Involvement
of
Private Practitioners
in the
Revised National Tuberculosis Control Programme

Central TB Division
Directorate General of Health Services
Ministry of Health and Family Welfare
Nirman Bhavan, New Delhi - 110 011
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Control Programme

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Central TB Division
Directorate General of Health Services,
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Nirman Bhavan, New Delhi 110011
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## Abbreviations

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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AFB</td>
<td>Acid Fast Bacillus</td>
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<tr>
<td>CME</td>
<td>Continuing Medical Education</td>
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<td>CTD</td>
<td>Central TB Division</td>
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<tr>
<td>DOTS</td>
<td>Directly Observed Treatment, Short-course</td>
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<td>DTC</td>
<td>District Tuberculosis Centre</td>
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<td>DTCS</td>
<td>District Tuberculosis Control Society</td>
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<td>DTO</td>
<td>District Tuberculosis Officer</td>
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<td>IMA</td>
<td>Indian Medical Association</td>
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<td>LT</td>
<td>Laboratory Technician</td>
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<td>MC</td>
<td>Microscopy Centre</td>
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<td>MO</td>
<td>Medical Officer</td>
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<td>MO-IC</td>
<td>Medical Officer-In Charge</td>
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<td>MO-TC</td>
<td>Medical Officer-TB Control</td>
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<td>NTP</td>
<td>National Tuberculosis Programme</td>
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<td>PPs</td>
<td>Private Practitioners</td>
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<td>RNTCP</td>
<td>Revised National Tuberculosis Control Programme</td>
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<td>STC</td>
<td>State TB Cell</td>
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<td>STCS</td>
<td>State Tuberculosis Control Society</td>
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<td>STLS</td>
<td>Senior Tuberculosis Laboratory Supervisor</td>
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<td>STO</td>
<td>State Tuberculosis Officer</td>
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<td>STS</td>
<td>Senior Treatment Supervisor</td>
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<td>TA / DA</td>
<td>Travel Allowance / Dearness Allowance</td>
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<td>TBHV</td>
<td>TB Health Visitor</td>
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<td>TU</td>
<td>Tuberculosis Unit</td>
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Programme review by an expert committee in 1992 indicated that despite the existence of a National TB Control Programme since 1962, TB patients were not being accurately diagnosed and most patients did not complete treatment. Some of the important outcomes of the review were:

- Inaccurate diagnosis of TB with over-reliance on x-ray as compared to sputum smear which is more reliable;
- Inadequate follow up of patients resulting in incomplete treatment;
- Insufficient health education of patients leading to continuation of misconceptions about treatment of TB.

Based on the review observations, the Government of India evolved a revised strategy with the objective of curing at least 85% of new sputum positive patients and detecting at least 70% of such patients. The Revised National TB Control Programme (RNTCP) is an application of WHO-recommended Directly Observed Treatment, Short-course (DOTS) strategy to control TB. The DOTS strategy used in the programme is a comprehensive public health strategy to control tuberculosis. It reliably increases cure rates, decreases the proportion of patients who die and prevents the further emergence of drug resistance.

There has been a 50-fold expansion in RNTCP coverage since 1998. By end of 2004, a population of 947 million in 547 districts in 31 States/Union Territories had been covered under RNTCP. Treatment success rates have tripled from 25% to 86% and death rates cut seven fold as compared to NTP. Since its inception, RNTCP has placed over 48 lakh patients on treatment, saved more than 800,000 lives since the inception of programme. Every month more than 40,000 patients are put on treatment, saving more than 7,000 lives. To achieve this, nearly 4.2 lakh health workers have been trained. Quality of services, reflected in a treatment success rate of 86% has been maintained during this rapid expansion. RNTCP’s success has increased the credibility of the public health sector health services with the community and their trust in these services.
Private Practitioners (PPs) are generally the first point of contact for significant proportion of patients with tuberculosis. **All PPs can support and encourage effective tuberculosis control by:**

- Ensuring prompt referral of patients with cough for 3 weeks or more for sputum smears;
- Providing reassurance that tuberculosis can be cured;
- Giving only RNTCP recommended drug regimens.
- Starting treatment with rifampicin-containing regimens only if it can be ensured that treatment can be completed under observation.

In addition, **some** PPs may opt to:

- Serve as treatment provider for patients who prefer to receive treatment observation from them;
- Have their laboratories included in the quality control network of the RNTCP;
- Serve as a microscopy centre for the RNTCP, either providing services which are free to the patient and reimbursed by the DTCS, or which are paid for by the patient but whose quality and reporting is ensured by the DTCS.

**All** District TB Officers should undertake certain activities. These include:

- Line listing of private and non-government health facilities in the district, with an estimate of the volume of patients and number of TB patients catered by them. All listed facilities should be considered for the schemes contained in this document.

- Foster cooperation and coordination at the local level. IMA and prominent local practitioners should be members of the District TB Control Society. As a matter of policy, MO-TCs and MO-IC of designated microscopy centres should personally visit each heavily utilized practitioner or facility in their area. At this visit:
  - A list of government microscopy centres with contact information of each, and a list of treatment observation points should be handed over to the private practitioner. A similar list of PP establishments participating in the RNTCP should also be made available;
  - Policies of the RNTCP should be explained in brief;
- Concerns of the practitioner should be elicited and addressed;
- Practitioners should be encouraged to refer patients for sputum microscopy, and be given lab forms for sputum examination for his use;
- A mechanism of feedback on patients referred should be established and adhered to;
- The practitioner’s willingness to serve in any of the schemes in this document, or to have his facility do so, should be ascertained, as well as potential interest in schemes in this policy document;

- The DTO should systematically monitor and periodically assess the effectiveness of efforts to involve the private sector in the district. This can be determined by tracking the number of patients referred from private practitioners to the RNTCP, and the proportion of such patients who are referred prior to initiation of anti-tuberculosis treatment. This can be done on a sample basis. Activities which are found to be fruitful should be encouraged and expanded whenever possible.
- Encourage willing practitioners to participate in the programme with signed schemes under this policy. A copy of the agreement should be sent to the STO and CTD
- A mechanism for PPs to report problems to the MC/TU/DTC should be established.
- Periodic review meetings with PPs should be undertaken. Meetings, CMEs, trainings etc could also be organized at the PPs clinic where feasible. PPs who have contributed positively to the programme should be felicitated in an appropriate public forum.
- Detailed advertisement in newspaper calling for applications from PPs interested in participating in the programme. Professional associations should also be involved in the process of reviewing applications.
- Stress the need for intensive Inter Personal Communication (IPC) in the management of TB patients

The following schemes apply for collaboration between Private Practitioners and the government in the TB control activities. This also contains guidance offered to RNTCP areas in order to improve coordination and communication with the private health sector. The schemes are applicable in all States and Union Territories (UTs) of India where the RNTCP is in operation.
General Description

Private Practitioners refer patients or send sputum samples of patients suspected of having tuberculosis to an RNTCP designated microscopy centre. Patient should be informed of the cafeteria approach microscopy centres, some of which are free of charge, some that also provide treatment and some that do not. The designated microscopy centre evaluates the patients and if diagnosed as TB, provides treatment, informs the PP, and refers patient back to Private Practitioner for ongoing non-TB care.

In order to refer patients, PPs may be given a stock of Laboratory Forms for Sputum Examination and sputum containers, if desired. Laboratory results from the Microscopy Centre will be sent to the PP for information.

Private Practitioner Role

PPs refer patients or sputum samples of patients with cough for three weeks or more to designated microscopy centre, providing treatment. This should be done before prescribing anti-tuberculosis treatment. If agreed, PPs can collect spot sputum and provide the patient with a container for collection of early morning sputum specimen with advice to take it to the designated microscopy centre. Alternatively, PP can also collect the 2nd and 3rd samples on the next day and arrange for despatch of all three samples to the designated microscopy centre. The physician can charge the patient for consultation but not for any of the 3 sputum collection or their transportation or examination. Patients with non-pulmonary TB may also be referred for the initiation of treatment to the Government health services along with proper results of the investigations. However, PP should be aware that the DTCS and governmental institutions may require to independently evaluate such diagnosis before initiating treatment.

If the patient is found to have sputum positive TB then the PP should evaluate the children of less than 6 years of age who were in contact with the TB patient. This should be as per the RNTCP guidelines.
**District TB Control Society/District TB Centre Role**

Inform Private Practitioners of location, timings, and service charges of private microscopy centers, if any, of designated microscopy centres and ensure that they provide quality services according to RNTCP guidelines. This is best done through individual meetings with physicians in their own offices by MO-TCs and other MOs of the government system. Orientation of Private Practitioners about RNTCP policies and procedures, including method of sputum collection and the necessity of demonstrating it to the patients. Ensure that patients found to have tuberculosis are treated according to RNTCP policy at the designated DOT/microscopy centre. The referring physician is to be informed regarding the results of the investigation and of the initiation of treatment of the patient referred. Patients who are found not to have tuberculosis will be referred back to the PP for ongoing care. Patients found to have TB will be given the option of receiving observed treatment through the PP’s clinic if it also is a DOT centre (see Scheme 2). Patient will be referred back to the PP for their non-tuberculosis care, if needed. DTCS/DTC will also issue a certificate to PPs completing sensitization training.

**Commodity Assistance**

All the PPs will be provided Laboratory forms for Sputum Examination and, if desired containers for sputum examination. These stocks will be replenished on use as per requirement.

**Grant-in-Aid**

Rs 10 per sputum sample to PP or staff of PP for despatch of sputum samples to the designated microscopy centres. Three samples per patient should be despatched in maximum of two batches within two days.

**Requirements/Eligibility Criteria**

The Private Practitioners must complete sensitization training provided by DTCS and must be willing to refer patients to designated microscopy centres before initiating anti-tuberculosis treatment.
General Description

Private Practitioners or their staff provides directly observed treatment to patients as per RNTCP guidelines. Patients may either have been referred by PPs or may have been diagnosed elsewhere and referred to the PP for direct observation at the request of the patient. Private Practitioners could be individual physicians or from other private sector like an industrial house, public sector undertaking, etc.

Private Practitioner Role

The role of the Private Practitioner is to identify and train treatment observers and ensure adequate number of trained treatment observers at all times in order to provide services without interruption.

The staff of PP designated for treatment observation should visit the home of the patient before the initiation of the treatment, confirm the address of the patient, get the name of the contact person and thus feel confident that he would be able to undertake appropriate defaulter retrieval action if the need arises. The patient diagnosed to have TB should be started on treatment within a week of the diagnosis.

The Private Practitioner must ensure that treatment is observed strictly as per policy with every dose in the intensive phase and at least first of the weekly three doses in the continuation phase being observed. The empty blister pack should be collected at the time of administering next observed dose during the subsequent week in the continuation phase. All empty blister pack must be kept in patient wise boxes until completion of treatment.

The Private Practitioners must ensure that no charges are levied on patients for any tuberculosis-related service rendered. The RNTCP policy of free diagnostic and treatment services must be strictly adhered to.
The Private Practitioner can provide treatment observation either at one of their own facilities, or at any other mutually convenient place to the patients (e.g., prior to or after work). Thus, Private Practitioners can play a particularly useful role in ensuring successful programme implementation.

Tuberculosis treatment card and TB identity card must be maintained strictly as per RNTCP policy. The treatment observer is responsible for following up the patient till treatment is completed. He is also responsible for ensuring collection of sputum during the treatment at the defined intervals for maintaining his progress towards cure, and for defaulter retrieval in case the patient does not come to collect drugs as scheduled. Defaulter retrieval must be done within one day of a missed dose in the intensive phase of treatment and within one week of a missed dose in the continuation phase of treatment. Sputum should be examined at the microscopy centre which is most convenient to the patient, be it the government microscopy centre, or a microscopy centre under Schemes 3 or 4 of this policy. The PP must obtain the result of the sputum examined at the end of the intensive phase, either through the patient or from the laboratory directly, before starting the continuation phase of treatment. For this purpose, the patient should be issued sputum containers on the 22nd dose of the intensive phase of Category I and III treatment, and on the 34th dose of the intensive phase of Category II treatment. Further follow up sputum in the continuation phase should be performed as per RNTCP guidelines to ensure accurate treatment outcome.

The PP should also provide regular information regarding the progress of the patient, default retrieval action taken, to the supervisory staff of the DTC. In case of adverse reactions to medications, the DOT provider refers the patient to the treating medical facility. The PP should also ensure that children of less than 6 years of age who were in contact with the sputum positive TB patient are evaluated as per the RNTCP guidelines.

**District TB Control Society/District TB Centre Role**

The patient will be given the option of either receiving treatment observation at the government centre, or at a participating private provider. If the patient opts for the Private Practitioner then the government treatment observation (DOTS) centre should ideally provide direct observation of at least the first three doses of RNTCP treatment on alternative days as per policy. During this time, the patient’s name will be written on the treatment box and it will be repeatedly emphasized to the patient that all diagnosis and treatment services are free of charge. During visits for follow-up sputum examination,
the patient will be reminded that all TB services are free and if he is not satisfied with the services of the PP he can opt for the Government sector again.

DTCS will orient and train persons chosen by the PP for providing directly observed treatment. Training should stress on the responsibility of the PP and his staff for completion of treatment. The training will also include side effects of drugs and the indications for referral.

TB programme staff (including Senior Treatment Supervisors, TB Health Visitors, etc.) will maintain regular contact with those who give observed treatment by visiting them periodically and will assist with initial visit, address verification and defaulter retrieval, whenever required. In case a patient interrupts treatment and is not able to be retrieved by staff of PP, then the TBHV and/or STS must be informed within two days of the missed dose during the intensive phase and 10 days during the continuation phase, either in person or by telephone. TB programme staff would then coordinate with the PP or his staff to carry out the necessary action.

DTCS will make sure that initial home visit was made to confirm the address of the patient and contact person. DTCS will also ensure that the contacts under 6 years of age are evaluated and that patients are started on treatment within a week of diagnosis.

DTCS will offer periodic Continuing Medical Education (CME) sessions for PPs who are involved in the programme. It will also provide an attractive signboard indicating that the centre is a DOT centre under the RNTCP and that all anti-TB drugs given under RNTCP are free of charge.

**Commodity Assistance**

Literature for training and orientation will be given as available and appropriate. Patient-wise box of anti-TB drugs will be provided for specific patients placed on treatment. Sputum containers will be provided for follow-up examinations. Formats (TB treatment cards and identity cards) will be provided as required.

**Grant-in-Aid**

Rs. 250 will be provided to the treatment observer for each patient cured/completed treatment, to be disbursed after cure/completion of treatment.
Requirements/Eligibility Criteria

Private providers must:

- Successfully complete training on modules 1-4 of *Managing the RNTCP in Your Area*. This training should be organized at a time and place convenient to the practitioners but before commencement of services under the scheme (e.g., during afternoons when office hours are not usually held).

- Prominently display a sign in local language, “DOT centre under RNTCP: All anti-TB drugs given under RNTCP are free of charge.”

- Provide plan of action for defaulter retrieval.

- Allow on-site monitoring by STS/DTO and RNTCP supervisory staff and allow access to records of the patients who are under their care for DOTS.

- Ensure that treatment observation is undertaken as per RNTCP policy and follow up sputum examinations are done as per schedule.

- Sign an undertaking indicating that he will adhere to RNTCP diagnostic and treatment policy and will not charge patients for RNTCP services.
Designated Paid Microscopy Centre - Microscopy only

General Description

A private health facility having its own laboratory, serves as an approved microscopy centre under RNTCP. Microscopy policy is as per RNTCP, including record keeping and supervision by the DTO/MO-TC/STLS of the DTCS. The microscopy centre may charge for its services.

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 under 3B & 4B of this policy 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, the laboratory should inform all referring physicians and the DTCS in advance. The laboratory will prepare a monthly report which will be collected by STLS during his visits to the microscopy centre.

District TB Control Society/District TB Centre Role

The District TB Control Society will provide training to the Laboratory Technician and other staff of the facility and thereafter provide technical monitoring of the quality of microscopy by the STLS and other TB control staff on a monthly basis or more frequently if required. It should be verified that microscopy is being carried out by the LT who was
trained and not by other LTs. STLS should also cross check slides preserved by LT as per quality assurance protocol of RNTCP. Review of approval as microscopy centre on an annual basis must also be carried out.

The DTCS should ensure that the microscopy centre provides feedback on results of evaluation of patients referred by PPs within the stipulated time. It should also provide a signboard to be displayed prominently in local language that it is a government-approved paid RNTCP laboratory for carrying out sputum microscopy for TB.

**Commodity Assistance**

Literature for training and orientation will be provided as available and appropriate. Required formats, including Laboratory Form for Sputum Examination and Laboratory Register will be provided as necessary.

**Grant-in-Aid**

None

**Requirements/Eligibility Criteria**

The Laboratory Technician must undergo modular training in microscopy as per RNTCP guidelines and only specified LTs who have been successfully trained will conduct sputum examinations. Laboratory Forms and Laboratory Register will be maintained as per RNTCP policy and the facility will be open to on site monitoring by DTO/ MO-TC/ STLS 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 not more than 1:1.2 after one year.

*Note:* Designated microscopy centres can also serve as treatment observation centres under Scheme 2 if they apply and are approved for the scheme.
**General Description**

A private health facility having its own laboratory, serves as an approved microscopy centre under RNTCP. In addition to laboratory services for sputum microscopy, the microscopy centre serves as a treatment centre, providing categorization and treatment of patients.

Microscopy and treatment policy is as per RNTCP, including diagnosis, categorization, and treatment of patients, record keeping and supervision by the staff of the DTCS. The microscopy centre may charge for its services but not for anti-TB drugs. Staff of the health facility like the medical officer, laboratory technician and the DOT provider must have successfully completed relevant training in RNTCP.

**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. Medical officer of the centre, responsible for categorization and treatment of patients, must successfully complete the four-module training series, “Managing the RNTCP in Your Area: Modules 1 through 4 for Medical Officers.”

Physician of the approved microscopy centre performs diagnosis and categorization and provides treatment as per RNTCP guidelines. Staff of the health facility designated for treatment observation should undertake address verification, initial visit, and defaulter retrieval. The centre must also ensure that the DOT provider is trained and performs his duty including maintenance of treatment cards, defaulter retrieval as per RNTCP guidelines and also as detailed in Scheme 2. The centre should not cover more population than that of the TB Unit.
In case its services are disrupted for any reason, the health facility should inform all referring physicians and the DTCS in advance. The laboratory will prepare a monthly report which will be collected by STLS during his visits to the microscopy centre.

**District TB Control Society/District TB Centre Role**

The District TB Control Society will provide training to the MO, Laboratory Technician, DOT provider of the facility or its unit. Thereafter it will provide technical monitoring of the quality of microscopy and quality of care on a monthly basis or more frequently if required.

The DTCS should ensure that microscopy and treatment services are undertaken as per guidelines. The TB programme will monitor diagnostic quality and treatment services and will list the facility as a designated centre, as long as treatment services are free and performance is acceptable. It should be verified that microscopy is being carried out by the LT who was trained and not by other LTs. It should also be ensured that the system guarantees the initiation of treatment within a week of the diagnosis. DTCS will also coordinate with staff of PP to assist in address verification, initial visit and defaulter retrieval if required. Review of approval as microscopy centre on an annual basis must also be carried out.

The DTCS should also provide a signboard to be displayed prominently in local language that it is a government-approved paid RNTCP laboratory for carrying out sputum microscopy for TB, but anti-TB drugs are given free of cost.

Materials, refreshments, and TA/DA for training are provided by the DTCS as per standard policy for government officers.

**Commodity Assistance**

Literature for training and orientation will be provided as available and appropriate. Laboratory materials and reagents as well as required formats, including laboratory form for sputum examination, Laboratory Register, TB Treatment Cards, TB Identity cards, patient-wise boxes tallied against specific patients begun on treatment will be provided as necessary. Anti-TB drugs will be provided only for the patients who live within the catchment area.
Grant-in-Aid

As per Scheme 2.

Requirements/Eligibility Criteria

The health facility should have a Medical Officer possessing a minimum MBBS qualification who will be responsible for diagnosis, categorization and treatment of patients as per RNTCP guidelines. He must successfully complete the four-module training series, “Managing the RNTCP in Your Area: Modules 1 through 4 for Medical Officers.” The laboratory technician must undergo modular training in microscopy as per RNTCP guidelines; only specified LTs who have been successfully trained will conduct sputum examinations. Records like the Laboratory Forms, Laboratory Register, TB Treatment Cards, TB Identity cards will be maintained as per RNTCP policy and the facility will be open to on-site monitoring by DTO/ MO-TC/ STLS/STS 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 not more than 1:1.2 after one year.

Note: In order to be treatment observation centre the approved microscopy centre also has to meet the criteria and perform roles as in Scheme 2 above.
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 under 3B and 4B of this policy 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, the laboratory should inform all referring physicians and the DTCS in advance. The laboratory will prepare a monthly report which will be collected by STLS during his visits to the microscopy centre.
District TB Control Society/District TB Centre Role

The District TB Control Society will provide training and technical guidance and perform laboratory quality control. In addition, DTCS 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 DTCS should ensure that the microscopy centre provides feedback on results of evaluation of patients referred by PPs within the stipulated time. DTCS 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 DTCS 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.

Commodity Assistance

The DTCS 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 15 per slide, but subject to a cap and revocation if fewer than 4% of suspects examined are found to be AFB positive. Specifically, if less than 4% of TB suspects are found to be positive, then only 25 times the number of positive slides would be reimbursed, and the laboratory would be intensively supervised concerning selection of patients and performance of microscopy.

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.

Note: Designated microscopy centres can also serve as treatment observation centres under Scheme 2 if they apply and are approved for the scheme.
Designated Microscopy Centre - Microscopy and Treatment

General Description

A private health facility having its own laboratory, serves as an approved microscopy centre and is designated as such by the RNTCP. In addition to laboratory services for sputum microscopy, the microscopy centre serves as a treatment centre, providing categorization and treatment of patients. Patients are not charged for services, and the materials for microscopy and treatment are provided at the microscopy centre.

Microscopy and treatment policy is as per RNTCP, including diagnosis, categorization and treatment of patients, record keeping and supervision by the staff of the DTCS. Diagnosis and treatment are provided free of charge to patients. Staff of the health facility like the medical officer, laboratory technician and the DOT provider must have successfully completed relevant training in RNTCP.

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. Medical officer of the centre, responsible for categorization and treatment of patients, must successfully complete the four-module training series, “Managing the RNTCP in Your Area: Modules 1 through 4 for Medical Officers.”
Physician of the approved microscopy centre performs diagnosis and categorization and provides treatment as per RNTCP guidelines. Staff of the health facility designated for treatment observation should undertake address verification, initial visit, and defaulter retrieval. The centre must also ensure that the DOT provider is trained and performs his duty including maintenance of treatment cards, defaulter retrieval as per RNTCP guidelines and also as detailed in Scheme 2. The centre should not cover more population than that of the TB Unit.

In case its services are disrupted for any reason, the health facility should inform all referring physicians and the DTCS in advance. The laboratory will prepare a monthly report which will be collected by STLS during his visits to the microscopy centre.

**District TB Control Society/District TB Centre Role**

The District TB Control Society will provide training to the MO, Laboratory Technician, DOT provider of the facility or its unit. Thereafter it will provide technical monitoring of the quality of microscopy and quality of care on a monthly basis or more frequently if required.

The DTCS should ensure that the microscopy and treatment services are undertaken as per guidelines. The TB programme will monitor diagnostic quality and treatment services and will list the facility as a designated RNTCP microscopy centre, as long as services are free and performance is acceptable. It should be verified that microscopy is being carried out by the LT who was trained and not by other LTs. It should also be ensured that the system guarantees the initiation of treatment within a week of the diagnosis. DTCS will also coordinate with staff of PP to assist in address verification, initial visit and defaulter retrieval if required. Review of approval as microscopy centre on an annual basis must also be carried out.

DTCS should provide a signboard to be displayed prominently in local language that it is a government approved Microscopy centre offering sputum microscopy and anti-TB drugs free of cost.

The DTCS should ensure that the system guarantees the initiation of treatment within a week of the diagnosis and carry out review for approval as microscopy centre on an annual basis.
Materials, refreshments, and TA/DA for training are provided by the DTCS as per standard policy for government officers.

**Commodity Assistance**

Literature for training and orientation will be provided as available and appropriate. Laboratory materials and reagents as well as required formats, including laboratory form for sputum examination, Laboratory Register, TB Treatment Cards, TB Identity cards, patient-wise boxes tallied against specific patients begun on treatment will be provided as necessary. Anti-TB drugs will be provided only for the patients who live within the catchment area.

If needed and available, the TB Programme should provide a binocular microscope unless functioning binocular microscope is already available.

**Grant-in-Aid**

Rs 15 per slide, but subject to a cap and revocation if fewer than 4% of suspects examined are found to be AFB positive. Specifically, if less than 4% of TB suspects are found to be positive, then only 25 times the number of positive slides would be reimbursed, and the laboratory would be intensively supervised concerning selection of patients and performance of microscopy.

In addition, also as per Scheme 2.

**Requirements/Eligibility Criteria**

The health facility must have available necessary infrastructure, a trained microscopist, and a room for the laboratory. In addition there should be a Medical Officer possessing a minimum MBBS qualification who will be responsible for diagnosis, categorization and treatment of patients as per RNTCP guidelines. He must successfully complete the four-module training series, “Managing the RNTCP in Your Area: Modules 1 through 4 for Medical Officers.” The laboratory technician must undergo modular training in microscopy as per RNTCP guidelines; only specified LTs who have been successfully trained will conduct sputum examinations. Records like the Laboratory Forms, Laboratory Register, TB Treatment Cards, TB Identity cards will be maintained as per RNTCP policy
and the facility will be open to on site monitoring by DTO/ MO-TC/ STLS/STS 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 symptoms for sputum examination/day after 1 year of participation in the programme.

Note: In order to be treatment observation centre the approved microscopy centre also has to meet the criteria and perform roles as in Scheme 2 above.
Approval and Registration

**Scheme 1 (Referral):** Upon recommendation by MO-IC/MO-TC, DTCS establishes collaboration with Private Practitioner for activities of Scheme 1 without consultation with higher authority. A copy of the letter of agreement will be sent to State TB Cell for information.

**Scheme 2 (Provision of Directly Observed Therapy):** The District TB Control Society can approve collaboration at its level. The DTCS will inform the State TB Cell/State TB Control Society through a copy of letter of agreement of the collaboration established. A copy of the letter of agreement should be retained on file.

**Scheme 3A/3B (Designated Paid Microscopy Centre):** The health facility provides for training of Laboratory Technicians (LT) and submits letter of undertaking. The DTCS, after review of the letter and the performance and technical skills of the LTs as evidenced by their performance during training, and on-site inspection of microscopy facilities confirming presence of functional binocular microscopes, all necessary reagents and materials for microscopy, signs a letter of agreement with the health facility and issues a certificate of approval in specified format, clearly stating the period of designation (1 year, to be evaluated annually for re-designation). Copy of agreement is to be retained on file and sent to State TB Cell and Central TB Division for information.

If treatment is to be provided at this site, then provisions of Scheme 2 would also apply. In the case of scheme 3B, MO must successfully complete the four-module training series, “Managing the RNTCP in Your Area: Modules 1 through 4 for Medical Officers.”

**Scheme 4A/4B (Designated Microscopy Centre):** The health facility provides for training of Laboratory Technicians (LT) by the DTCS and submits letter of undertaking. The DTCS will review the letter and the performance and technical skills of the LTs as evidenced by their performance during training, conduct on-site inspection of microscopy facilities confirming presence of functional binocular microscope and all necessary reagents and materials for microscopy. Upon recommendation by the DTCS, approval
is made by the State TB Control Society. The DTCS then signs a letter of agreement with the health facility and issues a certificate of approval in specified format, clearly stating the period of designation (1 year, to be evaluated annually for re-designation). Copy of agreement is to be retained on file and sent to State TB Cell and Central TB Division for information. The centre is then designated as a “Designated Microscopy Centre”.

If treatment is to be provided at this site, then provisions of Scheme 2 would also apply. In the case of Scheme 4B, MO must successfully complete the four-module training series, “Managing the RNTCP in Your Area: Modules 1 through 4 for Medical Officers.”

**Period of Assistance**

The normal period will be three years, to be renewed annually on the basis of satisfactory annual reports of activities, evaluation of performance by the DTCs and recommendation for extension. In case of poor performance and non-diligence the contract can be terminated at any time without prior notice.

In the case of Schemes 3 and 4, certificates are only to be issued for a period of one year and re-designation each year is to be made on the basis of satisfactory performance in service delivery and in quality control.
LETTER OF AGREEMENT

Scheme: _______________________

This agreement is between District TB Control Society/ State TB Control Society and ______________________ [Name of PP/Health Facility] which has been enrolled under _____________________ [Name of the Scheme] in the District of ____________ in accordance with RNTCP policy for the period starting ____________ to ____________

Grant-in-aid:
Nil/ As per Scheme _____ of RNTCP guidelines for involvement of Private Practitioners.

Requirements/ eligibility criteria, roles and assistance as detailed in Scheme _________ of RNTCP guidelines for involvement of Private Practitioners has been fulfilled and agreed upon.

Other than the grant in aid, the private provider will not claim any other financial benefit from the Government of India or State government or District Authority. No additional charges other than that specified in the respective schemes would be taken from the patient or the patient’s family.

It is understood that the contract would be reviewed annually and renewed only on the basis of satisfactory annual reports of activities, evaluation of performance by the District TB Centre and recommendation for extension. In case of poor performance and non-diligence the contract can be terminated at any time without prior notice.

__________________________  ____________________________
Signature of DTO              Signature of PP/Head of Institution
Date:                        Date:
Address:                     Address:
FORMAT FOR CERTIFICATES TO BE ISSUED TO PPs

On official letter head or as considered appropriate, to be signed by relevant approving authority

SCHEME 1 : Referral

This is to certify that __________________ [Name of PP and Health facility] has attended sensitization training under the Revised National Tuberculosis Control Programme held at _________________ from ______ to _______.

SCHEME 2 : Provision of Directly Observed Treatment

This is to certify that __________________ [Name of PP and Health facility] has successfully completed training on Modules 1-4 of Managing the Revised National Tuberculosis Control Programme in your area held at _________________ from ______ to _______.

__________________ [Name of Health facility] is an approved DOT centre under the Revised National Tuberculosis Control Programme.

SCHEME 3A : Designated Paid Microscopy Centre - Microscopy only

This is to certify that __________________ [Name of LT and Health facility] has successfully completed training on Revised National Tuberculosis Control Programme: Module for Laboratory Technicians held at _________________ from ______ to _______.

__________________ [Name of Health facility] is an approved Designated Paid Microscopy Centre for sputum microscopy services as per Scheme 3A of the guidelines for involvement of Private Practitioner in the Revised National Tuberculosis Control Programme. The center is designated as such for the period from ______ to _______.

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SCHEME 3B: Designated Paid Microscopy Centre - Microscopy and Treatment

For Medical Officer:

This is to certify that __________________ [Name of MO and Health facility] has successfully completed training on Modules 1-4 of Managing the Revised National Tuberculosis Control Programme in your area held at __________________ from ______ to ______.

For Laboratory Technician:

This is to certify that __________________ [Name of LT and Health facility] has successfully completed training on Revised National Tuberculosis Control Programme: Module for Laboratory Technicians held at __________________ from ______ to ______.

__________________ [Name of Health facility] is an approved Designated Paid Microscopy Centre for sputum microscopy and treatment services as per Scheme 3B of the guidelines for involvement of Private Practitioner in the Revised National Tuberculosis Control Programme. The center is designated as such for the period from ______ to ______.

SCHEME 4A: Designated Microscopy Centre - Microscopy only

This is to certify that __________________ [Name of LT and Health facility] has successfully completed training on Revised National Tuberculosis Control Programme: Module for Laboratory Technicians held at __________________ from ______ to ______.

__________________ [Name of Health facility] is an approved Designated Microscopy Centre for sputum microscopy services as per Scheme 4A of the guidelines for involvement of Private Practitioner in the Revised National Tuberculosis Control Programme. The center is designated as such for the period from ______ to ______.
SCHEME 4B : Designated Microscopy Centre - Microscopy and Treatment

For Medical Officer:

This is to certify that __________________ [Name of MO and Health facility] has successfully completed training on Modules 1-4 of Managing the Revised National Tuberculosis Control Programme in your area held at _________________ from ______ to _______.

For Laboratory Technician:

This is to certify that __________________ [Name of LT and Health facility] has successfully completed training on Revised National Tuberculosis Control Programme: Module for Laboratory Technicians held at _________________ from ______ to _______.

__________________ [Name of Health facility] is an approved Designated Microscopy Centre for sputum microscopy and treatment services as per Scheme 4B of the guidelines for involvement of Private Practitioner in the Revised National Tuberculosis Control Programme. The center is designated as such for the period from ______ to _______.

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Summary of Schemes
Guidelines for involvement of Private Practitioners (PPs) in the Revised National Tuberculosis Control Programme

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<th>Scheme</th>
<th>Title</th>
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<th>Commodity Assistance</th>
<th>Requirements/Eligibility Criteria</th>
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<tr>
<td>1.</td>
<td>Referral</td>
<td>PP refers patients or sends sputum samples to the designated microscopy centre providing treatment, which evaluates patient, provides treatment for TB if diagnosed, and refers patients or sends sputum results back to PP for ongoing non-TB care</td>
<td>Refer patients or sputum samples to RNTCP designated microscopy centre before prescribing anti-tuberculosis treatment</td>
<td>Inform PPs of location and timings of designated MCs; Ensure quality of microscopy in designated MCs; Orient and sensitize PPs to RNTCP policies and procedures, including, if desired, method of demonstrating to patients the manner in which sputum sample should be collected; Provide Laboratory Forms and if desired, containers for sputum examination to PPs; Ensure that designated MCs provide feedback on results of evaluation of patients referred by PPs; Issues a certificate to PPs completing sensitization training</td>
<td>Laboratory forms for sputum examination If desired, containers for sputum examination (initial stock to be replenished on use)</td>
<td>PP must complete sensitization training provided by DTCS PP must be willing to refer patients to designated microscopy centres before initiating anti-tuberculosis treatment.</td>
<td>Upon recommendation by MO-IC/MO-TC, DTCS establishes collaboration with PP at its level with intimation to State TB Cell/ State TB Control Society.</td>
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<tr>
<td>2. Provision of Directly Observed Treatment</td>
<td>PP or staff of PP office provides directly observed treatment to patients as per RNTCP guidelines. Patients may either have been referred by PP, or diagnosed elsewhere and referred to PP for direct observation. May be individual physician or other private sector provider (e.g., PSU, industry)</td>
<td>Identify, train, and supervise those who provide directly observed treatment. Records (TB Treatment Card) must be maintained strictly as per RNTCP policy. The policy of free diagnostic and treatment services must be strictly adhered to. The DOT provider is responsible for following up the patient till treatment is completed including ensuring that sputum samples</td>
<td>TB patients will be given the option of either receiving treatment observation at the Govt. DOT Centre or from a participating PP. If patient opts for PP, nearest governmental DOT centre gives direct observation of at least the first three doses of RNTCP treatment on alternate days as per policy. During this time, the patient’s name is written on the treatment box, and it is repeatedly emphasized to the patient that all diagnosis and treatment is free of charge. During visits for follow-up sputum examination, the patient will be reminded that all TB services are free and if he is not satisfied with the services of the PP, he can opt for the Government sector again. DTCS orients and trains persons who provide directly observed treatment. TB Programme Staff (including Senior Treatment Supervisors, TB Health Visitors, etc.) supervise those who give observed treatment and assist with initial visit, address verification and defaulter retrieval, whenever required. In case of...</td>
<td>Literature for training and orientation is given as available and appropriate. Medications are provided for the patients placed on treatment. Sputum containers are provided for follow-up examinations. Formats (TB Treatment Cards, Identity Cards) as required.</td>
<td>Rs.250 to the treatment observer for each patient cured/completed treatment, to be disbursed after cure/completion of the treatment.</td>
<td>PP must: • Successfully complete Modules 1-4 of Managing the RNTCP in Your Area • Prominently display a sign in local language “DOT centre under RNTCP: All anti-TB drugs given under RNTCP are free of charge.” • Provide plan of action for defaulter retrieval. • Allow on-site monitoring by STS/ DTO and RNTCP supervisory staff. • Ensure that treatment observation occurs as per RNTCP policy;</td>
<td>The DTCS can Approve collaboration at its level with intimation to State TB Cell/ State TB Control society.</td>
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### Guidelines for involvement of Private Practitioners (PPs) in the Revised National Tuberculosis Control Programme

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</table>
| 3A.    | Designated Paid Microscopy Centre: Microscopy only | A private health facility serves as an approved microscopy centre under RNTCP. Microscopy policy is as per RNTCP, including record keeping. The approved microscopy centre is supervised by the STLS/MO-TC/DTO of the DTCS. Microscopy centre may charge patients for its services. | The health facility must strictly adhere to RNTCP policies on sputum microscopy as outlined in the Manual for Laboratory Technicians and the Laboratory Technician Module, including proper maintenance of a TB Laboratory Register, and following guidelines of RNTCP quality assurance protocol. The MC should provide reports in time and inform referring PP in case its services are disrupted. Monthly reports will be collected by STLS during its visits. | DTCS provides:  
- Training to the LT and other staff of the facility;  
- Technical monitoring of the quality of microscopy  
- Review of approval as microscopy centre on an annual basis  
- Ensure that MCs provide feedback on results of evaluation of patients referred by PPs in time.  
- Provide a signboard that it is a govt. approved paid RNTCP laboratory for carrying out sputum microscopy for TB  

Literature for training and orientation is given as available and appropriate. Required formats are provided as required, including Laboratory Form for Sputum Examination and Laboratory Register. |

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</table>
| In kind              | • Ensure follow-up sputum examinations are done as per schedule  
• Sign an undertaking with DTCS indicating that he will adhere to RNTCP diagnostic and treatment policy and will not charge patients. |  

### Literature for training and orientation is given as available and appropriate. Required formats are provided as required, including Laboratory Form for Sputum Examination and Laboratory Register.  

### The LT must have successfully completed modular RNTCP training in sputum microscopy. Only specified LTs who have been trained are to conduct sputum examinations; the Laboratory Form and Laboratory Register are to be maintained as per RNTCP policy, and the facility will be open to on-site monitoring by STLS/DTO and RNTCP supervisors staff.  

### Binocular microscope should be used for carrying out sputum microscopy. Reagents of good quality should be used and properly maintained. 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)  

### Health facility provides for training of LTs and submits letter of undertaking. The DTCS reviews the letter, the performance and technical skills of the LTs as evidenced by their performance during training, and conducts on-site inspection of microscopy facilities confirming presence of functional binocular microscopes, all necessary reagents and materials for microscopy. Approval is by DTCS which signs a letter of agreement with the
### Guidelines for involvement of Private Practitioners (PPs) in the Revised National Tuberculosis Control Programme

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<td>3B</td>
<td>Designated Paid Microscopy Centre – Microscopy and Treatment</td>
<td>In addition to the policies outlined in 3A, the microscopy centre serves as a treatment centre, providing categorization and treatment of patients</td>
<td>In addition to role in 3A, the physician of approved microscopy centre performs diagnosis and categorization and provides treatment. Staff of the health facility designated for treatment observation should undertake address verification, visit, and defaulter retrieval. The centre must also ensure that the DOT provider is trained and performs his duty including maintenance of treatment cards, defaulter retrieval as required.</td>
<td>In addition to role in 3A, provides training to MD of approved microscopy centre, monitoring of quality of care, and assistance with address verification, initial visit and defaulter retrieval, if required. Provide a signboard that it is a govt. approved paid RNTCP laboratory for carrying out sputum microscopy for TB, but anti-TB drugs are given free of cost.</td>
<td>As above, and also TB Treatment Cards, TB Identity cards, patient-wise boxes tallied against specific patients began on treatment. Anti-TB drugs will be provided for the patients who live in the catchment area.</td>
<td>As per Scheme 2 In addition to 3A above, the health facility should have a MD with minimum MBBS qualification who must successfully complete Modules 1-4 of Managing the RNTCP in Your Area. Note: in order to be a treatment observation center, the approved microscopy centre also has to meet the criteria and perform roles as in Scheme 2 above.</td>
<td>In addition to 3A above, provisions of Scheme 2 would also apply. Approval is by the DTCS.</td>
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### Guidelines for involvement of Private Practitioners (PPs) in the Revised National Tuberculosis Control Programme

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<td>4A</td>
<td>Designated Microscopy Centre - Microscopy only</td>
<td>The health facility serves as a 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.</td>
<td>The health facility must strictly adhere to RNTCP policies on sputum microscopy as outlined in the Manual for Laboratory Technicians and the Laboratory Technician Module, including proper maintenance of a TB Laboratory Register, and following guidelines of RNTCP quality assurance protocol. All diagnosed TB patients must be informed of the availability of free services and referred to Government MCs or DOT centres under 3B and 4B of per RNTCP guidelines and also as detailed in Scheme 2. Coordinate with TB programme staff for address verification, initial visit, and defaulter retrieval if required. Should not cover more population than that of the TB Unit.</td>
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<td>In kind</td>
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The DTCS will provide training and technical guidance and perform laboratory quality control. In addition, the programme will assist the microscopy centre in ensuring referral of smear positive patients who live outside the catchment area and also ensures that the system guarantees initiation of treatment within a week of diagnosis. 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.

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

Rs 15 per slide, but subject to a cap and revocation if fewer than 4% of suspects examined are found to be AFB positive. Specifically, if less than 4% of TB suspects are found to be positive, then only 25 times the number of positive slides would be reimbursed, and the laboratory would be intensively supervised concerning selection of patients and performance of microscopy.

Must have availability of necessary infrastructure. Must have a trained microscopist, and availability of 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 trained are to conduct sputum examinations; the Laboratory Forms and Laboratory Register are to be maintained as per RNTCP policy, and the facility will be open to on-site monitoring by STLS/DTO and RNTCP supervisory staff. Binocular microscope should be used for carrying out sputum microscopy. Reagents of good quality should be used and properly maintained.

Health facility provides for training of LTs and submits letter of undertaking. The DTCS reviews the letter and the performance of the LTs in training, and conducts on-site inspection of microscopy facilities confirming presence of functional binocular microscope and all necessary reagents and materials for microscopy. Upon recommendation by DTCS, approval is by State TB Control Society. DTCS then designates the

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Laboratory
materials and reagents as well as laboratory forms and TB Laboratory Register. If needed and available, the TB Programme should provide a microscope unless functioning binocular microscope is already available.
### Guidelines for involvement of Private Practitioners (PPs) in the Revised National Tuberculosis Control Programme

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<td>4B</td>
<td>Designated Microscopy Centre - Microscopy and Treatment</td>
<td>In addition to the policies outlined in 4A, the microscopy centre serves as a treatment centre, providing categorization and treatment of patients</td>
<td>In addition to role in 4A, physician of approved microscopy centre performs diagnosis and categorization and provides treatment. Staff of the health facility designated for treatment observation should undertake address verification, initial visit, and defaulter retrieval. The centre must also ensure that the DOT provider is trained and performs his duty including maintenance of</td>
<td>In addition to role in 4A, provides training to MO of approved microscopy centre, monitoring of quality of care, and assistance with initial visits, address verification and defaulter retrieval if required. Provide a signboard that it is govt. approved RNTCP laboratory offering sputum microscopy and anti-TB drugs free of cost.</td>
<td>As above, and also TB Treatment Cards, TB Identity cards, patient-wise boxes tallied against specific patients began on treatment. Anti-TB drugs will be provided for the patients who live in the catchment area.</td>
<td>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 symptoms for sputum examination/day after 1 year of participation in the programme.</td>
<td>In addition to 4A above, the health facility should have a MO with minimum MBBS qualification who must successfully complete Modules 1-4 of Managing the RNTCP in Your Area. Note: in order to be a treatment observation centre, the approved microscopy centre also has to meet the criteria and perform roles as in Scheme 2 above.</td>
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<td>39</td>
<td>Approval and Registration</td>
<td>Commodity Assistance</td>
<td>In kind</td>
<td>Grant-in-aid</td>
<td>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 symptoms for sputum examination/day after 1 year of participation in the programme.</td>
<td>In addition to 4A above, the health facility should have a MO with minimum MBBS qualification who must successfully complete Modules 1-4 of Managing the RNTCP in Your Area. Note: in order to be a treatment observation centre, the approved microscopy centre also has to meet the criteria and perform roles as in Scheme 2 above.</td>
<td>Centre as microscopy centre, provides certificate in specified format clearly stating the period of designation (1 year, to be evaluated annually for re-designation), and lists it in RNTCP directories. Designation is communicated to the State TB Cell and the Central TB Division for information.</td>
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<td>treatment cards, defaulter retrieval as per RNTCP guidelines and also as detailed in Scheme 2. Coordinate with TB programme staff for address verification, initial visit, and defaulter retrieval if required. Should not cover more population than that of the TB Unit.</td>
<td></td>
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<td>selection of patients and performance of microscopy. <strong>Plus</strong> As per Scheme 2</td>
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