

RNTCP FIELD VISIT REPORT of TAMENGLONG DISTRICT

INTRODUCTION



Tamenglong district in Manipur is one of the most challenging hill districts in terms of geographical terrains and among the farthest District HQ from Imphal being 147 Kms from the state Capital.

It has a population of 1,37,959 (2011 Census). Being a difficult district, the infrastructure and health facilities are also lacking generally. Though there is much recent improvement, many issues still exist.

The TB notification rate is poor and due to geographical terrains, poor net connectivity, lack of fund and manpower. Direct Beneficiary Transfer (DBT)/Public Finance Management system (PFMS) need constant supervision & monitoring. On the whole, the RNTCP performance needs to be improved in many areas.

Regular visits to the district are a necessity of the hour to meet the challenges faced by the program (RNTCP) in the district.

A team of the following officials visited Tamenglong district on the 4th April 2018

1. State TB Officer
2. Mr. L. Ribin Singh, State Accountant
3. Mr. Y. Joyshankar Singh
4. Mr. Rex Ngangom, PFMS State Consultant

Aim of visit:

1. To reorganise the effective implementation of PFMS
2. To identify space for District DR-TB Centre
3. Onsite evaluation (OSE) of DMC
4. Exploration of private practitioners in the district
5. Other issues

ACTIVITIES & OBSERVATIONS: -

- I. **PFMS:** As the DPM and DFM were not available in the morning due to a meeting in Imphal, the discussion on PFMS was started in the evening at about 7.30 pm after their arrival from Imphal. The following officials were present: -

- a. **State:** STO, Microbiologist, Accountant and PFMS State Consultant
- b. **District:** CMO, DTO, DPM, DFM and other staff of the DTC

The followings were observed that

- a. Fund/incentives for the patients' nutritional support and private notification has not been released till date due to non-receive of fund for RNTCP at the state for FY 2017-18.
- b. The District RNTCP accountant did not join after recruitment in 2016 and the recruitment process is in the state NHM.
- c. The accounting and related activities is done by Mr. Ibomcha (STS) under the supervision of the DTO.
- d. The internet connectivity was poor in the district and Nikshay update was difficult even after the provision of the mobile-tablets.
- e. The district has two banks (1) UBI and (2) Canara bank. It was also pointed out that these banks are not experienced in DBT/PFMS.
- f. There are no banks for opening bank account in most of the villages. The patients have to travel long distance to come to the district headquarter and it's a costly matter for the poor patients. Many patients are not willing to open account because of the difficulties in travelling & expenses for travelling (night stay is also required for many pts).
- g. The CMO also informed that he had meetings with the Deputy Commissioner to resolve the issues of DBT/PFMS in the district.
- c. It was pointed out that the fund for RNTCP activities was not released fully, leaving behind in the district NHM. The same could not be utilised during the financial year 2017-18.
- d. The relevant file and cheque book for RNTCP financial matter is under the custody district NHM.
- e. CMO has assured all possible help for the proper functioning of the program in the district.



RECOMMENDATIONS: -

- i. The DTO should put up the budget required for the incentives based on the last year's performance and target set by the CTD/State.
- ii. Fund will be released as soon as available.
- iii. DTO should be given more autonomy in financial matter under the RNTCP guidelines.

- iv. Regular/ daily Nikshay update should be ensured by the DTO and all concerned staff.
- v. Payment through DBT/PFMS is mandatory and all concerned should ensure that the same is put in place at the earliest.
- vi. DTO should take all possible help/assistant from the CMO to materialise payment through DBT/PFMS



IMPLEMENTATION OF SCHEDULE H1:

There is no private practitioner in the district and none of the pharmacies in the district is selling anti-TB drugs. However, awareness on schedule H1 should be given to all the pharmacies.

SPACE FOR DISTRICT DR-TB CENTRE:

Space (two separate rooms) for district DR-TB Centre was identified at the district Hospital, Tamenglong.



Inside the room



Two rooms/wards: Male & Female

DISTRICT TB CENTRE (DTC), TAMENGLONG: -

The condition of the DTC is not in good condition and need immediate repairing.



Action: -

Fund will be release to repairing the DTC and DTO should take up necessary action at the earliest.

LABORATORIES:

On-Site-Evaluation (OSE) of the laboratory/DMC was also done on spot by the IRL Microbiologist CBNAAT laboratory was already shifted from the old district hospital to the DTC and it is functioning. The lab needs modification/improvement of the table top and flooring.



CBNAAT laboratory at Tamenglong

Giving TB awareness to the staff at Noney

NONEY District: - On the way back from Tamenglong on the 5th April 2018, we dropped in at Noney CHC to oversee the RNTCP program in the district. The DTO does not have an office at the

Health Centre. The DMC has only one Laboratory technician from MACS and the only LT was sick for nearly 2 months and no sputum microscopy was done. LT from Nungba DMC was contacted on phone and seems to be working properly.

Recommendation: -

1. One more LT need to be identified for DMC and other lab activities in the district headquarter.
2. Nungba DMC should be visited for on-site-evaluation (OSE) by IRL.
3. After the visit to Khoupum PHC on 8th February 2018, one new Microscope has been provided at the centre and the LT has been given in-house training on sputum microscopy at DTC, Imphal East. Reagents are available. DTO should arrange for the inauguration of the DMC as soon as possible.

Dated the 5th April 2018

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Manipur