

HANDBOOK ON TB MUKT PANCHAYAT INITIATIVE

CENTRAL TB DIVISION

MINISTRY OF HEALTH AND FAMILY WELFARE



Global Health Strategies







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BACKGROUND

A concept of ‘Healthy Villages’ has been envisaged for achieving Sustainable Development Goals in Panchayati Raj Institutions. The health functionaries at the village and Sub-Centre/Health & Wellness Centre (HWC) levels, along with the support of Gram Panchayats, are making substantial efforts for ending TB in India. However, these efforts need to be measured and validated in an endeavor to declare Panchayats TB Mukt. ‘TB Mukt Panchayat’ is an initiative in this direction.

The objective of “TB Mukt Panchayat” is to empower the Panchayati Raj Institutions to realize the extent and magnitude of problems associated with TB, take necessary actions towards solving them, create healthy competition amongst Panchayats and to appreciate their contribution.

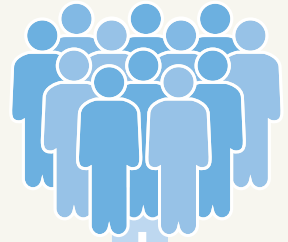




STEPS TO DECLARE ANY PANCHAYAT TB MUKT

1 INTRODUCTORY MEETINGS OF PANCHAYATS

- District Panchayat meetings to be held at the district for all Block Panchayats, where District Tuberculosis Officer (DTO) and District Panchayati Raj Officer (DPRO) jointly addresses the meeting on TB MukT Panchayat Initiative.
- Similarly, meetings of all Gram Panchayats to be held at block where District Tuberculosis Officer or his representative and District Panchayati Raj Officer or his representative participates to explain the initiative and do capacity building of Gram Panchayats on 'TB MukT Panchayat'.



2 PREPARATIONS FOR TB MUKT PANCHAYAT STATUS

- The Panchayats to be prepared on TB MukT Panchayat status with the support of District TB centre.
- TB MukT activities to be included in Panchayat Development Plans (PDP).
- Community to be made aware of various aspects of TB such as symptoms, prevention, stigma reduction, treatment adherence, diagnostic and treatment facilities available and various benefits provided by Government of India for TB patients.
- TB patients to be provided nutritional support as a part of 'Pradhan Mantri TB MukT Bharat Abhiyaan'.
- Panchayats to monitor quarterly pre-requisites for TB MukT Panchayat status based on the checklist during JAS and VHSNC meetings.
- Map the resources to address problems identified in attaining TB MukT Panchayat status.



3 GRAM PANCHAYAT SUBMITS CLAIM TO DISTRICT TUBERCULOSIS OFFICER THROUGH BLOCK PANCHAYAT

- A team consisting of Gram Pradhan, VHSNC member, Panchayat member, CHO, ANM, and block health official assesses the claim of a Gram Panchayat based on prerequisite indicators for TB MukT panchayat in first half of January every year.
- The Block Panchayat forwards claims of all eligible Gram Panchayats for 'TB MukT Panchayat' for verification to District Tuberculosis Officer with all relevant documents. Prerequisite indicators and claim submission form are annexed.



4 VERIFICATION OF CLAIMS BY DISTRICT TB TEAM

- All the claims forwarded by Block Panchayat to be verified by District TB team consisting of State Tuberculosis Officer or his representative, Chief Medical Officer, District Tuberculosis Officer, Representative from District Panchayat, representative from Indian Medical Association and representative from community medicine (medical colleges)/ IAPSM.
- District TB team initiates verification process in the 1st quarter of every year and complete the processes by 1st week of March of every year.
- Verification process includes observation, record reviews and interviews with key informant/staff/patient. Verification indicators to be used to complete certification process.
- The verification process form and verification indicators are annexed.
- Conditionality to declare TB Mukta Panchayat: Mandatory achievement in the verification indicators: Presumptive examination rate and Notification rate criteria to be achieved in more than 80% of the villages in the Gram Panchayat. Optional achievement in the verification indicators: At least 3 out of the other 4 criteria to be achieved by more than 80% in the Gram Panchayat.



5 TB MUKT PANCHAYAT DECLARATION

- The verified list of Gram Panchayats that qualify for TB Mukta Panchayat status, to be submitted by District TB team to District Magistrate/District Collector/Deputy Commissioner.
- A Gram Panchayat to be declared TB Mukta, if it fulfills the criteria enlisted under verified indicators.



6 ISSUANCE OF CERTIFICATION

- Certificates for 'TB Mukta Panchayat', with one year validity, to be issued to qualified Gram Panchayats by District Magistrate/District Collector/Deputy Commissioner on World TB Day i.e., 24th March every year.
- Along with the certificate, a small statue of Mahatma Gandhi to be awarded to TB Mukta Gram Panchayat as a mark of his vision towards healthy villages. The statue to be of bronze colour for maintaining TB Mukta Panchayat for first year, silver colour for continuous two years and gold colour for continuous three years.
- The TB Mukta Panchayat award to be displayed in respective Gram Panchayat Sadan/Bhawan.



7 RECORDING AND REPORTING OF 'TB MUKT PANCHAYAT' INITIATIVE

- A periodic joint monitoring of implementation of 'TB MukT Panchayat' initiative to be done by MoPR and CTD, MoHFW.
- State and district-wise reports of TB MukT Gram Panchayats to be generated by states and shared with MoPR and CTD, MoHFW in the 1st -2nd week of March every Year.



PREREQUISITES FOR CLAIMS SUBMISSION

ANNEXURE 1

Indicator	Formula/ Description	Target	Assessment method	Means of verification
Number of presumptive TB examination /1000 population	Numerator: Number of presumptive TB persons examined during the previous calendar year x 1000 Denominator: Total population of Panchayat	≥50 per 1000 (for previous calendar year) in 80% of the revenue villages	Record review	All lab registers (NAAT and microscopy), notification registers should be collated and referred.
Nikshay Poshan Yojana	Numerator: Number of TB beneficiaries paid at least one installment under NPY Denominator: Number of eligible TB beneficiaries in previous calendar year.	100%	Record review, patient interview, staff interview	Ni-Kshay application and DBT register should be referred. Interact with patients to assess whether they have received financial incentives or any other nutritional support.
Chemist shops in the village / panchayat reporting patients on private ATT	Number of TB beneficiaries consuming medicines from private and accounted in Ni-kshay from previous calendar year.	All patients	Record review, key informant, staff interview, observations	Review of drug sale and consumption reports/records, interviews and discussions with private practitioners/ health workers/ chemists/drug inspectors, etc.

VERIFICATION INDICATORS

ANNEXURE 2

Indicator	Description	Target	Assessment method	Means of verification
Presumptive TB examination rate	<p>Numerator: Number of presumptive TB persons examined during the previous calendar year x 1000</p> <p>Denominator: Total population of Panchayat</p>	≥50 per 1000 (for previous calendar year) in 80% of the revenue villages	Record review	All lab registers (NAAT and microscopy), and notification registers should be collated and referred. This indicator will be calculated village-wise with support from VHSNC, JAS and NTEP teams
Notification rate	<p>Numerator: Number of TB cases notified (DS & DR) during the previous calendar year x 1000</p> <p>Denominator: Total population of Panchayat</p>	≤2 per 1000 (for previous calendar year) in 80% of the revenue villages	Record review	The notification register of PHC should be referred. This indicator should be calculated village-wise with support from VHSNC, JAS and NTEP teams
Bacteriological confirmed TB patients with DST	<p>Numerator: Number of bacteriological confirmed TB patients with valid result for at least Rif-resistance x 100</p> <p>Denominator: Number of TB patients notified in the previous calendar year</p>	All patients	Record review, key informant, staff interview, observations	Review of drug sale and consumption reports/ records, interviews and discussions with private practitioners/health workers/chemists/drug inspectors, etc.
Proportion of TB patients with adherence to medication	<p>Numerator: Number of TB- notified patients adhered to regimen initiated within 7 days x 100</p> <p>Denominator: Total number of TB patients on treatment in the previous calendar year</p>	More than 80%	Record review, staff interview, key informant, observation, patient interview	Refer to the notification register/google sheet maintained and shared with Block/District. Counting empty blisters, refill monitoring, etc.

Indicator	Description	Target	Assessment method	Means of verification
Nutritional support to TB patients	Numerator: TB patients adopted and received nutrition basket x100 Denominator: Number of TB patients consented in the previous calendar year	More than 80%	Record review, patient interview, observation	Refer to the notification register/google sheet maintained and shared with Block/District. Interact with patients on nutritional support. Review on Ni-Kshay
Ni-Kshay Poshan Yojana	Numerator: Number of TB beneficiaries paid at least one installment under NPY x 100 Denominator: Number of eligible TB beneficiaries in previous calendar year	More than 80%	Record review, patient interview, observation	Refer to the notification register/google sheet maintained and shared with Block/District. Interact with patients on nutritional support. Review on Ni-Kshay



FORMAT FOR CLAIMS SUBMISSION

1. Name of the Panchayat:
2. Name of the Block:
3. Name of the District:
4. Name of the State:
5. Total Population of the Panchayat:.....
6. Number of Villages in the Panchayat:.....

Village name.	Population.	Number of Presumptive TB examined.	Presumptive TB examination rate.	Number of eligible TB beneficiaries in last calendar year.
(A)	(B)	(C)	(D) =C/B x 100	(E)
VILLAGE 1				
VILLAGE 2				
VILLAGE 3				
VILLAGE 4				
TOTAL				





Number of TB beneficiaries paid at least one installment under NPY.	% patients linked with NPY scheme and/or any other direct nutritional support.	Number of TB beneficiaries consuming medicines from private sector.	Number of TB beneficiaries consuming medicines from private sector accounted in Ni- Kshay from last calendar year.	Panchayat reporting % of patients on private ATT.
(F)	$(G) = F/E \times 100$	(H)	(I)	$(J) = I/H \times 100$

FORMAT FOR CLAIMS VERIFICATION

1. Name of the Panchayat:

2. Name of the Block:

3. Name of the District:

4. Name of the State:

5. Total Population of the Panchayat:.....

6. Number of Villages in the Panchayat:.....

Village name.	Population.	Ni-Kshay ID for TU/PHI.	Presumptive TB examination rate.			Notification rate.		
			Absolute numbers	Rate per 1000	Pass the conditionality (Y/N)	Absolute numbers	Rate per 1000	Pass the conditionality (Y/N)
VILLAGE 1								
VILLAGE 2								
VILLAGE 3								
VILLAGE 4								
VILLAGE 5								
VILLAGE 6								
TOTAL								

ASSESSMENT METHODS



The above information can be gathered using one or more assessment methods.



- Observations (OB) - Information can be gathered through direct observation.
- Staff interview (SI) - Information should be gathered by interacting with the concerned staff to understand the current practices, competency, etc.
- Key informant interview (KI)- Information can be elicited by interacting with key stakeholders at the village level involved in the activities related to social development. This may include ASHA, ANM, SHG, teachers or school health ambassadors, Gram Pradhan, TB survivors, TB champions, community/religious leaders, peer educators, youth representatives or any other prominent person.



- Record review (RR) - Information can be extracted from the records available at the facility or in Nikshay.
- Patient interview (PI) - Some information may be gathered by interacting with the patients or their contacts.

Each checkpoint is accompanied by means of verification given in the next column of assessment method. This provides specific guidance to the assessor on what to look for while deciding on the extent of compliance. Means of verification provide specific clues for the assessment, observations to be made, a list of items, questions to be asked in the staff interview, a list of records, norms for specific requirements etc.

DATA COLLECTION FOR CLAIMS SUBMISSION

The data on prerequisite indicators will be verified by a village TB Mukht Panchayat evaluation team and shared the claim information in physical form to update it in the MoPR portal to district or the team upload the claim online. API integration mechanism will send the claim details to Ni-Kshay at respective District TB Officer level to verify the claim. The verification template is designed to calculate verification indicators through various modes of data collection as mentioned earlier.

ASSESSMENT METHODS

- **Presumptive TB:** Patients with four symptoms (cough, fever, night sweats, and weight loss) should be evaluated for TB tests (NAAT, microscopy, or X-rays). Persons with presumptive TB residing in the selected geography will be considered even if they are being tested anywhere. Each district collects all laboratory registers (NAAT and microscopy centers) to the district place to conduct the exercise to assess village-wise presumptive TB if the required information is not available in Ni-Kshay. Calculate presumptive TB examination rate for the geography belonging to each panchayat. Based on the residential address of the patients mentioned in the record, the presumptive TB examination rate will be calculated in the template provided as annexure 1. Each district will conduct this exercise for all villages once in a year to verify the claim submitted by the Panchayat and also to identify the potential Panchayat to act upon in the subsequent year. Detailed trainings and video materials will be provided by the NTEP.
- **TB notification:** Number of TB cases notified in Ni-Kshay who resides in the Panchayat area irrespective of their treatment initiation status. Those diagnosed with TB must be started on medicine to complete their full TB treatment.
- **Bacteriological confirmed TB patients with DST:** All notified bacteriologically confirmed TB patients should have drug susceptibility testing done for at least rifampicin drug.
- **Loss to follow-up:** Number of TB cases whose treatment was interrupted for one month or more due to any reason.



Notes

