Revised National TB Control Programme

TB is a major Public health, social and economic problem in our country. TB is a leading health concern all over the world particularly in India because 1/3rd TB patients belong to India globally. TB is prevalent in world since ages and its treatment is being revised with latest advances in medical sciences.

National TB Control Programme (NTCP) was initiated in 1962 as a decentralized programme in India. NTCP was analyzed in 1992. In the year 1993, WHO declared TB as a global emergency. A new programme was evolved, which was named as RNTCP (Revised National TB Control Programme). India adopted RNTCP in the year 1993.

In Punjab state RNTCP was implemented in a phased manner in the year 2001 starting with district Patiala, which was selected as a pilot district. Since Dec 2004, the whole state of Punjab has been covered under RNTCP.

The RNTCP is an application of the WHO-recommended Strategy the Directly Observed Treatment, Short-course- Chemotherapy (DOTS) to control Tuberculosis. Under this revised strategy, the main diagnostic tool is sputum microscopy instead of chest X-ray.

Organizational Setup:

A) HQ: State Health Society Pb-RNTCP.

1. Chairman: PSHFW

2. Vice-Chairman: MD-NRHM

3. Mem. Secretary: DHS

4. Member: SPO-RNTCP

5. Member: SPO-RNTCP, MO-SHS
6. MO TB –HIV Coordinator (Vacant)
7. State IEC Officer
8. State Accounts Officer
9. Pharmacist/Store Keeper
10. Secretarial Assistant
11. State Data Entry Operator

B) Distt : District Health Societies RNTCP.

1. Chairman: Deputy Commissioner
2. Vice Chairman: Civil Surgeon
3. Mem. Secretary: DTO
4. MO-TC
5. STS
6. STLS
7. TB-HV
8. Data Entry Operator

C) Infrastructure at Distt, Level

• District Health Society, Pb –RNTCP
• No. TB Units-  57
• No. of designated of Microscopy Centers- 289
• DOT Centers-  10936

The Year wise performance of RNTCP is as shown below:

<table>
<thead>
<tr>
<th>Year</th>
<th>suspects examined per Lac per quarter</th>
<th>Total TB cases put on DOT</th>
<th>Annualized total case detection rate</th>
<th>Annualized new smear positive case detection rate (%)</th>
<th>3 month conversion rate of NSP patients (&gt;90%)</th>
<th>Cure rate of NSP patients (&gt;85%)</th>
<th>Success rate of NSP patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>140</td>
<td>30764</td>
<td>118</td>
<td>46 (48%)</td>
<td>81%</td>
<td>81%</td>
<td>84%</td>
</tr>
<tr>
<td>2006</td>
<td>149</td>
<td>34538</td>
<td>133</td>
<td>52 (55%)</td>
<td>87%</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>2007 (National) 2007 (Punjab)</td>
<td>143</td>
<td>1475587</td>
<td>130</td>
<td>52 (55%)</td>
<td>89%</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>2008</td>
<td>154</td>
<td>38456</td>
<td>143</td>
<td>58 (61%)</td>
<td>85%</td>
<td>84%</td>
<td>87%</td>
</tr>
</tbody>
</table>
Thus after reviewing the performance indicators of previous years, it may be concluded that the achievements have been on the rising trend and now the Punjab state is in target zone as per National level reports of 2nd Quarter 2009. The success stories regarding the effective implementation of RNTCP in the state of Punjab are being published in the Year book TB India since 2007 released by Central TB Division, New Delhi.

<table>
<thead>
<tr>
<th></th>
<th>1st qtr 2009</th>
<th>2nd qtr 2009</th>
<th>3rd qtr 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Detection Rate</td>
<td>177</td>
<td>11041</td>
<td>9935</td>
</tr>
<tr>
<td>Treatment Success Rate</td>
<td>5304</td>
<td>140</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achieved</td>
<td>140</td>
<td>140</td>
<td>150</td>
</tr>
<tr>
<td>Percentage</td>
<td>58 (61%)</td>
<td>58 (61%)</td>
<td>60 (63%)</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Success Rate</td>
<td>90%</td>
<td>90%</td>
<td>88%</td>
</tr>
<tr>
<td>Culture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positivity</td>
<td>81%</td>
<td>81%</td>
<td>78%</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Success Rate</td>
<td>87%</td>
<td>87%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Case Detection Rate and Treatment Success Rate in RNTCP areas for 2nd Quarter 2009/2008
Trend in Case Detection Rate Since Start of the Programme till 3Q 09 in Punjab State
Trends in Case Detection Rate Since Start of the Programme till 3Q 09 in Punjab State

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name of head /activity</th>
<th>2009-10 Head-wise Budget approved for the financial Year 2009-10</th>
<th>2009-10 Expenditure Incurred During the 2nd qtr of 2009 (July 2009 to Sept, 2009)</th>
<th>2009-10 % of Expenditure incurred of approved Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Civil Works</td>
<td>1100000</td>
<td>85629</td>
<td>7.78 %</td>
</tr>
<tr>
<td>2.</td>
<td>Lab Material</td>
<td>4500000</td>
<td>145656</td>
<td>3.24 %</td>
</tr>
<tr>
<td>3.</td>
<td>Honorarium</td>
<td>900000</td>
<td>336905</td>
<td>37.43 %</td>
</tr>
<tr>
<td>4.</td>
<td>I.E.C/ Publicity</td>
<td>3000000</td>
<td>183134</td>
<td>6.10 %</td>
</tr>
<tr>
<td>5.</td>
<td>Equipment Maintenance</td>
<td>1200000</td>
<td>106030</td>
<td>8.84%</td>
</tr>
<tr>
<td>6.</td>
<td>Training</td>
<td>2000000</td>
<td>240956</td>
<td>12.05%</td>
</tr>
<tr>
<td>7.</td>
<td>Vehicle Maintenance</td>
<td>2000000</td>
<td>995451</td>
<td>33.18%</td>
</tr>
<tr>
<td>8.</td>
<td>Vehicle hiring</td>
<td>1500000</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>9.</td>
<td>NGO/PP Support</td>
<td>1000000</td>
<td>50000</td>
<td>5 %</td>
</tr>
<tr>
<td>10.</td>
<td>Medical College</td>
<td>3500000</td>
<td>1132083</td>
<td>32.35 %</td>
</tr>
<tr>
<td>11.</td>
<td>Miscellaneous</td>
<td>4000000</td>
<td>922146</td>
<td>23.05 %</td>
</tr>
<tr>
<td>12.</td>
<td>Contractual Services</td>
<td>33000000</td>
<td>13817278</td>
<td>41.87 %</td>
</tr>
<tr>
<td>13.</td>
<td>Printing</td>
<td>4000000</td>
<td>76813</td>
<td>1.92 %</td>
</tr>
<tr>
<td>14.</td>
<td>Procurement Of Vehicle</td>
<td>1000000</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The budget allocated to RNTCP, Pb in the previous years has also been utilized properly for different activities.

<table>
<thead>
<tr>
<th></th>
<th>Procurement Of Equipment</th>
<th>180000</th>
<th>3150</th>
<th>1.75 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>Procurement Of Drugs</td>
<td>-</td>
<td>6908</td>
<td>-</td>
</tr>
<tr>
<td>16.</td>
<td>Bank Charges</td>
<td>-</td>
<td>1764</td>
<td>-</td>
</tr>
<tr>
<td>17.</td>
<td><strong>Total</strong></td>
<td><strong>61630000</strong></td>
<td><strong>18103903</strong></td>
<td><strong>29.37 %</strong></td>
</tr>
</tbody>
</table>
Central TB Division, New Delhi had approved a budget grant of Rs 616.30 lacs in respect of SHS-RNTCP-Pb for the financial year 2009-10 but the Central TB Division has released only Rs 3.72 crore i.e only 60.40 % of the approved budget up to Oct, 2009. The last installment of Rs 3.10 Crore has been received in Oct 2009 and the proposal to distribute this fund to SHS & Distt. Health Societies of Punjab state has been approved by the worthy MD-NRHM. An advice to this effect to the Bank i.e ICICI for transmission of funds to the accounts of District Health Societies through e-banking is under issue.

OTHER FEATURES OF THE PROGRAMME

A) SUPPLY OF MEDICINES:

• State Drug Store is established as per guidelines.
• Free Anti-TB drugs are being received from Govt. Medical Store Depots (GMSDs) on quarterly basis against release orders by the Central TB Division (CTD), New Delhi.
• Medicines from state are being supplied to districts quarterly on the basis of their quarterly consumption and balance at district stores.
• District Societies further distribute the medicines to peripheries as per requirement.

B) Scaling of Manpower:

Initially in Punjab state only 20% of the regular LTs were allowed to be recruited under RNTCP but with consistent efforts of the State Programme Officer- RNTCP, the state was allowed to recruit 50% of the regular LTs on Contractual basis.
C) Facilities to MDR Patients:

Presently no lab is designated for MDR suspects but up till now MDR suspects are being referred to IRL at Delhi. In future an intermediate reference laboratory for Culture Sensitivity test is going to be established at TB hospital, Patiala for the diagnosis and treatment MDR-TB cases. The civil works are complete and equipments will be installed by the year 2010. Prior to the establishment of intermediate reference laboratory at Patiala, C& DST facility is proposed to be provided through the microbiology department of medical colleges in the state.

For the involvement of Medical Colleges under RNTCP Multi disciplinary Core Committee has been constituted in all the medical colleges. The meetings are being held quarterly. The last State Task force meeting was held at Patiala.

D) Global Funding for AIDS, TB & Malaria:
Under GFATM project of Govt. of India, IMA Punjab, has initiated the Public Private partnership project between IMA, Punjab and RNTCP, Pb to assist in achieving the goal to bring down the burden of TB in Punjab till it ceases to be a public health problem. Under this project one objective will be sensitization of the members of IMA about DOTS regimen and its effect vice versa daily regimen.

- Initiation of PP participation project between IMA & RNTCP.
- 189 PPs have signed an MOU for involvement under RNTCP in the state.
- Adoption of DOTS strategy by Private Practitioners. 167 DOT centers have been opened in the state up till now.
- 47 CMEs and 25 District training programmes have been conducted in the year 2008-09.

This project will provide impetus to the private health care sector to join and participate in RNTCP by using the DOTS strategy for patients suffering from TB.

Every year state level Function is organized on World TB Day and activities like Awareness Rallies, Magic Shows are organized and best Distt. for good performance under RNTCP, best DTOs and other good performing staff members under from different districts of the state are awarded in the function. The state Level function of the year 2008-09 was organized in distt. Ludhiana in which Sh. Satish Chandra, Secretary Health &Family Welfare, Pb was the Chief guest.
E) ACSM ACTIVITIES

- For generating more awareness regarding TB in the periphery at the district level Community Volunteers are being given training regarding DOTS with the help of State Red Cross Society, Pb. in the year 2008-09.

- In year 2008-09, Central TB Division, New Delhi has deputed Voluntary Health Association of Punjab to adopt six districts of the state namely Barnala, Fatehgarh Sahib, Mansa, Moga Mohali, Sangrur to conduct ACSM activities.

- Various ACSM activities like Community Meetings, Awareness camps and Magic Shows are organized in all the districts across the state for creating awareness.

- Patient Provider Meetings are also organized to make patient compliance towards the treatment.

- Trainings of Asha Workers are being done at district level.
ASHA Training Session going on in districts

Few Success stories published in TB India 2009

SUCCESS STORIES:

1. **RMP OF SLUM AREA GAVE DOTS TO 96 PATIENTS**

   Subash Kalohtra is RMP working in slum area in Indra Colony Amritsar. He has been DOTS Provider in RNTCP Revised National Tuberculosis Control Programme since 2003. He also supports the organizing of Community Meetings, Magic Shows in his area for advocacy of Tuberculosis & he has given DOTS to 96 patients till now in his clinic. He was honored by Honororable Health Minister Prof. Laxmi Kanta Chawla.
2. **Screening of RNTCP CD:**

To create awareness among general public in rural areas and to increase the detection rate in the district Rupnagar, a new initiative has been taken by the District Health Society, Rupnagar. A van equipped with TV set and CD player has been supplied by the District Health Society to go to remote areas to create awareness about TB. This activity is being supervised by either STS or TBHV or MPHW of the area. So far 426 villages have been covered by the team which is headed by MEIO. The remaining villages will be covered in the near future. This IEC activity is proving very useful as the self-referral have increased.

3. **Religious leaders Extend Support for Spreading Awareness about TB:**

The Gurudwaras in Malupota (Distt. Shahid Bhagat Singh Nagar) and 15 other in Roopnagar have used miking to spread awareness about TB in addition to regular activities. This has resulted in an increase in self-referrals and case detection.

Sh. Darshan Singh, who has been working as granthi in the gurudwara in Malupota for the last 26 years, has extended support by making announcements from the gurudwara for the last two years, asking the patients with history of cough for more than three weeks to go for the free investigation of sputum for detection of TB and free treatment of TB in the village itself under supervision of DOTS provider (Aanganwari Worker). Due to his efforts, so far 14 patients have been diagnosed
Future Plans:

Major Areas of Concern:

- Filling up of Vacant Posts of contractual staff at District level.
- Budgetary Requirement (Temporary Loan from NRHM).
- Strengthening of partnership initiatives with NGOs and other sectors in the programme.
- Partnership initiatives with NGOs and other sectors in the programme.
- Optimum TB-HIV Coordination.
- Facilities to MDR Patients
- Involvement of Medical Colleges.
- Monitoring & Supervision at different levels of District.
- Plan for slum Area Interventions in three major districts.
CHALLENGES AT STATE LEVEL:-

- Strengthening of Monitoring System
- TB/HIV Coordination at State Level
- Strengthening of Referral Mechanism.
- Procurement of Lab/Printing/IEC Material
- State Annual Action Plan
- State Level Reviews
- Plan and Propose Operational Research Projects and Thesis in Medical Colleges.

CHALLENGES AT DISTRICT LEVEL:-

- Other Sector Involvement (Line Listing) and Slum Area Intervention
- TB-HIV Coordination.
- Strengthening of Referral Mechanism
- Organize Training Courses in STDC
- Expedite IRL Facility in STDC and Streamlining RBRC by IRL Team.
- Training/Update Training
- Plan to Provide C&DST IRL Facilities in Medical Colleges.