Revised National Tuberculosis Control Programme

Revised Schemes for NGOs and Private Providers

Central TB Division, Directorate General of Health Services
Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi - 110 108
http://www.tbcindia.org

2008

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August 2008

Introduction

RNTCP recognizes the need for involvement of all sectors –public and private to create an epidemiological impact of Tuberculosis control .The private health sector in the country is an important source of care even with the availability of public health services. The NGOs and private providers are often closer to and more trusted by patients and perform an active role in health promotion in the community.

Public private mix (PPM) has been recognized as an important component in the RNTCP. The aim of public private mix-DOTS (PPM-DOTS) is to effectively link the national TB programme and all public and private health care providers presently out of realms of national TB programme efforts so as to provide standardized treatment to all TB patients in the country.

The Government of India developed guidelines for NGO and private sector involvement in TB control which were published in 2000 and 2001 respectively. Today, PPM in RNTCP has come a long way with a support of over 2500 NGOs, 25000 PPs, 260 Medical colleges and 150 corporate houses which are providing DOT services.

Over a period of 7-8 years it has been observed that the uptake of schemes under a formal agreement has declined. There was a felt need for revision of the current schemes in view of the newer initiatives like DOTS plus, TB- HIV collaboration to improve the access of DOTS for the TB patients. The emergence of Multi-drug resistant TB has posed a challenge to the RNTCP implementation. The long duration of treatment would require social support network to facilitate adherence to ambulatory treatment. The DOT services in urban slums require involvement of private and NGO sectors to reach to special groups like migrants and slum dwellers.

Therefore, the GoI approved NGO/PP schemes of 2000-01 required updation to meet the challenges of the present day programme implementation .

The Central TB Division conducted a three day Consultation on Revision of NGO/PP Guidelines in January 2008 in Delhi to improve the collaboration with private sector in all aspects of RNTCP implementation with the following objectives-

- To review the progress in involvement of NGO/PP in RNTCP since the formulation of schemes and share experiences ,
- To review the present NGO/PP schemes , identify constraints and suggest improvements,
- To recommend new schemes to improve the collaboration with other sectors in all aspects of RNTCP implementation.

The Consultation was held with 60-70 participants which included programme managers like STOs, DTOs, of regions where NGOs/PPs have been active in RNTCP; professional bodies like IMA and NGO representatives both from within the programme and outside RNTCP.

The Consultation was held to have a consensus on the revised schemes in consultation with the stakeholders by sharing experiences from currently involved NGOs/PPs; NGOs/PPs who have discontinued their services under RNTCP due to operational problems with the existing schemes; NGOs/PPs who have not come forward due to non-flexibility in the present schemes. New schemes were also discussed to include private providers to facilitate the Culture and DST in private labs, sputum collection centres and TB HIV collaboration

The present guidelines are a result of deliberations in the various STO-Consultants' meetings ,State Reviews, experiences from the fields and repeated discussions in the Central TB Division and Integrated Finance Division after the National Consultation held in Delhi.

August 2008

No. T- 18013/1/2008 - (TB)
Directorate General of Health Services
(Central TB Division)

Nirman Bhavan, New Delhi-110011
Dated: 1st Aug, 2008

To,

The Health Secretaries of States/UTs

Sub: Revised Non-Governmental Organisation (NGO) and Private Practitioner(PP) Guidelines in Revised National TB Control Programme w.e.f. October 2008

Sir/Madam,

1. The Government of India has approved the Revised NGO/PP Guidelines to be implemented with effect from 1st October 2008.

2. The schemes will be implemented by the States/UTs as per the guidelines (Also available on the website www.tbcindia.org).

3. It may be noted that these schemes are applicable to all States irrespective of source of funding, with effect from 1st October 2008.

4. The old schemes will be redundant from 1st October 2008. The NGOs which are already involved with the old scheme will have to sign a new Memorandum with effect from 1st October 2008 as per the revised schemes.

5. Necessary action may be taken for effective implementation of the schemes in the State and progress in this regard may be reviewed on regular basis.

Yours faithfully,

(M.K.Mishra)
Under Secretary to the Govt. of India

Copy to:

1. State TB Officers, All States/UTs
2. Chief Controller of Accounts, Ministry of Health and Family Welfare.
3. Integrated Finance Division
4. PS to JS (RS)/DDG (TB)
5. CCD Section
6. Guard File

(M.K.Mishra)
Under Secretary to the Govt. of India

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ACSM Scheme: TB advocacy, communication, and social mobilization

Introduction

There is an unmet need for improved advocacy, communication, and social mobilization (ACSM) to support ongoing TB control efforts in all districts. Improved ACSM is expected to achieve the following outcomes:

- Mobilization of local political commitment and resources for TB
- Improved case detection and treatment adherence.
- Empower people and communities affected by TB.
- Reduced stigma and discrimination against persons and families affected by TB.

The NGO will be expected to coordinate with District RNTCP units to implement a minimum set of advocacy, communication, and social mobilization interventions in a district, either by themselves or with partners. Implementing partners can include (PRI), Self-Help Groups (SHG), faith-based organizations, Community-based organizations, Rotary Club chapters, other NGOs, Panchayat institutions, etc. The activities should reach an area with a minimum of 5,00,000 (0.5million) population, but preferably should cover 10,00,000 (1million) population or greater.

Eligibility

Any registered NGO with capacity and commitment with at least 2-3 years experience in social mobilization activities and grass root level activities. Local presence and familiarity with local culture will be desirable.

Grant-in-aid: Rs 1,50,000 per 1 million population per year, pro-rata for population covered

The Grant-in-aid will include cost of activities and transportation/ mobility cost for the staff of NGO to undertake these activities through out the district. The NGO will be expected to undertake certain minimum number of activities every month within the assigned /agreed upon geographical area/population within the district.

(For example certain number of community meetings, minimum number of school activities, street plays, PRI sensitization meetings, peer support group meetings along with DOT Provider have to be organized by the NGO in the assigned area. Reproduction of communication material or local adaptation of material will also be responsibility of the NGO for effective implementation of communication and social mobilization activities. Exact number of proposed activities should be reflected in the annual work plan which needs to be developed by the NGO and submitted to the district at the time of signing of MoU)

There will be flexibility about the activities depending upon the assessment of the situation by the NGO and deliverable (activities proposed in the annual work plan with the time line) identified by the NGO for the district in consultation with the district health society. However, an approximate cost has been worked out on the basis of an expected minimum number of annual activities in each district for a population of one million. Kindly refer to the note below.

A total Grant-in-aid of Rs. 1, 50,000 per 1 million population per year will be provided. If a larger population is covered with a larger series of ACSM activities, then RNTCP support for the scheme would be scaled up on a pro-rata basis.

(For example, if an area with 0.5 million population per year were covered with a similar series of activities, then Rs 75,000 per year would be provided. If an area with 1.5 million population per year were

reached with a larger series of activities, than Rs 2,25,000 would be provided).

Role of NGO

The role of the NGO will be to plan and undertake a series of ACSM activities in consultation with the District Health Society. The proposed activities should complement and support the ACSM activities planned by the District Health Society. The activities planned should be based on the need assessment, programme performance, and should be linked to work plan submitted at the time of signing the MOU. The NGO is also expected to reproduce good quality communication materials, ideally using prototype materials obtained from the District / RNTCP website, which can be adapted for the local language and context if necessary. ACSM activities can draw guidance and inspiration from the publication- “Communication Strategy for RNTCP” available at www.tbcindia.org or any publication that is brought out by RNTCP from time to time.

Role of RNTCP (DTO/STO)

The role of the DTO/STO will include joint planning with the NGO for identification issues that needs to be addressed to strengthen ACSM component. DHS will help the NGO in identification of pockets within the district which needs attention for awareness generation, social mobilization and community empowerment. DHS will also share ACSM District plan with the NGO in order to avoid duplication of efforts. DHS will make available prototype material developed by the district/ state/ centre.

Note:

(The following estimates may be referred for developing work plan. The following is just a illustration, and doesn’t have to replicated as it is. The NGO may include some/ all of the following activities in the

work plan. NGO is expected to have their own work plan depending upon the assessment of situation and identification of communication needs relevant to their assigned population)

Illustration:

Community meeting of at least 50 people @ Rs. 300 x 4 meetings x12 months = Rs. 14,400

School Activities Rs.1000 per activities X 12 months= 12,000

Sensitization meetings for PRIs/ SHGs/ religious heads @ Rs.500 per meeting x12 months =Rs.6000

Patient provider meetings at the health facility along with the TB support group at least two in a month @Rs.200per meeting x4 meetings per month x12months =Rs. 9,600

Reproduction of information material / local adaptation of material to be used=Rs.33,000 / annum

Other innovative activities = Rs.25,000 / annum (these needs to be clearly indicated& fully justified in the work plan along with detail)

Travel and mobility cost= Rs. 50,000 / annum (these should be elaborated in the work plan).

SC Scheme: Sputum Collection Centre/s

Introduction

Quality assured sputum smear microscopy is the backbone of tuberculosis diagnosis. However, persons suspected of having TB are required to submit sputum specimens two to four times during diagnosis; if diagnosed with TB, again sputum specimens are required several times throughout treatment to monitor progress. To enhance equity and accessibility of TB health care delivery services, sputum collection should be as close and convenient to patients as possible.

RNTCP has established over 12,000 Designated Microscopy Centres (DMCs) in the entire country, but there are still areas where accessibility to DMCs is sub-optimal. The expansion of the DMC network is limited due to the strict requirement for quality assurance of services and for maintaining proficiency of laboratory technicians. Hence in these areas with sub-optimal access to DMCs, it is envisaged that NGO/private provider supported sputum collection centres can be established to provide ease of accessibility to patients. Sputum specimens collected will be subsequently transported to the nearest DMC, enhancing the coverage of RNTCP and improving convenience to patients.

Eligibility

Any institution in “underserved” areas with convenient access at appropriate times to the population served. Underserved areas are defined as those settings with justifiably difficult access to microscopy services. This may be difficulty based on distance, poor public transport network connectivity, population characteristics that complicate access to existing DMCs (e.g. a slum in an urban area, or tribal village). The institution should have a conducive area for sputum

collection, including well ventilated open spaces for sputum expectoration. The manpower to conduct the related activities as per RNTCP guidelines should be present.

Role of NGO/Collaborating partner

- Sputum collection from TB suspects referred from outpatients of the same facility, the surrounding community, and other facilities linked in the vicinity
- Collect diagnostic and follow up sputum specimens following RNTCP guidelines.
- Ensure adherence to guidelines on sputum collection in order to obtain good quality sputum samples.
- Ensure accurate recording in lab forms and dispatch lists, labelling, recording and packaging of samples,.
- Ensure that a mechanism for transportation is in place (via Transport Scheme or via general health system), and that there is timely communication of sputum results back to referring providers.
- Standardized kits for transportation to be procured by the NGOs

Role of RNTCP (DTO/STO)

- Identification of underserved areas for Sputum Collection Centre, and planning in collaboration with prospective partner implementing scheme and nearby DMC.
- Arrange for sputum microscopy at DMC and timely transmission of results for treatment initiation and follow up

- Training of the concerned staff and provision of materials, including sputum cups.
- To ensure the mechanism for transport of sputum is in place prior to initiation of operations of a sputum collection centre.

Grant-in-aid: Rs 60,000 per annum, per centre

Based on estimate of Rs 3000 facility cost reimbursement and Rs 2000 service cost reimbursement (monthly), a total reimbursement of Rs 60,000/- per annum per sputum collection centre, lump sum has been established.

Rs 350 per sputum collection box to be reimbursed by District Health Society (DHS). No. of boxes provided by DHS can be worked out according to the workload, and should be included in the MOU.

Specifications for the new sputum "transporting box" for Safe, Convenient collection, Storage & Transportation of Sputum.

Specifications-	Box of '6' Sputum Containers (2 Boxes) - 12 Pcs. Containers - Covered with Pocket & Double Handle Belt.
Box of Sputum Container-	Made of **Special Medical Grade** polypropylene, Autoclavable, Translucent and Capacity – at least 6 Sputum Containers.
Plastic Sputum Container-	Made of Special Medical Grade polypropylene, Lock type Screw Cap-Air tight - Thin Plastic Translucent, Autoclavable Diameter- 4 cm, Capacity- 30 ml

Also Cap is made of Special Medical Grade Polypropylene

Cover-	Made of Quality Water Resistant Washable Cloth, Double Handle Belt, One Outer Pocket for Keeping the document.

Transport Scheme: Sputum Pick-Up and Transport Service

Introduction

Quality assured sputum smear microscopy is the backbone of tuberculosis diagnosis. However, persons suspected of having TB are required to submit sputum specimens two to four times during diagnosis; if diagnosed with TB, again sputum specimens are required several times throughout treatment to monitor progress. To enhance equity and accessibility of TB health care delivery services, sputum collection should be as close and convenient to patients as possible. Sputum Collection Schemes may help bridge this gap, but transportation of specimens is still required, which might be done by the same organization running Sputum Collection Schemes, or a different organization altogether.

Keeping in view the need for safe and timely transportation of sputum while maintaining the acceptable quality of collected sample for microscopy examination, the programme envisages a Sputum specimen Pick-up and Transport Service of these samples by non governmental organizations or private agencies having their presence in the identified areas. Provision of such services would enable the programme to access the underserved populations of the country, enhancing the coverage of RNTCP and improving convenience to patients.

Eligibility

NGO / Community Based Organisation (CBO) with outreach workers, or private organization with the capacity to transport sputum specimens as per RNTCP guidelines.

Role of NGO/Collaborating partner

- Coordinate with the assigned Sputum Collection Centres and the DMCs.
- Transport samples safely to DMCs periodically.
- Convey the results in dispatch lists and forms to the Sputum Collection Centres.
- Maintain travel log book.

Role of RNTCP (DTO/STO)

- Planning and allocation of Sputum Collection Scheme and transportation in collaboration with DMC MO and external partners
- Training of the concerned staff and provision of materials listed
- Ensuring quality microscopy and timely transmission of results

Grant-in-aid: Rs 24,000 per annum (for a maximum of 20 visits per month)

DMC Scheme: Designated Microscopy Cum Treatment Centre (A & B)

A. Designated Microscopy and Treatment Centre for a NGO/Private lab

General Description

The NGO/private lab serves as a microscopy and treatment centre and is designated as such by the RNTCP.

Role of the NGO

The NGO/private facility provides AFB microscopy and TB treatment services free of charge. Technical policy for collection and examination of sputum and for providing anti-TB treatment is strictly as per RNTCP policy. Record-keeping and quality control are also to be done as per RNTCP policy. The NGO/private facility is responsible for ensuring the treatment or referral of all patients found to have a positive AFB smear, and for ensuring follow-up treatment and sputum examinations for all patients placed on treatment. The NGO/private facility must ensure referral for treatment of patients found to be smear-positive but who live outside the NGO/private facility catchment area. All sputum smear-negative cases should be given two weeks of antibiotics,free of cost, before they are sent for X-ray examination, as laid down in the diagnostic algorithm.In the case of patients with chest symptoms who are found to have negative AFB smears or are suspected to have other forms of tuberculosis, the NGO/private facility will either evaluate the patient as per RNTCP policy, or will refer the patient to an identified referral centre for such evaluation.The NGO/private facility must ensure that, in addition to a trained laboratory technician,there is a qualified Medical Officer (MO) trained in the RNTCP.

Role of the District Health Society/District TB Centre

The TB Programme will provide training and technical guidance and will perform laboratory quality control. In addition, the programme will assist the NGO/private facility in ensuring evaluation of smear-positive patients who live outside the catchment area of the NGO/private facility and have been referred by the NGO for treatment. The TB Programme will monitor diagnostic quality (three smears taken for diagnosis and two for follow-up, proportion of positive smears, proportion of smear-negative cases, if any). The TB Programme will list the facility as an approved RNTCP microscopy centre, as long as performance is satisfactory and RNTCP policies are adhered to.

Commodity Assistance

In kind

The RNTCP will provide commodity assistance of laboratory materials and reagents (including sputum containers, equipment for waste disposal, and civil works) as needed, as well as laboratory forms and TB Laboratory Register. Anti-TB drugs will also be provided for patients, started on RNTCP treatment, who live in the catchment area of the NGO/private facility. If needed, the TB Programme may provide a microscope.

Grant-in-Aid

Annual grant-in-aid of Rs 1,50,000 .

*If the DMC wishes to start a Treatment centre then it may be allowed but only Honorarium will be paid .No further administrative costs will be given.

Requirements/Eligibility Criteria

- The NGO must be registered under the Societies Registration Act, and should have a minimum of 3 years experience in the area of operation

- Availability of necessary infrastructure including a room of at least 10' x 10' size with laboratory facilities (water, sink, etc.).
- Necessary equipment including a Binocular Microscope to undertake smear microscopy
- Necessary staff including at least one Medical officer and one Laboratory technician and/ or volunteers required in the field.
- All anti-TB medications and other services under the RNTCP will be provided free of cost.
- The Microscope and unused materials and reagents will have to be returned to DHS in the event that the NGO ceases to function as a microscopy centre.

B.Designated Microscopy Centre - Microscopy only

General Description

A private health facility having its own laboratory serves as an approved microscopy centre and is designated as such by the RNTCP. Patients are not charged for AFB microscopy, and the materials for microscopy are provided to the microscopy centre.

In general, this should be considered for heavily utilized laboratories already having a large volume of patients being examined for diagnosis. It may also be considered for areas where the governmental infrastructure is not sufficient to ensure effective RNTCP implementation and where an effective private organization is currently working in the health field in this area.

Private Practitioner Role

The health facility must strictly adhere to RNTCP policies on sputum microscopy as outlined in the Manual for Laboratory Technicians and the Laboratory Technicians Module, including proper maintenance of a TB Laboratory Register. LT should also preserve

slides for cross checking by STLS as per quality assurance protocol of RNTCP. All diagnosed TB patients must be informed of the availability of free services and referred to Government MCs or DOT centres for categorization and treatment.

It is the laboratory's responsibility to ensure that the results of microscopy are conveyed to the referring institution/worker/doctor, generally within one day. This should be strictly ensured for patients found to have one or more positive AFB smears. In case its services are disrupted for any reason, he laboratory should inform all referring physicians and the DHS in advance. The laboratory will prepare a monthly report which will be collected by STLS during his visits to the microscopy centre.

Role of District Health Society

The District Health Society will provide training and technical guidance and perform laboratory quality control. In addition, DHS should ensure that the smear-positive patients who live outside the area of services of the microscopy centre are referred appropriately. The TB programme will monitor diagnostic quality and will list the facility as a designated RNTCP microscopy centre, as long as services are free and performance is acceptable. The DHS should ensure that the microscopy centre provides feedback on results of evaluation of patients referred by PPs within the stipulated time. DHS should provide a signboard to be displayed prominently in local language that it is a government-approved RNTCP laboratory for carrying out sputum microscopy for TB free of cost**.** The DHS should ensure that the system guarantees the initiation of treatment with in a week of the diagnosis. Review of approval as microscopy centre on an annual basis must also be carried out.

The DHS will provide Laboratory materials and reagents as well as laboratory forms and TB Laboratory registers. If needed and available, the TB Programme should provide a binocular microscope unless functioning binocular microscope is already available.

Grant-in-Aid

Rs 25 per slide, but subject to a cap and revocation if fewer than 5% of suspects examined are found to be AFB positive. The laboratory has to agree to EQA under the RNTCP.

Requirements/Eligibility Criteria

The health facility must have available necessary infrastructure, a trained microscopist, and a room for the laboratory. The health facility staff must undergo modular training in microscopy as per RNTCP guidelines; only specified LTs who have been successfully trained will conduct sputum examinations; the Laboratory Forms and Laboratory Register will be maintained as per RNTCP policy and the facility will be open to on site monitoring by STLS/DTO and other RNTCP supervisory staff. Binocular microscope should be used for carrying out sputum microscopy. Reagents of good quality should be used and properly maintained. The laboratory must maintain adequate quality of diagnosis - ratio of positive to negative pulmonary cases of not more than 1:2 to start with and 1:1.2 after one year.

Preference should be given to involving the most heavily utilized laboratories. The laboratory should, on an average, have a census of at least 2 chest symptomatics for sputum examination/day after 1 year of participation in the programme.

LT Scheme: Strengthening RNTCP diagnostic services

Introduction

This activity under the scheme for case detection is applicable in settings where there is a need for operating a RNTCP-designated microscopy centre, based on population considerations and workload, but where the constraint in human resource (Laboratory Technician) has prevented the establishment of a designated microscopy centre, or its effective and uninterrupted functioning. The infrastructure of the proposed designated microscopy centre under this activity should be under the public sector (e.g. health department of the state/centre, medical colleges, other public sector health facilities like ESI, public sector undertakings, etc).

In such an identified laboratory a NGO partner working under this scheme could provide a solution for the human resource constraint by providing contractual laboratory technician(s) who will be recruited and maintained by the partner NGO, but will be assigned to work under the head of the health facility in which the designated microscopy centre is located. Such a laboratory technician will be supervised and guided by the DTO and the local STLS. All designated microscopy centre under this activity should be under the RNTCP external quality assessment system. This support by the NGO should be provided to address short term human resource constraints, usually not exceeding 3 years. Every effort should be made by the local RNTCP programme manager to address in the longer term this human resource constraint through the government health system and initiatives/projects that target health system strengthening.

Eligibility

Any registered NGO with capacity and commitment to provide sustained support for at least 3 years

Grant-in-aid: As per existing RNTCP contractual Lab Technician salary, + 5% overhead, and recruitment cost reimbursement equal to one month salary.

The recruitment cost, salary and overheads will be borne either by the partner NGO, or by RNTCP. In either case the salary of the laboratory technician should be at par with the prevailing approved salary of such cadres of staff under RNTCP. In case of RNTCP funding, the total amount payable by RNTCP to the partner NGO will be worked out by taking the prorated salary(s) of laboratory technician(s) for the duration of support and adding to it a recruitment cost of one month salary (only for new recruits) and an overhead cost at the rate of 5% of the total salary. E.g. when the RNTCP salary for LT is Rs.6500 per month the amount payable per laboratory technician per annum to the NGO will be Rs.88, 400.

Role of NGO/Collaborating partner

- Recruitment of a suitable laboratory technician via a competitive mechanism
- Maintenance of the person on payroll and regular salary payments
- Deployment of the person to work at the identified designated microscopy centre
- Supervision and monitoring of laboratory technician performance (with District RNTCP), including conduction of performance appraisals as and when required in consultation with the DTO and the head of the health facility housing the designated microscopy centre.

- In cases where this activity will be funded by the NGO, the responsibility of resource mobilization will lie with the NGO.

Role of RNTCP (DTO/STO)

- Joint planning with the NGO for identification of potential designated microscopy centres where such support will be required in order to improve access and quality of sputum microscopy.
- Coordination with the NGO and the health society in order to ensure timely payments to the NGO and the laboratory technician.
- Ensure that the lab technician is trained as per RNTCP guidelines
- Ensure that the RNTCP external quality assessment protocol is implemented at the designated microscopy centre.
- Supervision and monitoring of the performance of the laboratory technician.

Culture and DST Scheme: Providing Quality Assured Culture and Drug Susceptibility Testing Services

Introduction

The programme is in the process of establishing a nation-wide network of quality assured sputum / specimen culture and drug susceptibility testing (C&DST) laboratories for the diagnosis and follow-up of multi-drug resistant TB (MDR-TB) patients i.e. TB patients who are resistant to at least rifampicin and isoniazid. This scheme will help to involve established and well functioning mycobacteriology laboratories in the non-governmental sector in assisting RNTCP's sputum / specimen mycobacterial C&DST activities.

Eligibility

An existing well-functioning mycobacterial culture and DST laboratory in the private/NGO sector can apply under this scheme. The applicant laboratory should have adequate infrastructure, equipment and staff to undertake the sputum culture & DST activities. The laboratory should be willing to undergo the process of accreditation under the existing "RNTCP Accreditation Mechanism for Medical Colleges' / culture and DST laboratories" (www.tbcindia.org), and also to undergo routine quality assurance and annual proficiency testing with an RNTCP National Reference Laboratory (NRL) as per RNTCP guidelines. Once the laboratory is accredited under RNTCP, a memorandum of understanding is to be signed between the respective institution in which the laboratory is located or its governing institution and the State Health Society of the respective state in which the institution is situated. The sputum culture and DST services are to be

provided free of charge to all RNTCP patients who have been referred by the programme to the respective laboratory for examination.

Grant-in -aid

The initial payment by RNTCP will be based on a pre-decided number of MDR suspects as per RNTCP DOTS-Plus implementation plans. The fee payable for sputum / smear, culture, species identification and drug susceptibility testing for at least the 4 first line anti-TB drugs, namely Rifampicin, Isoniazid , Ethambutol, and Streptomycin, will be Rs.2,000/- per specimen, and for undertaking smear, culture and species identification will be Rs.400/- per specimen. The programme will provide training to the laboratory staff if required. The necessary formats, records and reports will also be provided to the laboratory by the programme. The payments will be made where the end result of activity is reported with the understanding that a small proportion of samples may require retesting because of technical reasons for which there will be no additional payment.

Responsibilities of the NGO/Private Facility:

- Maintain adequate infrastructure, equipment, consumables and staff for the laboratory to be fully functional at all times
- Keep the records and submit reports as per RNTCP guidelines including indicators for Culture and DST laboratories
- Effectively co-ordinate with the respective NRL and State TB Officer (STO) for external quality assessment of the laboratory at regular intervals.

Responsibility of the respective STO:

- Co-ordinate with the respective institution where the laboratory is located, the respective District TB Officers and NRL in relation to service provision, training, supervision and quality assurance.
- Ensure that timely payment to laboratory is made on a six monthly basis
- Ensure that regular reports on the progress of Category IV /DOTS plus activities undertaken by the concerned laboratory are sent to CTD and the State level DOTS-Plus Committee.

Adherence scheme: Promoting treatment adherence

Introduction:

RNTCP has prioritized decentralization of treatment services as a means of ensuring that treatment is maximally accessible and acceptable to patients.

Non-governmental organizations (NGOs) have a long history of supporting health services at the community level, often with remarkable effectiveness and rapport with communities. NGOs also often have capacity to provide excellent treatment support, counselling for patients, and can contribute to public health oriented activities in TB treatment, namely address verification and default retrieval.

Individual Private Hospitals, Nursing Homes, Clinics, and Private providers (PPs) also have many successful examples of delivering high-quality tuberculosis services to communities in cooperation with the TB programme, to the benefit of all. PPs are often more accessible to patients than public health services in terms of distance and convenience of timings, especially in urban areas.

NGOs and PPs have a major role to play in ensuring that free high-quality RNTCP drugs are provided to patients that meets National standards for public health accountability, is maximally effective, and is highly accessible and acceptable to patients.

Eligibility

NGOs: The NGO must be registered under the Societies Registration Act, (1860) should have a minimum of one year experience in Out-reach work in health or in related fields and have the necessary

infrastructure. The NGO must provide a plan of action and should preferably have volunteers who live or work in the area. NGO must agree to provide services for patients in atleast one tuberculosis unit.

Private Providers: PP should preferably have undergone training in at least the RNTCP module for Private Practitioners, or at least staff from the clinic should have undergone RNTCP DOT provider module training.

Role of the NGO

DOT services:

- Identify, train, and supervise volunteers who will be providing DOT.
- Provide RNTCP treatment to patients at a time and place accessible and acceptable to patients.
- Ensure that treatment is provided strictly as per RNTCP policy, free of charge to patients for any service rendered
- Ensure that DOT providers maintain records as per RNTCP policy
- Ensure the collection of follow up sputum specimens
- Organize medical care for side effects at appropriate health services
- Facilitate payment of RNTCP DOT provision honorarium at current rate to community DOT providers
- Assist in providing continuity of care for referred or transferred patients.

Awareness generation:

- Conduct IEC activities related to treatment adherence, including community meetings and patient-provider meetings
- Creating awareness and linking the patients with the existing welfare schemes for eligible patients

Counseling services for patients and families

- Provide package of counseling services to include emotional support, information on symptoms, disease, duration of treatment, importance of DOT adherence, side effects, referrals
- Services and referrals for substance abuse, harm reduction, including support for persons who abuse alcohol.
- Retrieval efforts for interrupters.

Additional services:

- Transportation of patient wise boxes and treatment cards from the PHIs to the DOT centers and vice versa.
- Maintain records of such transfers

These roles apply equally for all categories of RNTCP treatment, including Category IV treatment for MDR-TB.

Role of the Private Providers

i. Ensure initial home visit for address verification, and counselling of patient and family members if appropriate.

ii. Provide DOT at least in the premises of the PP clinic/hospital as per RNTCP guidelines (including ensuring follow-up sputum examination at DMCs)

iii. Provide INH chemoprophylaxis as per RNTCP policy

iv. Conduct initial retrieval actions for patients who miss doses, with notification to RNTCP staff if initial retrieval actions fail to return patient to regular treatment

v. Recording and reporting as per RNTCP guidelines.

Role of the District Health Society

- Coordinate the identification of partners, NGOs and PPs, assess eligibility, and assess needs for NGO treatment coordination and support.
- Provide training for DOT providers
- Provide literature for training and orientation is given as available and appropriate.
- Provide free anti-TB drugs for patients registered under RNTCP.
- Provide sputum containers for follow up examinations.
- Provide records as required.
- Support default retrieval for PPs.
- Provide honorarium for individual DOT providers as per RNTCP norms.

Grant-in-aid (NGOs)

NGOs supervising DOT services:

Administrative and additional treatment support functions: Rs 40,000 for every 1 lakh population per annum, pro-rata for population served. (For example, if 5,00,000 population treatment services were supported with all services, Rs 2,00,000 per annum would be reimbursed.)

For DOT:

- Cat 1, 2, and 3 patients: Rs250 to the individual volunteer for each patient cured or treatment completed
- Cat 4 patients: Rs 2500/- (Rs 1000/- for IP and Rs 1500/- for CP) to the individual volunteer for each Cat-4 patient treatment completed to be disbursed in two installments.

Grant-in-aid (PPs):

PPs providing DOT

- Rs 400/- per patient successfully treated with all services (i) – (v) listed above for PPs, i.e. treatment including initial home visit and default retrieval
- Rs 250/- per patient successfully treated, where initial home visit and default retrieval (activities (i) to (iv)) are the responsibility of:
    - An NGO if it is working on the scheme for providing Directly Observed Therapy in the same area (for which the NGO will be reimbursed at the rate of Rs 150/- per patient cured/treatment completed), or
- By the General Health staff / DTC staff (no Honorarium to be paid).

- For Category IV patients, Rs.2,500/- per patient successfully treated with all the services (i) to (v) listed above [Rs 1000 after completion of IP and Rs 1500 after completion of CP].

Slum Scheme: Improving TB control in Urban Slums

Introduction

Urban growth has led to rapid increase in the population of urban slum dwellers. Despite the supposed proximity of the urban poor to urban health facilities, their access to them may be limited by inadequacies in the urban public health delivery system, exacerbated by the lack of standards and norms for the urban health delivery system compared to rural systems. Slum dwellers are often migrants, with different language and cultures. Women are often engaged in work and manual labor, and may have limited time available to address health care needs. There are high concentrations of particular occupations such as rickshaw pullers, rag pickers, sex workers, and other urban poor categories like beggars and destitutes, construction site workers, alcoholics, drug abusers, street children. These groups are highly vulnerable to HIV/AIDS. As a result, the urban poor may be more vulnerable and worse off than their rural counterparts. Poor environmental conditions in the slums, along with high population density, make slum-dwellers more vulnerable to tuberculosis and other diseases of poverty.

Urban slum-dwellers require intensive focus and support from the tuberculosis programme, as these populations often are not able to access timely diagnosis or complete the full duration of anti TB treatment, and hence are at risk of unfavourable treatment outcomes including deaths, defaults, failures and drug resistance.

Eligibility

Any NGO/Community based organization/Self help group/Private practitioner with capacity and commitment to provide sustained support for at least 3 years.

Role of NGO/Collaborating partner

- Organize IEC activities in slum population for TB and service awareness
- Counsel patients for completion of diagnostic process, treatment initiation, treatment adherence, information regarding pending migration, and default prevention
- Collect contact details and other information helpful to locate patients in the case of migration.
- Conduct address verification for patients.
- Address special needs of patients, such as drug abuse, alcohol abuse
- Link and facilitate access of patients to appropriate welfare schemes
- Facilitate sputum collection and transportation to DMCs
- Provide DOT as per RNTCP guidelines
- Retrieve patients who have interrupted treatment, and inform RNTCP staff regarding patients for whom retrieval efforts are not successful.
- Facilitate communication to RNTCP staff regarding impending migration of patients, so that appropriate referral or transfer can be arranged.

Role of RNTCP (DTO/STO)

- Training of NGO and Service providers
- Provide Sputum cups, IEC material, and printed material (treatment cards, identity cards etc.).
- Supervise, monitor and evaluate NGO activities and patient care.
- Provide honorarium for individual DOT providers as per RNTCP norms.

Grant-in-aid: Rs.50,000 per 20,000 population per annum (pro-rata for slum population size).

The Grant-in-aid for the scheme is Rs.50,000/annum for a population of 20,000 which includes facility cost, remuneration for the worker, cost of sputum transportation and administrative cost.

Tuberculosis Unit Model

General Description

The NGO provides all RNTCP services earmarked for a Tuberculosis Unit (TU; approximately 5 lakh population). Strict compliance with the Technical and the Operational Guidelines of the RNTCP is mandatory. In general, this should only be considered in areas where the governmental infrastructure is not sufficient to ensure effective RNTCP implementation, and/or where an effective NGO is currently working in the field of health in this area. One NGO may cover more than one TU, but must meet all eligibility criteria for each TU.

Role of the NGO

The NGO ensures full services for microscopy, treatment, direct observation, defaulter retrieval, recording and registration, supervision, etc. NGOs should comply with the relevant sections of the Operational Guidelines of the RNTCP (particularly Chapter 2, Organizational Structure and Functions) and ensure all programme implementation responsibilities. The NGO must also coordinate closely with all public and other health facilities in the area. The NGO must ensure the fulfillment of all the general functions of the Tuberculosis Unit. It is of utmost importance that the NGO scrupulously maintains RNTCP records and submits quarterly reports to the District TB Officer in the prescribed manner and in a timely fashion.

Role of the District Health Society

The DHS provide technical orientation, guidance, and supervision. They ensure good integration of the TU operated by the NGO with other TUs in the District. They include the staff of the TU in all regular meetings of nodal RNTCP implementing staff. In the case of TU scheme , prior to rejecting any NGO proposal, the District Health Society/ State Health Society must seek the approval of the Central TB Division.

Commodity Assistance

In kind

The RNTCP will provide materials for training and implementation, including formats and registers; and in-kind provision of anti-TB drugs, cotrimoxazole (if necessary) and microscopes. Up-gradation of microscopy facilities may be done as commodity assistance by the DHS, or by grant-in-aid. If required, a 2-wheeler for mobility of the STS/STLS will be provided. Laboratory consumables may be provided in kind or as grant-in-aid.

Grant-in-Aid

The available Grant-in-aid is given below. This is to be released by the DHS to the NGO on a yearly basis (in two installments).

Start-up Activities (one-time only)

Item	Amount (in Rs)
Civil works for upgradation of microscopy centres (up to Rs 30,000 per microscopy centre)	Rs.1,50,000*
Funds for training of multi-purpose workers and other staff	Rs.40,000 #
Funds for training of multi-purpose supervisors and related staff	Rs.10,000
Sub-total available for one-time assistance	Rs.2,00,000

* This is the maximum amount for a TU, to be based on actual plans for renovation of the actual number of microscopy laboratories in the manner laid down in the Guidelines for the District Tuberculosis Control Society (May, 1998).

MO training to be paid for by the DHS. If MO training is not paid for by the DHS, then grant-in-aid would be adjusted by the proportionate amount as per guidelines for DHS.

Annual Grant-in-Aid	Amount (in Rs)
Personnel (NGO to ensure full-time, mobile staff to serve as Senior treatment Supervisor & Senior Tuberculosis Laboratory Supervisor)	**Rs.1,80,000**
Honoraria for directly observed treatment (@ Rs 250/patient with an assumption that 25% patients will be with the Community volunteers)	**Rs 50,000**
General Support (to cover all administrative and technical costs of running the programme, including ensuring the presence of an MO of the TB Unit, book-keeping, getting the accounts audited annually by a chartered accountant, POL and maintenance of vehicles, phone calls, faxes, photocopying, accounting expenses, etc.)	**Rs. 3,00,000**
Amount available for annual assistance	**Rs. 5,30,000**

Requirements/Eligibility Criteria

The NGO must be registered under the Societies Registration Act, having a minimum of 3 years experience in health care. It should have the infrastructure, staff, or volunteers required in the field. The NGO should give a specific undertaking to the District Health Society indicating its commitment to provide effective, uninterrupted service in the area. The NGO must have an established health facility with a proven track record. All diagnosis, treatment, recording, reporting, and supervision must be done according to the RNTCP policy. Drugs and all other services under the RNTCP must be provided free of cost to patients. The NGO must submit a detailed plan of action, including available staff, expected TB caseload, diagnostic policies and treatment procedures. The Memorandum/Letter of Understanding between the DHS and the NGO must be signed. Upon approval by the DHS and the State TB Cell, all relevant materials are forwarded to the Central TB Division, for review and approval. In case the Tuberculosis Unit does not submit quarterly reports regularly, or if the quarterly reports show problems in programme implementation which do not improve after joint supervision, then the arrangement is liable to be cancelled and an alternative arrangement made by the DHS. Accounts must be audited every year and audited reports made available to the District Health Society no later than 15 June each year.

The project area is liable to be visited by the officers of the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India, New Delhi and the State Health Officer. All the records and registers maintained, the staff, material, and equipment provided as well as the work done is liable to be inspected. If the work of the voluntary organizations is not up to the required standards, and/or if it does not comply with the standards laid down by the Government of India and if the RNTCP work is stopped, the assets acquired out of these grants, viz. vehicles, equipments, etc. are returnable or transferred to a new organization as per advice of the Government of India/DHS, and the grant-in-aid returned on pro-rata basis.

TB-HIV Scheme: Delivering TB-HIV interventions to high HIV Risk groups (HRGs)

Background

A major component of National AIDS Control Programme's (NACO) response to HIV epidemic is 'Targeted Interventions (TI)', which reach out to populations with high risk of contacting HIV infection to deliver a package of preventive and curative services.

Targeted Intervention Programmes have been undertaken for various categories of vulnerable population like commercial sex workers, truck drivers, MSM, eunuchs, etc. The concept of 'Targeted interventions' is based on the pillar of community ownership. These populations are most at risk of infection of HIV and also most often marginalized by society, difficult to reach and poor. NGOs undertaking these targeted interventions utilize peer educators to detect these populations, build bridges, and provide a package of preventive and curative services for the targeted communities. As per NACP guidelines, the NGO team providing these services includes medical officers, outreach workers, and peer educators.

Even though this target population is expected to have high TB prevalence (TB being the most common Opportunistic Infection), the package of services currently does not include TB care. As these populations have a high HIV prevalence, are marginalized, have special needs, and do not often access general health services, TB care and HIV-TB interventions can be offered via these NGOs who are already working with them successfully for health promotion. Furthermore, delivery of TB treatment under DOT by general health services to these populations is a challenge due to issues like high mobility and stigma.

However, schemes based on general population norms will not be available to NGOs serving scattered and heterogeneous target populations. These NGOs could be covering a number of very localized geographical areas in case of brothel based commercial sex workers and community care centres or huge geographic areas focusing smaller but more challenging populations like street based sex workers. Hence a dedicated RNTCP scheme is required to ensure equity of access and to expand TB-HIV interventions into these challenging populations.

Eligibility

- NGOs already undertaking NACP Targeted Intervention in the following identified HIV high populations and catering to a minimum of 1000 target population of Commercial sex workers, MSM (Men having Sex with Men), and/or IDUs (Intravenous Drug Users).

OR

- NGOs running a NACP accredited/funded Community Care Centre for HIV, with at least 20 beds.
- NGO should already be providing HIV care, including clinical care to the above described High risk populations and undertaking outreach activities in these populations
- NGOs being offered the RNTCP scheme should willing to undertake delivery of comprehensive TB care i.e. all components as described below

Role of NGO/Collaborating partner

Under the proposed scheme NGO would undertake delivery of **'Comprehensive TB Care for HIV high risk populations'** which includes all of the following components:

1) Intensified TB Case Finding:
   a) TB symptom screening through outreach workers and peer educators at the time of each interaction with the member of target population & referral of suspects for diagnosis & treatment
   b) TB symptom screening for clients attending these NGO clinics
2) Patient friendly approach for Diagnosis and treatment categorization:
   a) Sputum collection & transportation **or** Facilitated referrals
   b) NGO staff to coordinate with the existing government health facilities for the diagnosis of smear negative pulmonary TB (for X-Ray) and Extra-pulmonary TB (for FNAC, etc)
   c) TB treatment categorization by NGO clinic medical officer
3) Undertake address verification before initiation of TB treatment
4) Treatment provision:
   a) Treatment delivery to be organized by NGO by identification of appropriate community DOT provider in consultation with the diagnosed client/ DOT provision through NGO staff if convenient to the TB patient
5) Adherence:
   a) NGO staff to ensure timely follow up of the patient and also undertake patients retrieval action in case of treatment interruption;
   b) Coordinate with local RNTCP programme staff to ensure smooth transfer, in case of anticipated migration of patient
   c) Monitoring, Supervision & Recording (on treatment cards) by NGOs
6) Monthly meeting: DTO and NGO
7) Outreach activities by NGOs, out reach workers to include ACSM

a) Increase visibility of RNTCP for HRG (High Risk Group).
b) Community capacity building/CBO/community involvement in TB services
c) Advocacy with PLWHA networks for TB control

Role of RNTCP (DTO/STO)

- Training of NGO and Service providers
- Provide Sputum cups, IEC material, and printed material (treatment cards, identity cards etc.).
- Provide supervision, monitoring and evaluation of NGO activities and patient care
- Provide honorarium for individual DOT providers as per RNTCP norms.

Grant-in-aid: Rs 1,20,000 per NGO per 1,000 Target population (or one NACP-approved Community Care Centre), increased pro-rata for larger populations

The Grant-in-aid for the scheme is Consolidated 1.2 Lakhs / annum for a target population of 1000 or NACP accredited/funded Community Care Centre for HIV, which is at least 20 bedded for the described activities. For NGOs catering to larger number of target population or running larger Community Care Centres, would be provided financial package on a pro-rata basis.

PROCEDURES –

One NGO / Private provider could be eligible for multiple schemes

I. Approvals

1) Advocacy, communication and social mobilization scheme, Sputum collection center scheme, Sputum pickup and transportation scheme, Treatment adherence scheme

The DHS establishes collaboration with NGOs for activities of ACSM scheme without consultation with a higher authority. A copy of the relevant application, including formats, will be sent to the State TB Cell and the Central TB Division for information.

2) DMC scheme, LT scheme, Slum Scheme, TB-HIV Scheme

After completion of the application including formats and upon recommendation by the DHS, approval is obtained from the State TB Cell. A copy of the relevant application, including formats, will be sent to the Central TB Division for information.

3) Culture-DST Scheme, Tuberculosis Unit Scheme

After completion of the application including formats and upon recommendation by the DHS as well as the State TB Cell, approval is made by the Central TB Division. A copy of the signed Memorandum of Understanding is to be sent to the State TB Cell and the Central TB Division.

The updated list of approvals and collaborations must be maintained at the district and state level for all schemes. The updated list has to be sent to CTD bi-annually.

II. Period of Assistance

The normal period will be for one year, to be renewed only on the basis of satisfactory annual reports of activities, evaluation of performance by the DHS and recommendation for extension. In case of poor performance and nondiligence, the contract can be terminated at any time without prior notice.

III. Human resource

The salary of Laboratory technician in DMC scheme/TU Scheme/Strengthening of diagnostic services should be at par with the RNTCP and revised from time to time according to the programme guidelines. This is also applicable for the STS/STLS salary in the TU scheme.

Revised National Tuberculosis Control Programme

Memorandum of Understanding (MoU) for the participation of Non-Governmental Organisations (NGOs)/Private Providers

1. Parties

This is to certify that _____ [Name of NGO/Private Provider] hence forth referred to as NGO/PP, has been enrolled as an NGO/Private Provider in the District of_____ [Name of District] for performance of the following activities in accordance with RNTCP policy; under the schemes listed below:

*(Please tick the appropriate scheme. If a NGO/PP opts for more than one scheme, tick accordingly on a **single MOU.** Strike out whichever is not applicable).*

i. TB advocacy, communication, and social mobilization scheme
ii. Sputum collection centre/s Scheme
iii. Sputum pickup and transportation Scheme
iv. Designated Microscopy Centre Scheme
v. Laboratory Technician Scheme
vi. Culture-DST Scheme
vii. Treatment Adherence Scheme
viii. Urban Slum Scheme
ix. Scheme for Tuberculosis Unit
x. TB-HIV Scheme

2. Period of Co-operation:

The NGO/Private Provider agrees to perform all activities outlined in the RNTCP NGO/Private Provider schemes. The duration of co-operation will be from ___/___/_____ (dd/mm/yyyy) to ___/____/____ (dd/mm/yyyy). In case of poor performance and non-diligence, the contract can be terminated by the DHS at any time without prior notice.

3. Terms, conditions and specific services during the period of the MOU.

A. The District/State Health Society shall (please strike out which ever is not applicable)

i. Provide financial and material support to the NGO/Private Provider for carrying out the activities as mentioned in the NGO/Private Provider scheme
ii. Provide relevant technical guidelines and updates (manuals, circulars, etc.)
iii. Provide RNTCP medicines and laboratory consumables for use as per RNTCP policy as outlined the scheme
iv. Periodically review the activities being undertaken by the NGO/Private Provider

B. The NGO/Private Provider will: -

i. Perform all activities as mentioned under the scheme for which MoU is signed.
ii. Submit utilization certificate indicating expenditure during the quarter and available unspent balance to the respective State/District Health Society on quarterly basis.
iii. Maintain adequate documentation of as per RNTCP policy which is mentioned under the scheme.
iv. Get commodity assistance as per the scheme.

C. Grant-in-Aid

Funds will be released bi-annually by the respective health society in the name of the NGO/Private Provider.

The NGO/Private Provider will submit utilization certificate indicating expenditure during the particular quarter and available unspent balance to the respective State/District Health Society on quarterly basis. The subsequent release will depend on the unspent balance and committed liability (if any).

In case services of NGO are discontinued, unspent balance, if any will be refunded.

Necessary approval from the Central TB Division/ State Health Society has been obtained: Yes/ No/ Not applicable.

Enclosures: Copy of the NGO/Private Provider schemes.

_____	_____
Signature of STO/DTO (on behalf of the respective SHS/DHS)	Signature of authorised signatory (on behalf of the NGO / Private Provider)
Seal	Seal