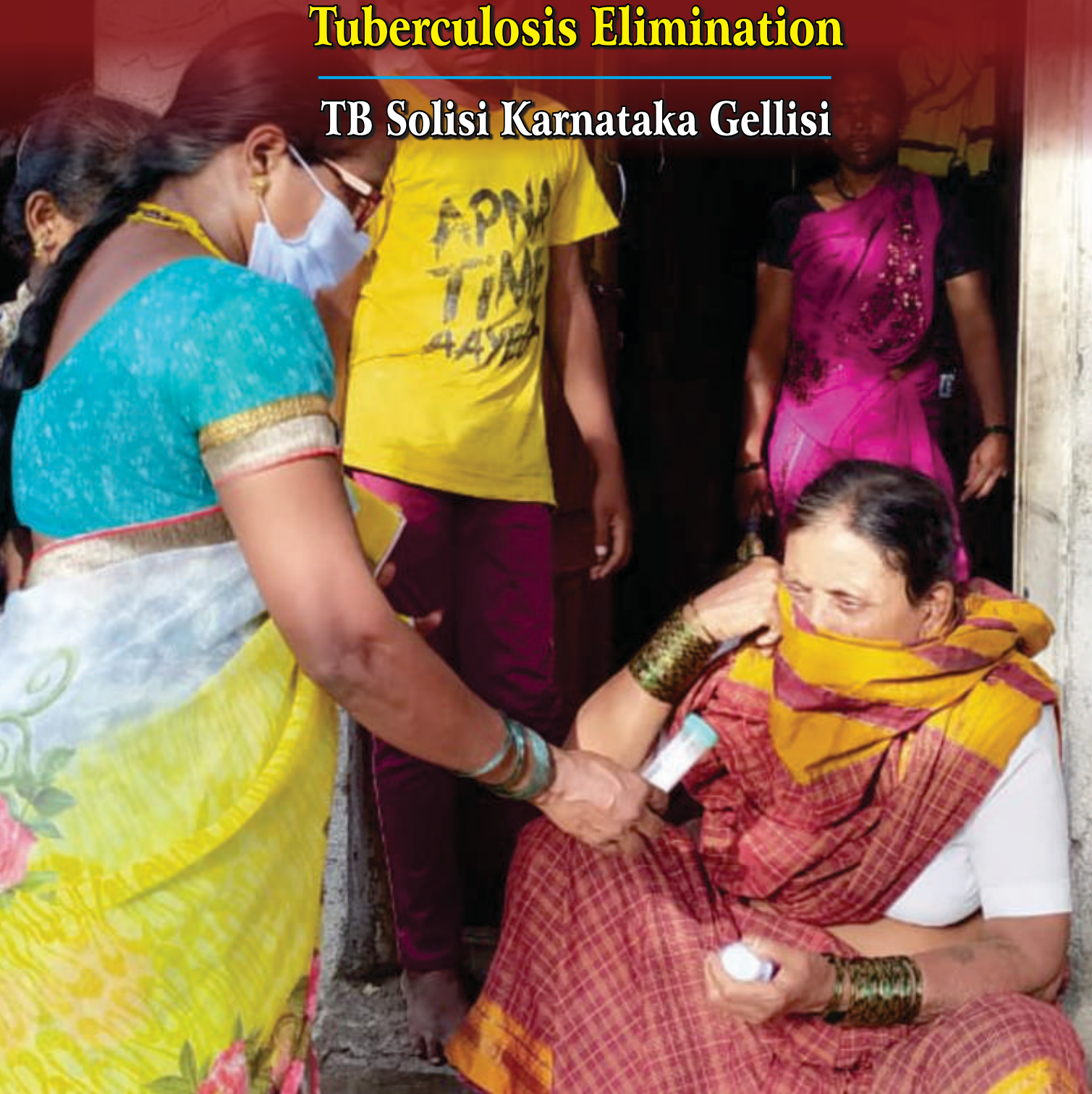




A Handbook for Gram Panchayat Members on Tuberculosis Elimination

TB Solisi Karnataka Gellisi







A Handbook for Gram Panchayat Members on Tuberculosis Elimination

TB Solisi Karnataka Gellisi



This Publication can be obtained from:

MYRADA

2, Kempegowda Service Road, Near Domlur Post Office
Domlur Layout, Bengaluru-560 071

&

FIND

Flat No. 8, 9th Floor, Vijaya Building,
No. 17, Barakamba Road, New Delhi-110 001

© MYRADA

Printed By: Unique Impressions, Bengaluru-560 053

Acknowledgements

This handbook for Gram Panchayat members on TB elimination was originally developed by National TB Elimination Program (NTEP). Under the WE-END TB (women's empowerment to end TB) - a joint initiative between FIND in India and MYRADA - it has now been adapted and translated into Kannada. This work is being supported by Stop TB Partnership through TB REACH wave-7-7745. We are grateful to the teams at FIND and MYRADA for enhancing access to TB services in three districts, i.e., Kalburgi, Bellary, Yadagiri, northern district of Karnataka, India.

CONTRIBUTORS

Department of Health and Family welfare service (DH&FWS), Bangalore, Karnataka

1. Dr. Ramesh Chandra Reddy, Joint Director (TB), (DH&FWS), Bangalore
2. Dr. Anil S, Deputy Director (TB), (DH&FWS), Bangalore
3. Dr. Indrani, District TB Officer, and her team, (DH&FWS), Bellary
4. Dr. Vivekananda Reddy, District TB Officer, and his team (DH&FWS), Kalburgi
5. Dr. Laxmikanth, District TB Officer, and his team (DH&FWS), Yadagiri
6. Mr. N.G. Rahamath Ullakhan, Senior Health Inspecting Officer (TB), (DH&FWS), Bangalore

Abdul Nazeer Sab State Institute of Rural Development & Panchayat Raj (ANSSIRD & PR)

1. Mr. S.A. Ashraful Hasan, Director, ANSSIRD

FIND, the global alliance for diagnostics (India)

1. Dr. Sanjay Sarin, Director, Country Programmes
2. Dr. Sarabjit Chadha, Regional Technical Director, India & SEA
3. Dr. Tarak G Shah, Sr. Medical Officer
4. Mr. Bheemaray VM, Project Coordinator
5. Ms. Kritika Kamthan, Communications Lead
6. Dr. Hiren Thanki, Project Coordinator

Mysore Resettlement and Development Agency (MYRADA), Bangalore

1. Mr. Arvind G. Risbud, Executive Director
2. Ms. Chandra Singh, Chief Finance Officer
3. Dr. Rukmini Mandanna, Programme Officer
4. Mr. Nataraju N, Programme Officer, Bellary
5. Mr. S.D. Kalyanshetti, Programme Officer, Kalburgi
6. Mr. Santosh Kattimani, Project Coordinator and his team, Kalburgi
7. Mr. Mallikarjun K., Field Manager and his team, Bellary
8. Mr. Vivekananda, Field Manager and his team, Yadagiri

Abbreviations

➤ CBNAAT	– Cartridge Based Nucleic Acid Amplification Test
➤ CSO	– Civil Society Organization
➤ DBT	– Direct Benefit Transfer
➤ DISHA	– District Development Coordination and Monitoring Committee
➤ GP	– Gram Panchayat
➤ DTC	– District Tuberculosis Centre
➤ IEC	– Information Education and Communication
➤ IRL	– Intermediate Reference Laboratory
➤ ICT	– Information Communication Technology
➤ LT	– Laboratory Technician
➤ NAAT	– Nucleic Acid Amplification Test
➤ NSP	– National Strategic Plan
➤ PDS	– Public Distribution System
➤ PRI	– Panchayati Raj Institution
➤ RNTCP	– Revised National Tuberculosis Control Programme
➤ NTEP	– National TB Elimination Programme
➤ SMS	– Short Message Service
➤ SDG	– Sustainable Development Goal
➤ TB	– Tuberculosis
➤ ULB	– Urban Local Bodies



ಉಮಾ ಮಹಾದೇವನ್, ಭಾ.ಆ.ಸೇ.

ಸರ್ಕಾರದ ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ (ಪಂಚಾಯತ್ ರಾಜ್)

Uma Mahadevan, I.A.S.,

Principal Secretary to Government (Panchayat Raj)

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
ಗ್ರಾಮೀಣಾಭಿವೃದ್ಧಿ ಮತ್ತು ಪಂಚಾಯತ್ ರಾಜ್ ಇಲಾಖೆ

Government of Karnataka
Rural Development & Panchayat Raj Department



MESSAGE

Gram Panchayats are mandated for planning and implementation of schemes for economic development and social justice. They have a significant role in effective and efficient implementation of flagship schemes / programs including related to health and there by rural development in India.

During the Covid-19 Pandemic Grama Panchayat Task forces had shown their capability in effective Covid management in Rural areas. This model of convergent action can be taken forward for other public health programmes, such as TB elimination.

The Abdul Nazeer Sab State Institute of Rural Development and Panchayat Raj (SIRD) is conducting training for Gram Panchayat Members. This handbook provided by Health Department guides the Gram Panchayat members about TB and services under National TB Elimination Program (NTEP), role of Gram Panchayat members to make our villages “TB Free”.

Through TB REACH project, FIND and Myrada in close collaboration with District and State TB Officials; have successfully demonstrated engagement of community to increase access of TB services in the three districts of Gulbarga, Bellary and Yadgiri in Karnataka.

Rural Development and Panchayat Raj Department and Health Department should work together to train Gram Panchayat members across the state about TB Elimination.

I urge all Gram Panchayat members to play their crucial role in TB Elimination and make our nation stronger and healthier.

(Uma Mahadevan)



FOREWORD

The National Health Mission envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. Tuberculosis is one of the leading causes of mortality among infectious disease worldwide. The heaviest burden of TB is among the poor and vulnerable, aggravating existing disparity. In response to achievement of Sustainable Development Goal of ending TB epidemic by 2030, Government of India has formulated National Strategic Plan for ending TB in country by 2025 with high-level commitment and financing. Our State is on par with GOI in achieving the ambitious goal to end TB status and in this context, Karnataka has launched Kshaya Muktha Karnataka (KMK) by 2025 action plan on account of World TB Day 2021.

The strategy focuses on early diagnosis of TB by systematic screening of contacts and high-risk groups, use of rapid molecular diagnostics, monitoring treatment of all persons with TB including drug resistant TB, and patient support systems. Also, collaborative TB / HIV activities; management of comorbidities, chemoprophylaxis of the high-risk groups are given importance. The main focus of KMK is to ensure highest administrative commitment at gram panchayat level for TB free Gram Panchayats.

Women led Self Help and Affinity Groups (SHGs) have shown innovative approaches for early diagnosis and treatment of TB at Village level. Through TB REACH project, FIND and Myrada in close collaboration with District and State TB Officials; have successfully demonstrated engagement of community to increase access of TB services in the three districts of Gulbarga, Bellary and Yadgiri in Karnataka. The project has demonstrated strong catalyst role played by Gram Panchayats (GP).

In principle with intersectoral convergence, the department of Health and RDPR Department in Karnataka are collaborating for training the Gram Panchayat members and other field staff on TB using this handbook.

Active community participation and strong local leadership of Gram Panchayats will enable in eliminating TB and make our village "TB Free" and thereby our districts, state and country. I would like to congratulate the team for the sincere efforts in developing this training module on TB.

Best wishes,

(Dr. Arundhathi Chandrasekhar, I.A.S.)

Preface

India has made significant progress recently in health sector. India is now declared as polio free country, we have also achieved the maternal and neonatal tetanus elimination and Yaws-free India. At the same time there are a few obstacles in the progress of our nation including health of our citizens. TB is one of the major public health problems in India. TB is not only a clinical disease; it also has social and economic ramifications. There is stigma attached to TB and persons affected from TB may also have financial hardship.

The road ahead for a “TB free India” has lot of challenges to address. The Members of Gram Panchayat represent society at the grass roots level, and their support is critical to address the problem of TB. These members of local Town Panchayat and Gram Panchayat should actively work towards TB Elimination.



The involvement of Gram Panchayat Members will help in addressing social stigma because of TB, promote advocacy of the program, promote social mobilization & community engagement in TB program. The members of Gram Panchayat can help the nation win in the fight against TB by pledging to make their village “TB free” thereby contributing to achievement of the Sustainable Development Goal (SDG) of End TB target by 2025, five year ahead of global time line of 2030.



Background

TB is a major public health problem. India has the largest proportion of its burden. As per global TB report the estimated incidence of TB in India has reduced from 289 per lakh population in the year 2000 to 199 per lakh population in year 2019 . India has 26.4 lakh estimated annual new TB cases in 2019, which is the highest in terms of absolute numbers.

Government of India has committed to end TB by the year 2025, five years ahead of SDG target of 2030. The government has rolled out a bold initiative to address this ambitious target and has developed & adopted National Strategic Plan (NSP) 2017-25 as a roadmap to achieve the end TB goals. Under the NSP, many new initiatives have been added and several ongoing initiatives have been strengthened.

As a result of the significant progress made by National Tuberculosis Elimination Programme, India is seeing a steady decline in its TB incidence and mortality rate as shown in table below.

Year	Decline in Incidence Rate	Decline in Mortality Rate
1990-2015	1.3%	2.4%
2015-2019	11%	5.3%

Global TB Report 2020

However, there is still need for further acceleration to achieve the target of ending TB in India.



Engagement of members of Gram Panchayat

- The issue of TB is one that needs urgent attention from elected representatives at all levels. The engagement of esteemed members of Gram Panchayat, has great potential to positively affect policies on TB. This is because members of Gram Panchayats have a deep understanding of the demography, local contexts as well as existing challenges and available resources to counter those gaps, in the healthcare system.
- Engagement of members of Gram Panchayat can help in identifying and scaling up innovations on TB detection and care.
- The involvement of esteemed members of Gram Panchayat can help to streamline the efforts of the state / district health functionaries, civil society organisations (CSOs) and other stakeholders towards focused interventions for TB control. The members of Gram Panchayat can also help in securing additional financial resources from states and districts.
- Members of Gram Panchayat can help reach out to media to spread positive messages on TB. They may also build a stronger network of influences for TB programme.
- Frequent visits by members of Gram Panchayat within their wards and meetings with health workers, community leaders and beneficiaries can help them gain an insight into the challenges faced by patients, field staff and people at large. The members can also nurture community leadership to improve access to healthcare services and in turn create patient friendly support system.
- By encouraging the elected representatives of Gram Panchayat we can deliver strong health services and support to patients.



Role of Gram Panchayat members

Engage



- Conduct Quarterly review meetings on TB and health in their Gram Panchayat to identify gaps in human resource, treatment, diagnosis and service.
- Engage with district authorities to fill up these gaps in human resource, treatment, diagnosis and service.
- Engage with beneficiaries during these meetings related to TB and Health at Gram Panchayat level.
- The key performance indicators related to TB services should be reviewed during every Gram Panchayat meeting.
- Facilitate meetings in your villages between the National Tuberculosis Elimination Programme (NTEP) health officials and community members towards a “TB-free village” goal.

Discuss

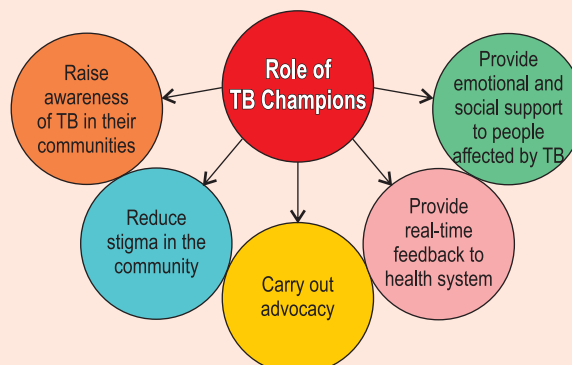


- Making everyone aware about the identification of TB symptoms and the availability of TB care services through the Jan Sabha
- Talk about the need and commitment for fighting TB in all the public speeches and similar fora.
- Lead the initiative to make their village “TB- Free”

Support



- As part of empowering the community, “TB Champions” to be involved in all health-related functions organized under the Gram Panchayat. Support these TB Champions (current or ex TB patient or volunteers) to play their role actively (as shown in picture below).
- Echo the achievement of the TB control (elimination) activities and create a positive environment for the TB patients.
- Encourage volunteer and facilitate their services for making TB free village and the service should be available to all the people in the community.
- Facilitate engagement with private doctors for TB care in their villages.



Key Action Points

Mobilize Resources



- Arrange resources for plugging gaps for TB services in their area.
- Exert their influence to mobilize local area development fund through their MPs or MLAs to plug gaps in TB services in their area.
- As a Gram Panchayat, coordinate between Public Distribution System (PDS), Banks, Postal department and Anganwadi in providing the different services for TB patients.

Raise Awareness



- Do mass media campaigns for TB awareness by organising Nukkad Natak, Wall writing, playing of already developed radio spots through public address system at local bazaar, Posters, disseminating TB messages through folk media artist at local level, etc.
- Observe World TB Day (24th March) events in their village and increase awareness about the NTEP and availability of high- quality free TB services.
- Advocate and publicize free services like incentives to the patients and persons actively involved in TB control activities.
- Encourage behavior change and improved health seeking behavior of general public through awareness drives and ensure early detection and reduce stigma about TB.



Some basic facts about TB

TB disease

TB is an infectious disease caused by a bacteria called 'Mycobacterium Tuberculosis'. TB mostly affects the lungs (causing pulmonary TB) but can also affect other organs. When TB affects any organ other than the lungs, it is called extra-pulmonary TB.

TB spreads through air. When someone with pulmonary TB coughs, spits or sneezes, droplets of mucous carrying TB germs may be expelled into the air. Anyone who inhales these droplets can be infected and may develop active TB. It is estimated that a person with TB can infect up to 10-15 people annually, if left untreated.

A person with TB infection usually develops active TB disease, when their immunity is low.

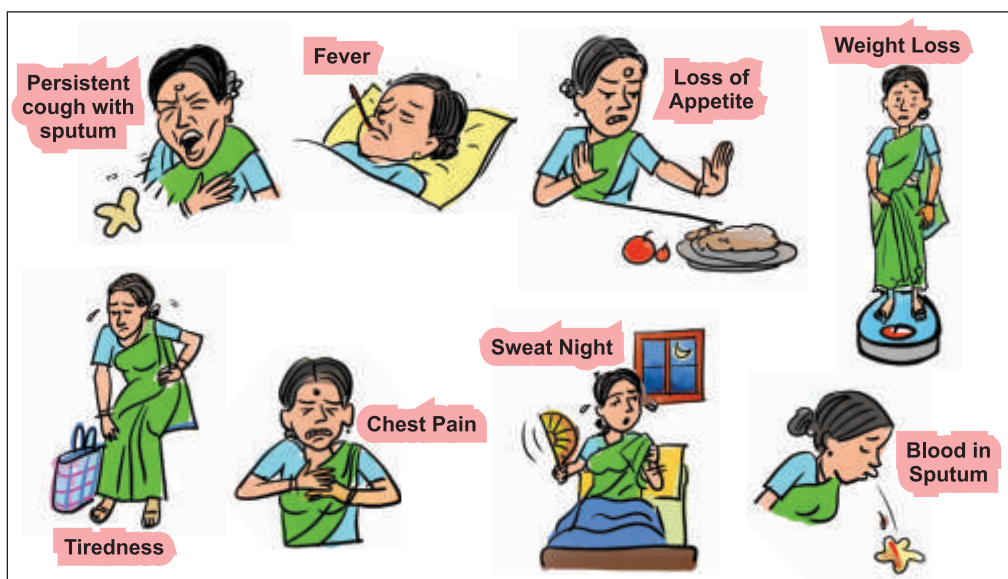
Poor nutrition, diabetes and HIV are some of the risk factors for TB, as they all lower a person's immunity. Smoking tobacco and vaping are also risk factors as these weaken the lungs.

Since TB spreads through air, the most important measure to control the spread of the disease is for someone with TB to cover their mouth with a handkerchief or a cloth while coughing or sneezing.

Moreover, once a person with TB starts treatment, they become non-infectious within the first few weeks of treatment. Taking the right medicines – in right combination and right dosage – is crucial.

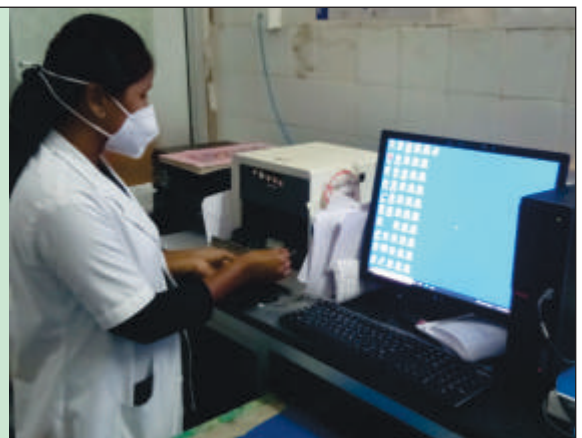
TB only spreads through air. It does not spread by sharing utensils or food and water or through touch.

Symptoms and Diagnosis



Diagnosis :

Pulmonary TB is diagnosed by testing the sputum sample (phlegm that is coughed out) under the microscopy, known as sputum microscopy test. New Rapid molecular tests using Nucleic Acid Amplification test (NAAT) technology such as CBNAAT (Cartridge based NAAT) or Truenat are now commonly used for reliable diagnosis of TB as well as Rifampicin Resistant TB. TB can also be diagnosed by doing sputum culture and further doing sensitivity testing in referral labs. These days, digital X-rays are also used to identify presumptive TB cases who further undergo confirmatory NAAT tests (CBNAAT/Truenat)



Treatment

TB is a curable disease if it is diagnosed early and treatment is completed without interruptions.

Early diagnosis, complete and appropriate treatment is key to successfully combating TB. Under NTEP, the Government of India provides free diagnosis, drugs and treatment for TB in government health facilities. Diagnosis and all TB medicines are also available at private health facilities affiliated with NTEP.

TB is treated with a combination of drugs (Isoniazid, Rifampicin, Ethambutol and Pyrazinamide). These drugs are available under the NTEP as fixed dose combination (FDC).



The regular intake of anti TB medicine and completion of full TB treatment course is necessary for curing TB. The 'treatment supporter' is someone who has taken on the responsibility of ensuring that the patient takes the medicines on time. Anyone can become a treatment supporter to someone in the neighbourhood. In some cases, family members also act as treatment supporters.

The duration of treatment of TB is 6 to 8 months. Some extra-pulmonary forms of TB need to be treated up to one year.



Drug Resistant TB

Drug resistance means that some TB medicines are not able to kill the TB bacteria in a person. The bacteria have become resistant to some specific drugs, which are therefore no longer effective.

Drug-resistant TB (DR-TB) is diagnosed by testing the sputum samples for culture and drug sensitivity. However, it takes anywhere from three to six weeks to get results from culture sensitivity tests (which involves growing the TB bacteria in a laboratory and testing the bacteria's resistance to anti-TB drugs). In recent years,

NAAT test is being used to diagnose TB and identify resistance to an important TB medicine (Rifampicin) within two hours. Another technology known as Line Probe Assay (LPA) diagnoses DR-TB in 72 hours. All diagnostic tests are offered free of cost by the Government of India.

DR-TB is curable although the treatment period is considerably longer and may vary from 9 months to two years.

The India government has a National TB programme (NTP) since 1962. However, after reviewing its effectiveness, Revised National Tuberculosis Control Programme (RNTCP) was from 1998. Consolidating rapid and progressive advances of RNTCP, and with Government of India's commitment to achieve the END TB targets 5 years earlier, RNTCP was re-named as the National TB Elimination Program (NTEP) on 1st January 2020. Through the NTEP, the government provides high quality free diagnosis, drug and treatment throughout the country.

National Strategic Plan :

In line with the goal of ending TB by 2025, the government has rolled out the National Strategic Plan (NSP) for TB elimination (2017–25). The NSP, which is an eight-year strategy document serves as a framework to guide the activities of all stakeholders, including the national and state governments, development partners, CSOs, International agencies, research institutions, private sector and others.

State Strategic Plan :

State Strategic Plan to End TB (Kshya Mukta Karnataka) is in line with the National Strategic Plan and the strategy includes intensified case finding, community engagement, multisectoral coordination, management of people with TB infection among others.

Nutrition support :

In April 2018, the government initiated the Nikshay Poshan Yojana – a scheme for nutrition support to TB

patients. The scheme provides a financial incentive on a monthly basis of Rs. 500 to each notified TB patient through Direct Benefits Transfer (DBT) for the duration for which the patient is on treatment. All TB patients notified and registered on the Nikshay portal on or after April 1, 2018 and existing TB patients on treatment are eligible to avail this benefit.

Mandatory notification of TB patients :

The government issued a gazette notification making it mandatory for doctors, health practitioners and pharmacists to report cases of TB to NTEP. Non-compliance could face a jail term of up to two years under sections 269 and 270 of the Indian Penal Code (IPC).

TB at workplaces :

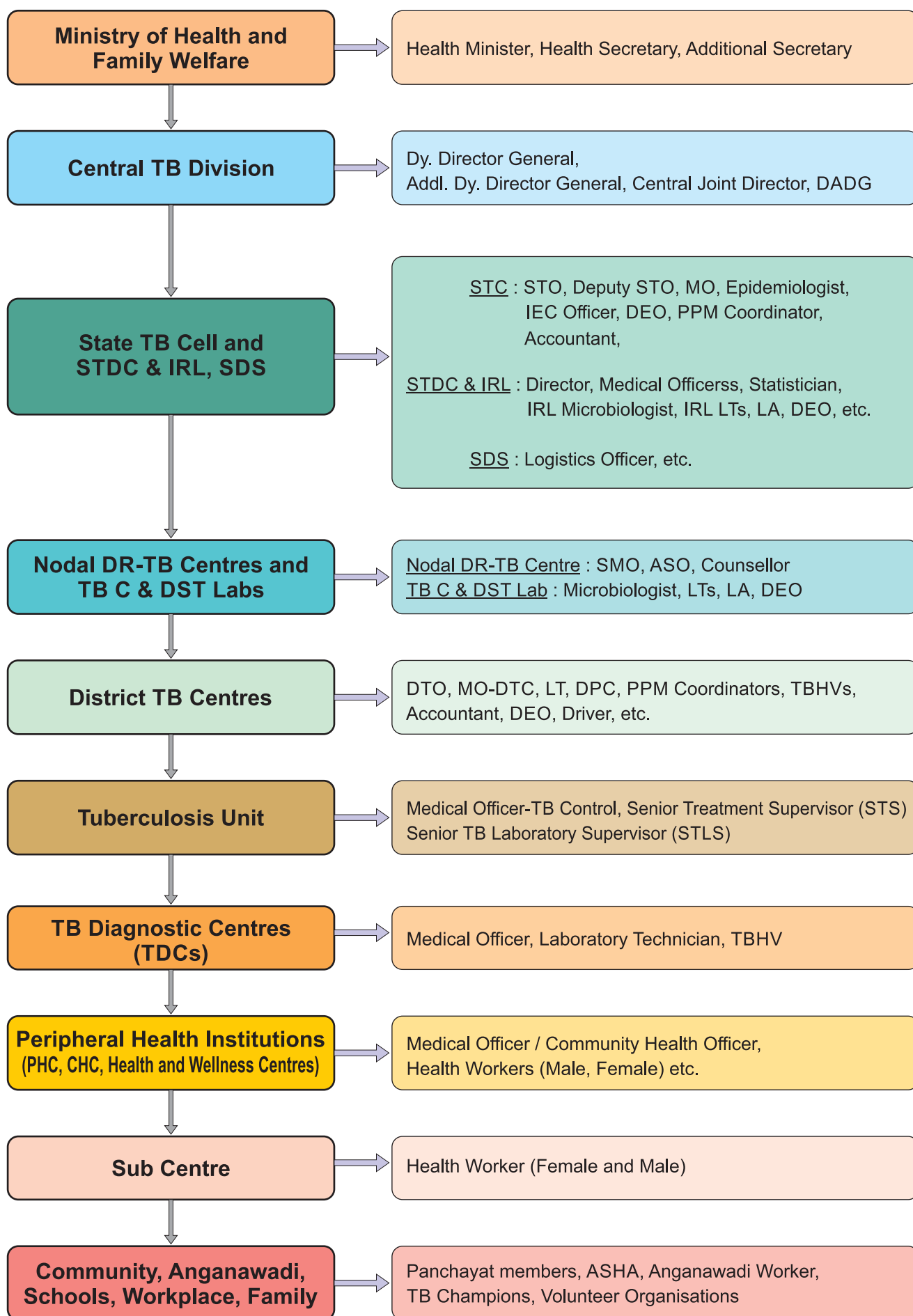
Apart from the physical symptoms, TB also has an effect on the earning capacity of an individual and patients are often not able to support their families. In many cases, discrimination could mean that TB patients are ostracized by their employers or families. TB affects those in the productive age group and may lead to loss in income for the family.

TB and stigma :

TB patients face the risk of being isolated in society and even within family as TB continues to be associated with various age-old myths and misconceptions that worsen the stigma. For instance, many people believe that TB is hereditary which is not correct, TB is not a hereditary disease



NTEP Structure



Active case finding in vulnerable populations

In order to detect TB early in targeted groups, active and intensive case finding activities are conducted. These activities are focused on clinically, socially and economically vulnerable groups. After micro-planning, health staff visit households, screening for symptoms of TB and collecting sputum for diagnosis of TB. The grouping of vulnerable populations are below:

Vulnerable populations to be considered for active case search

Clinical	Social	Geographical
Clients attending HIV Care Settings	Prisoners	Urban Slums
Substance abuse including smokers	Occupations having risk of developing TB	Hard to reach areas
Co-morbidities like Diabetes Mellitus, Malignancies, patient on dialysis and on long term immunosuppressant therapy	People in congregated settings-night shelters, De-addiction centres, Old age homes	Indigenous and tribal populations
Health Care Workers		
Household & Workplace Contacts		
Patients with past History of TB		
Malnourished		
Antenatal mothers attending antenatal clinics / MCH clinics		



Facilities provided by the government for general public and TB patients:

- Free of cost diagnosis of TB using advanced technologies.
- Free of cost treatment of all forms of TB.
- TB patients notified to NTEP get Rs. 500/- per month through DBT in their bank account. It is required to provide bank account number for transfer of amount.
- Travel support of Rs. 750/- to TB patients belonging to Tribal Areas is also provided.

Financial incentives for treatment supporters

- New case for Private Providers - Rs. 500/- for notification and Rs. 500/- for treatment completion (total Rs. 1000/-).
- Incentives for treatment supporter –
 - a) Rs. 500/- for notification and Rs. 500/- for treatment completion (total Rs. 1000/-).
 - b) For a multi-drug resistant TB (MDR-TB) patient/anyone resistant to rifampicin provisions for a payment of Rs. 2000/- at the end of intensive phase and Rs. 3000/- at completion of treatment.

Deploy a national surveillance :

- NIKSHAY is a case based web enabled TB programme management system and Information Communications Technology (ICT) enabled TB surveillance & monitoring system.
 - Direct Benefit Transfer
 - Patient tracking
 - Provider engagement
 - Digital transmission of result
 - Drugs distribution and management system through NIKSHAY Aushadhi
- Call centre for citizen information, patient support, public and private sector health care provider engagement activities.
- IT enabled adherence mechanisms and SMS reminders.

Ending TB in India by 2025 is a challenging task, yet achievable. It can be achieved if various stakeholders come together and join hands. Esteemed members of Gram Panchayat are entrenched at the grassroots level and leaders of their community. We urge the members of Gram Panchayat to take up TB as a priority within their respective constituencies and thereby play a pivotal role in making villages TB free.

“TB Haarega, Karnataka Jeetega”.

TB Solisi Karnataka Gellisi



A step towards TB free Karnataka





A Step towards **TB Free Karnataka**



Joint Director (TB)
Directorate Office
Health and Family Welfare Services
Arogya Soudha, Magadi Road,
Bengaluru-560 023

FIND
Flat No. 8, 9th Floor
Vijaya Building,
No. 17, Barakamba Road,
New Delhi-110 001, INDIA

MYRADA
2, Kempgowda Service Road
Near Domlur Post Office
Domlur Layout,
Bengaluru-560 071