

Differentiated Care Model Standard Operating Procedures

A personalized approach to prevention, care and support for TB patients



Context

Not all TB patients are the same, nor do they all have the same type of TB. It is therefore essential to analyse the needs of high-priority patients and plan for a prioritized approach to providing TB prevention, care and support (PCS) services. High priority patients' groups include:



Elderly patients
over 60 years
of age



Patients who
are living alone



Patients who were treated
previously, and had taken
medication irregularly



DRTB Patients



Patients
consuming
alcohol



Patients co-
infected with
HIV



Patients with
diabetes

This prioritized approach, is termed as the Differentiated Care Model (DCM) for providing PCS services to TB patients and their families for optimal outcomes.

The DCM is aligned with the Integrated Patient-centred Care pillar of the End TB strategy. It aims to synergise THALI efforts with those of the RNTCP field staff to provide TB prevention, care and support services that cater to the specific needs of patients and their families, by reducing duplication of efforts in

the field, while still ensuring 'Universal Health Care' and reach to all TB patients.

The administration of the risk and needs assessment tool (RANA) is the first step in providing prioritized support services, and is administered at the time of treatment initiation. If the risks and needs are low, patients will be provided the PCS services applicable to all patients, aligning with the national protocol.

Key features

- ▶ The DCM is aligned with the Integrated Patient-Centred Care pillar of the End TB strategy.
- ▶ It is a prioritized approach to treatment of high-priority patients aimed at improving treatment outcomes and reducing mortality.
- ▶ The Risk and Needs Assessment (RANA) is conducted at the time of treatment initiation to decide which package of PCS services should be provided to each patient.
- ▶ The DCM has a counselling component to address patients' psychosocial needs.

Objectives

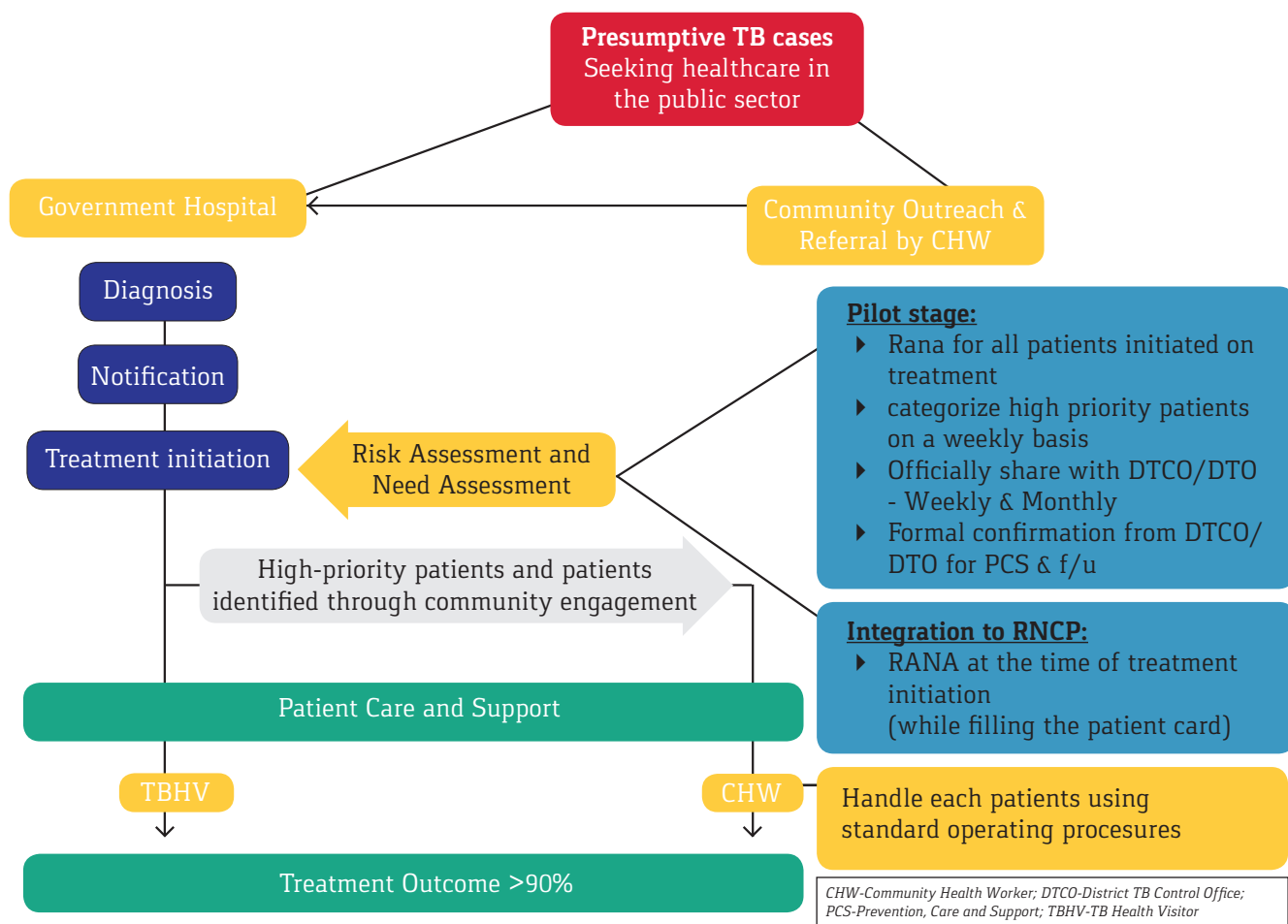
- ▶ To improve treatment adherence, leading to course completion and cure of high priority patients, thereby reaching more than 90% successful treatment outcomes.
- ▶ To create a specialised cadre of frontline workers who are trained to provide customized PCS services to patients according to their needs.

Pre-requisites to implementing the DCM

- ▶ Presentation/sharing of the DCM with the State and District RNTCP teams, by THALI team, in Karnataka, Telangana and Andhra Pradesh for consensus.
- ▶ RANA to be administered to each patient, at the earliest – by the time of diagnosis; or atleast at the time of treatment initiation, while preparing the treatment card, for need-based services to all TB patients.
- ▶ RANA analysis to be done on a monthly basis at the district level, and shared with District TB Officers/District TB Control Offices (DTOs/DTCOs), and draw up the list of high-priority patients in each district.
- ▶ Capacity building of the project team including the frontline workers (Community Health Workers and Outreach Workers) on the DCM.
- ▶ A handbook for the Community Health Workers (CHWs) and Outreach Workers (ORWs), has been developed to explain, which behavior change communication (BCC) tools are to be used during each visit for PCS, in intensive and continuation phases of treatment.
- ▶ Relevant Information Education and Communication (IEC) and BCC materials developed for use among regular care patients and high priority patients, to support behavior change.

Processes

DIFFERENTIATED CARE MODEL: A PERSONALIZED APPROACH TO PATIENT CARE AND SUPPORT



Standard approach for all TB patients

Steps	Activity	Intensive Phase (IP)	Continuation phase (CP)	Materials (IEC/BCC)	Result/Outcome
1. Psycho-social counselling	<ul style="list-style-type: none"> ▶ Reassurance ▶ Counselling <ul style="list-style-type: none"> • Disclosure • Co-morbidity • Lifestyle/ habits ▶ Family support ▶ Stigma reduction ▶ Support groups 	IP visit -1,2,3,4	CP visit - 1,2,3,4 (reinforce the message)	<ul style="list-style-type: none"> - Disclosure - Patient Information Brochure (PIB) - Bullet - TB Vruksha - Idly Vada 	<ul style="list-style-type: none"> ▶ TB status disclosed ▶ Family/care-giver take care of treatment adherence ▶ Patient attends support group meeting
2. Nutrition support	<ul style="list-style-type: none"> ▶ Nutritional advice ▶ Nutritional linkages <ul style="list-style-type: none"> • Public Distribution System (PDS) • Local leaders • NGOs, CSOs • Panchayati Raj Institutions (PRI) ▶ Direct Benefit Transfer (DBT) linkage ▶ Family members education on Nutrition 	IP Visit -1,2 & 3	CP visit - 1,2,3,4 (reinforce the message)	<ul style="list-style-type: none"> - Nutrition - Recipe book and meal planner - Patient Information Brochure 	<ul style="list-style-type: none"> ▶ Nutrition chart made by family, facilitated by CHW (each patient based on their dietary habits) ▶ Patients consume nutritious food daily ▶ Completed formality (prerequisites) for DBT linkage
3. Infection prevention	<ul style="list-style-type: none"> ▶ Cough Hygiene ▶ Sputum disposal ▶ Contact screening ▶ INH prophylaxis treatment (IPT) linkage 	IP visit -1,2 & 3	CP visit – 1,2,3,4 (reinforce the message)	<ul style="list-style-type: none"> - Leaflet on cough hygiene - Patient Information Brochure 	<ul style="list-style-type: none"> ▶ Patient follows cough hygiene and sputum disposal ▶ Family members screened ▶ Children <6 yrs receive IPT
4. Linkages and support	<ul style="list-style-type: none"> ▶ Social Security linkage ▶ DBT Linkage ▶ Livelihood linkage ▶ Local philanthropists' linkage ▶ Health insurance linkage 	IP visit – 2,3 & 4	CP visit – 1,2,3,4 (reinforce the message)		<ul style="list-style-type: none"> ▶ Patient linked to social security schemes, DBT, livelihood, health insurance etc. as required.
5. Medical support	<ul style="list-style-type: none"> ▶ Post-diagnosis support ▶ Adherence support & monitoring ▶ Patient status evaluation ▶ Side effect/ symptom management ▶ Tertiary care linkage 	IP visit – 1,2,3,&4	CP visit – 1,2,3,4 (reinforce the message)	<ul style="list-style-type: none"> - TB Vruksha - Bullet 	<ul style="list-style-type: none"> ▶ Patient adheres to treatment protocol ▶ Clinical improvement observed. ▶ Weight gain recorded ▶ Side effects are addressed ▶ Patients linked to tertiary care




THALI targets seven categories of patients through its differentiated care model.


Elderly patients over 60 years of age



Patients who are living alone


Patients co-infected with HIV


DRTB Patients


Patients with diabetes


Patients consuming alcohol


Patients who were treated previously, and had taken medication irregularly

High-priority Patients - Elderly (>60 years)

Steps	Activity	IP	CP	Materials (IEC/BCC)	Result/Outcome
Counselling	<ul style="list-style-type: none"> ▶ Understanding and identifying any possible neglect ▶ Identifying and educating primary care givers on TB disease, drugs and follow up ▶ Ensuring that the primary caregiver understands the importance of providing regular meals to the patient. 	IP visit – 1,2,3,4	CP visit 1,2,3,4	Recipe Booklet	<ul style="list-style-type: none"> ▶ Patient adheres to regular treatment ▶ Patient gains weight
Medical support	<ul style="list-style-type: none"> ▶ Verbal screening for other medical illnesses - Diabetes, Hypertension etc. ▶ Ensuring treatment and follow up of medical illnesses with relevant specialists (support in collecting medicines etc.) ▶ Screening of children at home/ family for TB 	IP visit – 1,2,3,4	CP visit – 1,2,3,4	TB Vruksha	<ul style="list-style-type: none"> ▶ Patient adheres to regular treatment ▶ Patient gains weight



High-priority Patients - Living alone/without family support

Steps	Activity	IP	CP	Materials (IEC/BCC)	Result/Outcome
Counselling	<ul style="list-style-type: none"> ▶ Understanding the reason for living alone (job-related etc.) and exploring support systems in neighbourhood. ▶ Facilitating support from family or friends or colleagues (respecting the patient's choice) ▶ Assisting in disclosure to caregiver ▶ Working out reminder systems like SMS, alarm clocks, Medication Event Reminder Monitor System (MERM) for medicine intake 	IP visit – 1,2,3,4		Disclosure	<ul style="list-style-type: none"> ▶ Family member/ a friend supports the patient ▶ Patient adheres to regular treatment
Linkages	<ul style="list-style-type: none"> ▶ Creating linkages to Careline or support group meetings 	IP visit – 2,3,4	CP visit – 1,2		<ul style="list-style-type: none"> ▶ Patient is linked to Careline and adheres to regular treatment



High-priority Patients - Previously treated

Steps	Activity	IP	CP	Materials (IEC/BCC)	Result/Outcome
Counselling	<ul style="list-style-type: none"> ▶ Identifying and understanding reasons for taking medications irregularly previously ▶ Providing appropriate counselling and education support to the patient and family ▶ Ensuring they understand the advantages of regular medicine and disadvantages of irregular medicine (DR TB etc.) 	IP visit – 1,2		<ul style="list-style-type: none"> - TSG - Bullet - TB Vruksha - Thoogi Nodi - Idli-Vada flashcards 	<ul style="list-style-type: none"> ▶ Patient adhere to regular treatment despite side effects and complete the course of treatment ▶ Sputum conversion
Medical support and linkages	<ul style="list-style-type: none"> ▶ Facilitating linkages for getting injections regularly (for patients who have already started injections before modified guidelines) ▶ Ensuring universal DST, before initiation of treatment. ▶ Ensuring screening for HIV and DM, which may cause repeated episodes of TB. 	IP visit – 1,2,3		Right Step	<ul style="list-style-type: none"> ▶ Patient tested for CBNAAT to know/ rule out the status of DR TB



High Priority Patients - DR-TB

Steps	Activity	IP	CP	Materials (IEC/BCC)	Result/Outcome
Family/ care-giver counselling	<ul style="list-style-type: none"> ▶ Counselling and educating the patient and family on duration of treatment ▶ Assessing adherence fortnightly and providing need-based counselling to patient and family ▶ Ensuring they understand the side effects of medication and their effective management 	IP visit – 1,2,3,4	CP visit – 1,2,3,4	<ul style="list-style-type: none"> - TSG - Portion of DR TB Management - Bullet - TB Vruksha 	<ul style="list-style-type: none"> ▶ Adhere to regular treatment ▶ No complications due to pill burden
Linkages	<ul style="list-style-type: none"> ▶ Facilitating linkages for receiving injections regularly ▶ Facilitating tertiary care admissions as and when required 	IP visit – 1,2,3,4	CP visit – 1,2,3,4	List of Tertiary care hospitals with address to provide to the patient	<ul style="list-style-type: none"> ▶ Patient takes injections regularly ▶ Management of drug reactions/side effects

High-priority Patients - Alcohol Dependent

Steps	Activity	IP	CP	Materials (IEC/BCC)	Result/Outcome
Family/ caregiver counseling	<ul style="list-style-type: none"> ▶ Counselling and treatment literacy for family members ▶ Ensuring that one primary care giver takes the responsibility of giving Anti TB treatment (ATT) daily without fail ▶ Educating the family and primary caregiver on the importance of providing regular meals 	IP visit – 1,2,3	CP visit – 1,2,3	<ul style="list-style-type: none"> - Thoogi Noodi - TB Vruksha - Recipe book and meal planner 	<ul style="list-style-type: none"> ▶ Patient takes ATT regularly ▶ Family/care-givers take care of adherence ▶ Patient and family members attend support group meeting
Linkages	<ul style="list-style-type: none"> ▶ Facilitating linkages to de-addiction services and/or higher level medical facilities ▶ Involving Key opinion leaders (KOL) in case of domestic violence etc. 	IP Visit – 3,4	CP visit – 1,2	- Patient Information Brochure (PIB)	<ul style="list-style-type: none"> ▶ Patient adheres to treatment regularly ▶ Domestic violence, if any, it is addressed.

High-priority Patients – TB-HIV

Steps	Activity	IP	CP	Materials (IEC/BCC)	Result/Outcome
Medical support	<ul style="list-style-type: none"> Facilitating ART initiation 	IP visit – 1,2		<ul style="list-style-type: none"> Treatment Support guide (TSG)- TB-HIV portion TB Vruksha 	<ul style="list-style-type: none"> ART initiation
Family/ Caregiver Counseling	<ul style="list-style-type: none"> Identifying primary caregiver, educate on TB, HIV medications etc., along with other family members Educating the primary care giver about the importance of Cotrimoxazole in TB HIV co-infection 	IP visit – 1,2,3	CP visit – 1,2,	-TSG – TB-HIV	<ul style="list-style-type: none"> Patient is on regular medication for both TB and HIV Improvement in CD4 count Clinical improvement Patient gains weight, which is a good indicator for both TB and HIV
Linkages	<ul style="list-style-type: none"> Facilitating linkages with other NGOs for social entitlements and nutrition Motivating patients to attend Patient Support Group meetings 	IP visit – 2,3	CP visit – 1,2,3,4	- TSG – TB-HIV portion	<ul style="list-style-type: none"> Patient gets social entitlements Patient attends support group meetings.

High-priority Patients – TB-Diabetes Mellitus (DM)








Steps	Activity	IP	CP	Materials (IEC/BCC)	Result/Outcome
Medical support	<ul style="list-style-type: none"> Facilitating linkages with clinical diabetes care Supporting regular monitoring of sugar levels and ensuring that diabetes under control Supporting the disclosure of TB status with the doctor treating diabetes for modifications in nutrition/medication if required 	IP visit – 1,2,3	CP visit – 1,2,3,4	<ul style="list-style-type: none"> TSG – TB-DM portion Recipe booklet & meal planner Disclosure 	<ul style="list-style-type: none"> Patient makes changes in diet and has an improved nutrition status Patient's blood sugar under control Patient takes diabetic medications regularly
Family/Car-giver Counselling	<ul style="list-style-type: none"> Identifying and educating the primary care giver on the importance of providing regular meals (low calorie and high protein), TB medications and diabetic medications. 	IP visit – 1,2,3	CP visit – 1,2	<ul style="list-style-type: none"> TSG – Nutrition Recipe book and meal planner 	<ul style="list-style-type: none"> Patient adheres to regular TB treatment and diabetes treatment. Patient takes proper diet regularly



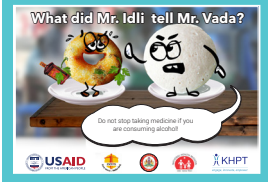

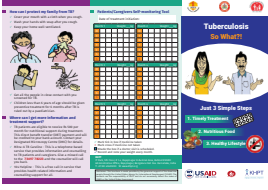

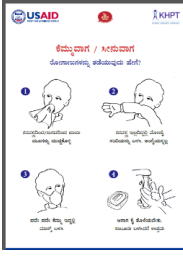

Supportive Supervision/Monitoring

- A minimum of one visit during the IP and CP phase will be made by the Community Coordinator/ District Program Coordinator (CC/DPC)
- During DTO monthly review meeting, review of PCS and RANA data of the high-priority patients will be done. A report will be generated and shared with the district RNTCP team and CHWs.
- Analysis of the monthly progress trend at the district level and sharing it with Frontline Workers (ORW/CHW). Identification of the cases which need attention and visiting those cases on priority, with the support of the technical team of THALI or RNTCP.
- Follow-up mechanism to be developed at a micro level for each patient so that the CC/DPC can support the patients periodically.

Appendix

Behavior Change Communication Materials (English, Kannada and Telugu)

S. No	Material	Communication Objectives	BCC Material
1.	Nutrition (flipchart)	Consumption of nutritious food during TB treatment.	
2.	Disclosure (flipchart)	Disclosure of one's TB status to the desired member(s) of the family to enable better support from the family, resulting in better treatment outcomes.	
3.	Ishte	Testing for TB in case of persistent cough. A cough for more than two weeks is the most common symptom of TB.	
4.	One Step, the Right Step (flipchart)	Persistent cough for more than two weeks could be a symptom of TB. Get tested for TB if you have this symptom.	
5.	TB Vruksha (single-page material)	Strict adherence to your course of medication will result in better treatment outcomes.	
6.	Bullet (Piano Folder)	Adhere strictly to the course of TB medication to improve treatment outcomes.	
7.	Thoogi Nodi (flipchart)	Those who drink alcohol should not miss their dosages of medicines at any cost.	

8.	Idly Vada I (posters/flashcards) How long are you going to cough like this? Go, get your sputum tested!	Persistent cough for more than two weeks could be a symptom of TB. Get tested for TB if you have this symptom.	
9.	Idly Vada II (posters/flashcards) Don't miss a single dose of medication during your treatment period!	Strictly adhere to your treatment regimen and complete the entire course of TB medication.	
10.	Idly Vada III (posters/flashcards) Do not stop taking medicine if you are consuming alcohol!	Those who consume alcohol should not miss dosages of their TB medicines at any cost!	
11.	Idly Vada IV Avoid smoking during TB treatment	Avoid smoking and tobacco consumption during TB treatment.	
12.	Patient Information Brochure	Understand TB and adapt healthy behaviours to recover from TB	
13	Recipe Book (Kannada only)	Maintaining one's health through nutritious food consumption made possible through easy recipes.	
14	Cough Hygiene Leaflet	Maintaining cough hygiene through simple methods is essential to prevent the spread of infection	
15	Treatment Support Guide	Providing information on TB, symptoms, testing, treatment, side effects, and the importance of treatment adherence and a healthy lifestyle for positive treatment outcomes.	

The tool to assess patients' risks and needs



Risk Assessment and Needs Assessment ಅಪಾಯದ ಅಂಶಗಳು ಮತ್ತು ಅವಶ್ಯಕತೆಗಳ ಅಂದಾಜು

Nikshay ID: ನಿಕ್ಷಯ್ ಗುರುತು
DMC Name: ಡಿಎಂಸಿ ಹೆಸರು
TU Name: ಟಿಯು ಹೆಸರು
Date: ದಿನಾಂಕ
Facility Name: ಸೌಲಭ್ಯದ ಹೆಸರು
PRAD ID: ಪಿಆರ್‌ಎಡಿ ಗುರುತು

Name:.....	Age:Yrs DOB: DD/MM/YYYY Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG Religion: <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other:.....
Current Address:.....	Education: <input type="checkbox"/> Cannot Read/Write <input type="checkbox"/> <5 std <input type="checkbox"/> 5-10 std. <input type="checkbox"/> 12th <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate
Land Mark:.....	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/divorced
Permanent Address:	ವೈವಾಹಿಕ ಸ್ಥಿತಿ: ಅವಿವಾಹಿತ/ತ, ವಿವಾಹಿತ/ತ, ವಿಧವೆ/ವಿಧುರ, ಪ್ರತ್ಯೇಕವಾಗಿದ್ದಾರೆ/ ವಿಚ್ಛೇದನವಾಗಿದೆ Occupation ಉದ್ಯೋಗ :.....
Contact No	Alternate No

Type of TB : Pulmonary (ಪಿ.ಟಿ.ಬಿ) Extra Pulmonary (ಇ.ಪಿ.ಟಿ.ಬಿ)
History of TB treatment: New TB (ಹೊಸ ಕೇಸು) Previously treated for TB (ಈ ಹಿಂದೆ ಚಿಕಿತ್ಸೆಯನ್ನು ಪಡೆದಿರುವವರು)
Anti TB medication from: Private sector (ಖಾಸಗಿ) Public sector (ಸರ್ಕಾರಿ)
Date of treatment initiation: ಚಿಕಿತ್ಸೆಯು ಆರಂಭವಾದ ದಿನ DD/MM/YYYY : ದಿ/ತಿಂ/ವರ್ಷ **Treatment Regimen Initiated :** DS TB DRTB

Risk assessment ಅಪಾಯಕಾರಿ ಅಂಶಗಳ ಅಂದಾಜು

Risk factor ಅಪಾಯಕಾರಿ ಅಂಶಗಳು	Assess if present (Y/N)	Action Taken (Y/N)	Details of Action taken ಕೈಗೊಂಡ ಕ್ರಮಗಳ ವಿವರ
1. About TB Does patient understand TB disease and/or treatment? (ಟಿಬಿಯ ಬಗ್ಗೆ ಅರಿವು) Do you know what disease you have? what did the health worker say to you? How does TB spread? By air / Droplet What is the common symptom of TB? Cough What is the test for lung TB? Sputum test Is TB Curable? Yes TB is curable ನಿಮಗೆ ಯಾವ ಖಾಯಿಲೆ ಇದೆ ಎಂದು ತಿಳಿದಿದೆಯಾ? ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ನಿಮಗೆ ಏನೆಂದು ಹೇಳಿದರು? ಟಿ.ಬಿ ಹೇಗೆ ಹರಡುತ್ತದೆ? (ಗಾಳಿಯ ಮೂಲಕ) ಟಿ.ಬಿ.ಯ ಸಾಮಾನ್ಯ ಲಕ್ಷಣಗಳೇನು? (ಕೆಮ್ಮು) ಶ್ವಾಸಕೋಶದ ಟಿ.ಬಿ. ಎಂದರೇನು? (ಕಫ ಪರೀಕ್ಷೆ) ಟಿ.ಬಿ. ಗುಣವಾಗುತ್ತದೆಯೇ? (ಹೌದು) ಟಿ.ಬಿ. ಗುಣಪಡಿಸಬಹುದು	ಇದೆ/ಇಲ್ಲ	ಇದೆ/ಇಲ್ಲ	
Acceptance of TB disease and/or treatment • Does the patient accept that s/he has TB? ರೋಗಿಯು (ಅವನು/ಅವಳು) ತನಗೆ ಟಿ.ಬಿ. ಇದೆ ಎಂದು ಒಪ್ಪಿಕೊಳ್ಳುತ್ತಾರೆಯೇ? • Is the patient ready to take treatment for long term (At least 6 months)? ದೀರ್ಘಾವಧಿ ಚಿಕಿತ್ಸೆಗೆ ರೋಗಿ ಸಿದ್ಧವಾಗಿದ್ದಾರೆಯೇ? • Is the patient willing to take tablets and / or injection as prescribed? ವೈದ್ಯರು ಸೂಚಿಸಿದಂತೆ ವ್ಯಕ್ತಿಯು ಮಾತೆ/ಇಂಜಕ್ಷನ್‌ನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ತಯಾರಿದ್ದಾರೆಯೇ?			
2. About Person (ವ್ಯಕ್ತಿಯ ಬಗ್ಗೆ) Regular travel/ likely migration ಆಗಾಗ್ಗೆ ಪ್ರಯಾಣ/ವಲಸೆಯ ಸಾಧ್ಯತೆ Co-existing condition (Write codes) a. HIV ಹೆಚ್.ಐ.ವಿ b. DM (ಡಯಾಬಿಟಿಸ್) c. Silicosis ಸಿಲಿಕೋಸಿಸ್ d. Undernutrition ಅಪೌಷ್ಟಿಕಾಂಶದ ಕೊರತೆ e. Pregnancy ಗರ್ಭಾವಸ್ಥೆ f. Breast feeding ಹಾಲುಣಿಸುವುದು G. Other Specify ಇತರೆ ತಿಳಿಸಿ Alcoholism ಮದ್ಯಪಾನದ ಚಟ Tobacco Addiction ತಂಬಾಕಿನ ಚಟ Have you ever experienced discrimination or denial of rights because of TB? ಟಿ.ಬಿ. ಕಾರಣದಿಂದ ನೀವು ಎಂದೆಂದೂ ತಾರತಮ್ಯವನ್ನು ಎದುರಿಸಿದ್ದೀರಾ ಅಥವಾ ಹಕ್ಕುಗಳಿಂದ ವಂಚಿತರಾಗಿದ್ದೀರಾ?			
3. About family (ಕುಟುಂಬದ ಬಗ್ಗೆ) Living Alone / No Care Giver ಒಬ್ಬರೇ ಜೀವಿಸುತ್ತಿದ್ದೀರಾ/ಆರೈಕೆ ನೀಡುವವರಿಲ್ಲ Do you have the support of family members? ನಿಮ್ಮ ಕುಟುಂಬದ ಸದಸ್ಯರ ಬೆಂಬಲವಿದೆಯೇ? Is there some body who knows about your TB status who can support you in treatment? ನಿಮ್ಮ ಟಿ.ಬಿ ಚಿಕಿತ್ಸೆಯ ಬಗ್ಗೆ ತಿಳಿದಿದ್ದು, ಅವರು ಚಿಕಿತ್ಸೆಗೆ ಬೆಂಬಲಿಸುತ್ತಾರಾ Did you face any crisis recently in the family or any plan of social event in near future? ಇತ್ತೀಚಿನ ದಿನಗಳಲ್ಲಿ ಕುಟುಂಬದಲ್ಲಿ ಯಾವುದಾದರೂ ಬಿಕ್ಕಟ್ಟು ಎದುರಿಸಿದ್ದೀರಾ? ಅಥವಾ ಮುಂಬರುವ ದಿನಗಳಲ್ಲಿ ಯಾವುದಾದರೂ ಸಮಾರಂಭವನ್ನು ಯೋಜಿಸಿದ್ದೀರಾ? Financial difficulties ಹಣಕಾಸಿನ ತೊಂದರೆಗಳಿದೆಯೇ			

Risk factor ಅಪಾಯಕಾರಿ ಅಂಶಗಳು	Assess if present (Y/N)	Action Taken (Y/N)	Details of Action taken ಕೈಗೊಂಡ ಕ್ರಮಗಳ ವಿವರ
4. About treatment (ಚಿಕಿತ್ಸೆಯ ಬಗ್ಗೆ)			
Problem with access to drugs ಔಷಧ ಪಡೆಯಲು ತೊಂದರೆ ಇದೆಯೇ?			
Were you irregular to treatment previously? ಈ ಹಿಂದೆ ನೀವು ಚಿಕಿತ್ಸೆಯನ್ನು ಮಧ್ಯೆ ಮಧ್ಯೆ ಬಿಟ್ಟಿದ್ದೀರಾ?			
Symptoms persisting ಹಿಂದಿದ್ದ ಲಕ್ಷಣಗಳು ಈಗಲೂ ಇವೆ			

Social security needs Assessment ಸಾಮಾಜಿಕ ಭದ್ರತೆ ಅನುಷ್ಠಾನಗಳ ಅಂದಾಜು

Social entitlements ಸಾಮಾಜಿಕ ಸವಲತ್ತುಗಳು	Specify Details ವಿವರಗಳನ್ನು ನಮೂದಿಸಿ	Have this? Y/N/NA ಇದು ಇದೆಯೇ? ಹೌದು/ಇಲ್ಲ	Need support for availing this? Y/N ಸವಲತ್ತುಗಳನ್ನು ಪಡೆಯಲು ಬೆಂಬಲ ಬೇಕೇ? ಹೌದು/ಇಲ್ಲ	If linked through program, date of linkage ಕಾರ್ಯಕ್ರಮದ ಮೂಲಕ ಜೋಡಣೆಯಾಗಿದ್ದರೆ ಜೋಡಣೆಯಾದ ದಿನಾಂಕ
Aadhar Card ಆಧಾರ್ ಕಾರ್ಡ್				
Bank Account ಬ್ಯಾಂಕ್ ಖಾತೆ				
Ration Card (APL/ BPL) ಪಡಿತರ ಚೀಟಿ (ಎಪಿಎಲ್/ಬಿಪಿಎಲ್)				
DBT linkage ಡಿಬಿಟಿ ಸೇವೆಗೆ ಜೋಡಣೆ				
Link to free TB medicines (for Patients on private treatment) ಉಚಿತ ಟಿ.ಬಿ. ಔಷಧಿಗಳಿಗೆ ಜೋಡಣೆ (ಖಾಸಗಿ ಚಿಕಿತ್ಸೆ ಪಡೆಯುತ್ತಿರುವವರಿಗೆ ಮಾತ್ರ)				
Nutrition support ಪೌಷ್ಟಿಕ ಆಹಾರ ಬೆಂಬಲ	Anthyodaya ಅನ್ನಭಾಗ್ಯ ಅಂತೋದಯ			
	ICDS ಐಸಿಡಿಎಸ್/ಅಂಗನವಾಡಿ ಸೇವೆಗಳು			
	Others ಇತರೆ			
Livelihood support ಜೀವನೋಪಾಯಕ್ಕೆ ಬೆಂಬಲ	Income generation activity ಆದಾಯ ಗಳಿಕೆಯ ಚಟುವಟಿಕೆಗಳು			
	Pension schemes ಪಿಂಚಣಿ ಯೋಜನೆಗಳು			
Health related schemes (Health Insurance etc) ಆರೋಗ್ಯಪರ ಯೋಜನೆಗಳು (ಆರೋಗ್ಯ ವಿಮೆ ಮುಂತಾದವು)	Janani Suraksha Yojana (JSY) ಜನನಿ ಸುರಕ್ಷ ಯೋಜನೆ (ಜೆಎಸ್‌ವೈ)			
	Rashtriya Swasthya Bima Yojana(RSBY) ರಾಷ್ಟ್ರೀಯ ಸ್ವಾಸ್ಥ್ಯ ವಿಮೆ ಯೋಜನೆ (ಆರ್‌ಎಸ್‌ಬಿವೈ)			
	Other state related health schemes ರಾಜ್ಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ಇತರ ಆರೋಗ್ಯ ಯೋಜನೆಗಳು			
	Other health insurance schemes ಇತರ ಆರೋಗ್ಯ ವಿಮೆ ಯೋಜನೆಗಳು			
Any other schemes ಇತರ ಯೋಜನೆಗಳು				

Patients preferred mode of care and support ಆರೈಕೆ ಮತ್ತು ಬೆಂಬಲ ವಿಧಾನದಲ್ಲಿ ರೋಗಿಗಳ ಆದ್ಯತೆ

<input type="checkbox"/> In Person <input type="checkbox"/> THALI <input type="checkbox"/> RNTCP <input type="checkbox"/> JEET <input type="checkbox"/> Support Group	<input type="checkbox"/> TB Care line <input type="checkbox"/> Technology based support (99 DOTS, Etc). <input type="checkbox"/> Call centre	<input type="checkbox"/> Facility / provider Support <input type="checkbox"/> Self-monitored/ Family supported only <input type="checkbox"/> Other (Specify)
---	--	--

I..... agree to this option/s for follow up ನಾನು.....ಅನುಸರಣೆಗಾಗಿ ಈ ಆಯ್ಕೆಗಳನ್ನು ಒಪ್ಪಿರುತ್ತೇನೆ.
Signature of the patient:

Risk And Needs Assessment done by: ಅಪಾಯದ ಅಂಶಗಳ ಮತ್ತು ಅನುಷ್ಠಾನಗಳ ಅಂದಾಜನ್ನು ನಡೆಸಿದ್ದು

Project: THALI JEET RNTCP

Name: ಹೆಸರು.....

Designation: ಹುದ್ದೆ..... Staff Id: ಸಿಬ್ಬಂದಿ ಗುರುತು.....



Disclaimer: This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of KHPT and do not necessarily reflect the views of USAID or the United States Government.