, at PGIMER Chandigarh needs to be purchased from State Funds.

Delhi: Hamdard Institute of Medical Science and Research (Private Sector), ESIC Basai Darapur (Public Sector), Army College of Medical Sciences and Hindu Rao Hospital (Municipal Corporation) to be considered for Medical College Referral unit.

General: Shortage of funds for Thesis/OR Project

ACKNOWLEDGEMENT

- **Prof. AK Bhardwaj,**
Chairman Elect North Zone
- **Dr R A S Kushwaha** Professor
Pulmonary Medicine KGMU UP Lucknow
- **Dr Shivani Chandra**
WHO consultant New Delhi.
- **Dr Mandira Varma Basil** Assoc.
Prof. , Microbiology VPCI New Delhi.



I am Still Learning.....



Thank You



Report of the Zonal Task Force (South Zone-II)

Chairman: Prof. Anil J. Purty
 Secretary: Dr. S. Govindarajan, STO, Puducherry
 Chairman ZTF OR Committee- Prof. Thomas Matthew
 Vice-Chairman: Prof. K.R. John

	STF Chairperson/Vice-Chairpersons	STO/Addl Director
Tamil Nadu	Prof. Ranganathan	Dr. Arivoli
Kerala	Prof. P.T. James	Dr. S. Jaishankar
Puducherry	Prof. (Brig) Zile Singh	Dr. s. Govindarajan



Action taken as per the previous year 2012 ZTF action plan submitted

Activity Planned	Status	Reason if not completed
Bringing all the uninvolved medical colleges in to the Programme	Completed	NA
Filling of all the vacant MOTB posts	Almost Completed	Kerala TN-& PDY- Partial
Posting of TBHV's & LT's to Medical colleges.	Partially Completed	Ker- Complete TN-& PDY- Partial
Conduct of ZTF OR Workshop	Completed	NA
Conduct of regular STF/Core Committee Meetings	Partially Completed	Ker & TN (II Qrt) PDY- completed
Improve the RNTCP OR performance	Partially Completed	TN- Complete Ker-& PDY- Partial



Actions taken based on the action points of last 2012 ZTF (Tamilnadu)

Action Point	Action Taken
Bringing all the uninvolved medical colleges in to the Programme (presently 30/37involved).	Now 39/39 Medical Colleges involved in RNTCP
Presently 19(19) Government and 12(18) Private Medical Colleges Involved	Now 20(20) Government and 19(19) Private Medical Colleges Involved



Actions taken based on the action points of last 2012 ZTF (Tamilnadu)

Action Point	Action Taken
Early filling of all the vacant MOTB Cell posts(Presently 16/24 MO's vacant).	Now only 3 posts vacant
Sanctioning 13 MO's,7 TBHV's,7LT's for the new colleges.	NRHM sanctioned 11 MO's, 8 TBHV's and 8 LT's for this year



Actions taken based on the action points of last 2012 ZTF (Tamilnadu)

Action Point	Action Taken
Ensure deputy STF Visits to all the colleges and plan budget allocation for their visits.	Deputy STF's Visited 80% of the colleges and facilitated CME programmes and core committee formation



Actions taken based on the action points of last 2012 ZTF (Tamilnadu)

Action Point	Action Taken
Hasten the process of identifying and establishing 4 more DOTS PLUS sites(presently 3/37).	This year established 3 more Dots plus sites in Vellore,Tirunelveli and Tanzore Medical Colleges. (Presently 6/39)



Actions taken based on the action points of last 2012 ZTF (Tamilnadu)

Action Point	Action Taken
Conduct CME's in all the medical colleges and sensitize all the faculty members and students.	CME's in 22/39 Medical colleges Completed by STF Chairperson, Deputy STF, STO and WHO Consultant.



Actions taken based on the action points of last 2012 ZTF (Tamilnadu)

Action Point	Action Taken
Encourage OR proposal from each medical college.	24 Faculty and 8 PG thesis proposals submitted to STF in this Year. State OR Committee approved 9 Faculty and 3 PG thesis Proposals and forwarded 2 Faculty proposals to ZTF for its approval. ZTF approved 1 Proposal
Steps will be taken for the release of funds for the approved OR proposals.	Funds released to all the approved proposals with out delay



Actions taken based on the action points of last 2012 ZTF (Tamilnadu)

Action Point	Action Taken
Ensuring nomination of 2 faculty from each college to the National Trainings(both Modular and PMDT).	National PMDT Training - 24 National RNTCP Modular training – 7 National EQA Training - 4
Utilization of their services as a master trainers in their districts and also for the State Level Internal Evaluations.	EQA specialists - District OSE Visits Medical College faculties involved in 4 State Internal Evaluations.



Actions taken based on the action points of last 2012 ZTF (Tamilnadu)

Action Point	Action Taken
Continue conducting STF meetings in every quarter chaired by DME.	STF Meetings happening regularly every Quarter chaired by DME. ZTF Chairperson Dr Anil Purty attended 4 th Q12 and 1 st Q13 STF Meeting
Organize 4 state level TB workshops in Stanley, PSG Coimbatore, GHM and Tirunelveli Medical Colleges.	Organized State Level Workshops in Stanley Medical College, PSG, GHM Tirunelveli Medical College and also State Level MDR Workshop –PG Students




RNTCP South Zonal-II Operational Research (OR) Workshop

State TB Cell organized along with the ZTF (South-II) OR organized the Zonal Operational Research (OR) workshop in Trivandrum from 26 to 28 August 2013 supported by National Tuberculosis Institute(NTI-Bangalore), Department of Community Medicine ,Medical College Trivandrum and trained **19 Master trainers in Tamilnadu, Puduchery and Kerala.**




ACTIONS TAKEN BASED ON THE ACTION POINTS OF LAST 2012 ZTF

Action Point	Action Taken
Constitute RNTCP core committees in all Medical Colleges	Action Completed
Supervisory visits by Chairperson STF/STO Team	Action completed
Support PG dissertations	3 PG dissertations sanctioned & 3 approved
TOT training for Medical College Faculty	3 Faculty from 3 different Medical Colleges trained
Capacity building for OR	ZTF Workshop held. 4 participants & 1 Resource person participated
Strengthen cross referrals of TB patients	Border district meetings held periodically




Zonal Profile (South-II)

Name of the state	Total No. of Medical colleges (MCs)	No. of MCs with core committees	No. of MCs with DMCs + DOT Centers
Tamilnadu	39	39	39
Kerala	23	23	23
Puducherry UT	9	9	8*
Total	71	71	70




RNTCP Contractual Staffing

Name of the state	No. of MCs involved	MO		LT		TBHV	
		Sanctioned	In Place	Sanctioned	In Place	Sanctioned	In Place
Tamilnadu	39	35	32	38	35	38	35
Kerala	23	17	17	22	22	19	19
Puducherry UT	9	3	3	9	9	9	9
Total	71	55	48	69	66	66	63
Remarks	The MOs/LTs & TBHVs are recruited by the NRHM and posted first to Govt. Medical Colleges, posting to Private Colleges is based on the RNTCP performance indicators, these Staff generally do not follow the work timings of the concerned Medical Colleges causing inconvenience to TB patients and the administrative system of the Medical Colleges.						




Quarterly reporting status of medical colleges (MCs) in the zone

State Name	Total No of MCs involved	Total no. of quarterly reports received by STF				No. of MCs who have sent reports for all the four quarters
		3Q12	4Q12	1Q13	2Q13	
Tamilnadu	39	25	29	32	35	25
Kerala	23	22	22	22	22	22
Puducherry UT	9	9	9	9	9	9
Total	71	56	60	63	66	56




Training status

State Name	No. of faculty trained as master trainers from 3Q12-2Q13 at the National Level	Total no. of faculty trained as master trainers at the national level since implementation
Tamilnadu	35	42
Kerala	1	19
Puducherry UT	1	4
Total	37	65




Microscopy activities

State Name	Total number of TB suspects who underwent sputum smear examination for diagnosis in medical college DMCs (3Q12-2Q13)	Total Number of sputum smear positive patients diagnosed [including repeat sputum examinations] (3Q12-2Q13)
Tamil Nadu	96,443	12,592 (13.1%)
Kerala	34,241	1,664 (4.8%)
Puducherry UT	13,702	1,695 (12.3%)
Total	1,44,386	15,951 (11 %)




Treatment initiation

State Name	Of the total no. of smear positive patients diagnosed, no. of patients put of DOT in Medical colleges (3Q12-2Q13)	No. of smear positive patients referred for treatment to other DOT centers (3Q12-2Q13)	No. of Smear Positive Patients NOT referred for treatment or NOT started on DOTS
Tamil Nadu	1,526	10,070	996 (7.9%)
Kerala	223	1,310	111 (6.6%)
Puducherry UT	09	1,309	337 (22.2%)
Zone Total	1,758	12,689	1,444 (9%)




Smear negative PTB

State Name	Smear-negative patients put on DOTS in the medical college DOT centre (3Q12-2Q13)	Smear-negative patients referred for DOTS treatment outside the medical college (3Q12-2Q13)	Smear Negative Patients NOT referred for treatment or NOT started on DOTS in the Medical College
Tamil Nadu	488	3560	172 (4.1%)
Kerala	104	913	22 ((2.1%)
Puducherry UT	05	171	0
Total	597	4644	194 (3%)




Extra Pulmonary TB (EP-TB)

State Name	Of the EP-TB patients diagnosed, number put on DOTS in the medical college dot centre (3Q12-2Q13)	Of the EP-TB patients diagnosed, the number referred for treatment outside the medical college (3Q12-2Q13)	No. of EP-TB Patients who were NOT referred for treatment of NOT started on DOTS in Medical Colleges
Tamil Nadu	966	5490	47 (0.07)
Kerala	2584	2140	4 (0.01%)
Puducherry UT	9	674	0
Total	3559	8304	51 (0.06%)




Referral for treatment and feedback status

State Name	No. of smear positive patients referred for treatment (2Q12-1Q13)	Of the smear positive patients referred, no. whose feedback was received	No. of smear negative patients referred for treatment (2Q12-1Q13)	Of the smear negative patients referred, no. whose feedback was received	No. of EP-TB patients referred for treatment (2Q12-1Q13)	Of the EP-TB patients referred, no. whose feedback was received
Tamil Nadu	9922	8741 (88%)	3962	3297 (83%)	6046	5304 (88%)
Kerala	1497	1351 (90%)	983	884 (90%)	2133	2015 (95%)
Pud UT	1318	681 (51%)	176	108 (61%)	674	371 (55%)
Total	12737	10773 (85%)	5121	4289 (84%)	8853	7690 (86%)



Monitoring and supervision by STF and ZTF

NAME OF THE STATE	No. of STF meetings from 3Q12-2Q13	No. of medical colleges visited by STF from 3Q12-2Q13	No. of medical colleges visited by ZTF from 3Q12-2Q13
Tamil Nadu	4	19	1
Kerala	2	3	1
Puducherry UT	4	7	5
Total	10	29	7



Operational Research

Name of the state	No. of thesis proposals approved (3Q12-2Q13)	No. of OR proposals submitted to Zonal OR committee (3Q12-2Q13)	No. of OR proposals approved by the Zonal OR committee (3Q12-2Q13)
Tamilnadu	3	3	1
Kerala	8	7	9
Puducherry UT	5	-	-
Zone Total	16	10	10
Remarks:	Kerala:1 OR Approved by Zonal, awaiting administrative clearance		



Operational Research (Tamilnadu)

- State OR Committee = Received 32 proposals
- Approved =12 (Faulty – 9 + PG -3)
- Forwarded to Zonal OR Committee=2
- ZTF approved =1



Operational research: Titles of thesis and OR topics approved by the Tamilnadu State during 3Q12-2Q13

Name of Medical College	Type of Medical college	Type of Research	Title of study	Name of the principle investigator	Amount sanctioned in INR
CMC Vellore	Private	OR	Are non-TB disorders being treated as smear -ve PTB?	Dr. Christopher	4,94,100
Tiruvarur Medical College	Govt	OR	Correlating CD 4 Count & Sputum positivity by Fluorescence Microscopy	Dr. M.A.Ashra Begum	35,000
Vinayaka Mission College	Private	OR	Prevalence of fungal infections among pulmonary Tuberculosis patients in Salem District	Dr. S. Mathavi	93,000
Chengalpatt Medical College	Govt	OR	Study on screening for diabetes in Tuberculosis patients and Tuberculosis in Diabetic patients	Dr. Nalini Jayanthi	70,000
A.C.S Medical College	Private	OR	Evaluation of quality of sputum microscopy in Designated Microscopic Centres of Thiruvallur District	Dr. H. Kalavathy	1,00,000
A.C.S Medical College	Private	OR	Implementation of Isoniazid Preventive Treatment (IPT) - An Interventional Study	Dr. Sushila T	1,00,000

Name of Medical College	Type of Medical college	Type of Research	Title of study	Name of the principle investigator	Amount sanctioned in INR
SRM College	Private	OR	Health seeking behaviour and reasons for TB diagnostic delay in vulnerable populations	Dr. K.R.John	1,00,000
SRMC	Private	OR	Health seeking behaviour and reasons for TB diagnostic delay in vulnerable populations	Dr. K.R.John	1,00,000
PSG Medical College	Private	PG Thesis	Study-Comparison of Niacin strip test with conventional niacin test for identification of Mycobacterium tuberculosis	Dr. Kanimozhi	20,000
Madras Medical College	Govt	PG Thesis	To evaluate the awareness among health care professionals, who work in teaching institutions, about the recent RNTCP treatment guidelines and awareness of unreliability of serological test in diagnosing tuberculosis	Dr. Kasi M	20,000



Madras Medical College	Govt	PG Thesis	Bringing out the determinants of ATT Default in patients registered under category I RNTCP	Dr. N. Muthalakshmi	20,000
Dharmapuri Medical College	Govt	OR	To enhance new smear positive case detection in the DMCC of Dharmapuri District with LED back up from RNTCP cell at CIDMC	Dr.Sabetha.	1,00,000

Reported problems

Name of the state	Any medical college reporting problems in the regular supply of laboratory consumables? (Yes/No)	Any medical college reporting problems in the regular supply of anti-TB drugs? (Yes/No)	Any medical college reporting shortage in funds for meetings, advocacy activities etc? (Yes/No)
Tamil Nadu	No	Yes	No
Kerala	No	Yes	No
Puducherry	No	No	No

WDR TB Diagnostic and Treatment services

No of Medical colleges in the Zone offering TB C&DST services in the Zone	4
1. Solid / liquid Culture alone	1
2. Solid / liquid Culture – DST	0
3. Line Probe Assay	3
4. Any other technology (specify) Gene Xpert	
No of Medical colleges in the Zone having RNTCP certified/ accredited C&DST services Zone	1
No of Medical colleges in the Zone having DRTB Centre in the Zone	6

DOHS TB-HIV collaboration

Name of the state	No. of medical colleges having ICTCs	No. of medical colleges having ART centers	No. of medical colleges having standard cross referrals between RNTCP and ICTC/ART centers
Tamilnadu	24/39	21/39	24/39
Kerala	10/23	5/23	13/23
Puducherry	6/9	1/9	9/9
Total	40/71	27/71	46/71

DOHS Advocacy

Name of the state	No. of Publications on RNTCP 3Q12-2Q13	No of Workshops/ Seminars/CMEs in the medical colleges from 3Q12-2Q13	State level CMEs/ Seminar/Workshops organized by STF from 3Q12-2Q13
Tamilnadu	0	19	5
Kerala	2	39	1
Puducherry	1	16	1
Total	3	74	7







Achievements (Tamilnadu)

- NRHM fixed salary Rs 40000/month for TB cell MO's.
- Special Health secretary instructed to fill all the Vacant MO posts.(Process in districts going on)
- 4 Regional Workshops conducted at Stanley Medical College, PSG Coimbatore, Tirunelveli Medical College and GHTM Tambaram.
- State Level Workshop for PG students on MDR TB held at Chennai(UNION Sponsored).



Achievements (Tamilnadu)

- OR fund released for all the approved proposals.
- MDR TB Centers-New DRTB Centers started in Vellore Tirunelveli and Tanjore
- XDR treatment started in GHTM DR-TB Center.
- Separate TB Unit -GHTM Tambaram



A detailed report of ZTF (South-II) Meet compiled

**REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM
RNTCP ZONAL TASK FORCE WORKSHOP (ZTF) 2013
SOUTH - II ZONE**

National network to co-ordinate the RNTCP implementation in all Medical colleges

**Organized by
Department of Community Medicine, PIMS,
Puducherry RNTCP State Task Force (STF) &
State TB Cell, Govt. of Puducherry**

**Under the auspices of
Central TB Division,
Directorate General of Health Services,
MOHFW, Govt. of India**



Suggestions for consideration

Issues for discussion	Responsibility (by whom)
Define the role/responsibility of STF & ZTF functioning <i>Postings of MOs/TBHV's/LTs Posting of Secretarial Support STF/ZTF Mechanism to re-imburse RNTCP expenses for STF/ZTF</i>	NTF, CTD & NRHM,STOs
The mechanism for funding for RNTCP OR by CTD/NTF/ ZTF/STF	NTF, CTD & NRHM,STOs
ZTF/STF/Core Committees to be made RNTCP Official bodies- emails/correspondence	NTF, CTD & NRHM,STOs



Thank You



Report of the Zonal Task Force (South Zone 1) 2013

Presented by : Dr. Subhakar Kandi
Chairperson, ZTF South Zone - 1

Andhra Pradesh:

Chairman : Dr. A. Sai Kumar
Member Secretary : Dr. T. Rani Samyuktha

Karnataka:

Chairman : Dr. Nagaraj
Member Secretary : Dr. M.D. Suryakant



Zonal Profile

Name of the state	Total No. of Medical colleges (MCs)	No. of MCs with core committees	No. of MCs with DMCs + DOT Centers
Andhra Pradesh	42	37	37
Karnataka	44*	43	43**
Total	86	80	80

*Note: ESI is yet to form core committee.
**BGS has not started DOT and DMC.



Action taken as per the previous year ZTF action plan submitted

Andhra Pradesh

Activity Planned	Status	Reason if not completed
State level OR workshops	Not conducted	Political unrest
Establishment of DR-TB centres in Medical Colleges	7 DRTB Wards established in MC (ADB, WGL, ATP, CDR, SKK, EG, HYD)	4 confirmed and to begin shortly (NZB, PRK, KSH, KNL)
State level conferences	2 conducted in 2013 (Madanapalli & Amalapuram)	
CME in medical colleges	32 CMEs (13 MCs)	
Trainings/ sensitization	2	
Research studies	3	4 proposals pending



Action taken as per the previous year ZIF action plan submitted Karnataka

Activity Planned	Status
State level OR workshops	Will be conducted in May/ June 2014
Establishment of DR-TB centres in Medical Colleges	4 medical colleges have DR-TB centres
State level conferences	State level conferences held in 3 colleges
CME in medical colleges	5 CMEs done
Trainings/ sensitization	Done in 5 colleges
Research studies	7 theses approved

RNTCP Contractual Staffing

Name of the state	No. of MCs involved	MO		LT		TBHV	
		Sanctioned	In Place	Sanctioned	In Place	Sanctioned	In Place
Andhra Pradesh	37	15	11	32	32	33	28
Karnataka	43	39	28	43	43	43	43
Total	80	54	39	75	75	76	71
Remarks							

Quarterly reporting status of medical colleges (MCs) in the zone

State Name	Total No of MCs involved	Total no. of quarterly reports received by STF				No. of MCs who have sent reports for all the four quarters
		3Q12	4Q12	1Q13	2Q13	
Andhra Pradesh	37	34	36	35	35	31
Karnataka	43	39	39	39	39	39
Total	80	73	75	74	74	70

Training status


State Name	No. of faculty trained as master trainers from 3Q12-2Q13 at the National Level	Total no. of faculty trained as master trainers at the national level since implementation
Andhra Pradesh	2	20
Karnataka	4	18
Total	6	38

Microscopy activities

State Name	Total number of TB suspects who underwent sputum smear examination for diagnosis in medical college DMCs (3Q12-2Q13)	Total Number of sputum smear positive patients diagnosed [including repeat sputum examinations] (3Q12-2Q13)
Andhra Pradesh	1,84,421 (34% of state total)	13,838 (18% of state total)
Karnataka	80,095(16%)	11,577 (26%)
Total	2,64,516	25,415


Treatment initiation

State Name	Of the total no. of smear positive patients diagnosed, no. of patients put of DOT in Medical colleges (3Q12-2Q13)	No. of smear positive patients referred for treatment to other DOT centers (3Q12-2Q13)
Andhra Pradesh (11061)	3211	7850
Karnataka (11577)	2378	7905
Zone Total	5,589	15,755




Smear negative PTB

State Name	Smear-negative patients put on DOTS in the medical college DOT centre (3Q12-2Q13)	Smear-negative patients referred for DOTS treatment outside the medical college (3Q12-2Q13)
Andhra Pradesh (4963)	1475	3486
Karnataka (5195)	2193	3002
Total	3,668	6,488




Extra Pulmonary TB (EP-TB)

State Name	Of the EP-TB patients diagnosed, number put on DOTS in the medical college dot centre (3Q12-2Q13)	Of the EP-TB patients diagnosed, the number referred for treatment outside the medical college (3Q12-2Q13)
Andhra Pradesh (6568)	1896	4672
Karnataka (6771)	1206	5501
Total	3,102	10,173




Referral for treatment and feedback status

State Name	No. of smear positive patients referred for treatment (2Q12-1Q13)	Of the smear positive patients referred, no. whose feedback was received	No. of smear negative patients referred for treatment (2Q12-1Q13)	Of the smear negative patients referred, no. whose feedback was received	No. of EP-TB patients referred for treatment (2Q12-1Q13)	Of the EP-TB patients referred, no. whose feedback was received
Andhra Pradesh	8953	7492	3983	3183	5277	4249
Karnataka	8035	5955	3494	2695	5762	4492
Total	16,988	13,447	7,477	5,878	11,039	8,741



Monitoring and supervision by STF and ZTF


NAME OF THE STATE	No. of STF meetings from 3Q12-2Q13	No. of medical colleges visited by STF from 3Q12-2Q13	No. of medical colleges visited by ZTF from 3Q12-2Q13
Andhra Pradesh	2	1	5
Karnataka	1 (04/03/2013)*	3	1
Total	3	4	6



Operational Research

Name of the state	No. of thesis proposals approved (3Q12-2Q13)	No. of OR proposals submitted to Zonal OR committee (3Q12-2Q13)	No. of OR proposals approved by the Zonal OR committee (3Q12-2Q13)
Andhra Pradesh	6	3	0
Karnataka	7	0	0
Zone Total	13	3	0

Remarks:



Status of OR proposal – Zonal OR

State	Submitted	Denied	Accepted	Resubmission
Andhra Pradesh	3	0	0	
Karnataka	0	0	0	
Total				

Remarks:



Topics of approved OR/Thesis proposals (Andhra Pradesh)

Title of the OR/Thesis Proposal	PI
Hypovitaminosis D prevalence in TB patients (Thesis)	Dr. Sayeed
Role of LED Microscopy in diagnosis of TB in Extra Pulmonary specimens (Thesis)	Dr. Sai Krishna Singaraju
Clinico-investigation outcomes of TB in patients supplemented with Vitamin D (OR)	Dr. C. E. Prasad
A qualitative study to understand reasons for loss to follow-up during treatment for drug resistant tuberculosis under program conditions, Andhra Pradesh* (OR)	Dr Subhakar Kandi/Dr Raju Chepuri
Evaluation of effectiveness of DOTS among pulmonary tuberculosis patients with associated diabetes mellitus in the East Godavari district of Andhra Pradesh.(OR)	Dr. N Samara simha reddy



Topics of approved OR/Thesis proposals (Andhra Pradesh)

Title of the OR/Thesis Proposal	PI
Risk factors associated with defaulted HIV/TB coinfectd cases treated under DOTS in Nalgonda district, AP- A case control study	Dr Balaji Reddy
Study of the structure and functioning of referral mechanism of patients receiving treatment and records linkage under rntcp of government of india*	Dr. Vivekananda
Incidence of MDR-TB in East Godavari district	Dr. Baburao
A study on chemokines and cytokines interventions against mycobacterium tuberculosis- Host factors – In tuberculous pleural effusions	Dr.Ramulu.



Topics of approved OR/Thesis proposals (Karnataka)

Title of the OR/Thesis Proposal	PI
Effects of diabetes on the clinical manifestation and treatment response in sputum positive pulmonary tuberculosis.	Dr. Baby Nagapriya
Prevalence of diabetes mellitus among patients registered under RNTCP.	Dr. Praveen G.S.
Role of Fiber optic Bronchoscopy in patients with sputum smear negative for AFB and Chest X-ray suggestive of pulmonary Tuberculosis	Dr. Rajesh Kumar Jain
To study the treatment outcome in tuberculosis patients co infected with HIV.	Dr. Anupam Biswas
A comparative study between FNAC and Excision Biopsy in chronic cervical Lymphadenitis for accurate diagnosis of tubercular cervical Lymphadenitis treated under RNTCP.	Dr. Mehira Shamim
A study of sputum smear conversion rate of pulmonary TB patients attending DMC and treatment center in Bangalore Urban district.	Dr. Vidya B.
A follow of study on newly detected sputum positive pulmonary TB cases on Anti TB treatment in Bijapur Tq.	Dr. Sowmya Bhat



Reported problems

Name of the state	Any medical college reporting problems in the regular supply of laboratory consumables? (Yes/No)	Any medical college reporting problems in the regular supply of anti-TB drugs? (Yes/No)	Any medical college reporting shortage in funds for meetings, advocacy activities etc? (Yes/No)
Andhra Pradesh	Sputum Cups, Distilled Water, Slide Racks (APCH)	Inj. Sm, Rif-150 mg, PC-13 & PC-14	No Information on funding
Karnataka	Sputum Cups, Distilled Water, Slide Racks (APCH)	Inj. Sm, Rif-150 mg, PC-13 & PC-14	No Information on funding




MDR TB Diagnosis and Treatment services (Andhra Pradesh)

No of Medical colleges in the Zone offering TB C&DST services in the Zone	
1. Solid / liquid Culture alone	7
2. Solid / liquid Culture – DST	1
3. Line Probe Assay	1
4. Any other technology (specify)	0
No of Medical colleges in the Zone having RNTCP certified/ accredited C&DST services Zone	1
No of Medical colleges in the Zone having DRTB Centre in the Zone	7




MDR TB Diagnosis and Treatment services (Karnataka)

No of Medical colleges in the Zone offering TB C&DST services in the Zone	
1. Solid / liquid Culture alone	6
2. Solid / liquid Culture – DST	0
3. Line Probe Assay	2
4. Any other technology (specify)	1
No of Medical colleges in the Zone having RNTCP certified/ accredited C&DST services Zone	1
No of Medical colleges in the Zone having DRTB Centre in the Zone	4




TB-HIV collaboration

Name of the state	No. of medical colleges having ICTCs	No. of medical colleges having ART centers	No. of medical colleges having standard cross referrals between RNTCP and ICTC/ART centers
Andhra Pradesh	32	16	32
Karnataka	42	13	42
Total	74	29	74



Advocacy


Name of the state	No. of Publications on RNTCP 3Q12-2Q13	No of Workshops/ Seminars/CMEs in the medical colleges from 3Q12-2Q13	State level CMEs/ Seminar/Workshops organized by STF from 3Q12-2Q13
Andhra Pradesh	10	36	2
Karnataka	03	05	0
Total	57	41	2



Pilots/ Innovation

Andhra Pradesh:

- Facilitating having DRTB Centre in each medical college
- STF has been further divided into 6 sub zones and vice-chairmen were elected for operational feasibility and provision of guidance locally
- Sensitization of IMA on diagnosis of TB by inviting Dr. Madhukar Pai
- Involving the private practitioners in TB notification through IMA
- Karnataka: STF was divided in to 5 sub zones for operational feasibility and provision of guidance locally




Constraints being faced by STF and/or ZTF

Andhra Pradesh:

- Rotation posting of 2 weeks for Interns is not being implemented smoothly seeking MCI resolution in addition to NTF resolution)
- Not having DEO for STF/ ZTF
- Could not conduct ZTF meetings due to political unrest
- Involvement of STF/ MC representative poor in district level review meetings of RNTCP

Karnataka:

- Lack of Coordination between STO &STF
- Official communications not properly routed



Suggestions for consideration

Andhra Pradesh:


Cell created at CTD to monitor involvement of medical colleges in RNTCP should be more proactive.

Medical college level data entry in NIKSHAY CTD & medical Colleges should take initiative in IPAQT promotion

Program should evolve a mechanism to address sequelae of Pulmonary Tuberculosis

Karnataka:

CTD & NTF should evolve strategies for better coordination between STF and STO.



Thank You



Report of the Zonal Task Force (West Zone) 2013

Chairman:

27677.A2

Dr. Radha Munje,
Prof & Head, Department of Pulmonary
Medicine, IGGMC, Nagpur

Member Secretary:

Dr. Manohar Pawar
State TB Officer, Maharashtra



Our Team.....

- Gujarat: Dr. K. R. Patel / Dr. P. V. Dave
- Madhya Pradesh: Dr. Salil Bhargava / Dr. Tara Saxena
- Maharashtra: Dr. N.N. Ramraje / Dr. M. Pawar
- Rajasthan: Dr. Dr K C Agarwal/ Dr. Anil Saxena
- Goa – Dr. A.M. Mesquita / Dr. Maximiano De Sa



Action taken as per the previous year ZTF action plan submitted- **Goa**

Activity	Status Completed
Sensitisation of UG Students	3rd & 4th Qtr 2012 & 1st & 2nd Qtr 2013
Training of Interns	1st & Qtr 2013 - Feb
<u>Avocacy for RNTCP</u> -Trained faculty from GMC for State level training sensitization in DOTS/DOTS Plus. -Community Meeting. -Quartely review meetings	3rd & 4th Qtr 2012 & 1st & 2nd Qtr 2013
<u>OR & Thesis</u> Thesis topics for RNTCP support (amt of Rs.20,000/- to be shared)	Amount disbursed to PG Students on completion & submission of thesis.



Action taken as per the previous year ZTF action plan submitted- **Goa**

Activity	Status (Completed)
MO DOT Center & DOTS PLUS	Recruitment done of M.O. DR TB center
IRL. in Microbiology Dept. GMC.	Lab Accredited. Doing follow-up cultures for patients on Cat IV.
DOTS PLUS Site at TB & Chest Diseases Hospital. St. Inez	8 bedded facility completed. Functioning since Feb 2013. Regular DOTS Plus Site Committee meetings held. More than 60 patients of MDR TB diagnosed and put on Cat IV.




Actions taken based on the action points of last 2012 ZTF - **Gujarat**

Action Point	Action Taken
Sustain the feedback system of referred cases from medical colleges	The policy of E mail tracking and provision of Common Usage Group Mobile to staff for ensuring feedback is continued leading to excellent feedback.
Faculties of Medical college should be involved in IMA RNTCP activities.	As and when CME of PP is arranged, Medical college faculties are involved on priority.
IMA consultant should be invited for quarterly review meeting of DTO	Representatives from all partners including IMA consultant and IMA project leaders are invited for quarterly review meeting of DTO.




Action taken as per the previous year ZTF action plan submitted-**MP**

Activity Planned	Status	Reason if not completed
Civil works-DR TB Centers Estimated expenditure was 15 Lakhs for DR-TB site at BMC Sagar	Two DRTB (Indore & Bhopal)Centers initiated. State has released Rs.10 lakhs each for Gwalior, Jabalpur, Rewa &Ujjain. DR-TB Center at RD Gardi Medical College, Ujjain functional from 5th Oct 2013. Rewa DR-TB Center under upgradation	The Medical College at Gwalior, Jabalpur and Sagar require additional HR for DR-TB center. Space not yet identified in Gwalior & Jabalpur.
RNTCP labs should accept the EP samples and BAL samples for microscopy	RNTCP labs at Medical colleges are accepting and processing EP and BAL samples for microscopy	
The details of the fund available (post release of funds against the PIP submitted) and ROP of funds sanctioned for Medical College activities to be shared with the STF chairman and all Medical Colleges, ensuring that funds from Medical college head are not reallocated for other Purpose.	The details of funds sanctioned and released for Medical College activities shared with STF Chairman. Medical college funds not reallocated for other purpose.	




Actions taken based on the action points of last 2012 ZTF- Rajasthan

Action Point	Action Taken
Civil Work & Maintenance	7 functional DR-TB Centres
Contractual Staff	Available in 5 Medical Colleges; in process for other Med Colleges
ACSM	Ongoing activity; 6 CMEs and 2 Seminars have taken place
Training	Faculties trained at National level in PMDT / sensitization ongoing
Research & Studies	OR committee re-organised in Aug 13. Planning for State OR workshop in Oct/ Nov 13
Equipment Maintenance at Nodal Centre	Maintained




Actions taken based on the action points of last 2012 ZTF- MH

Action Point	Action Taken
The issue of delayed payments for the OR to be solved by the STO in coordination with the Principal Investigator.	State already released 2/2 Operational research which were approved last year.
Support to the medical college task force mechanism in terms of a DEO for every 15 medical colleges should be provided for the STF Chair.	DEO approved in PIP was sanctioned to STF Chair
2 nd line DST availability in MH	All districts are already linked to NTI Bangalore for XDRTB Suspects. Grant Medical College Mumbai awaiting for MGIT for 2 nd line DST IRL Nagpur & Pune also planned.




Zonal Profile

Name of the state	Total No. of Medical colleges (MCs)	No. of MCs with core committees	No. of MCs with DMCs + DOT Centers
Goa	1	1	1
Gujarat	19	19	18
Madhya Pradesh	13	11	10
Maharashtra	41	41	41
Rajasthan	11	10	10
Total	85	82	81




RNTCP Contractual Staffing

Name of the state	No. of MCs involved	MO		LT		TBHV	
		Sanctioned	In Place	Sanctioned	In Place	Sanctioned	In Place
Goa	1	1	0	1	1	1	1
Gujarat	19	14	10	23	23	16	13
Madhya Pradesh	10	10	9	10	10	10	8
Maharashtra	41	41	39	41	40	41	41
Rajasthan	10	10	6	13	4	10	7
Total	81	76	65	88	78	78	70
Remarks							



Quarterly reporting status of medical colleges (MCs) in the zone

State Name	Total No of MCs involved	Total no. of quarterly reports received by STF				No. of MCs who have sent reports for all the four quarters
		3Q12	4Q12	1Q13	2Q13	
Goa	1	1	1	1	1	1
Gujarat	19	16	16	16	16	16
Madhya Pradesh	10	10	10	10	10	10
Maharashtra	41	41	41	41	41	41
Rajasthan	10	10	10	10	10	10
Total	81	79	79	79	79	79



Training status

State Name	No. of faculty trained as master trainers from 3Q12-2Q13 at the National Level	Total no. of faculty trained as master trainers at the national level since implementation
Goa	0	12
Gujarat	9	26
Madhya Pradesh	2	13
Maharashtra	12	65
Rajasthan	0	57
Total	23	173

Microscopy activities

State Name	Total number of TB suspects who underwent sputum smear examination for diagnosis in medical college DMCs (3Q12-2Q13)	Total Number of sputum smear positive patients diagnosed [including repeat sputum examinations] (3Q12-2Q13)
Goa	4470	315
Gujarat	53955	10301
Madhya Pradesh	24479	3277
Maharashtra	98327	10847
Rajasthan	51167	10870
Total	232398	35610

Treatment initiation

State Name	Of the total no. of smear positive patients diagnosed, no. of patients put of DOT in Medical colleges (3Q12-2Q13)	No. of smear positive patients referred for treatment to other DOT centers (3Q12-2Q13)
Goa	31	272
Gujarat	1065	8622
Madhya Pradesh	613	2495
Maharashtra	1132	8921
Rajasthan	1163	9000
Zone Total	4004	29310

Smear negative PTB

State Name	Smear-negative patients put on DOTS in the medical college DOT centre (3Q12-2Q13)	Smear-negative patients referred for DOTS treatment outside the medical college (3Q12-2Q13)
Goa	15	135
Gujarat	219	2679
Madhya Pradesh	1923	1295
Maharashtra	609	6387
Rajasthan	101	5205
Total	2867	15701

Extra Pulmonary TB (EP-TB)

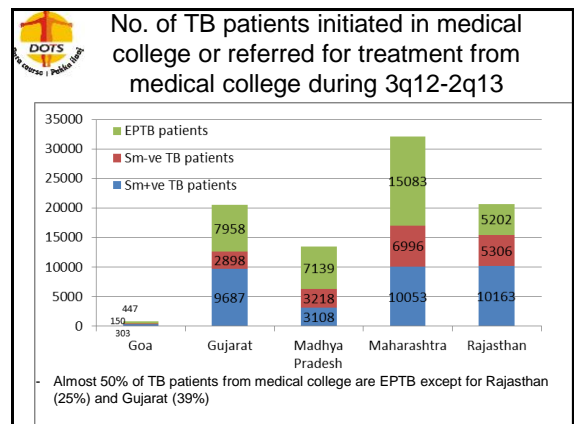
State Name	Of the EP-TB patients diagnosed, number put on DOTS in the medical college dot centre (3Q12-2Q13)	Of the EP-TB patients diagnosed, the number referred for treatment outside the medical college (3Q12-2Q13)
Goa	49	398
Gujarat	540	7418
Madhya Pradesh	3833	3306
Maharashtra	1580	13503
Rajasthan	106	5096
Total	6108	29721

Indicative Contribution of medical colleges...

Annual Contribution:

	Total Cases (initiated in medical college dot centre+Referred for treatment) in MEDICAL COLLEGE*	Total Cases Registered in RNTCP in the STATE**	Indicative % Contribution of medical college
Goa	900	1950	46%
Gujarat	20543	72554	28%
Madhya Pradesh	13465	89545	15%
Maharashtra	32132	136045	24%
Rajasthan	20671	100966	20%
Zone Total	87711	401060	22%

*3Q12-2Q13, **2012



Referral for treatment and feedback status

State Name	No. of smear positive patients referred for treatment (2Q12-1Q13)	Of the smear positive patients referred, no. whose feedback was received	No. of smear negative patients referred for treatment (2Q12-1Q13)	Of the smear negative patients referred, no. whose feedback was received	No. of EP-TB patients referred for treatment (2Q12-1Q13)	Of the EP-TB patients referred, no. whose feedback was received
Goa	264	239	160	145	481	401
Gujarat	8468	6945	2689	2010	7061	5309
Madhya Pradesh	2333	1517	1308	735	3062	1662
Maharashtra	9037	7148	6068	4935	12519	10031
Rajasthan	9276	6903	4939	3397	4804	3145
Total	29378	22752	15164	11222	27927	20548

Monitoring and supervision by STF and ZTF

NAME OF THE STATE	No. of STF meetings from 3Q12-2Q13	No. of medical colleges visited by STF from 3Q12-2Q13	No. of medical colleges visited by ZTF from 3Q12-2Q13
Goa	4	1	1
Gujarat	2	16	1
Madhya Pradesh	1	2	0
Maharashtra	2	6	1
Rajasthan	3	3	1
Total	12	28	3

Operational Research

Name of the state	No. of thesis proposals approved (3Q12-2Q13)	No. of OR proposals submitted to Zonal OR committee (3Q12-2Q13)	No. of OR proposals approved by the Zonal OR committee (3Q12-2Q13)
Goa	0	0	0
Gujarat	9	5	0
Madhya Pradesh	2	1	0
Maharashtra	28	1	0
Rajasthan	0	0	0
Zone Total	39	7	0

Remarks:

Status of OR proposal – Zonal OR

State	Submitted	Denied	Accepted	Resubmission
Goa	0	0	0	0
Gujarat	5	0	0	0
Madhya Pradesh	1	0	0	0
Maharashtra	1	0	0	0
Rajasthan	0	0	0	0
Total	7	00	00	00

Remarks:

Topics of approved OR/Thesis proposals

	Title of the OR/Thesis Proposal	Institute
1	MP: A study of treatment outcome of Paediatric tuberculosis Patients Registered under revised National Tuberculosis Control Programme in Bhopal City.	Peoples Medical College, Bhopal
2	An analytical study on Multi Drug Resistant Suspects registered under Revised National Tuberculosis Control Programme in Bhopal City.	Gandhi Medical College, Bhopal
3	Rajasthan: Adverse drug reaction of Cat IV treatment & outcome of Cat IV at one year follow up	Jodhpur college
4	Comparison of Gene X PERT, LPA & Liquid cul media	Jodhpur college

Operational research: Titles of thesis topics approved by the STF MH (3Q12-2Q13)

Sr. No.	Department & Institute	Topic of Thesis Proposal
1	Dept of Paediatrics, Govt. Medical College, Sangli Miraj	Clinical profile of childhood TB and outcome of DOTS therapy under RNTCP at Govt. Medical College and Hospital.
2	Dept of Paediatrics, Dr. V.M. Govt. Medical College, Solapur	Study of outcome of primary drugs started as pediatric DOTS at City TB Center, solapur
3	Dept of Paediatrics, Bharati Vidyapeeth Medical College Pune	To study the profile of children in household contact with an adult index case of Pulmonary TB
4	Dept of Paediatrics, NKPSIMS and LMS Nagpur	To evaluate suspected case of Tubercular cervical lymphadenopathy - critical analysis with FNAC
5	Dept of Paediatrics, IGMC, Nagpur	Evaluation of the effect of Malnutrition on Tuberculin Sensitivity Test response on Children with High Index of suspicion of TB.
8	Dept. of Microbiology, Dr. V. M. Govt. Medical College, Solapur MC	Rapid drug susceptibility Testing of Mycobacterium TB : Utility of 2,3,5 Triphenyl Tetrazolium Chloride.
9	Dept of Microbiology, B. J. Medical College, Pune	A comparative study between conventional drug susceptibility testing and Line Probe Assay for the detection of isoniazide and rifampicin resistance in isolates of Mycobacterium TB.
10	Dept of Microbiology, Lokmanya Tilak Municipal Medical College, Sion, Mumbai	Study of comparison between standard biochemical tests with rapid antigen detection methods to differentiate Mycobacterium TB complex from other species of Mycobacteria

Operational research: Titles of thesis topics approved by the STF (3Q12-2Q13)

Sr. No.	Department & Institute	Topic of Thesis Proposal
11	Dept of Microbiology, Grant Medical College Mumbai Medical College, Mumbai	Rapid Detection of MDR-TB bacilli using direct drug susceptibility testing and evaluation of Rifampicine as surrogate marker for MDR-TB
12	Dept. of Microbiology, GMC, Mumbai	Identification and Characterization of Mycobacteria isolated from Extra-pulmonary TB.
13	Dept. of Pulmonary Medicine Bhari Vidyapeeth Deemed University Medical College, Pune	Evaluation of compliance of treatment and reasons for non-compliance in tuberculosis patients on directly observed treatment short course (DOTS).
14	Dept. of Medicine, Govt. Medical College, Aurangabad	Clinical profile of patient of multidrug resistant tuberculosis admitted at drug resistance tuberculosis center, Aurangabad.
17	Dept. of PSM, Seth GS Medical College, Mumbai	A Prospective community cohort study to estimate the incidence and risk factors of Adverse Drug Reactions among TB patients on DOTS treatment at an urban TB unit Area
18	Dept. of PSM, RMC, PMT Loni, Ahmednagar	Medico-social Profile, indications for admission and treatment outcome of TB cases admitted in patient Dept. (IPD) at Tertiary Care Hospital (Pravara Rural Hospital).
19	Dept. of Pulmonary Medicine, Datta Meghe Institute of Medical Science Sawangi (Meghe) Wardha	To study the prevalence of drug resistant pattern among newly diagnosed smear positive cases of pulmonary TB in Wardha Dist.
20	Department of Pulmonary Medicine, Datta Meghe Institute of Medical Science Sawangi (Meghe) Wardha	To assess the role of bronchoscopy in the diagnosis of pulmonary TB in suspected cases whose sputum smear are negative for acid fast bacilli in Acharya Vinoba Bhave Rural Hospital, Wardha

Operational research: Titles of thesis topics approved by the STF (3Q12-2Q13)

Sr. No.	Department & Institute	Topic of Thesis Proposal
20	Department of Pulmonary Medicine, Datta Meghe Institute of Medical Science Sawangi (Meghe) Wardha	To assess the role of bronchoscopy in the diagnosis of pulmonary TB in suspected cases whose sputum smear are negative for acid fast bacilli in Acharya Vinoba Bhave Rural Hospital, Wardha
21	Dept. of Pulmonary Medicine, B. J. Medical College, Pune.	To compare outcome of daily treatment with intermittent treatment in intensive phase of DOTS in newly diagnosed sputum positive patient without HIV
22	Department of General Medicine, IGMC, Nagpur	Clinical Profile of TB in HIV patients
23	Department of Pulmonary Medicine, Bharati Hospital, Dhankawadi, Pune	Clinical profile and response to DOTS in patients of Lymph Node TB attending out patient department of Bharati Hospital
24	Department of PSM, IGMC Nagpur	A case control study of Risk Factors for Pulmonary TB with Hospital controls and Community controls.
25	Department of Medicine, GMC Aurangabad	Clinical profile of MDR TB patients admitted at DRTB Centre Aurangabad
26	Department of Microbiology, MGIMS, Sevagram, Wardha	Speciation and Drug susceptibility of Non-tuberculosis mycobacteria isolated from symptomatics for pulmonary tuberculosis
27	Department of PSM, Seth G. S. Medical College, KEM Hospital, Mumbai	A study to assess the effectiveness of the training intervention on diagnostic, management and referral practices of private practitioners for tuberculosis and their involvement in DOTS programme in an urban slum area
28	Department of Microbiology, Seth G. S. Medical College & KEM Hospital, Mumbai.	Diagnosis of Pediatric Tuberculosis with special reference to Polymerase Chain Reaction and Urinary Lipoarabinomannan Assay

Operational research: Titles of thesis topics approved by the STF Gujarat(3Q12-2Q13)

Topic (PG Thesis)	Medical College
1. Evaluation of Drug Resistant Pattern among the suspected cases of MDR TB patients & it's correlation with previous Anti TB Treatment	GMC Bhavnagar
2. To study the coordination between DOTS and ART to reduce Default rate of on Treatment patients and to identify the factors in defaulted patients coming to ART Centre at GMC Surat	GMC Surat
3. Effectiveness and safety of ATT (Cat-IV) in MDR Pulmonary TB Patients registered at DR TB Centre GMC Vadodara	GMC Vadodara
4. End of Treatment outcome of patients of MDR TB in seven districts of Gujarat	GMC Vadodara

Operational research: Titles of thesis topics approved by the STF (3Q12-2Q13)

Topic (PG Thesis)	Medical College
5. Clinical study of pediatric tuberculosis with reference to adenosine deaminase level in comparison with DNA PCR for diagnosis of mycobacterium tuberculosis	Govt. Medical College, Bhavnagar
6. The prospective study of Adverse Drug Reactions in 100 cases of Category IV- Regimen eligible patients in the intensive Phase (6 Months) at DR TB centre Site, Surat Under PMDT Programme	Govt. Medical College, Surat
7. A case control study on association between passive smoking and childhood tuberculosis in Surat city	SMIMER Medical College, Surat
8. A study to find out the factors related to development of drug resistant TB in patients admitted for PMDT therapy in new civil hospital Surat	Government Medical college Surat
9. Analysis of retreatment Pulmonary tuberculosis cases of RNTCP and efficacy of CAT-II in them	MP Shah Medical College, Jamnagar

Reported problems

Name of the state	Any medical college reporting problems in the regular supply of laboratory consumables? (Yes/No)	Any medical college reporting problems in the regular supply of anti-TB drugs? (Yes/No)	Any medical college reporting shortage in funds for meetings, advocacy activities etc? (Yes/No)
Goa	0	0	0
Gujarat	0	0	0
Madhya Pradesh	0	0	Yes (3/10)
Maharashtra	0	4	7
Rajasthan	0	0	0
Total	0	4	10

MDR TB Diagnosis and Treatment services

	Goa	Guj	MH	MP	Raj	TOTAL
No of Medical colleges in the Zone offering TB C&DST services in the Zone						
1. Solid / liquid Culture alone – 2. Solid / liquid Culture – DST 3. Line Probe Assay 4. Any other technology (specify)	1	1	6		1	9
No of Medical colleges in the Zone having RNTCP certified/ accredited C&DST services Zone	1	1	3+2		1	8
No of Medical colleges in the Zone having DRTB Centre in the Zone	1	4	14	1	6	26

DOTS
Directly Observed Therapy Short-course | Public Health

TB-HIV collaboration

Name of the state	No. of medical colleges having ICTCs	No. of medical colleges having ART centers	No. of medical colleges having standard cross referrals between RNTCP and ICTC/ART centers
Goa	1	1	1
Gujarat	16	12	12
Madhya Pradesh	10	06	06
Maharashtra	39	23	23
Rajasthan	8	6	6
Total	74	48	48

DOTS
Directly Observed Therapy Short-course | Public Health

Advocacy

Name of the state	No. of Publications on RNTCP 3Q12-2Q13	No of Workshops/ Seminars/CMEs in the medical colleges from 3Q12-2Q13	State level CMEs/ Seminar/Workshops organized by STF from 3Q12-2Q13
Goa	0	1	0
Gujarat	3	43	2
Madhya Pradesh	0	50	0
Maharashtra	8	115	2
Rajasthan	0	6	2
Total	11	215	6

DOTS
Directly Observed Therapy Short-course | Public Health

Pilots/Innovation

Rajasthan:

- Posting of 'Counselor' at DR-TB centre Jaipur for providing counseling to patients and their relatives admitted at DR-TB centre

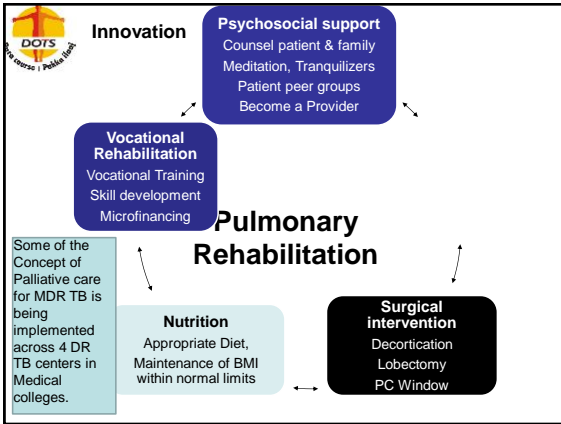
DOTS
Directly Observed Therapy Short-course | Public Health

Innovations/ Pilots

Gujarat:

- Initiative of Screening of extra pulmonary TB patients for Drug resistant TB was undertaken with the help of experts from medical colleges. More than 200 samples of extra pulmonary TB are screened for MDR.
- Dissertation of prevalence of MDR in patients with spinal TB was undertaken under the guidance of Dr M M Prabhakar HOD orthopedics and superintendent of B J Medical college & Civil Hospital, Ahmedabad.







-
- ### Innovations/ Pilots - MP
- Integrated Teaching Programme for undergraduates. Topic - A-Z about TB
 - Departmental Interaction for CMEs on RNTCP
 - Collaboration for Elimination of TB from Indore (CETI)


-
- ### Innovations/ Pilots.....contd
- CETI's Interventions: (www.healthyindore.org)
 - Support in TB Notifications
 - TB Hot Line with Rotary Club – 8989028282
 - Proper TB Diagnosis & Stopping use of SERO Diagnosis by Laboratories
 - School Awareness about TB
 - TB awareness and patient advocacy in slums
 - Increasing Media involvement about TB
 - Quality improvement programme for RNTCP TB worker

TB Exhibitions, slum visits, School Programmes

-
- ### Innovations/ Pilots
- #### Maharashtra:
- AIC training / sensitization for Infection Control Committee members, Faculties of all department, Staff nurses and Wardboys / Aya / Sweepers (100) was undertaken at GMC Akola
 - With support from NRHM for Airborne Infection Control, cough-hygiene posters displayed in every ward of the hospital at GMC Akola.
 - AIC training / sensitization undertaken with support from DRTB Centre Amravati & TB Hospital Amravati.

 Tuberculosis Bulletin Launched
AFB tuberculosis Bulletin –NKP Salve Medical college & DRTB Centre Nagpur




 Innovations/Pilots (Nashik)

- Installation of UV Light for Air Borne Infection Control at DR TB Centre.
- IEC Material towards cough etiquette in DR TB Ward.
- Television has been installed in the ward and tape regarding TB education played regularly.

 Rotating Trophy...



Trophy for Best State in West Zone -2013

 Constraints being faced by STF and/or ZTF


Gujarat: Nil
Rajasthan: Nil

Goa:-


- Post of MO medical college vacant.

Madhya Pradesh:

- Vacant post of STF- DEO as approved in the PIP 20013-14
- Ease out of funds for STF and Medical College

 Constraints being faced by STF Maharashtra

- Non certified C&DST laboratories in medical colleges
- Latest guidelines and manuals not being supplied to medical colleges on regular basis
 - All medical colleges to be on mailing list of program.
- Shortages of Anti-TB drugs (both 1st and 2nd line)
 - Six months buffer to be maintained at each level with procurement of drugs at local level program manager
- Unavailability of 2nd line DST certified services in the state
- Human resource issues in medical college with DRTB services
- Insurance scheme for personnel working for Tuberculosis
- Additional contractual staff under RNTCP for high workload medical colleges as per National Strategic Plan

 Suggestions for consideration

- Clarity is requested from National level on new guideline of granting operational research proposal up to Rs. 2 lakh at STF level with special emphasis on head under which expenses are to be incurred.



Thank You



Report of the Zonal Task Force (North East Zone) 2014

Presented by : Dr. A.C. Phukan

Chairman : Dr. A.C. Phukan

Member Secretary : Dr.(Mrs.) M. Hooroo



Action taken as per the previous year ZTF action plan submitted

Activity Planned	Status	Reason if not completed
To improve referral of TB patients from the Dept. other than TB-Chest & Medicine department .	Case referral improved from other department as well.	
Strengthening supervision and monitoring	Needs further strengthening	Lack of Manpower
To scale up PMDT related activities.	Achieved	
Advocate for strengthening Standards of TB Care in India	Sensitization programme conducted.	
Support TB notification & ban on serology in TB diagnostics	Achieved	
Ensure smooth program functioning and scheduled Medical College activities as per plan.	Achieved	



Action taken as per the previous year ZTF action plan submitted

Activity Planned	Status	Reason if not completed
Promote Operational Research	5 OR in progress * First zonal OR workshop held in Guwahati during Nov '13	
Promote Airborne infection control measures in the Medical colleges	Achieved partially	
To create more Master trainers in RNTCP at Zonal level	More nos. faculty trained at National level	



Zonal Profile

Name of the state	Total No. of Medical colleges (MCs)	No. of MCs with core committees	No. of MCs with DMCs + DOT Centers
Assam	6	5	5
Meghalaya	1	1	1
Manipur	2	2	2
Sikkim	1	1	1
Tripura	2	2	2
Total	12	11	11




RNTCP Contractual Staffing

Name of the state	No. of MCs involved	MO		LT		TBHV	
		Sanctioned	In Place	Sanctioned	In Place	Sanctioned	In Place
Assam	5	5	3	5	5	5	5
Meghalaya	1	1	1	1	1	1	1
Manipur	2	1	1	1	1	1	1
Tripura	2	1	1	2	2	2	2
Sikkim	1	1	0	1	1	1	1
Zone Total	11	9	6	10	10	10	10




Quarterly reporting status of medical colleges (MCs) in the zone

State Name	Total No of MCs involved	Total no. of quarterly reports received by STF				No. of MCs who have sent reports for all the four quarters
		3Q12	4Q12	1Q13	2Q13	
Assam	5	5	5	5	5	5
Meghalaya	1	1	1	1	1	1
Manipur	2	2	2	2	2	2
Tripura	2	2	2	2	2	2
Sikkim	1	1	1	1	1	1
Zone Total	11	11	11	11	11	11



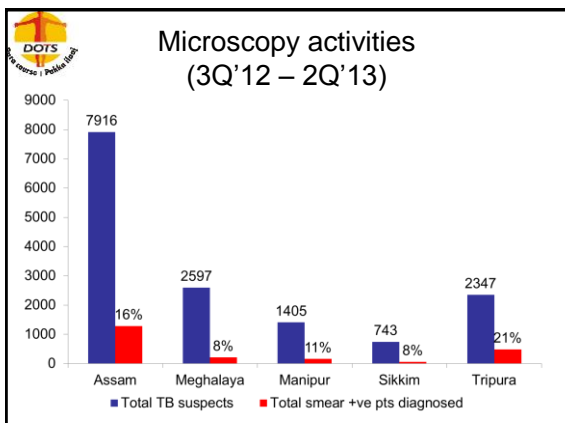

Training status

State Name	No. of faculty trained as master trainers from 3Q12-2Q13 at the National Level	Total no. of faculty trained as master trainers at the national level since implementation
Assam	2	36
Meghalaya	2	6
Manipur	0	13
Tripura	2	20
Sikkim	4	13
Zone Total	10	88




Microscopy activities

State Name	Total number of TB suspects who underwent sputum smear examination for diagnosis in medical college DMCs (3Q12-2Q13)	Total Number of sputum smear positive patients diagnosed [including repeat sputum examinations] (3Q12-2Q13)
Assam	7916	1284
Meghalaya	2597	209
Manipur	1405	156
Sikkim	743	58
Tripura	2347	486
Total	15008	2193


Treatment initiation

State Name	Of the total no. of smear positive patients diagnosed, no. of patients put of DOT in Medical colleges (3Q12-2Q13)	No. of smear positive patients referred for treatment to other DOT centers (3Q12-2Q13)
Assam	206	1015
Meghalaya	66	136
Manipur	14	142
Sikkim	40	17
Tripura	31	429
Zone Total	357	1739



Smear negative PTB

State Name	Smear-negative patients put on DOTS in the medical college DOT centre (3Q12-2Q13)	smear-negative patients referred for DOTS treatment outside the medical college (3Q12-2Q13)
Assam	102	867
Meghalaya	25	48
Manipur	5	31
Sikkim	22	58
Tripura	6	139
Total	160	1085

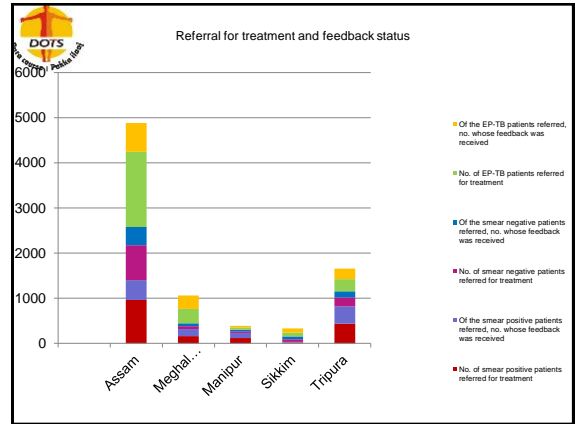


Extra Pulmonary TB (EP-TB)

State Name	Of the EP-TB patients diagnosed, number put on DOTS in the medical college dot centre (3Q12-2Q13)	Of the EP-TB patients diagnosed, the number referred for treatment outside the medical college (3Q12-2Q13)
Assam	112	1823
Meghalaya	120	241
Manipur	13	47
Sikkim	27	91
Tripura	14	248
Total	286	2450

Referral for treatment and feedback status

State Name	No. of smear positive patients referred for treatment (2Q12-1Q13)	Of the smear positive patients referred, no. whose feedback was received	No. of smear negative patients referred for treatment (2Q12-1Q13)	Of the smear negative patients referred, no. whose feedback was received	No. of EP-TB patients referred for treatment (2Q12-1Q13)	Of the EP-TB patients referred, no. whose feedback was received
Assam	962	437	779	404	1664	641
Meghalaya	159	154	70	59	319	297
Manipur	118	111	39	33	47	42
Sikkim	17	17	58	58	91	91
Tripura	438	383	196	133	274	230
Total	1694	1102(65%)	1142	687(60%)	2395	1301 (54%)



Monitoring and supervision by STF and ZTF

NAME OF THE STATE	No. of STF meetings from 3Q12-2Q13	No. of medical colleges visited by STF from 3Q12-2Q13	No. of medical colleges visited by ZTF from 3Q12-2Q13
Assam	2	4	1
Meghalaya	4	1	1
Manipur	2	2	
Sikkim	2	1	
Tripura	3	2	
Total	13	10	2

Operational Research

Name of the state	No. of thesis proposals approved (3Q12-2Q13)	No. of OR proposals submitted to Zonal OR committee (3Q12-2Q13)	No. of OR proposals approved by the Zonal OR committee (3Q12-2Q13)
Assam	2	2	2
Meghalaya	0	1	1
Manipur	1	0	0
Sikkim	1	0	0
Tripura	0	1	1
Zone Total	4	4	4

Remarks:


Status of OR proposal – Zonal OR

State	Submitted	Denied	Accepted	Resubmission
Assam	2	0	2	0
Meghalaya	1	0	1	0
Manipur	0	0	0	0
Sikkim	0	0	0	0
Tripura	1	0	1	0
Total	4	0	4	0

Remarks:


Topics of approved OR/Thesis proposals

Title of the OR/Thesis Proposal	PI
Characterization of Mycobacterial Isolates from Pulmonary Tuberculosis cases with HIV sero-positivity	Dr N.J. Sarma
To study outcome of DOTS ATT in new sputum positive Pulmonary TB Patients under RNTCP attending SMCH	Dr. Vinoy Meshram
Sputum Follow-up Among New Smear Positive TB patients in Imphal West District, Manipur	Dr. T. Singh, RIIMS, Manipur
Socio-demographic profile and treatment outcome of tuberculosis patients registered under DOTS in East Sikkim from Jan 2009- Dec 2011 with special reference to defaulters.	Dr. Leona Gurung, Sikkim
Impact of Diabetes Mellitus upon Tuberculosis patients attending chest deptt. at AGMC & GBP Hospital	Dr. Anjan Das, Tripura
Comparison of family members DOT provider and Non family member DOT provider	Dr. S. Pala, NEIGRIHMS, Meghalaya




Reported problems

Name of the state	Any medical college reporting problems in the regular supply of laboratory consumables? (Yes/No)	Any medical college reporting problems in the regular supply of anti-TB drugs? (Yes/No)	Any medical college reporting shortage in funds for meetings, advocacy activities etc? (Yes/No)
Assam	No	No	No
Meghalaya	No	No	No
Manipur	No	No	No
Sikkim	No	No	No
Tripura	No	No	No
Total	0	0	0




MDR TB Diagnosis and Treatment services

No. of Medical colleges in the Zone offering TB C&DST services in the Zone	
1. Solid / liquid Culture	1
2. Solid / liquid Culture – DST	0
3. Line Probe Assay	1
4. Any other technology (specify)	0
No of Medical colleges in the Zone having RNTCP certified/ accredited C&DST services Zone	1 (* 1 private hospital (Nazareth) is RNTCP certified for LPA at Shillong)
No of Medical colleges in the Zone having DRTB Centre in the Zone	5




TB-HIV collaboration

Name of the state	No. of medical colleges having ICTCs	No. of medical colleges having ART centers	No. of medical colleges having standard cross referrals between RNTCP and ICTC/ART centers
Assam	5	4	5
Meghalaya	1	0	1
Manipur	2	2	2
Sikkim	1	0	1
Tripura	2	1	2
Total	11	7	11



Advocacy


Name of the state	No. of Publications on RNTCP 3Q12-2Q13	No of Workshops/ Seminars/CMEs in the medical colleges from 3Q12-2Q13	State level CMEs/ Seminar/Workshops organized by STF from 3Q12-2Q13
Assam	1	5	2
Meghalaya	1	2	1
Manipur	0	3	0
Sikkim	0	1	0
Tripura	0	4	0
Total	2	15	3



Pilots/Innovation

Advocacy of RNTCP during the East Zone API held in Kolkata held in September 2013

- *Daily chemotherapy vs DOTS- Evidences and controversies*
- 1.5 Lac school routines with key messages on RNTCP has been distributed in the state (Assam)
- 2500 diaries with RNTCP key messages including NIKSHAY / Notification / Ban on serology has been printed and distributed among PPs (Assam)
- Sensitization program on newer RNTCP initiatives like TB notification, Pediatric TB management, NIKSHAY etc.
- Active participation in supervision, monitoring/evaluation and reviews of RNTCP program related activities at the State level.
- To reduce loss of patients from DMC and ICTC during cross referral, proposal for intercom connection between DMC & ICTC (RIMS) is approved.(Manipur)
- Proposal for giving training in Counseling of TB patients for HIV testing to the LTs/TBHV of DMC(Meghalaya)
- Workshop on X-ray reading for Medical Officers of PHIs conducted. (Tripura)



Constraints being faced by STF and/or ZTF

- As more numbers of OR projects are being submitted for approval, additional budget under OR head is required.
- Participation of faculty members at National level trainings etc. is limited due to shortage of manpower in the Medical Colleges and work overload.
- ZTF/STF DEO is yet to be in place.



Suggestions for consideration

Building up of capacity for development of RNTCP certified C& DST in Medical Colleges (State wise).

(Tripura AGMC approved for follow up and Silchar Medical College proposed)

- Stream lining of mandatory inter medical college visits by ZTF Chairperson/STF Chairperson and members as well to share RNTCP implementation in Medical Colleges.
- Mandatory posting of Interns in RNTCP unit of Medical colleges instead of present optional posting.
- Short duration of National level training for Medical College faculty.



Zonal Task Force Workshop, Oct 2014
Assam Medical College, Dibrugarh, Assam



Zonal OR workshop



Zonal OR Workshop




Time Table

Name of the Student: _____

Class :	Section :							
Day	1st	2nd	3rd	4th	B	5th	6th	7th
Monday								
Tuesday					R			
Wednesday					E			
Thursday					A			
Friday								
Saturday					K			

THANK YOU

Please tell your friends and relatives :
 cough for more than two weeks could mean TB.
 Go to the nearest health centre immediately and get
 TB is totally curable if one completes the treatment.
 TB treatment is completely free of cost in all the government health facilities of Assam

Published By : Revised National Tuberculosis Control Programme, Assam

Participants List for NTF 2013 held at Bhubaneswar Odisha, March 2014

S. No.	State Organization	Name	Designation
1	PGI Chandigarh	Dr D Behera	NTF Chair
2	V P Chest Institute Delhi	Dr. Rajendra Prasad	NTF Vice Chair
3	AIIMS, Delhi	Dr S K Sharma	Advisor NTF
4	CTD	Dr Niraj Kulshreshtha	Addl DDG, CTD, Dte GHS, MOHFW
5	NTI, Bangalore	Dr Prahlad Kumar	Director
6	NITRD, New Delhi	Dr Man Mohan Puri	Chest Specialist, NITRD, New Delhi
7	NITRD, New Delhi	Dr Anil Kumar Jain	Senior Consultant, NITRD, New Delhi
8	WHO	Dr Sreenivas.A	WHO-India NPO-TB
9	CBCI	Dr Girish Chandra Singh	National TB Project Coordinator, CBCI CARD
10	Andhra Pradesh	Dr Subhakar Kandi	ZTF Chair South 1 Zone
11	Andhra Pradesh	Dr T. Rani Samyukta	STO Andhra Pradesh
12	Andhra Pradesh	Dr Chakrapani Chatla	RNTCP Consultant
13	Assam	Dr N J Das	STO Assam
14	Assam	Dr S K Baruah	STF Chair Assam
15	Assam	Dr Basanta Lashkar	Professor in Medicine
16	Bihar	Dr. K. K. Prasad	STO Bihar
17	Bihar	Dr. Kamlesh Tewary	STF Chair Bihar
18	Bihar	Dr Sanjeev Jha	RNTCP Consultant
19	Chandigarh	Dr. A K Janmeja	STF Chair Chandigarh
20	Chandigarh	Dr Anil Garg	STO Chandigarh
21	Chhatisgarh	Dr Priyakanta Nayak	RNTCP Consultant
22	Chhatisgarh	Dr T K Agrawal	STO Chhatisgarh
23	CTD	Dr Kiran Kumar Rade	National Consultant
24	CTD	Dr. Mohan PS Kohli	National Consultant
25	Delhi	Dr. Ashwani Khanna	STO, Delhi
26	Delhi	Dr. Nandini Sharma	STF Chair Delhi
27	Delhi	Dr. Mandira Varma Basil	Associate Professor, VP Chest Institute, Delhi
28	Delhi	Dr Shivani Chandra	RNTCP Consultant
29	Goa	Dr R D Yeole	RNTCP Consultant
30	Gujarat	Dr K R Patel	STF Chair Gujarat
31	Gujarat	Dr Sandeep Bharaswadkar	RNTCP Consultant
32	Haryana	Dr. Sudhi Nath	RNTCP Consultant
33	Himachal Pradesh	Dr Ashok Kumar Bhardwaj	ZTF Chairperson North Zone
34	Himachal Pradesh	Dr Dinesh Kumar	STF Nominee Himachal Pradesh
35	Himachal Pradesh	Dr K C Kaushal	RNTCP Consultant
36	Jammu Kashmir	Dr G A Wani	STO Kashmir
37	Jammu Kashmir	Dr M Mirza	STF Chair Jammu Kashmir
38	Jammu Kashmir	Dr Tasnim Syed	RNTCP Consultant
39	Jharkhand	Dr. Shamim Haider	Zonal OR Chair East Zone
40	Jharkhand	Dr. Tulsi Mahto	ZTF Chair East Zone
41	Jharkhand	Dr. Rakesh Dayal	STO Jharkhand

42	Jharkhand	Dr Rajeev Pathak	RNTCP Consultant
43	Karnataka	Dr. M D Suryakant	STO Karnataka
44	Karnataka	Dr Deepak KG	RNTCP Consultant
45	Kerala	Dr. P.T James	STF Chair, Kerala
46	Kerala	Dr. S.Jayasankar	STO Kerala
47	Kerala	Dr. Thomas Mathew	Zonal OR Chair South 2 Zone
48	Kerala	Dr C R Mohandas	RNTCP Consultant
49	Madhya Pradesh	Dr Salil Bhargava	STF Chair Madhya Pradesh
50	Madhya Pradesh	Dr. Tara Saxena	STO Madhya Pradesh
51	Madhya Pradesh	Dr.Kunal H Pise	RNTCP Consultant
52	Maharashtra	Dr. M.H.Pawar	STO Maharashtra
53	Maharashtra	Dr. Radha Munje	Zonal OR Chair West Zone
54	Maharashtra	Dr. N.N.Ramraje	STF Chair Maharashtra
55	Maharashtra	Dr. Manoj Toshniwal	RNTCP Consultant
56	Meghalaya	Dr. A.C. Phukan	ZTF Chair North East Zone
57	Meghalaya	Dr.(Mrs).M.Hooroo	State TB Officer
58	Meghalaya	Dr.Gautom Borgohain	RNTCP Consultant
59	Pondicherry	Dr. S. Govindarajan	STO, Puducherry UT
60	Puducherry	Dr. Anil J. Purty	ZTF Chair South 2 Zone
61	Puducherry	Dr. Ramesh Chand Chauhan	Assistant professor (Nominee of STF Chairperson)
62	Punjab	Dr. Balbir Singh	STO Punjab
63	Punjab	Dr Priyanka Agrawal	RNTCP Consultant
64	Rajasthan	Dr. Anil Saxena	STO Rajasthan
65	Rajasthan	Dr.K.C.Agarwal	ZTF Chair West Zone
66	Rajasthan	Dr Sanjay K Sinha	RNTCP Consultant
67	Sikkim	Dr. G.S. Joneja VM	STF Chair Sikkim
68	Sikkim	Dr. F. A. Zaman	Assoc Prof. (Com Med), SKIMS Sikkim
69	Sikkim	Dr. Lalita Singhi	Dy. STO Sikkim
70	Tamil Nadu	Dr. K Murugesan	Director I/C, STDC, IRL, Tamil Nadu
71	Tamil Nadu	Dr Ranganathan	STF Chair, Tamil Nadu
72	Tamil Nadu	Dr. K. R. John	ZTF Vice Chair South 2 Zone
73	Tamil Nadu	Dr Shazia Anjum	RNTCP Consultant
74	Tamil Nadu	Dr Shivaramakrishna H	RNTCP Consultant
75	Tripura	Dr Dhruva Jyoti Deka	RNTCP Consultant
76	Uttar Pradesh	Dr R A S Kushwaha	Professor Chest Medicine, KGMC Lucknow
77	Uttar Pradesh	Dr Surya Kant	STF Chair Uttar Pradesh
78	Uttar Pradesh	Dr Umesh Tripathi	RNTCP Consultant
79	Uttarakhand	Dr. J.P. Sharma	STF Chairman
80	Uttarakhand	Dr. Anurag Bhargava	Assoc. Prof.
81	Uttarakhand	Dr. Anoop Kumar Dimri	STO
82	Uttarakhand	Dr Kovid Sharma	RNTCP Consultant
83	West Bengal	Dr. Santanu Haldar	STO West Bengal
84	West Bengal	Dr. Susmita Kundu	STF Chair West Bengal
85	West Bengal	Dr.Silajit Sarkar	RNTCP Consultant
86	West Bengal	Dr Quazi Toufique	RNTCP Consultant
87	Odisha	Dr R N Panigrahi	RNTCP Consultant
88	Odisha	Dr B Panda	RNTCP Consultant
89	Odisha	Dr S Kindoo	RNTCP Consultant
90	Odisha	Dr M Somalkar	Scientist RMRC Bhubaneswar
91	Odisha	Dr Jyoti Patnaik	SCB Medical College, Cuttack
92	Odisha	Dr P G Das Mohapatra	State TB HIV Coordinator
93	Odisha	Dr Madhumita Naik	VSS Medical College & Hospital, Sambalpur
94	Odisha	Dr Thitta	SCB Medical College, Cuttack
95	Odisha	Dr M R Patnaik	Medical College Ganjam
96	Odisha	Dr Debadatta	ATD&TC Cuttack
97	Odisha	Dr P N Mohanty	ATD&TC Cuttack
98	Odisha	Dr Gautam Patnaik	ATD&TC Cuttack
99	Odisha	Dr D Das	RMRC Bhubaneswar
100	Odisha	DR L Pradhan	State TB Cell